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ECDC Country Support Strategy

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Summary:	<p>Across its units ECDC puts substantial resources into supporting country capacities. However, these activities have largely been uncoordinated across the Centre's activities. The second external evaluation of ECDC has furthermore identified a need for ECDC to get closer to the countries and their needs.</p> <p>We therefore propose a new ECDC Country Support Strategy outlining a common and coordinated approach to needs assessments, priority setting and implementation of capacity building activities, also taking into account the new policy landscape of Decision 1082/2013 and the Commission Health Profiles initiative.</p> <p>The draft strategy here presented is informed by and updated after the consultations during the Second Joint Strategy Meeting (23-24 September 2015), consultation with the Coordinating Competent Bodies, including a presentation in the Forty-fourth Advisory Forum meeting (25-26 February 2016).</p>
Action:	<p>The Management Board is asked to approve the country support strategy, and task ECDC to closely work with the Coordinating Competent Bodies (CCBs), the National Coordinators (NC) and specific National Focal Points (NFPs) on the technical and operational implementation of the strategy.</p>
Background:	<p>Document MB34/08 Second Independent External Evaluation: Conclusions and Recommendations of the ECDC Management Board External Evaluation Drafting Group.</p> <p>Document MB34/16 ECDC Public Health Training Strategy.</p> <p>Input from the Second Joint Strategy Meeting, September 2015.</p> <p>Input via e-mail exchange from National Coordinators of the CCBs.</p> <p>Input from the Forty-fourth Advisory Forum meeting, February 2016.</p>

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Background

1. Europe's defences against communicable diseases is not stronger than its weakest links. While the Member States have the responsibility to ensure sufficient national preparedness and response capacities to prevent and control national health threats due to communicable diseases, ECDC has an important complementary role to support the efforts of the Commission and the Member States to ensure that capacities are adequate to meet the needs, especially by providing an EU dimension in addressing health threats of a potential cross-border importance.
2. The International Health Regulation (IHR) framework defines in more detail the core capacities needed to be in place at national level to adequately address acute public health risks that have the potential to cross borders and threaten people internationally.
3. ECDC has provided capacity support to the Member States since its establishment through various means, such as training, assessments/peer reviews, facilitation of sharing of experiences and good practices, development of toolkits and guidance, laboratory support, etc.
4. While there is a good system in place for prioritising scientific advice topics to be included in ECDC work plans by the Advisory Forum based on the factors *impartiality, resources, impact and significance* (IRIS), a similar system is not existing for prioritisation of other capacity building activities supporting the Member States. These activities have also not always been implemented in a coordinated and structured way, and have too often been based on an ECDC perspective rather than on broad country perspectives.
5. For the non-EU Member States however, ECDC has developed, on the request of the Commission, a standardised methodology to assess the capacities to prevent and control communicable diseases in the EU enlargement countries. This system assessment covers the areas of health governance, human resources, surveillance, preparedness and response, public health laboratories, and disease specific programmes. The assessment output is a report with recommendations which in turn will be used as a basis for an action plan prepared by the country concerned. The action plan should specify the external support needed in the implementation of the plan (e.g. ECDC technical support, EU funding, other technical and funding partners).
6. Although the ECDC Strategic Multiannual Programme 2014-2020 (SMAP) emphasises the role of ECDC to be a strong, responsible and reliable partner in the alliances and networks that continue the process of capacity building as a common, national and European responsibility, it does not provide further guidance how to achieve a better coordination and cohesiveness of the capacity building activities implemented within different sectors of the ECDC work.
7. The second external evaluation has consequently stated that ECDC in its activities needs to get closer to the countries in order to obtain a better understanding of the varying health systems and needs of the countries that can constitute the basis for a strategic country support framework.
8. In 2015, the Commissioner of Health and Food safety, Vytenis Andriukaitis, launched an initiative to compile country health profiles with the intention to "*highlight where improvements are needed (...) and point to all tools available (...) to trigger such improvements*". This initiative is strongly supported by ECDC in the area of communicable diseases.
9. In June 2015, the ECDC Management Board endorsed the new ECDC Training Strategy, outlining a more structured approach to training and introducing a needs-based approach to the ECDC training offerings.
10. This larger ECDC Country Support Strategy¹ follows the same principles as the Training Strategy. It defines how ECDC in a coordinated, structured and country-driven way could support the

¹ For the purpose of this strategy we define country support as any activity implemented by ECDC aiming at enhancing the national capacities of all or groups of countries to prevent, prepare for, detect, assess and respond to threats due to communicable diseases, including both specific disease-related activities and support to the implementation of IHR core capacities 3 (surveillance), 5 (preparedness), 6 (risk communication); 7 (human resources), and 8 (Laboratory). This definition does not include the risk assessments and response support provided to the countries during ongoing public health events, nor does it include scientific guidance generally targeting all Member States.

build-up of sustainable national capacities and capabilities in the Member States for efficient prevention, detection and control of communicable diseases with a potential cross-border health threat dimension.

11. This document has been informed by discussions in the Joint Strategy Meeting in September 2015 and by a follow-up consultation with the National Coordinators (NC) of the Coordinating Competent Bodies (CCB). The strategy was broadly supported, but specific comments were given that are now incorporated in this updated version of the strategy.

Legal basis

12. Under Article 168 of the **Treaty of the European Union**, the management and resource allocation for national health services is the responsibility of the Member States, while The Union shall encourage cooperation between the Member States in the public health area and, if necessary, lend support to their action. It shall in particular encourage cooperation between the Member States to improve the complementarity of their health services in cross-border areas.

13. The EU Member States, being also members of the WHO, have further committed under the **International Health Regulations (IHR)** to utilise existing national structures and resources to meet their core capacity requirements under these Regulations.

14. To mitigate the impact of cross-border threats to health within the EU, **Decision 1082/2013 on Serious Cross Border Threats to Health** emphasises the importance of solid public health capacities in all Member States linked to the core capacities of the International Health Regulation (IHR). ECDC is expected to support the Commission and the Member States in its implementation.

15. Article 4 of Decision 1082/2013/EU (on preparedness and response planning) emphasises the importance of coordinated actions and therefore calls for consultations between the Commission and the Member States aiming at: *"(a) sharing best practice and experience in preparedness and response planning; (b) promoting the interoperability of national preparedness planning; (c) addressing the intersectoral dimension of preparedness and response planning at Union level; and (d) supporting the implementation of core capacity requirements for surveillance and response under IHR"*.

16. ECDC, as the scientific and technical agency of the European Union in the area of communicable disease control has a clear mandate to provide assistance to the Member States. The **ECDC Founding Regulation Decision 851/2004/EU** (Article 9 on Scientific and technical assistance and training) states that *"the Centre shall provide scientific and technical expertise to the Member States, the Commission and other Community agencies in the development, regular review and updating of preparedness plans, and also in the development of intervention strategies"*.

17. The Article 5 on surveillance operations mandates that the Centre, "by encouraging cooperation between expert and reference laboratories, shall foster the development of sufficient capacity within the Community for the diagnosis, detection, identification and characterisation of infectious agents which may threaten public health".

18. The Centre may under Article 9, further "be requested by the Commission, the Member States, third countries and international organisations (in particular the WHO) to provide scientific or technical assistance in any field within its mission", including "developing technical guidelines on good practice and on protective measures, providing expert assistance and mobilising and coordinating investigation teams".

19. The Centre shall further under Article 9 "support and coordinate training programmes in order to assist Member States and the Commission to have sufficient numbers of trained specialists, in particular in epidemiological surveillance and field investigations, and to have a capability to define health measures to control disease outbreaks".

Vision

20. Based on the ECDC's mission to strengthen Europe's defence against infectious diseases, ECDC has the following vision for its country support:

Well-coordinated capacities across Europe to effectively prevent, detect, assess and control communicable diseases that threaten the health of the European population.

Strategic objectives to reach the vision

1. To define, together with the Member States, robust methodologies to assess capacity, training and other support needs and opportunities in countries, regions and across the EU.
2. To agree with the Coordinating Competent Bodies and the Advisory Forum on country-driven transparent methods for priority setting of ECDC country support activities.
3. To plan and implement together with Coordinating Competent Bodies a structured and cost-efficient country support aimed at all or groups of countries, meeting identified needs and finding synergies between actions.

Assessing needs and opportunities (Strategic objective 1)

21. ECDC support to the Member States should be based on solid needs and opportunity assessments, compiling information from various sources as well as on needs directly expressed by the countries to ECDC during country visits or otherwise, taking into account ECDC mandate and resources, as well as EU principles and main policies and goals.

22. The needs and opportunity assessments should fully take into account the outcomes of the "Article 4 surveys" under Decision 1082/2013, including IHR reporting as well as the Commission-initiated work on country health profiles.

23. Some (not exhaustive) examples of assessment work for the EU countries done so far and in the pipeline include:

24. **Preparedness:** In the years 2006-2008, ECDC assessed, on the request of the Commission and the Council, the pandemic preparedness in all EU Member States. More recently, ECDC has supported the Health Security Committee in assessing the Member States Ebola preparedness. The reporting by the Member States on the state of national preparedness under Article 4 of Decision 1082/2013 has provided further evidence on preparedness capacities and gaps in Europe.

25. **Risk communication:** In 2012, ECDC published a technical report, including a mapping exercise and needs assessment on health communication in the 30 EU/EEA countries. These results, together with findings from a series of reviews of evidence on the use of health communication and the outcomes of an expert consultation, were further analysed using a Public Health Capacity Development Framework to identify future strategic actions required for strengthening health communication capacity.

26. **Training:** Based on recommendations from the Internal Audit Service, ECDC has done a comprehensive survey-based training needs assessment in 2015. Some conclusions could be drawn from the survey, but it is also clear that many countries do not possess at national level sufficient information to assess their training needs in a structured way. The results obtained will assist ECDC in better tailoring its training activities, but ECDC may also need to work with the countries to develop common tools for training needs assessments.

27. **Microbiology:** In 2010, ECDC has together with the National Microbiology Focal Points mapped the organisation and capability range of reference laboratories in the EU/EEA countries, developed a consensus definition of 'public health microbiology' and recognised a number of core functions for reference microbiology laboratories. This was subsequently updated with laboratory

capability surveys for identification of emerging cross-border health threats carried out with ECDC disease networks experts in collaboration with WHO. In 2013, a core Microbiology Capability Monitoring System for the European Union was agreed upon (EULabCap V2.0) based on capability and capacity indicators aligned with EU public health policy objectives. A first pan-EU survey was launched in 2014 and microbiology needs and opportunities were appraised in 2015.

28. **Disease specific work:** Over the years, the ECDC Disease Programmes have carried out numerous country visits and consultations including training needs and capacity support assessments related to specific diseases or pathogens, e.g. on influenza, tuberculosis, HIV/AIDS, food-borne diseases, infection control/hospital hygiene, vector borne diseases and vaccine preventable diseases.

29. For the future more robust and coherent methodologies on needs assessments across the broad areas of ECDC support activities needs to be developed and agreed with the Coordinating Competent Bodies and coordinated with other international actors, notably the European Commission and WHO. The work should be informed by other international experiences, e.g. from the US CDC. The difficulties with the training needs assessment indicate that there is no "silver bullet" for needs assessment but rather a need to combine several methodologies and information sources, including direct expressions of needs by the countries.

30. The methodology should be based on previous tools and experiences, and as much as possible the same methodology should be used for EU and non-EU countries.

31. The assessments builds on the willingness of the countries to be assessed and should not be considered as benchmarking between the countries. The results of the assessments will be owned by the respective countries that will independently decide whether the results will be made public.

32. The assessments (or country capacity reviews) may identify broad areas of needs in all countries, but may also identify particular regional gaps (groups of neighbouring countries) or gaps in a subset of countries sharing similar health burdens, on which ECDC could play a supportive role. They should also provide ECDC with the identification of opportunities to foster better cooperation among countries.

Country-driven priority setting (Strategic objective 2)

33. The transformation of identified needs into prioritised action areas should be country-driven. The NCs and the relevant CCB National Focal Points (NFP) for training, preparedness and response, microbiology, communication, surveillance, and disease areas will contribute with the country perspectives. These views will be complemented with guidance from the Advisory Forum on the added European value.

34. The priority setting should as much as possible be holistic and not driven by the ECDC internal organisation.

35. The methodology for priority setting should take stock of the experiences with the IRIS methodology, and be designed to best fit the objectives. The priority methodology further needs to capture both structural needs and in a fast and simple way capture acute needs, taking into account legal obligations.

36. The various options for country support should be compared against common criteria agreed with the Advisory Forum and Coordinating Competent Bodies. Such criteria could for example include:

- **EU added value:** ECDC will support countries with activities that have a clear EU added value and/or clear implications for cross-border health protection;
- **Effectiveness:** the extent to which different options would achieve the objectives;
- **Efficiency:** the benefits versus the costs;
- **Coherence** of each option with the overarching objectives of EU policies;

37. The high level priorities of the ECDC country capacity work rests with the Management Board when approving the related annual work plans and budgets.

Planning and implementing country support (Strategic objective 3)

38. Following the process of assessing needs, and prioritising action areas, strategic multiannual plans of action need to be developed, including proper monitoring of the activities and evaluation of the impact. This will be done closely with the CCBs.

39. The activities should be well coordinated with Commission initiated capacity support activities as well as with capacity support efforts of the WHO.

A differentiated country approach

40. The ECDC Strategic Multiannual Programme 2014-2020 underlines that “reducing the gaps between and within the Member States, by prioritising the less resourced countries and paying specific attention to underserved and disadvantaged populations, is not only an act of solidarity but is also an approach benefitting the overall health of Europe”.

41. The most efficient and effective deployment of ECDC’s country support therefore entails a combined approach of addressing a) the general needs of a majority of the Member States and b) the specific needs of groups of Member States due to regional specificities or to common problems such as high disease burden.

42. Not all countries may have a need for ECDC support, and some well-resourced countries may instead be seen as a resource contributing to the overall EU capacity building, e.g. through twinning projects.

43. The country support should have focus on strengthening the ability of the countries themselves to efficiently deal with health threats with a potential international dimension and should not replace the Member State’s own responsibility to have sufficient capacities in place to address national health threats.

44. Furthermore, it should as much as possible have a regional approach, bringing synergy to countries sharing borders and/or common challenges.

45. The ECDC support should be done in a multiannual, planned approach with mutually signed **collaborative country support agreements** outlining objectives, timeframes, resources (from the beneficiary countries, ECDC and if relevant contributing countries), as well as how the activities will be monitored and evaluated using agreed performance indicators. This will be done using a team-based approach with ECDC staff working jointly with in-country and international experts.

46. The collaborative country support agreements should include as appropriate different building blocks (see below) acting in synergy.

47. For designing best country-tailored specific support activities, the first phase is for ECDC to reach a deeper understanding of the national public health system and the specific challenges and opportunities in these countries, based on a constructive dialogue with the in-country experts.

Building blocks for capacity support

48. The building blocks listed below relate both to generic public health functions, such as preparedness and general surveillance, as well as disease-specific activities. The building blocks should as much as possible be reusable between countries and experiences from utilising them transferable to other countries. They should also as much as possible be designed for cascading by the countries for regional and local capacity building.

Training

49. The ECDC Management Board has recently endorsed a new ECDC Public Health Training Strategy, coherent with the principles in this broader Country Support Strategy. The strategy covers all ECDC training offerings including those implemented by the disease programmes.

50. The future training activities of ECDC will increasingly be based on agreed and well-defined lists of competencies needed for efficient prevention, preparedness, surveillance and control of communicable disease threats with potential cross-border dimensions, and fit into the overall EU policy goals.

51. The ECDC efforts will be complementary to the training activities of other actors, including national public health institutes, universities and schools of public health, and other EU agencies and institutions. Efforts will be made to support the countries to strengthen their own national training capacities and to cascade ECDC training offerings within the countries.

Sharing of experiences and best practices

52. ECDC will within its mandate facilitate a broad sharing of experiences and best practices between the Member States and between national authorities and other interested parties (e.g. coordinating competent bodies, academia, professional organisations, and EU-funded research and public health networks) as also reflected in the Article 4 of Decision 1082/2013/EU.

53. A cost-efficient way to do this will be to provide technical platforms for and moderation of "communities of practice" linking the CCBs with academia and other actors in various relevant domain areas, e.g. disease groups, health communication, preparedness, training. ECDC currently hosts and operates a number of technical platforms (e.g. FEMWiki and extranets) that could deliver the functionality and capacity required for supporting communities of practice.

54. The communities of practice will engage relevant experts, link to existing national and international resources and provide opportunities for discussions, sharing of experiences and seeking partnerships for future joint activities.

55. Country peer review visits and regional workshops provide important opportunities for sharing experiences between countries, but are also important, for assessing national and regional needs and for providing on-site technical support. Country visits using the "peer review model" (first developed for the pandemic preparedness visits in 2006-2008, and later used for disease programme, microbiology and Ebola preparedness country visits) with participation of experts from other countries (nominated by the CCBs) allow for a mutual exchange of experiences between the national and visiting experts as well as partnership building.

56. Any country visit should be done on the request of the country, have clear objectives and be put in a broader context of long-term country capacity support, e.g. as a basis for a collaborative country support agreement developed jointly between ECDC and the country.

57. Sharing of experiences could also be done in the format of twinning of experts between institutions, laboratories and countries, as well as study visits or as part of the ECDC senior exchange activities.

Technical development for country preparedness and capacities strengthening

58. ECDC is producing practical tools and guidance to be used by the countries for assessing and enhancing their efforts in preparedness and other areas (e.g. disease specific), as jointly identified by ECDC and in-country experts.

59. ECDC could also facilitate national or regional simulation exercises, lessons-learned workshops after multi-country public health events and conduct or coordinate targeted scientific studies as requested by the Member States.

Laboratory support

60. Together with multidisciplinary experts participating in the disease specific networks, ECDC is producing health technology assessments of the public health value of novel technologies such a

molecular typing of infectious agents. This assists Member States in planning their implementation for enhanced identification of international health threats.

61. ECDC also promotes harmonisation of laboratory test methods to strengthen the interoperability of national surveillance systems and comparability of surveillance data across the EU. By means of annual review of EULabCap generic laboratory indicators and of results of the External Quality Assessment (EQA) exercises it organises within EU laboratory surveillance networks, ECDC will provide critical information to Member States on organisational or technical points of attention that would benefit from remedial action at laboratory practice or organisational levels. Capacity strengthening and technology translation activities supported by ECDC through activities and pilot projects outsourced to the disease specific laboratory sub-networks may include validation and international standardisation of laboratory methods, training in microbiological testing and bioinformatic analysis and laboratory twinning or collaborative arrangements.

Surveillance support

62. As interoperability of national surveillance systems is not only based on lab tests harmonisation, ECDC aims to support activities allowing a better comparison of epidemiological data between countries, as well as using alternative data sources. ECDC surveillance activities are detailed in its surveillance strategy.

Support to policy making

63. The 2nd external evaluation of ECDC pointed out that the ECDC activities have generally resulted in good quality outputs appreciated by different professional communities, but their immediate usefulness for policymakers could be further improved.

64. Any country capacity support activity should therefore already at the planning stage consider how the results of that activity could also bring support to the policy making process at national or EU level, in line with the new Commission Better Regulation Package (http://ec.europa.eu/smart-regulation/index_en.htm)

Implementation

65. After endorsement by the Management Board of this country support strategy, its implementation will be guided by the CCBs through the NC Coordination Committee and feedback and discussions in the annual CCB meetings. Specific areas (preparedness, training, disease work, etc.) will be guided by the respective National Focal Points and their coordination committees.

66. An implementation plan that will include the mentioned strategic objectives, an implementation mechanism with key activities, workplan and process, output and outcome indicators will be developed by ECDC following the approval of the present strategy.

67. In order to avoid gaps and overlaps a close coordination with the European Commission, WHO, EU and relevant EU agencies and other organisations, will be necessary for successful implementation.

68. As the implementation will engage all ECDC units and disease programmes an internal ECDC Task Force with broad participation has been set up to ensure the necessary internal coordination within ECDC.

69. ECDC will annually report on the progress to the Management Board within the framework of the Director's Annual Activity Report.