

ECDC Management Board

Conclusions and recommendations of the Management Board based on the Third External Evaluation of ECDC

Approved by the ECDC Management Board at its Forty-ninth meeting, 17 June 2020

Introduction / Preliminary remarks

The third external evaluation was commissioned in June 2018 to fulfil:

- A legal obligation for a regular (once every 5 years) independent and external evaluation of ECDC as stipulated in Article 14, subsection 5(b) of the Centre's Founding Regulation (European Parliament and Council (EC) 851/2004 which states : the Management board shall ensure that the Centre carries out its missions and performs the tasks assigned to it under the conditions laid down in this Regulation including on the basis of the regular independent and external evaluations to be carried out every five years.
- The requirements of Article 31 of the Founding regulation to "assess the possible need to extend the scope of the Centre's mission to other Community level activities in the field of public health, in particular health monitoring and to determine the timing of such reviews".

The third external evaluation covers the period 2013-2017. The first two evaluations covered the periods 2005-2007 and 2008-2012.

As for the previous two external evaluations, a **Management Board External Evaluation Steering Committee (MEES)** was appointed in June 2017 (MB40) to steer the process of the third external evaluation. The main task of MEES, composed of some Members and Alternates of the Management Board, was to ensure the quality, independence and impartiality of the entire evaluation process, and to ensure that the work was carried out according to the Terms of Reference.

The Terms of Reference of the external evaluation (2013 – 2017) take into consideration the following:

- The adoption of the Decision on serious cross-border threats to health (Decision 1082/2013/EU) lead to questions related to modified activities of ECDC : (1) ECDC has progressively taken over the epidemiological surveillance of communicable diseases and (2) the operation of the Early Warning and Response System ('EWRS') from the Community network set up under Decision No 2119/98/EC and are now reflected in Article 6 Decision 1082/2013/EU; (3) strengthened cooperation and activities to improve the methods and processes through which information related to the coverage of vaccine-preventable diseases is provided; (4) defined tasks for public health risk assessment to provide a rapid risk assessment to the national competent authorities and to the HSC, through the EWRS according to Article 10 Decision 1082/2013/EU; (5) coordination on preparedness and response planning is established in liaison with the Commission and the Member States and reviewed in accordance with Article 4 Decision 1082/2013/EU, which led to the request to the ECDC to provide support to the analysis of the preparedness and response planning.
- The Ebola Outbreak in West Africa in 2013-2015: ECDC provided risk assessments and epidemiological updates and contributed to the international response by mobilizing ECDC staff, EPIET/EUPHEM Fellows and experts from MS, for deployment in Guinea (62 experts in total) through the GOARN mechanism¹. Lessons learned were drawn in the High Level Conference "lessons learned for public health from the Ebola outbreak in West Africa how to improve preparedness and response in the EU for future outbreaks, 12-14 October 2015[™] and the subsequent Council conclusions on "Lessons learned for Public Health from the Ebola outbreak in West Africa health Security in the European Union[™]. The role of ECDC and its contribution to the response to a major international outbreak were to be considered its mandate to support

¹ <u>https://www.ecdc.europa.eu/sites/portal/files/documents/Ebola-deployment-Guinea-evaluation.pdf</u>

 ² https://ec.europa.eu/health/sites/health/files/preparedness_response/docs/ev_20151012_sr_en.pdf
³ (2015/C 421/04)

https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ%3AC%3A2015%3A421%3AFULL

response to disasters and public health threats in relation to the international activities of ECDC, including the allocation of resources and funding of ECDC to undertake such activities.

• The on-going evaluations at ECDC and discussions about the extension of the mandate of ECDC at the time of the preparation of the external evaluation:

In addition, the 3rd external evaluation took into consideration a number of planned and ongoing evaluations and reviews of specific ECDC activities, among which:

- The organisational performance review of ECDC (final report available in January 2018)
- The evaluation of the Diseases Programmes (final reports on Influenza and Other Respiratory Viruses (IRV), and Food- and Waterborne Diseases and Zoonoses (FWD) available in April 2019)
- The evaluation of several surveillance systems (EPHESUS) (between August 2017 and May 2019, final reports available on HIV/AIDS, EARS-Net, HAI-Net, seven priority FWD, Legionnaires' Disease, ESAC-Net, IRV)
- The evaluation of the EPIET/EUPHEM (final report available in June 2019)

All these evaluations were signalled to the consultant to ensure that any conclusions available before the end of the evaluation contract would be taken into consideration in the third external evaluation.

A particular attention was given to the existence of projects funded for two decades in the area of health monitoring and health information by the Health Programme. Most of those projects have looked for sustainability, and discussions to identify options for sustainable implementation of the projects have taken place in the Expert Group on Health Information (EGHI).

• The request of the European Commission to use of the Better Regulation Guidelines

The European Commission Better Regulation Guidelines (2014)⁴ were used, at the request of the Commission, to design the evaluation questions and criteria in order to have a common evaluation methodology with other EU agencies and to ensure that, if changes to the Centre's mandate should be considered at a political level as a result of the conclusions of the evaluation, the appropriate methodology would have been used.

In line with these Guidelines, the following criteria were used: Relevance, Effectiveness, Impact, Utility, EU added value, Coordination and Coherence, and Efficiency.

Evaluations should be an evidence-based judgement of the extent to which an existing intervention is effective, efficient, relevant given the current needs, coherent both internally and with other EU interventions and has achieved EU added value. In the sense of the Better Regulation Guidelines, the need for triangulation of the different sources of data and for relevant quantitative information is highlighted.

In relation to the **assessment of the extension of Centre's mandate** to other community level activities in the field of public health, it was considered not appropriate to go beyond the criteria of relevance in the questions addressed. This was because the first issue to address was the relevance of extending the scope of the mandate prior to considering other criteria of evaluation.

A Request for Services for re-opening procedure was sent to potential contractors in June 2018. On 24 August 2018, a contract was signed with PwC EU Services. The final report was submitted by the

⁴ <u>https://ec.europa.eu/info/sites/info/files/file_import/better-regulation-toolbox-47_en_0.pdf</u>

contractor on 17 September 2019. The Management Board approved the report via written procedure on 22 October 2019.

A drafting group, tasked to draft the conclusions and recommendations of the third external evaluation, was appointed by the Management Board in March 2019 (MB45). The drafting group started its work in June 2019, and met on four occasions. The draft conclusions and recommendations of the drafting group were approved by the Management Board on 17 June 2020.

Recommendations of the drafting group to the MB

In that respect, given the difficulty to collect this information from the Member States (MS), ECDC should start identifying how to collect such tangible elements and the metrics/indicators which could be used to identify impacts at MS. This would be a way to improve the current situation which does not allow reflecting properly the impact of the work of ECDC.

Given the higher turnover of the Management Board members in comparison to the Advisory Forum members, there is a need to capture between two evaluations, how issues which led to multiple debates, diverging views have progressed and were solved. There is a need to have an institutional memory beyond the minutes of the Management Board.

In accordance with Article 14 of the Founding Regulation, the Management Board notes that the next external evaluation will be carried out in five years' time from this point, and will cover the period 2018-2022. It is recommended that the preparations for this evaluation is started early to ensure that the evaluation process can be launched at the latest in 2023.

General conclusions of the Management Board

The Management Board welcomes the positive findings of the third independent external evaluation, stating in its conclusions that:

- a. ECDC's activities and outputs have been **relevant** for the needs of its EU and national stakeholders over the period of evaluation;
- b. ECDC has successfully and **effectively** integrated its additional tasks in the area of cross border threats to health, triggered by the adoption of Decision 1082/2013/EU, used effectively its services and tools to respond to current and emerging health threats from communicable diseases, was effective in providing timely information of high scientific quality and communicated the results of its work in a rapid, objective, reliable and easy accessible way to its stakeholders. As a result, the visibility and reach of the Centre and its outputs was found to have significantly increased over the reference period;
- c. the high scientific quality of the Centre 's outputs has positively contributed to its **impact**;
- d. the overall assessment of the **added value** of ECDC was positive, especially in the form of raised awareness in the areas of AMR, vaccination and vector-borne diseases over the evaluation period.
- *e.* the evaluation assessed positively ECDC's **coherence and coordination** with other relevant bodies, with a general trend toward increasing coherence with its external partners over the evaluation period.
- f. ECDC improved the management of its resources efficiently, with evidence of improved resource planning and thereby performance in the last two years covered by the evaluation.

The contribution of ECDC to support EU level priorities such as AMR and vaccination is well acknowledged by the Management Board, as well as its contribution to support preparedness and response at the MS and EU level, and its support to the Health Security Committee through the provision of the rapid risk assessments.

Furthermore, the Management Board acknowledges that between the end of the evaluation period (2017) and the approval of the conclusions and recommendations following the external evaluation, steps have already been taken by ECDC to improve the strategy and the organisation of ECDC, the new organisation will be put in place in 2020.

The Better Regulation Guidelines used for this third external evaluation requires a strict methodology, in particular regarding triangulation of sources of information, quantitative information, tangible elements to measure impact for the MS and for the EU level.

The third external evaluation shows progress made since the previous one, in particular in the area of the efficiency of the agency.

Since the second evaluation four issues have become more important to consider in the evaluation:

- The sustainability of the joint actions which mobilized the MS on priority topics for the EU (AMR, Vaccination for example) and the MS is an issue to be anticipated at the time of setting up the joint actions as well as the expected contribution of ECDC in the planning, design, implementation, and sustainability.
- The international strategy of ECDC, the resources available to implement the strategy and the capacity of ECDC to be involved in the prepared and response to large scale outbreaks outside the EU which may impact the European population.
- The expansion of activities of ECDC following the decision 1082/2013/EU in the area of preparedness
- The extension of the mandate to ECDC to other threats than communicable diseases and to other Community level activities

Specific recommendations arising from the Third External Evaluation

In this section, the Management Board sets out comments and views on the recommendations presented in the final report submitted by PwC EU Services (pages 147-148) and draws conclusions for ECDC, the European Commission and other stakeholders where relevant.

Recommendation 1: Strengthened relevance of ECDC's work for Member States

Although the Centre's work is found to be relevant for the needs of public health professionals and decision-makers at EU and national level, ECDC should consider better ways of reflecting Member States' needs related to reductions in national spending in the area of public health. This consideration can be integrated and applied consistently in existing mechanisms for planning, prioritisation and provision of country support. ECDC should adapt its methodology for cost impact analyses to better understand the impact of its activities on resources used at national level and tailor its activities to the present constraints.

In general, ECDC should streamline in all areas of its work a focus on addressing structural gaps and deficiencies in Member States' public health systems that affect their ability to effectively contribute and optimally benefit from ECDC's activities.

Management Board response

The overall assessment is positive on the Centre's relevance.

The Management Board endorses the findings of the report that ECDC's evidence-based guidance outputs (mainly Rapid risk assessments, surveillance outputs and the strategic orientation) are instrumental for MS actors in the preparation of their national strategies to tackle epidemics. Still, there is a pronounced difference between larger and smaller MS as well as between well-resourced public health activities and members with weaker public health capacity. The former tend to use ECDC outputs to supplement their own work, while the latter tend to rely greatly on ECDC, as their main source of information.

The Management Board notices that three consecutive evaluation reports concluded that some Member States have structural, technical, financial or administrative gaps which limit their capacity to provide inputs to ECDC, or to absorb and implement ECDC outputs.

ECDC should provide support to those who need it (particular low resourced countries) and should better consider the Member States needs and capacities when planning activities.

As already identified in the MB conclusions and recommendations of the ECDC Second Evaluation, ECDC is neither in charge of capacity building in individual Member States nor of compensating for low spending in communicable disease control.

In general, ECDC's activities and outputs have improved the ability of MS to address communicable diseases and have brought added value to MS by improving health in the EU. This has been through various outputs, awareness raising activities as well as the collaboration, coordination, harmonization and communication between MS in the area of communicable diseases.

It is the responsibility of the ECDC to enhance its country knowledge to identify gaps in areas such as surveillance, preparedness, and related training at MS level. The MB suggests that gaps identified in MS public health systems should be shared with the MS and the European Commission to support MS in the most appropriate way. While ECDC already offer instruments and tools at the EU level (such as EULabCap, field epidemiology training), ECDC is not equipped to address gaps at single MS level.

Targeted EU funding instruments (e.g. SRSS, Structural Funds, ESF) could be mobilised in a planned and prioritised way to strengthen national capacities and efficient measures for public health. The ECDC should, therefore, develop country knowledge to advise the European Commission on priorities for national capacity strengthening and measures which could be supported by EU instruments described above, including surveillance, preparedness, training and control of CDs.

Recommendation 2: ECDC's mandate under Decision 1082/2013/EU

While ECDC is found to have effectively and efficiently integrated its additional tasks under Decision 1082/2013/EU, the evaluation identified areas for improvement that can be addressed through the following recommendations:

- 2A. The European Commission and ECDC should undertake a review of current EU and international obligations in the area of preparedness and allocate more clearly the tasks between the EC, ECDC and Member States in order to avoid duplications and ensure synergies, including with obligations under IHR;
- 2B. ECDC should carry out a study of the use of Rapid Risk Assessment recommendations and strengthen the methodology for recommendation development, so as to increase their relevance and use. ECDC should also make more efforts to further involve the CCBs in the preparation of RRAs, as this can be expected increase the relevance of the assessments, stakeholders' buy-in to their results and follow-up.

Management Board response:

In general, the Management Board considers that the recommendation 2A does not address the mandate of ECDC but the tasks of ECDC under Decision 1082/2013/EU.

The Management Board acknowledges that the third external evaluation has confirmed that ECDC integrated effectively and efficiently the additional tasks under Decision 1082/2013/EU.

2A. Concerning the division of tasks the Management Board does not support the recommendation in general to allocate more clearly the tasks between the European Commission, ECDC and Member States in the area of preparedness as there are not references to duplication of activities and missing synergies in the findings of the final report of the external evaluation with regards to the tasks defined in the decision 1082/2013/EU.

The Management Board emphasizes the need to clarify and raise awareness of the division of tasks between the European Commission, ECDC, and Member States for the general public as well as for the stakeholders themselves.

Therefore, the Management Board recommends that the European Commission and ECDC examines how the allocation of preparedness tasks between these different stakeholders could be more clearly communicated and described, in particular, in relation to the terms of reference of HSC Working groups, expected deliverables and their time line, as well as the processes for their validation.

As a follow-up of the latter recommendation, the Management Board asks ECDC and the European Commission to review their websites with regards to comprehensive and linked information on the division of tasks between these stakeholders for the general public and the relevant stakeholders.

The Management Board recommends that the European Commission examines, as part of the forthcoming evaluation of the implementation of Decision 1082/2013/EU, how the allocation of preparedness tasks can be more clearly distributed of tasks between the bodies established under decision 1082/2013/EU on the one hand, and the ECDC and its stakeholder groups on the other hand.

Furthermore the Management Board recommends that the European Commission and ECDC - also in line with the implementation of the recommendations of the second external evaluation - prepare information packages for ECDC stakeholders as well as HSC members to clarify roles and responsibilities in the area of preparedness.

In relation to the obligations under IHR, especially WHO reporting system, the Management Board clarifies that this recommendation is addressed to the WHO, the European Commission and the Member States of the WHO and not to ECDC but refers to the notifications legally required under Decision 1082/2013 EU and IHR.

The Management Board invites the European Commission to examine with the WHO how reporting requirements under IHR and EWRS could be streamlined in the most efficient way, if appropriate, through a legal instrument like a Memorandum of Understanding or through technical instruments to facilitate the notifications of the Member States and decrease the redundant burden for MS.

2B. The Management Board endorses the recommendation that ECDC should strengthen the methodology for recommendation development, so as to increase their relevance and use.

The Management Board invites ECDC to address the issue in a different way. Concerning the recommendation calling for a study on the use of Rapid Risk Assessments, the Management Board considers that the issue of a better relevance and use of the RRAs should be addressed in a different way. The ECDC has already made a study on the use of RRA (2018). Instead of carrying out an additional study on the use of RRA, the Management Board invites ECDC to install a systematic feedback system on the use and relevance of RRAs.

The Management Board endorses the recommendation that ECDC should also make more efforts to further involve the CCBs in the preparation of RRAs, as this can be expected to increase the relevance of the assessments, stakeholders' buy-in to their results and follow-up.

The Management Board encourages ECDC to call upon the best expertise available in the Member States involved in the drafting of RRAs.

Recommendations 3: ECDC's international activities

The evaluation found ECDC's international activities to have provided added value for the EU, but to have been constrained by resource limitations. Therefore, the evaluation recommends that:

- 3A. ECDC and the relevant Commission services should clarify as a matter of priority the modalities and financing mechanisms through which ECDC can carry out international activities, with a view to ensuring their long-term sustainability;
- *3B. ECDC and the relevant Commission services strengthen their mechanisms for coordination in this area.*

Management Board response:

3A. Financing mechanisms to carry out international activities

The Management Board supports the recommendation. The ECDC Founding Regulation provides the basis for ECDC activities beyond the EU.

The Management Board has agreed on the ECDC's International relations policy as well as the new Strategy for 2021-2027 both describing the principles and priorities for ECDC's work with different international partners and non-EU countries.

Many international activities are currently funded through *ad hoc* arrangements with the European Commission. These funds cannot be used to fund additional human resources needed which limits the Centre's possibilities to respond, especially to the urgent requests for technical assistance or cooperation. The Management Board calls upon the European Commission to develop a substantiated process to ensure a long term and structural agreement on the use of ECDC resources in support of external requests.

The Management Board is committed to taking a stronger role in evaluation, monitoring and validation of ECDC's international activities to ensure that the strategic priorities are met.

3B. ECDC and the relevant Commission services strengthen their mechanisms for coordination in this area

The Management Board considers that ECDC and the relevant Commission services have existing financial and structural coordination mechanisms in place. The implementation of recommendation 3A may increase the need to improve these existing mechanisms.

Recommendations 4: Collection, validation, analysis and dissemination of data

The analysis of the effectiveness of ECDC's activities that related to the collection, validation, analysis and dissemination of data, identified room for improvement which can be addressed through the following recommendations:

- 4A. Given the remaining gaps and differences in Member States' surveillance reporting for a number of diseases, ECDC's mechanisms for ensuring consistent and systematic surveillance reporting should be strengthened and the Centre should provide support (e.g. training) to Member States with low reporting frequency.
- 4B. The effectiveness of the analysis of TESSy data and quality of the ECDC outputs involving external expertise could be increased via further involvement of Member States' experts.

Management Board response

4A. Surveillance reporting by MS

Low surveillance reporting is not a new issue and the matter was previously discussed in the report of the second external evaluation. The usage of the data collected was also been discussed in the Management Board on previous occasions. The analysis refers to issues of low reporting in some Member States, but does not present any evidence that the issue of low reporting could benefit from ECDC support. The issue could be related to different factors such as available resources in the Member States on different diseases, the fact that some diseases are less prioritised, sensitivity of some data (e.g. HIV in prison settings), and the perceived benefits of providing data into the system. The Management Board agrees that it would be important for ECDC to better understand the root causes for the low reporting in order to be able to provide the right type of support to Member States. ECDC should, therefore, take action to gather the information on the matter from the Member states.

4B. Effectiveness of the analysis of Tessy and quality of ECDC outputs

Concerning the involvement of Member States experts in the analysis of TESSy data and other ECDC outputs, the Management Board view was that Member State involvement is beneficial, but it needs to be clear where expert advice would add the greatest value, e.g. which products are the most valuable and would most greatly benefit from such input. Different aspects, such as handling of possible conflict of interest of the Member State experts being involved, need to be taken into account.

Recommendation 5: Awareness and utility of ECDC's outputs

ECDC should increase its outreach to media stakeholders in order to increase awareness and use of its work. As part of this, ECDC should benchmark the performance of its communication activities against that of other relevant actors (e.g. WHO Europe, EFSA) through the media analytics tools it already applies.

Management Board response

The Management Board has already stated in the ECDC Communication Strategy (approved by the MB in November 2016) that raising awareness and communication to national audience is the primary responsibility of the Member States. MS can reach out easily to the media and the public at national level and adapt the communication to their specific needs. Key for success is for ECDC to continue providing MS with evidence-based and objective information.

The Management Board considers that reaching out to media stakeholders can be most effective and successful in the context of existing global public health campaigns such as EAAD (and WAAW), Vaccination Week, TB day, AIDS Day. ECDC should continue to make the best use of these platforms established for the public health campaigns to reach out to the European media and European level stakeholders.

As far as RRAs are concerned, they are promoted at the HSC to facilitate the coordination of measures between MS.

The Management Board is not convinced of the necessity to benchmark the activities with other actors. Such a benchmark will not help to perform better, because of the different communication strategies of the other actors (e.g. WHO Europe, EFSA).

The Management Board supports the monitoring of the communication activities as planned in the ECDC communication strategy (2016).

The Management Board invites ECDC to present an analysis of its Communication strategy – whether there has been increased uptake of ECDC publications by different users (media, public, Member States, specialised stakeholders) – and adapt it where necessary, in light of the results of this analysis and of the guidelines in the Communication Handbook for EU Agencies (December 2013).

Recommendations 6: Coordination and complementarity

Although the evaluation offers a positive assessment of the coordination and complementarity between ECDC and its partners in other European Union Institutions and international organisations, two recommendations can be made in order to increase this further:

- 6A. There is still room to improve cooperation/coordination with WHO in facilitating Member States' compliance with reporting obligations under EU and international law, including in the area of vaccination coverage.
- 6B. ECDC and the EC should find a solution for ensuring more involvement of ECDC in the implementation of Joint Actions in order to avoid duplication and increase the sustainability of their EU-level outputs.

Management Board response

6A. To improve cooperation/coordination with WHO in facilitating Member States' compliance with reporting obligations under EU and international law, including in the area of vaccination coverage.

Issues related to the reporting obligations under IHR and EWRS are addressed under 2A.

There is room to improve ECDC's work and cooperation with WHO Euro in the area of vaccination coverage, in line with the European Council's Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases. The Management Board recommends that, under the MoU between ECDC/WHO Euro, areas for improvements are addressed by the Joint Coordination Group and reported back to the Management Board.

6B. More involvement of ECDC in the implementation of Joint Actions in order to avoid duplication and increase the sustainability of their EU-level outputs.

The Management Board agrees with the above recommendation. The Joint Actions enhance valuable collaboration between MS and national capacity building, and create, in principle, a significant EU-level added value. Good coordination with other existing EU-level activities, networks and programme committees of the different EU-funded programmes and ECDC, is essential to avoid duplication and suboptimal use of resources.

The Management Board recommends that the ECDC should be fully involved in both the planning and implementation of all Joint Actions that impact on, or could benefit from, the Centre's activities to ensure they are more efficient. The Management Board acknowledges that accepting this recommendation might have financial implications for ECDC for which the European Commission could consider possible solutions (including ECDC internal priority shifting). In appropriate cases, the Management Board recommends using the mechanisms of the ECDC financial regulation to support the implementation of this Management Board recommendations.

ECDC should be invited systematically by the European Commission to participate in the planning stage of the Joint Actions. ; ECDC, the European Commission and the Joint Action consortium should discuss from the beginning the key deliverables for which ECDC could provide support, those where close coordination would be needed in order to avoid duplication and those for which ECDC could contribute to their sustainability (e.g. hosting new IT tools after the end of the joint action). The outcome of such discussion should be reflected in the grant agreement.

All relevant stakeholders should take in consideration that due to their limited duration, the Joint Actions face the challenge of sustainability that could be solved with better integration of the results/deliverables in the multi-annual planning processes of ECDC, and by the MS and stakeholders. This recommendation would apply for other actions undertaken by the MS and the EC when similar to the Joint Actions. This situation can apply to other types of projects funded by the European Commission

The Management Board has noted that there is significant correlation between this recommendation and recommendation 4 on data. It is important to consider how action in these areas are complementary and to avoid duplication in reporting.

Recommendations 7: Implementation of the Common Approach on EU Decentralised Agencies and its Roadmap

In order to address the actions of the Common Approach on EU Decentralised Agencies and its Roadmap which are only partly implemented, the following recommendations are made:

- 7A. The Centre should consider the possibility of increasing the multilingual accessibility of (parts) of its website that would be most relevant for the general public through the use of automated translation tools.
- 7B. As regards the Centre's activities in the area of evaluation, it is for the Management Board to consider whether they need more input from the Centre in the line of ex-ante assessments and whether more detailed versions of the currently used opportunity value studies could be of interest to them.
- 7C. Should the Founding Regulation of ECDC be revised, it should include the requirement that the European Parliament is involved in the approval of its multi-annual or annual programme, as is currently done in practice.

Management Board response

7A. Multilingual accessibility of the website

The Management Board notes that most of the actions of the Common Approach on EU Decentralised Agencies and its Roadmap are implemented and encourages ECDC to implement those that are still open.

The Management Board does not agree with the recommendation that ECDC should use automated translation tools on its websites. Translation machines are often not able to translate scientific information correctly, and can be misleading even when documents are written for the general public.

However, in the light of the Commission Communications Handbook 2013, the Management Board recommends that ECDC should review its communication strategy in order to make ECDC and its contribution to communicable disease prevention and control Europe more visible to the general public and known as an objective and reliable source of information.

Therefore, the Management Board suggests that some general information on ECDC should be available and easily accessible on the website in different languages from the top of the homepage. In addition, some officially translated documents should be available, including an explanation of why only few documents are translated.

7B. Need for more input from the Centre in the line of ex-ante assessments and whether more detailed versions of the currently used opportunity value studies

The Management Board endorses the view that further input on ECDC activities is needed from the Centre. The Management Board considers that ECDC should give more systematic feedback to the Board, for example on the Advisory Forum's meetings and activities and communicate earlier the budget and human resources allocated to the activities in order to guarantee more transparency.

The Management Board would find useful to receive more detailed information about planned projects as part of the work plan preparation (ex-ante assessments). Currently, the Advisory Forum is involved in the prioritisation of ECDC activities for the work plan, yet the first moment for the MB to discuss the work programme is late in the process, making it difficult for the MB members' influence the planned activities. It could be useful if there was a "second loop" of consultation of the Management Board, whereby the Management Board could receive and comment on the planned activities and the outcomes of the AF prioritisation. It was stressed that the roles of the MB and AF should not be mixed; the AF naturally looks at the proposed projects from a scientific advice point of view while the Management Board looks in particular at the resource allocation. In general, it is of interest for the Management

Board when new activities are proposed (such as the e-health and foresight projects included in the work plan for 2020). When providing the draft SPD for discussion it should therefore be clearly stated what is new, what is continuous and what is deprioritised.

There is a need for more systematic feedback from the AF in general. This had been raised earlier in relation to the discussions on complementarity between the MB and the AF but there was probably a need to stress this point again. One possibility could be that the MB draft programme is shared earlier in order for the MB to better identify the need for AF input. It was also noted that the annual report on the work of the AF provided by the Chief Scientist could perhaps be more precise about the debates and possible divergent views of the AF on different discussion points.

7C. Involvement in the approval of the multi-annual programme or annual programme by the European Parliament

The Management Board endorses the recommendation that the European Parliament should be formally involved in the approval procedure of the multiannual programme.

The Management Board acknowledges that this recommendation has been already implemented with the approval of the ECDC financial regulation in August 2019.

Recommendations 8: Efficiency

Several specific recommendations can be made to improve the efficiency of ECDC in terms of its organisation and process:

- 8.A The continuing need for more cooperation between the Management Board and Advisory Forum should be addressed as a matter of priority, following up on the work done by the Working Group set up to define measures in response to the issues noted by the previous evaluation.
- 8B. ECDC should continue improving the efficiency of its planning processes by reviewing and reporting on its activity-based budgeting and costing in a systematic manner, and ensuring that both activities for prioritisation and deprioritisation are taken into account during the elaboration of the annual work programme.
- 8C. The Key Performance Indicators through which ECDC monitors its performance should be revised to include more outcome-level indicators, as used in the present evaluation, in order to better capture the use, value and impact of the Centre's activities and outputs. The objective of measuring and demonstrating the impact delivered can be streamlined throughout the Centre's different streams of activities including the Disease Programmes and sections.
- 8.D ECDC's internal procedure for evaluation should be revised to include stronger mechanisms for ensuring the follow-up on recommendations from internal evaluations and thus ensuring that the targeted improvements to the Centre's operations are achieved.

Management Board response

The Management Board is pleased that ECDC has improved its efficiency over this period of the evaluation report. The management of its resources and the clear division of tasks between ECDC, the Health Security Committee, Member States, the Commission, the Scientific Committees and the European Parliament have been conducive to ECDC's efficient implementation of its activities, especially with regard to the implementation of new tasks under Decision 1082/2013/EU, new political priorities and outbreak response in the period evaluated.

However, the Management Board also noted evidence that the resources are constrained and if there is a need to strengthen activities in new areas, the Commission and European Parliament should be aware of the need for further resources, so as not to impact on existing areas of work.

The Management Board notes that the Final External Evaluation Report only identifies four different recommendations under efficiency. Under the Chapter 'Evaluation of Efficiency of the Final External Evaluation Report' there are important conclusions which had not been taken up as recommendations. This is because initiatives are due to start, or underway and implementation is ongoing. The Management Board highlights that, in light of these conclusions, the following initiatives should be finalized to further optimise operational efficiency:

- Revision of the internal (matrix) organisational structure.
- Finalization of the ECDC Strategy 2021-2027.
- Review of the role and task definition of managers.
- Review of the outsourcing practice with regard to flexibility and costs.
- Strengthen the communication between ECDC and CBB through organigrams and infographics and description of EPIS, TESSY and networks.

The Management Board draws the attention of ECDC that putting a new organisational structure in place is not the same as changing the working culture or working methods, and efforts will be needed to implement collaborative practices.

8A. Concerning the concrete recommendations, the Management Board endorses the recommendations of the continuing need for **more cooperation between the Management Board and Advisory Form** and the implementation of measures taken in response to the second external evaluation.

8B. The Management Board encourages ECDC to continue the **efficient management of its financial and human resources** including the introduction of new efficient procedures to reduce micro-management.

With regards to auditing and monitoring of performance, the Audit Committee currently looks mainly at budget issues. It could be explored whether the Audit Committee could take the discussions up a level and also look at programming issues such as indicators and monitoring of implementation and whether another set up of the Audit committee would be needed.

8C. The Management Board takes note of the recommendation concerning **key performance indicators** and refers to the draft ECDC Strategy 2021-2027 where this is foreseen.

8D. The Management Board endorses the recommendation concerning **the revision of internal procedures for evaluation.**

Recommendation 9: Extension of the mandate of ECDC

The evaluation report included a specific recommendation that the possibility of extending the remit of ECDC should be further considered via the competition of a full impact assessment to be undertaken to assess the level of this need.

Given the identified evidence of needs for strengthened EU-level activities in the area of noncommunicable diseases and the potential strengths and opportunities of ECDC for taking on these additional tasks, a full Impact Assessment should be undertaken. This should be in line with the European Commission Better Regulation Guidelines. The Impact assessment should be able to further define the needs (problems, drivers, consequences), the corresponding policy objectives and then consider the options of: no change, extension of ECDC's mandate to these areas, or establishing a new EU Agency with a mandate in the areas considered. The Impact Assessment should also consider other areas where ECDC's mandate can be revised – in the areas of international activities and cross-border threats to health other than from communicable diseases.

Management Board response:

In comparison to the second external evaluation, the recommendation concerning the changes of the mandate of ECDC was considered through a number of different perspectives:

- other cross border health threats than infectious diseases related threats
- NCD surveillance, health monitoring and health information
- risk management
- health determinants
- health behaviour and health promotion.

The Management Board notes that for none of the areas mentioned above, is there a consensus on the extension of the mandate of ECDC. However, their specific focus was on the two first issues in the list - health threats and NCD surveillance - as the evaluation report considered these two as the most key.

In this section, the evaluation report makes a number of assertions, however it was the view of the Management Board that the rationale for these extensions was not properly evidenced to lead to solid conclusions on the change of the mandate. For example, the report does not consider the impact of the national health protection systems, nor the organisation of the public health system in general and lays down simplistic considerations regarding the geographical breakdown of the findings; in addition the findings presented in the report draw mainly from the opinions of the surveyed stakeholders and from a focus group and not from a formal assessment.

The Management Board welcomes the findings of the report that the Centre's existing infrastructure, processes and tasks could become the basis for synergies in the event that the mandate is extended and that the Centre's existing expertise and reputation for delivering high quality of scientific advice and technical assistance would contribute to this. Furthermore, the Management Board acknowledges the opportunities considered are related to the expected increased sustainability and efficiency of EU-level activities and the potential for link and synergies with ECDC's communicable disease related work that could encourage more integration at national level.

The Management Board notes that that 62% of the surveyed stakeholders consider that it would be beneficial for ECDC to expand its work to cover cross border health threats in areas other than communicable diseases and particularly environmental and chemical threats. The Management Board also notes that evaluation report finds that health information is the second most relevant area in which the scope of ECDC mandate should be extended.

With regards to the ECDC's role in tackling cross-border threats to health other than from communicable diseases, given that ECDC already operates the *upgraded EWRS* for all threats, the topic could be

considered when evaluating the implementation of Decision 1082/2013 EU. This could include an assessment of the feasibility and benefit of having ECDC as a permanent structure, compared to the current set up based on scientific committees.

From the findings of the evaluation, it is clear that the consideration of any extension will require a review of the budget and financial resources and reassurance that there is no duplication overlap with other existing bodies and national authorities.

The external evaluation report recommends a full Impact Assessment on the extension of the mandate given the diversity of views. This is not a recommendation that the Management Board supports. One reason for this was that the Management Board considered insufficient documentary evidence had been presented on the strategic, scientific and technical analysis which would lead to the appropriate discussions with the relevant stakeholders and policy leads at both national and European level.

One lesson learned from this external evaluation is that a systematic and properly documented analysis is lacking. Therefore, the Management Board requests the Commission to start as a first step a scoping analysis to identify the possible options with a forward looking perspectives to address collecting, analysing and interpreting information on the burden of on non-communicable diseases taking into account relevant initiatives launched by the European Commission for a better coordination health information systems at the EU level and digital innovations and by the MS.

This analysis would provide the necessary strategic, scientific and technical analysis with a European public health perspective in order to guide the discussions with the relevant stakeholders at European and national levels. It would allow taking the discussion to the adequate policy and political level in the national and EU context with the aim to gather and analyse comparable information about the health status and burden of diseases and health determinants of their populations.

The Management Board identifies an opportunity for the ECDC to contribute to this process, providing a transparent and independent link with the public health institutes, public health actors and organisations.

The needed scientific skills and the required infrastructure will be similar to the work currently evaluated positively by the ECDC through coordination of specialized networks, epidemiology training, operation of large data base, data science and epidemiological competencies.

The Management Board recommends to align the timeline of the process to be able to be finalized before the start of the next financial MFF (post 2027) negotiations, while taking into account the outcome of the preparation of a European research infrastructure for health information (or other similar solutions) and its expected sustainability.

The Management Board concludes, having considered the possible need to extend the scope of the Centre's mission to other Community level activities in the field of public health, in particular health monitoring, that such an extension cannot be justified only on the basis of the current external evaluation. Instead, the Management Board requests the Commission to consider to propose how to put the question forward, for example based on a scoping analysis.

Annex 1: Timeline of the third external evaluation

	Date	Comments
ECDC Framework contract on business consultancy services (with 1 lot for evaluations) signed	May 2018	Decision of the MEES to wait for the ECDC framework contract to be awarded
Request for Services sent to potential contractors for re- opening procedure	June 2018	
Meeting of the Evaluation Committee to select the contractor	19 July 2018	Participation of two MEES members to the selection of the consultant
Specific contract signed by ECDC	24 August 2018	
Kick Off meeting	3 September 2018	
Inception report submitted by contractor	5 October 2018	Request for 1 revision by the MEES
Revised inception report	7 November 2018	
Interim report submitted by contractor	22 February 2019	Request for 1 revision by the MEES
Revised interim report	5 April 2019	
Draft final report submitted	15 May 2019	Main conclusions presented for information at MB46 (18-19 June 2019)
Revised draft final report	27 June 2019	Request for 2 revisions by the MEES
Second revision of the draft final report	9 August 2019	
Final report submitted by the contractor	17 September	Approved by the MEES on 4 October 2019
Final report approved by the Management Board via written procedure	22 October 2019	
Conclusions and recommendations of the third external evaluation presented to the Management Board	13 November 2019 (MB46)	Prepared by the drafting group
MB approval of the Conclusions and recommendations of the third external evaluation of ECDC	17 June 2020 (MB49)	