

ECDC assessment of public health workforce in the area of prevention and control of communicable diseases in the EU/EEA – Survey 2024

Fields marked with * are mandatory.

1 Introduction

In the field of prevention and control of communicable diseases and the sector of public health in general, the shortage of workforce is a recurrent issue that has been exacerbated by the impact of the COVID-19 pandemic on health systems.

To better prevent and respond to outbreaks and public health threats in humans, and to meet the growing public health needs nationally and internationally, it is important for EU/EEA countries to assess the existing workforce capacity and report/identify the gaps in human resources and the possible additional investments needed.

ECDC has previously worked to monitor the evolution of public health workforce capacity in EU/EEA countries in the field of communicable diseases prevention and control through a regular survey launched in 2015, 2018 and 2021. To reflect the post-pandemic circumstances, the survey has been revised and updated by the ECDC Advisory Forum working group on workforce capacity in 2023.

The aim of the 2024 Survey is to serve as a tool for countries to map the size and composition of their existing public health workforce capacities in the area of communicable disease prevention and control. This exercise can support countries in taking stock of strengths and gaps of current capacities and can inform a more tailored in-country and EU-level public health work force capacity building approach, as well as have a potential to serve as an advocacy tool for policy makers.

ECDC will analyse the data submitted by the respondent countries. The results of the analysis will be consolidated into a technical report, which will be shared with all contributing EU/EEA countries for review, validation and support to the interpretation of results. Upon verification, the report will be published on the ECDC website, with recognition of authorship from contributing countries.

Structure

The workforce capacity assessment includes questions on:

- 1) the strategic level;
- 2) workforce capacity indicators;
- 3) standards (i.e. censuses).

Instructions

Time for completion:

30 minutes

NB: please note that this estimate does not include time necessary for data collection, which will vary according to the country-specific context.

Deadline for submission:

31/05/2024

Recipients:

This questionnaire is sent to EU/EEA countries via their nominated ECDC National Coordinators (NC) of Coordinating Competent Bodies, who can distribute the questionnaire to relevant authorities (e.g. Ministry of Health for policy and planning) and experts within the countries for input. These could be the National Focal Points for specific diseases or public health functions. Please note that while the contribution of other experts is welcome, the final submission shall be done only by the designated National Coordinator.

Using the online tool:

- The received one country-specific URL link can be forwarded to other recipients. Partial answers can be saved by clicking on "Save as Draft".
- The questionnaire can also be downloaded in a PDF form.
- Submission should only be done online via EU-Survey tool and by the designated National Coordinator.

Help support team:

National Coordinators can ask questions via email. Please contact the ECDC Emergency Preparedness and Response Support Section at Preparedness.Response@ecdc.europa.eu.

2 Member State information

*** 2.1 Which EU/EEA country do you represent?**

Please select a country from the list below.

- ☐ Austria - AT
- ☐ Belgium - BE
- ☐ Bulgaria - BG
- ☐ Croatia - HR
- ☐ Cyprus - CY
- ☐ Czechia -CZ
- ☐ Denmark - DK
- ☐ Estonia - EE
- ☐ Finland - FI
- ☐ France - FR
- ☐ Germany - DE
- ☐ Greece - EL
- ☐ Hungary - HU
- ☐ Iceland - IS
- ☐ Ireland - IE
- ☐ Italy - IT
- ☐ Latvia - LV

- ☐ Liechtenstein - LI
- ☐ Lithuania - LT
- ☐ Luxembourg - LU
- ☐ Malta - MT
- ☐ Netherlands - NL
- ☐ Norway - NO
- ☐ Poland - PL
- ☐ Portugal - PT
- ☐ Romania - RO
- ☐ Slovakia - SK
- ☐ Slovenia - SI
- ☐ Spain - ES
- ☐ Sweden - SE

* 2.2 Please indicate your Institution

2.3 Please, use this comments box to provide us with more information of relevance to the survey (i.e. other contributors to the survey)

2.4 Please, feel free to upload any relevant documents, i.e. reports from other assessments, such as the Joint External Evaluation, or similar.

The maximum file size is 1 MB

3 Strategic level

Existence (and regular monitoring of implementation) of a national action plan or another strategic document for workforce planning and development in communicable disease (CD) prevention and control.

3.1 Does your country have a documented and approved national or subnational mechanism/strategy/legal instrument for workforce planning and development in the area of public health or specifically in communicable disease prevention and control?

- ☐ Yes
- ☐ No
- ☐ Do not know

3.2 Could you please summarise this mechanism/strategy/legal instrument in a few lines and/or provide a link.

3.3 Is there a future plan to develop a strategic document for a mechanism/strategy/legal instrument on workforce planning and development in CD prevention and control?

- ☐ Yes
- ☐ No
- ☐ I do not know

3.4 Please specify what is planned to be included and the planned timeline.

4 Workforce capacity indicators

General outline

4.1 When you consider the public health workforce in your country working on infectious disease, in which organisations and at what administrative level do they work?

Please tick all that apply and provide any additional detail in the comments section.

	Government ministries The ministry which includes health	Government ministries Other [1]	National PH Institute	Microbiology Laboratories [2] Part of the NPHI	Microbiology Laboratories [2] Separate from the NPHI	Regional organisations Part of the NPHI	Regional organisations Separate from the NPHI [3]	Local organisations Part of the NPHI	Local organisations Separate from the NPHI [4]	Other [5]
.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2 Comments

[1] *Please provide the name(s) of the ministries in the comments.*

[2] *Whilst countries may have many different microbiology laboratories does the NPHI have at least some (e.g. national reference) laboratory(ies) as part of the organisation?*

[3] *If the regional tier is not managed by the NPHI, please identify who manages it in the comments. Please note the NPHI may still be involved in guiding and working with the regional level, the question here is specifically about management.*

[4] *If the local tier is not managed by the NPHI, please identify who manages it in the comments. Please note the NPHI may still be involved in guiding and working with the local level, the question here is specifically about management.*

[5] *Does what you define as the PH workforce in CD prevention and control include any other organisations such as academia, specialist hospitals, private organisations? Please describe them in the comments.*

4.3 Please provide an organogram, if available, of the public health institutions at the national and subnational level in your country involved in CD prevention and control (if available please provide a link).
Examples: summary in few bullet points; visual graphic structure; etc.

4.4 Please use this button to upload your file(s) in case you would like to share an image, visual structure, etc.

Enumeration of workforce

Please indicate, for your country, the estimate, for each job function* of staff currently working in CD prevention and control in public health workforce at the national and subnational level, if this information is available.

NB: As we are aware of the institutional diversity in public health systems across Europe, please feel free to use the comment box 4.19 below to indicate any specificities.

*For staff members who have overlapping functions please try to indicate their FTEs in the different categories, if possible.

For the purpose of this survey we define the level of experience as follows:

- Junior: professional with up to 5 years of experience after graduation
- Mid-career: professional with 6 to 15 years of experience
- Senior: professional with more than 15 years of experience

4.5 Epidemiologist

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.6 Approximately how many epidemiologists (of the ones above) have a medical doctor qualification?

4.7 Microbiologist/Genomics Specialist

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.8 Veterinarian

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.9 Sociologist/anthropologist

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.10 Sanitarian or environmental specialist

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.11 Informatics Specialist/Data Manager

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.12 Statistician/Mathematical Modeller

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.13 Communication specialist

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.14 Infection prevention and control/hospital hygiene specialist

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.15 Training specialist

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.16 Health economist

	NATIONAL LEVEL	SUBNATIONAL LEVEL

Junior		
Mid-career		
Senior		

4.17 Food safety specialist

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.18 Other Public Health practitioner (please specify below).

	NATIONAL LEVEL	SUBNATIONAL LEVEL
Junior		
Mid-career		
Senior		

4.19 Please feel free to provide further details.

Additional staffing during the COVID-19

4.20 Did the public health workforce in your country working on infectious disease increase during the COVID-19 pandemic?

- ☐ Yes
☐ No

4.21 By how many FTEs?

4.22 Broadly in what areas were the roles of the additional staff?

4.23 Did you retain any of these additional staff beyond what you considered the end of the pandemic?

- ☐ Yes
☐ No

4.24 How many FTEs and in what roles?

4.25 Please feel free to provide further details.

Recruitment and retention of workforce in CD prevention and control

4.26 In the last three years, my country has generally been able to **recruit** staff working at the **national level** in CD prevention and control.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree

4.27 To what extent is each of these factors a problem in **recruitment** of workforce working at the **national level** in CD prevention and control

(please rank each on a scale from 1 to 3: 1=not a problem, 2=somewhat a problem, 3=major problem):

	1 (not a problem)	2 (somewhat a problem)	3 (major problem)
Inadequate salary scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient number of qualified applicants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of job benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low job security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of career development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hiring freezes (i.e. insufficient funding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poorly perceived professional status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify in the box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.28 Other.

4.29 In the last three years, my country has generally been able to **recruit** staff working at the **subnational level** in CD prevention and control.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree

4.30 To what extent is each of these factors a problem in **recruitment** of workforce working at the **subnational level** in CD , prevention and control

(please rank each on a scale from 1 to 3: 1=not a problem, 2=somewhat a problem, 3=major problem):

	1 (not a problem)	2 (somewhat a problem)	3 (major problem)
Inadequate salary scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient number of qualified applicants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of job benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low job security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of career development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hiring freezes (i.e. insufficient funding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poorly perceived professional status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify in the box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.31 Other.

4.32 Additional comments

4.33 In the last three years, my country has generally been able to **retain** the appropriate number of staff working at the **national level** in CD prevention and control.

- ☐ Strongly agree
- ☐

- Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree

4.34 To what extent is each of these factors a problem in **retention** of workforce working at the **national level** in CD prevention and control

(please rank each on a scale from 1 to 3: 1=not a problem, 2=somewhat a problem, 3=major problem):

	1 (not a problem)	2 (somewhat a problem)	3 (major problem)
Inadequate salary scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of job benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low job security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inexistent career path	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inexistent job promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited opportunities for professional development/training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low job interest/fulfilment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poorly perceived professional status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aging workforce leading to retirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High work burden and/or burnout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify in the box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.35 Other.

4.36 In the last three years, my country has generally been able to **retain** the appropriate number of staff working at the **subnational level** in CD prevention and control.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree

4.37 To what extent is each of these factors a problem in **retention** of workforce working at the **subnational level** in CD prevention and control

(please rank each on a scale from 1 to 3: 1=not a problem, 2=somewhat a problem, 3=major problem):

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	1 (not a problem)	2 (somewhat a problem)	3 (major problem)
Inadequate salary scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of job benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low job security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inexistent career path	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inexistent job promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited opportunities for professional development/training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low job interest/fulfilment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poorly perceived professional status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aging workforce leading to retirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High work burden and/or burnout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify in the box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.38 Other.

4.39 Additional comments

Existence of advanced level training programmes

4.40 Does your country offer training programmes leading to specialisation (e.g. MSc, EPIET/EUPHEM) in the following fields? If yes, please indicate the institutions delivering the programme and the (approximate) number of trainees entering the programme annually.

	Yes	No	Do Not Know
Applied infectious disease epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health microbiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infection prevention and control/hospital hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.41 Please, feel free to provide further details.

	Delivered by (Institution)	Number of trainees/year
Applied infectious disease epidemiology		

4.42 Please, feel free to provide further details.

	Delivered by (Institution)	Number of trainees/year
Public health microbiology		

4.43 Please, feel free to provide further details.

	Delivered by (Institution)	Number of trainees/year
Infection prevention and control/hospital hygiene		

4.44 Please, feel free to provide further details.

	Name	Delivered by (Institution)	Number of trainees/year
Other			

4.45 Additional comments

4.46 Does your country offer national “learning-by-doing” field epidemiology training programmes?

- ☐ Yes
☐ No
☐ Do not know

4.47 Please indicate the level of the programme (you can mark more than one).

- ☐ Front line (3 months)
☐ Intermediate (1 year)
☐ Advanced (two years)

4.48 Please feel free to provide further details (ex. the name, brief description, eligibility criteria for admission into the programme, institution that delivers the programme).

4.49 Is continuous professional development* required and actively monitored in your country? For example, is there time allocated for it, is it included in the annual development plan and in the annual performance review, etc.

	Yes	No	Do not know
Applied infectious disease epidemiologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health microbiologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infection prevention and control/hospital hygiene staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.50 Please feel free to provide further details.

*Continuous Professional Development is the maintenance and enhancement of the knowledge, expertise and competence of professionals throughout their careers according to a plan formulated with regard to the needs of the professional, the employer, the professions and society.

Madden and Mitchell (1993, p.12).

Available at: Professions, Standards and Competence: A Survey of Continuing Education for the Professions — University of Bristol

4.51 Additional comments

5 Standards

5.1 In your country, is there a regular census/registry of public health workforce?

- ☐ Yes
- ☐ No
- ☐ Do not know

5.2 Please describe the system, which entity is responsible for carrying out the census/maintaining the registry, what is the frequency for updates and which professions are covered.

5.3 In your country, is there a regular census/registry of workforce in CD prevention and control?

- ☐ Yes
- ☐ No
- ☐ Do not know

5.4 Please describe the system, which authority is responsible for carrying out the census/maintaining the registry, what is the frequency for updates and which professions are covered.

6 Submit

6.1 Please feel free to provide any further comment.