

# External Evaluation of the ECDC

Contract ECD.605

Final Report

Client: European Centre for Disease Prevention and Control

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# List of Acronyms

<b>AD</b>	Administrative level
<b>AF</b>	Advisory Forum
<b>AMR</b>	Antimicrobial Resistance
<b>ASPHER</b>	Association of Schools of Public Health in the European Region
<b>AST</b>	Temporary agents assistant
<b>BSN</b>	Basic Surveillance Network
<b>CD</b>	Communicable Diseases
<b>CDC</b>	Centres for Disease Control and Prevention
<b>DG Budget</b>	Directorate General Budget
<b>DG Research</b>	Directorate General for Research
<b>DG SANCO</b>	Directorate General of Health and Consumer Protection
<b>DIPNET</b>	Diphtheria Surveillance Network
<b>DIVINE</b>	Prevention of emerging (food-borne) enteric viral infections
<b>DSN</b>	Dedicated Surveillance Network
<b>EC</b>	European Commission
<b>ECDC</b>	European Centre for Disease Prevention and Control
<b>EEA</b>	European Environmental Agency
<b>EEA/EFTA</b>	European Economic Area/European Free Trade Association
<b>EFSA</b>	European Food Safety Agency
<b>EISS</b>	European Influenza Surveillance Scheme
<b>EMCDDA</b>	European Monitoring Centre for Drugs and Drug Addiction
<b>EMEA</b>	European Agency for the Evaluation of Medicinal Products
<b>ENIVD</b>	European Network for Diagnostics of “Imported” Viral Diseases
<b>ENVI</b>	Committee on the Environment, Public Health and Food Safety
<b>EOC</b>	Emergency Operations Centre
<b>EP</b>	European Parliament
<b>EPIET</b>	European Programme for Intervention Epidemiology Training
<b>ESAC</b>	European Surveillance of Antimicrobial Consumption
<b>ESN</b>	EU Surveillance Network
<b>EU</b>	European Union
<b>EUCAST</b>	The European Committee on Antimicrobial Susceptibility Testing
<b>EuroCJD</b>	The European and Allied Countries Collaborative Study Group of CJD
<b>EuroHIV</b>	European Centre for the Epidemiological Monitoring of AIDS
<b>EuroTB</b>	European network for surveillance of tuberculosis
<b>EWGLINET</b>	The European Working Group for Legionella Infections
<b>EWRS</b>	Early Warning and Response System
<b>FETP</b>	Field Epidemiology Training Programmes
<b>HCU</b>	Health Communication Unit
<b>HIV/AIDS</b>	Human Immunodeficiency Virus / Acquired Immune Deficiency

<b>HoU</b>	Head of Unit
<b>HPV</b>	Human Papilloma Virus
<b>HSC</b>	Health Security Committee
<b>IANPHI</b>	International Association of National Public Health Institutes
<b>ICHA-HC</b>	International Classification for Health Accounts – Health Care
<b>IGO</b>	Intergovernmental organisations
<b>IHR</b>	International Health Regulations
<b>IO</b>	International Organisation
<b>MB</b>	Management Board
<b>MS</b>	Member States
<b>NGO</b>	Non-governmental organisation
<b>NHM</b>	National Health Ministry
<b>NSI</b>	National Surveillance Institute
<b>OSHA</b>	European Agency for Safety and Health at Work
<b>PHAC</b>	Public Health Agency Canada
<b>PHP</b>	Public Health Programme
<b>PRU</b>	Preparedness and Response Unit
<b>SAU</b>	Scientific Advice Unit
<b>SC</b>	Steering Committee
<b>SNE</b>	Seconded National Expert
<b>SOP</b>	Standard operating procedure
<b>STI</b>	Sexually Transmitted Infection
<b>SUN</b>	Surveillance Unit
<b>TB</b>	Tuberculosis
<b>TESSy</b>	European Surveillance System
<b>ToR</b>	Terms of Reference
<b>UN</b>	United Nations
<b>WHO</b>	World Health Organisation





# 1 Introduction

This document contains the final report of the assignment “External evaluation of the European Centre for Disease Prevention and Control (ECDC).”<sup>1</sup>

The external evaluation of the Centre is enshrined in Article 31 of the Founding Regulation (EC) 851/2004 of 21 April 2004.<sup>2</sup> In keeping with the requirements, the Centre has commissioned this external evaluation that covers the period from the Centre’s inception (May 2005) until June 2007.

The assignment for the ECDC was conducted by ECORYS Nederland during September 2007-July 2008.

## 1.1 Aims of the evaluation

The evaluation, in summary, aims to:

- assess, in an independent way, the Centre’s achievements until June 2007 as compared to the established objectives and programme of work;
- identify possible shortcomings and possible improvements necessary to its structure, management and working practices, as well as improvements relating to relevant legislation and the Centre’s relations with Member States (MS) and public health institutes;
- identify possible need for extension of its mandate, taking account of the financial implications of such an extension.

The Tender Specifications set out a number of more specific questions to be addressed by the evaluation and these are summarised in Annex 1.

The first external evaluation of the ECDC takes into account the tasks of the Centre, the working practices and the impact of the Centre on the prevention and control of human disease, and includes an analysis of synergistic effects and of the financial implications. The evaluation also includes the views of the stakeholders at international, Community and national level.

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<sup>1</sup> In the remainder of the report we also use ‘the Centre’.

<sup>2</sup> ECDC (2007). Tender Specifications. External Evaluation of the ECDC. OJ: 2007/05/22 – PROC/2007/005, p.15.

## 1.2 Outline of report

The final report is structured as follows. In Chapter 2, we review the context of the evaluation, we summarise the key evaluation issues and we describe the methodology that has been followed to answer each of the evaluation questions. In Chapter 3, we provide the financial analysis. In Chapter 4, we present the findings of the data collected, the conclusions and exploratory recommendations. In Chapter 5 we provide an executive summary of the evaluation.

The report is supported by various annexes that are presented in a separate document. Annex 1 provides an overview of the evaluation criteria and related questions. Annex 2 sets out the indicators ('success criteria') used to assess, monitor and evaluate the achievements of the ECDC and learn lessons. Annex 3 lists the references used in this evaluation. Annex 4 provides copies of the survey questions and the interview protocol. Annex 5 provides the detailed results of the survey. Annex 6 provides the synthesis of the information provided in interviews per stakeholder group.

## 2 Background and methodological approach

### 2.1 Introduction

In this section we review the context of the evaluation, in particular the origins and role of the ECDC, and key features of the policy context. Sections 2.3 and 2.4 then consider the key evaluation issues and describe the methodological approach to them. Our approach to the evaluation of the ECDC involves collecting evidence on the impacts of the activities of the ECDC, on the effectiveness of management procedures and on the quality of the implementation process.

### 2.2 Context of evaluation

The ECDC was established in May 2005 to strengthen Europe's defences against infectious diseases.<sup>3</sup> The ECDC is located in Stockholm, Sweden. As described in the Programme of work for 2005-2006, the ECDC's focus is on communicable diseases (CD) and outbreaks of illness of unknown origin.

The ECDC is part of an evolving approach to public health taken by the European Union (EU). It has built on, for example, the EU network for the epidemiological surveillance and CD that was set up in 1999<sup>4</sup>, epidemic intelligence activities, the lessons and activities of the Public Health Programme (PHP) 2003-2008 (e.g., Dedicated Surveillance Networks - DSNs)<sup>5</sup> and scientific and technical advice from the Directorate General of Health and Consumer Protection (DG SANCO) in the field of CD and bioterrorism activities.<sup>6</sup> Furthermore, there has been an evolution during the lifespan of the ECDC since its inception in May 2005. This context is relevant and important to this evaluation.

As defined in the 1992 Treaty of Maastricht and enhanced by the Treaty of Amsterdam in 1998 and the Lisbon Treaty (signed in 2007 and to be ratified by the MS)<sup>7</sup>, a high level of protection and improvement of human health is one of the goals that must be ensured in EU policies and actions. In addition, there is a role for the EU in assisting, coordinating or supplementing the actions of the MS collaborating on health policies (or activities), and taking joint action with MS on 'threats to public health', especially where these have a

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<sup>3</sup> [http://www.ecdc.eu.int/About\\_ECDC.html](http://www.ecdc.eu.int/About_ECDC.html).

<sup>4</sup> DG SANCO website ([http://ec.europa.eu/health/ph\\_threats/com/surveillance\\_en.htm](http://ec.europa.eu/health/ph_threats/com/surveillance_en.htm)).

<sup>5</sup> ECDC Handover document 1; ECDC Strategic multi-annual programme 2007-2013.

<sup>6</sup> ECDC Handover document 2: scientific advice.

<sup>7</sup> European Union (2007). Information and notices. Notice No. 2007/C 306 01. Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community, signed at Lisbon, 13 December 2007. Official Journal of the European Union, C306; Volume 50, 17 December 2007.

cross-border dimension. However, substantial differences exist in the capacity available for the prevention and control of CD across the MS of the EU. This also applies to the number of trained professionals, the scope of competencies covered and the quality of training given.<sup>8</sup>

### 2.2.1 Role of the ECDC

The ECDC's mandate is defined by the Founding Regulation (EC) 851/2004 of the European Parliament (EP) and the Council:

“...the Centre will enhance the capacity of the scientific expertise in the European Community and support Community preparedness planning. It should support existing activities, such as relevant Community action programmes in the public health sector, with regard to the prevention and control of communicable diseases, epidemiological surveillance, training programmes and early warning and response mechanisms, and should foster the exchange of best practices and experience with regard to vaccination programmes”.

In Article 3 of ECDC's Founding Regulation the Centre's mission is defined as:

“...to identify, assess and communicate current and emerging threats to human health from communicable diseases. In the case of other outbreaks and illness of unknown origin which may spread within or to the Community, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak which clearly is not caused by an outbreak of communicable disease, the Centre shall act only in cooperation with the competent authority upon request from the authority. “

In order to be able to perform its mission, the ECDC closely collaborates with MS and public health institutes, EU-level authorities (such as DG SANCO) and international organisations (such as World Health Organisation - WHO), encouraging cooperation and the pooling of knowledge.

Key tasks of the ECDC include:

- operate DSNs;
- provide scientific opinions and promote and initiate studies;
- operate the Early Warning and Response System (EWRS);
- provide scientific and technical assistance and training;
- identify emerging health threats;
- collect and analyse data;
- communicate on its activities to key audiences.

The Centre's specific tasks are described in Article 3 (2) and subsequent articles of the Regulation. The tasks of the ECDC are translated into activities described in annual work programmes.

The ECDC has a matrix structure of five functional units<sup>9</sup> and seven disease-specific (horizontal) projects. The seven disease-specific projects are:<sup>10</sup>

<sup>8</sup> ECDC Strategic multi-annual programme 2007-2013.

<sup>9</sup> Scientific advice, Surveillance, Preparedness & response, Health communication, Administrative services.

<sup>10</sup> Within the fields of activities the Centre shall cover 49 CD according to the categories described in the annex to Decision No 2119/98/EC. These are divided into groups for the purpose of priority setting and programme development.

- Antimicrobial resistance (AMR) and healthcare-associated infections;
- Food- and waterborne diseases;
- Human Immunodeficiency Virus (HIV), Sexually Transmitted Infection (STI) and blood-borne viruses;
- Influenza;
- Other diseases of environmental and zoonotic origin;
- Tuberculosis (TB);
- Vaccine preventable diseases and invasive bacterial infections.

The disease-specific activities are integrated in the work of the functional units. Recently, new unit sections have been added.<sup>11</sup>

### 2.2.2 Intervention logic

Our review of the Founding Regulation (EC) 851/2004, ECDC's strategic multi-annual programme 2007-2013, programme of work for 2005-2007, annual reports for 2005-2006, and other ECDC materials, concludes with the following hierarchy of general, specific and operational objectives of the ECDC (see Table 2.1).

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<sup>11</sup> ECDC (2008). Management Board MB12/Draft minutes of the Twelfth Meeting of ECDC Management Board. Summary of decisions. Stockholm: ECDC.



Table 2.1 Objectives of the ECDC

General objectives	<ul style="list-style-type: none"> <li>To protect human health through the <b>prevention and control of human disease in the EU</b></li> <li>To strengthen Europe's defences against infectious diseases - i.e. <b>enhance the public health capacity</b> of the Community and the MS</li> </ul>					
Specific objectives	Surveillance	Scientific advice	Training	Epidemic intelligence	Communication	(Country) cooperation
	<ul style="list-style-type: none"> <li>To establish EU wide reporting standards and an integrated data collection network for surveillance</li> <li>To analyze and report on trends of public health importance for EU and MS regarding CD</li> <li>To have a system for quality assurance and control of the surveillance data in place, and work towards comparability of data between all MS</li> </ul>	<ul style="list-style-type: none"> <li>To function as a catalyst and "Forum" for public health research</li> <li>To promote, initiate and coordinate research for evidence-based public health, and to identify future threats</li> <li>To produce guidelines, risk assessments and scientific answers, and work with MS to implement evidence-based prevention and intervention</li> <li>To serve as the prime source of scientific advice on CD for the EP and the EC and for other users, incl. the general public</li> <li>To promote and support the strengthening of microbiological laboratory support for CD prevention and control and scientific studies in the EU region</li> </ul>	<ul style="list-style-type: none"> <li>To develop EU capacity while ensuring an overall strengthening of the capacities of the MS</li> <li>To support the development of an expanded network of training programmes for CD prevention and control</li> <li>To establish a training centre within the ECDC</li> </ul>	<ul style="list-style-type: none"> <li>To develop an efficient integrated early warning system about emerging threats in Europe</li> <li>To develop a mechanism for the support and coordination of the investigation and response of health threats in Europe</li> <li>To strengthen the MS and EU preparedness to CD threats</li> </ul>	<ul style="list-style-type: none"> <li>To efficiently communicate and make available all necessary scientific and technical data from its various activities to the Commission to professional audiences, to the media, and the general public</li> <li>To support and help build MS health and communication capacities, through training evaluation of national bulletins/websites etc; by facilitating the pooling of knowledge in health communications</li> </ul>	<ul style="list-style-type: none"> <li>To work in close cooperation with the Commission, the MS, the WHO and other intergovernmental (IGO) and non-governmental organisations (NGO), scientific institutions and foundations, in order to ensure comprehensiveness, coherence and complementarity of action in the field of CD prevention and control</li> </ul>
	<p><i>Disease specific:</i></p> <ul style="list-style-type: none"> <li>To improve knowledge of CD (including determinants) and of methods and technologies for CD prevention and control</li> <li>To strengthen actions in MS, enhancing the contributions of EU institutions to prevent and control CD</li> </ul>					
Operational objectives	<ul style="list-style-type: none"> <li>Build integrated and standardized EU surveillance system and data collection network</li> <li>Support MS in surveillance</li> <li>Provide periodic surveillance</li> </ul>	<ul style="list-style-type: none"> <li>Match research needs to capacity and funding at EU and MS level</li> <li>Develop methodology of CD prevention and control</li> <li>Initiate and conduct prioritised research</li> <li>Develop guidelines</li> <li>Produce risk assessments</li> <li>Provide scientific opinions</li> </ul>	<ul style="list-style-type: none"> <li>Mapping of training institutions, programmes and specialists</li> <li>Develop core competencies/curricula/manuals/new models/distance learning</li> <li>Support interested MS and other stakeholders in</li> </ul>	<ul style="list-style-type: none"> <li>Expand sources of epidemic intelligence</li> <li>Establish a network of epidemic intelligence officers in the MS</li> <li>Develop tools for information and communication exchange</li> <li>Operate efficiently the EWRS</li> </ul>	<ul style="list-style-type: none"> <li>Active participation in professional meetings/forums</li> <li>Explore involvement in public health campaigns</li> <li>Improve scientific quality of <i>Eurosurveillance</i></li> </ul>	<ul style="list-style-type: none"> <li>Develop principles, procedures and frameworks for cooperation with MS/DGs/EU agencies</li> <li>Develop country cooperation programmes</li> </ul>

	<ul style="list-style-type: none"> <li>analyses and reports</li> <li>• Provide annual epidemiological and zoonoses report, and <i>Eurosurveillance</i></li> <li>• Display CD information on website</li> <li>• Conduct users surveys</li> <li>• Assure quality of data</li> </ul>	<ul style="list-style-type: none"> <li>• Act as a clearinghouse for CD research</li> <li>• Control and support scientific quality of the ECDC work</li> <li>• Networking with professional organisations and national laboratories</li> <li>• Provide information on national reference microbiology laboratory capacities, diagnostic technologies and on international networks</li> <li>• Promote and support capacity building of microbiological laboratory services in MS</li> <li>• Foster closer interlinks between human and veterinary microbiology laboratory investigations and reporting</li> </ul>	<ul style="list-style-type: none"> <li>training programmes</li> <li>• Integrate and further develop the European Programme for Intervention Epidemiology Training (EPIET)</li> <li>• Support establishment of Field Epidemiology Training Programmes (FETP)</li> <li>• Develop and organise joint training activities</li> <li>• Create a Europe-wide network for training institutions</li> <li>• Seek financial support from funding agencies for training programmes</li> <li>• Explore the creation of a Europe-wide “accreditation scheme” for training programmes</li> <li>• Develop funding mechanisms for a harmonized approach to training</li> <li>• Establish specialised staff and other resources in-house (e.g., training materials, host trainees, training facility)</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare guidance for MS for implementing the revised International Health Regulations</li> <li>• Integrate threats related to biological agents release in detection and assessment activities</li> <li>• Establish a network of partner laboratories for threats of unknown origin</li> <li>• Develop and implement methods allowing for a better anticipation of health threats</li> <li>• Consolidate procedures for coordination of investigation and response to emerging threats</li> <li>• Define the role of the ECDC in risk assessment of health threats related to intentional release of biological agents</li> <li>• Identify priority areas requiring guidance</li> <li>• Implement an Emergency Operation Centre (EOC)</li> <li>• Translate lessons learnt in engaging pandemic flu preparedness towards generic preparedness</li> <li>• Identify and develop guidance for situations representing an increased risk for emergence of health threats</li> </ul>	<ul style="list-style-type: none"> <li>• Build easily accessible web-portal and link to EU Public Health Portal</li> <li>• Establish common, consistent terminology</li> <li>• Provide high quality publishing services for technical reports</li> <li>• Develop partnerships with MS and EU institutions for risk communication</li> <li>• Set up visitors and media centre</li> <li>• Establish multilingual website and link with relevant websites</li> <li>• Utilise new Internet-based medias/tools</li> <li>• Network with health communicators from MS</li> <li>• Provide training on health communication</li> <li>• Facilitate MS in exchanging information</li> <li>• Provide key words and other standards for accessing data on CD</li> </ul>	<ul style="list-style-type: none"> <li>• Mapping of CD activities in MS</li> <li>• Mapping of CD relevant issues in DGs</li> <li>• Inform EC, Council and Parliament on new CD issues</li> <li>• Maintain Memorandum of understanding (MoU) with WHO</li> <li>• Establish MoU with IGOs, NGOs, scientific institutes, and Foundations</li> <li>• Cooperate with partners for joint action in selected fields of CD</li> </ul>
	<p><i>Disease specific:</i></p> <ul style="list-style-type: none"> <li>• Mapping of incidence, prevalence and threat potential of CD</li> <li>• Developing methodology for measuring impact CD</li> <li>• Mapping of CD determinants and prevention methods and control of CD</li> <li>• Facilitate MS in exchanging experiences and in improving their programmes</li> </ul>					

The ECDC's intervention logic, which is comparable to that of other Community agencies in the public health field (European Monitoring Centre for Drugs and Drug Addiction - EMCDDA, European Environmental Agency - EEA, and the European Agency for Safety and Health at Work - OSHA)<sup>12,13</sup> can be summarised as follows:

- **Rationale and aims:** under the Founding Regulation, the Centre's mission is to 'identify, assess and communicate current and emerging threats to human health from communicable diseases'. Its core function as a Community agency is to provide scientific and technical information, expertise, advice and risk assessment.<sup>14</sup>
- **Inputs:** The inputs are financial, human or organisational resources. The origin of ECDC's resources is, like other EU agencies such as European Food Safety Agency - EFSA, the Community (here DG SANCO). An implication is that the resources are therefore fully dependant on the orientations from DG SANCO.<sup>15</sup> The ECDC operates within a solid financial framework in line with the Financial Regulation. In terms of number of staff, the ECDC has significantly grown. In May 2005, the Director and about five other staff members began to work at the ECDC. By end 2007, around 195 staff members were working in the Centre.
- **Outputs:** The ECDC collects and analyses information on CD in MS and at the EU level. Publications (including scientific and technical reports, meeting reports and other publications such as the annual reports) are then disseminated to various target audiences including decision makers (e.g., Commission, national health ministries - NHMs) and other key audiences (professional audiences, the media and the public). The relevance, timeliness, accessibility, scientific quality, and coverage of the information and products, and extent to which target audiences are reached, are key success criteria.
- **Results:** It is not within the ECDC's remit to seek to directly influence decision-makers but rather to provide sound scientific knowledge and technical information, expertise, advice and risk assessment. In assessing results, it is important to focus on the extent to which the information the Centre provides is meaningful and used by its key audiences, at a national and EU level.
- **Outcomes:** At a global level, improved knowledge and public health capacity should lead to more effective interventions, at a national and EU level, to combat health threats, and ultimately to prevention and control of human disease. However, the ECDC cannot influence outcomes of this sort on its own and it is more appropriate to assess the Centre's 'intermediate impacts', i.e., the extent to which the ECDC has developed ways of obtaining and providing harmonized and comparable data in the field of its mission, and exchanging expertise, thereby increasing recognition by national authorities.

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<sup>12</sup> European Communities (2004). European agencies working across Europe for you. Luxembourg: Office for Official Publications of the European Communities.

<sup>13</sup> Tarrant A, Kelemen RD (2007). Building the Eurocracy: the politics of EU agencies and networks. Paper prepared for the Biennial European Studies Association Convention. 16-19 May 2007, Montreal.

<sup>14</sup> Founding Regulation. Article 8 (2).

<sup>15</sup> European Commission. DG Health & Consumer Protection Directorate-General (2004). Decision on the financial regulation of the European Centre for Disease Prevention and Control. Brussels: DG SANCO, 24 November 2004.

## 2.3 Evaluation criteria and related questions

The criteria to be used in this evaluation are specified by the ECDC in the requirements of the Tender Specifications and include:

- **Effectiveness** - Extent to which the outcomes achieved by the ECDC are in line with its general objectives set out in the mandate and specific objectives contained in annual work programmes;
- **Efficiency** - Extent to which resources are available in due time, in appropriate quantity and quality, at the best price, and the extent to which desired effects are reached at reasonable cost;
- **Independence** - Extent to which the process to develop a scientific opinion is based solely on scientifically accepted and published data and evidence, and without being influenced by national/international/commercial or personal interests;
- **Relevance and coherence** - Extent to which the objectives and activities are relevant to the needs, problems and issues to be addressed, are complementary to those of other interventions (i.e., do not contradict other interventions/contribute to other policy interventions in the public health field);
- **Added value and utility** - Extent to which the ECDC contributes to achieving positive outcomes that would have been difficult/not possible to achieve in its absence and extent to which the outputs and outcomes of the ECDC are in line with the needs of the target audiences.

In addition to the questions related to these evaluation criteria, the ECDC requested to address “questions related to the future scope of the Centre’s mission that will assess to which extent, in which fields of public health and/or geographical areas and in what timeframe the extension of the Centre’s mandate could be relevant, bearing in mind the national responsibilities, work related to public health institutes and legal and financial implications.” In total, a set of 14 specific questions were defined to be addressed by the evaluation.

In Annex 1 we describe the evaluation criteria and related evaluation questions that are used in the evaluation. In Annex 2 we provide an overview of the indicators (‘success criteria’) used to assess, monitor and evaluate the achievements and learn lessons (answering the evaluation questions).

## 2.4 Methodology

The evaluation of the ECDC was carried out in four phases/tasks:

- **Inception phase** – kick-off meeting with the ECDC, desk research, construction of intervention logic, finalisation of the evaluation methodology, and preparation of an inception report;
- **Desk study** – desk research, preparation of a web-based survey, interviews with key stakeholders and a financial analysis, preparation of the first interim report and meeting with the Steering Committee (SC) to discuss the first analysis of data collected;
- **Field data collection** – a combination of desk research, financial analysis, survey work and interviews with EU institutions and agencies, international organisations (IOs), EU surveillance networks (ESNs), national surveillance institutes (NSIs),

national health ministries (NHMs) and ECDC staff, including MB and AF members, preparation of second interim report, and meeting with the SC to discuss preliminary findings and answers to some of the evaluation questions;

- **Evaluation synthesis and reporting** – a full analysis of the evaluation findings, an internal workshop with project members to synthesise the material and preparation of the final report.

The main data collection methods used included desk research, a web-based survey, interviews with a variety of stakeholders, and a financial analysis. Below we provide information on the activities performed per method of data collection.

## 2.5 Desk research

We have used several documents and sources to inform our evaluation, including:

- ECDC documentation that was provided to us by the ECDC;
- A recent report on ECDC's media coverage (CISION report, 2007);<sup>16</sup>
- Legal background of the ECDC (e.g., Decision No 2119/98/EC, Founding Regulation, Financial Regulation);
- Documents describing ECDC's health policy context (e.g., Lisbon Treaty, International Health Regulations - IHR-2005);<sup>17</sup>
- Key documents from DG SANCO (e.g., handover files, Opening speech Byrne regarding ECDC start up event 2004, DG SANCO Working Paper on Emerging Risks (2007), DG SANCO presentation on the EU Scientific Advice structure. Stakeholders dialogue (2007), the final report of the mid term evaluation of the PHP 2003-2008, implementation of the PHP in 2006, documents available through weekly news on DG SANCO's website and Public Health EU-Portal);
- Evaluations of other EU agencies (e.g., EFSA, EMCDDA);
- Documents on governance of EU agencies (e.g., Everson et al, 1999, White paper on governance, 2001; European Commission, 2008);
- Documents about (public health) indicators from, *inter alia*, WHO and Centres for Disease Control and Prevention in the US (CDC);
- Literature on organisational performance in general;<sup>18</sup>
- Framework to create and develop national public health institutes (International Association of National Public Health Institutes - INAHPI, 2007).
- Websites of key stakeholders (i.e. EC, Community Agencies, WHO, CDC, Public Health Agency Canada - PHAC, NHMs, DSNs);
- (Scientific) literature on the ECDC's policy areas by scanning databases such as PubMed, Medline and Cochrane library.

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<sup>16</sup> CISION (2007). ECDC Media Evaluation Report. January – December 2007. Annual Report of Coverage for ECDC. London: CISION.

<sup>17</sup> World Health Organisation. Regional Office for South-East Asia (2005). International Health Regulations (2005). Basic information for national policy-makers and partners. New Delhi: WHO. Regional Office for South-East Asia. Available at: [http://www.searo.who.int/LinkFiles/International\\_Health\\_Regulations\\_IHR\\_Brochure.pdf](http://www.searo.who.int/LinkFiles/International_Health_Regulations_IHR_Brochure.pdf).

<sup>18</sup> Organisational performance refers to a judgment reached through the interaction of stakeholders on the overall and specific qualities that characterize the relative worth of an organisation.

For the financial analysis we have used information from ECDC's (2005-2007), EMEA's (1995-1998 and 2002-2007) and EFSA's (2002-2006) annual reports, budgets and other relevant documents, such as the EP's publication on budget support to EU agencies (2007) and audit reports (2005-2006) of the European Court of Auditors. For an overview of the literature used in this evaluation, we refer to Annex 3.

## 2.6 Web-based survey

The web-based survey enabled us to gather general information about the ECDC, and most importantly, the views and opinions of a wide range of stakeholders of the ECDC as well as views and opinions of interested members of the public. The survey focused on achievements of the ECDC and areas for improvement.

### 2.6.1 Review and pilot of the survey

The survey was reviewed by two senior public health experts and, after revisions, was sent to the ECDC SC for approval. Following approval, the survey was piloted with two ECDC employees to ensure that it functioned properly from a technical point of view, as well as to confirm that the questions could be understood and were relevant to the task. These employees were selected by the ECDC and the evaluation team. The key criterion for selection was that these employees had been working at the ECDC for between three and six months and that they were not working in the same unit.

### 2.6.2 Description of the survey

The survey was developed based on the evaluation success criteria gathered from the DG SANCO handover file and from the surveys used in the EFSA evaluation. It was created as a web-based survey using 'CheckMarket', an online platform that also helps with distribution and analysis of online surveys.<sup>19</sup>

The survey was designed to include six sections (section I-VI, see Annex 4). The first section of the survey enabled us to collect information about the survey participants, including which stakeholder group they were representing. The categories included:

- National health ministry (NHM);
- National surveillance institute (NSI);
- EU surveillance network (ESN);<sup>20</sup>
- Advisory Forum of the ECDC (AF);
- Management Board of the ECDC (MB);
- ECDC staff;
- Other.

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<sup>19</sup> <http://www.checkmarket.com/>.

<sup>20</sup> The EU surveillance network is the terminology that was used in the survey. It is, for the purpose of this study understood as a synonym of Dedicated Surveillance Networks (DSNs).

Sections two to five of the survey relate directly to the evaluation criteria:

- Effectiveness of the ECDC activities (II);
- Independence of scientific excellence provided by the ECDC (III);
- Relevance and coherence of the ECDC's work (IV);
- Added value and utility of the ECDC compared to other relevant activities in the field of communicable diseases (V).

The sections specifically address evaluation questions 1-5, 7-8 and 11-13. In the Table below, we specify the linkage between survey questions (see Annex 4) and the evaluation criteria, evaluation questions/success criteria specified in Annex 1.

Table 2.2 Relation between evaluation criteria, survey questions and evaluation questions/corresponding success criteria

Evaluation topic	Survey question	Evaluation question/success criteria
<b>Section II: Effectiveness of the ECDC activities</b>		
• Scientific and technical data	10-13	Question 1: I 1.1-1.4
• Scientific opinions	14-17	Question 2: I 2.1, 2.3, 2.7
• Early Warning Response System (EWRS)	18-20	Question 4: I 4.1-4.2
• Preparedness activities	21-22	Question 5: I 5.1
• Training activities	23-26	Question 7: I 7.1-7.3, 7.5
• Surveillance activities	27-31	Question 8: I 8.1-8.6
<b>Section III: Independence of scientific excellence</b>		
• Independent centre	32-36	Question 3: I 3.3-3.6
<b>Section IV: Relevance and coherence</b>		
• Relevance of the ECDC	37-39	Questions 7, 8, 11: I 7.4, 8.4, 11.2, 11.5
• Coherence of ECDC's work and strategies	40-41	Questions 11, 12: I 11.3, 12.2
• Stakeholders' needs	42-43	Question 11: I 11.5
<b>Section V: Added value and utility</b>		
• Added value of the ECDC	44-53	Question 12: I 12.1-12.8
• ECDC's contribution to a high level of protection of human health	54-57	Question 12: I 12.3
• Sustainability of ECDC's activities	58-63	Question 12: I 12.9
• Need for expansion of tasks	64-69	Question 13: 13.1-13.3

For all questions in sections two to five, a rating scale of 1-5 was provided (where 1 is 'not at all' and 5 is 'extensively'). This scale enabled respondents to indicate the extent to which they agreed with a statement about the ECDC. In addition, respondents were given the opportunity to respond 'don't know' or 'not applicable'. At the end of each of these sections, an open question was included, which enabled respondents to further elaborate or comment in relation to their answers. The final section of the survey, section six, provided opportunities for further comments.

### 2.6.3 Distribution approach

The online survey ([www.ecorys.com/extranet/ECDC](http://www.ecorys.com/extranet/ECDC)) was distributed by email to a targeted panel of selected stakeholders with the agreement of the SC (the ‘stakeholder panel’). It was also made available to the general public through links on the Public Health site of DG SANCO<sup>21</sup> and on the ECDC website from February 5<sup>th</sup> until April 15<sup>th</sup>, 2008.<sup>22</sup>

An accompanying mandate letter, with a description from the ECDC Director about the aims and objectives of the evaluation, was also sent to members of the stakeholder panel. These were also available through web links on DG SANCO and the ECDC websites.

#### *The stakeholder panel*

The SC supplied email addresses for most of the different stakeholder groups making up the panel. In addition, the MB helped identify appropriate representatives from the NHM in their country to whom the survey could be sent. We ensured that each person on the stakeholder panel (or delegate thereof) could only take the survey once.

A total of 189 invitations were sent through the stakeholder panel to individuals that were identified as belonging to different stakeholder groups.

Table 2.3 Stakeholder panel

Stakeholder group	Number
National Health Ministries in EU27, acceding MS and EEA/EFTA countries	54
National Surveillance Institutes in EU27 and EEA/EFTA <sup>23</sup> countries	30
Dedicated Surveillance Networks	15
ECDC Advisory Forum	32
ECDC Management Board	35
ECDC staff with at least 6 months of work experience in the Centre	53

The stakeholder categories above are not exclusive. In other words, it is possible that a member of the AF is at the same time the representative of a NSI, or that in fact this latter is also the representative for a NHM.

Figures 2.1 and 2.2 below illustrate the number of people in each stakeholder group and the overlapping “identities” that the evaluation team identified for various stakeholders. Please note that this identification was done starting from the records we were able to obtain from the ECDC. It is therefore possible that several stakeholders may have been identified only partially or incorrectly.

<sup>21</sup> <http://ec.europa.eu/health/>.

<sup>22</sup> <http://ecdc.europa.eu/>.

<sup>23</sup> European Economic Area/European Free Trade Association.

Figure 2.1 Overlap between stakeholder groups I

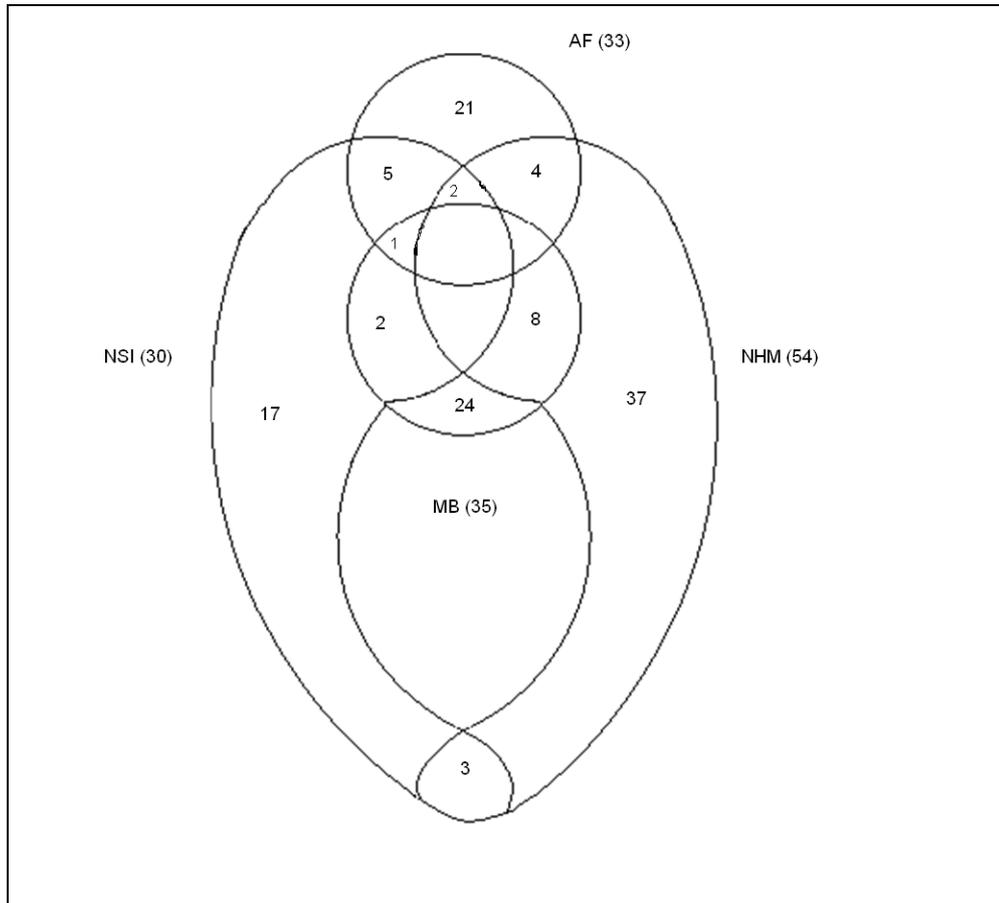
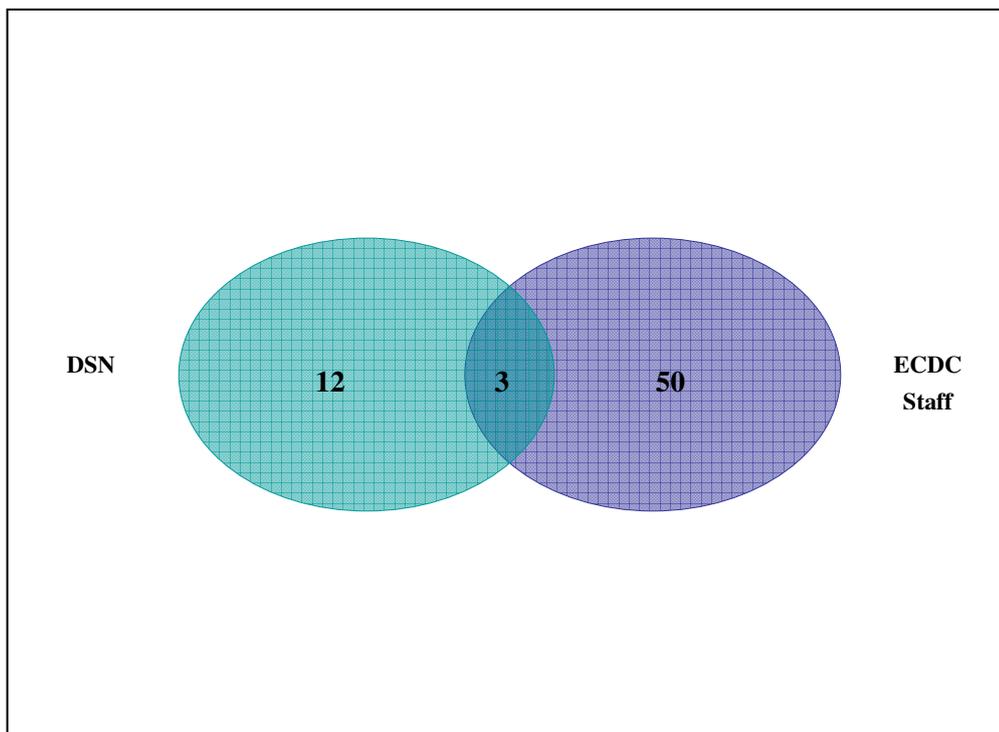


Figure 2.2 Overlap between stakeholder groups II



It is clear from the Figures above that, while stakeholders on the panel from the AF, NHMs, NSIs and the MB overlap significantly, panel members from ECDC staff and the DSNs, in the main, only overlap with each other, and then to a very small extent. Being aware of these overlaps is important as we provide an analysis of the survey per stakeholder group (see Annex 5).

The responses of those stakeholders with multiple affiliations were analysed in the stakeholder group with which they have identified themselves in the survey. For example, it could be that a stakeholder had been identified as being a representative of DSNs, but that s/he identified themselves in the survey as representing ECDC staff. In this instance their responses were analysed along with other ECDC staff. This is based on the assumption that the person answered the survey from the perspective of that group. In addition, when the declared affiliation of any stakeholder in particular diverged significantly from the one originally identified (i.e., self declared “member of the Advisory Forum”, when the record indicated the person was a “member of the Management Board”) information was double checked to ensure that no confusion occurred.

#### *Other stakeholder groups*

The survey was also made available to the general public to allow unidentified and non targeted stakeholders to express their views about the achievements and areas for improvement of the ECDC. To help ensure that the survey was accessed by members of the public with an awareness and experience of the ECDC, links to the survey were placed on the DG SANCO Public Health website and on the main page of the ECDC website. The results of these surveys were analysed separately from the results of the stakeholder panel, in a group called “untargeted”.

#### 2.6.4 Response rate of the survey

By 15<sup>th</sup> April, 2008 (closing date of the survey) a total of 184 answers were recorded, as shown in Table 2.4 below (see column total answers). Efforts have been made to ensure a good response rate, with reminder emails sent to panel respondents 13 days after the first invitation to participate. All those stakeholders who had not yet replied to the survey received this reminder. Reminders were also sent to stakeholders on the panel who had only partially completed the survey five days after their initial (incomplete) surveys were received. A subsequent reminder to all stakeholder panel members who have not sent in their survey was sent in the second week of March.

Answers were considered invalid when they were composed *exclusively* of N/A and/or don't know answers.<sup>24</sup> It was considered that these stakeholders were mistakenly included in the target group. The one but last column of the table below shows the number of answers that were invalidated per group. The largest number of invalid answers was recorded in the untargeted section of the survey, followed by ECDC staff. The invalid answers of the latter group is composed for the most part by administrative personnel

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<sup>24</sup> One answer that contained all but one “Don't know” and/or N/A answers has also been invalidated in the DSN group as the respondent clearly stated he/ she did not feel competent to answer the questions by virtue of his/her administrative position.

who has been working at the Centre for more than six months, hence was included in the panel by default, but did not feel qualified to answer the content questions of which the survey was composed. In total 162 surveys were included in the final analysis, of which 133 were returned by the stakeholder panel, for an overall valid response rate of 70%.<sup>25</sup>

Table 2.4 Response per stakeholder group

	Number of invitations sent	Complete answers	Partial answers	Total answers	Invalid answers	Total valid answers
National Health Ministries	54	30	3	33	1	32
National Surveillance Institutes	30	16	0	16	0	16
Surveillance Networks	15	6	3	9	1	8
ECDC Advisory Forum	32	23	0	23	0	23
ECDC Management Board	35	19	0	19	0	19
ECDC staff	53	41	3	44	9	35
Untargeted	NA	22	18	40	11	29
<b>Total</b>	189 <sup>26</sup>	157	27	184	22	162

Concerning the 29 valid survey responses from the public, all came through the ECDC website. Respondents came from a variety of countries across the continent: Sweden (6 respondents), the UK and Denmark (3 respondents each), Austria, Germany, Belgium and Greece (2 respondents each) and Ireland, Serbia, Poland, Italy, the Netherlands, Luxemburg, Croatia and Turkey (1 respondent each).

As mentioned above, in the majority of cases, the identity of panel respondents was taken to be that which they declared themselves in the survey. Among the valid responses, a few changes in identity were necessary (see Table 2.5).

Table 2.5 Changes in identity of responses per stakeholder group

Declared by respondent	Identity assigned	Reason	Number of occurrence
Other [no specification]	ECDC staff	Based on original records	1
Other [no specification]	DSN	Based on original records	1
MB	AF	Not part of MB but of AF	2

<sup>25</sup> The raw response rate (including invalid answers) was 76%.

<sup>26</sup> The total is not, in this case, a simple summing up of the figures above. This total takes into account the multiple identities of stakeholders and is therefore lower (see section 2.6.3 above).

Declared by respondent	Identity assigned	Reason	Number of occurrence
Other [name of institution]	NHM	Based on an analysis of the main functions of the respondent's organisation	1
Other [name of institution]	NSI	Based on an analysis of the main functions of the respondent's organisation	2
Other [listed several affiliations]	DSN	Based on the main reason why the person was included in the panel	1
AF	NHM	Not on official AF list, but does work in an NHM	1
		Total changes	9

### 2.6.5 Analysis of the survey

We included partially completed surveys in the final analysis. This means that the composition of respondents' groups may vary slightly from one question to the other. The numbers of respondents are provided per question in the final analysis (Annex 5).

Please note that the number of respondents per group is too small to perform a statistically meaningful analysis for all stakeholder groups. Therefore, we provide the synthesised findings in Chapter 4, while more detailed information per stakeholder group can be found in Annex 5.

Upon request of the Steering Committee the statistical analysis was performed based on two different approaches to check if additional information could be retrieved and a crosscheck on the results. In Annex 5, we base our analysis only on the "valid" answers. This includes the answers that provide an *opinion* on the topic. Answers such as "don't know" and "not applicable" are **not** considered "valid answers". However, the evaluation team makes a clear distinction between "don't know" and "not applicable" answers, in that "don't know" answers can carry a meaningful interpretation. For example, it is important to highlight when large portions of the respondents in one or several stakeholder groups chose the "don't know" answer, as it may point to a significant information gap. We included a separate paragraph on this issue for each set of questions.

Nonetheless, the meaning that "don't know" answers carry is different from that carried by what the evaluation team calls "grading answers". Grading answers are the result of a "ranking" exercise, whereby the respondents assessed the performance of the ECDC on any given question. A "don't know" answer does not follow the same logic. It is assumed to indicate a lack of knowledge of the respondent, which prevents him/ her from ranking the ECDC performance on that issue. Faithful to this tenet, the analysis of survey responses, by stakeholder group was performed and presented using the subtotals of grading answers – i.e. not including "don't know" and "not applicable" answers (see Annex 5 of the main report).

## 2.7 Interviews

Semi-structured interviews with a representative sample of the ECDC's key stakeholders were conducted to pursue specific topics of interest in more depth.

Through the interviews, we addressed evaluation questions 1-4, 6-7 and 9-14. The interview protocol is tailor-made for each stakeholder group to be interviewed (i.e. per interview question we indicate for which stakeholder group the questions are relevant). In total, we performed 83 interviews (with 1 or more representatives of a stakeholder group), face-to-face (N=25)<sup>27</sup> or by telephone (N=58) (see Table 2.6 below). The ECDC provided contact details of representatives from stakeholder groups who were interviewed. In addition, we contacted members of the MB to provide guidance in identifying relevant representatives from the national ministries of health.

### 2.7.1 Review and pilot of the interviews

The draft interview protocol was reviewed by two public health experts and the SC. Following approval from the SC, the interview protocol was piloted by two ECDC employees. These employees were selected by the ECDC and the evaluation team, with the main requirement that they had been working at the ECDC for between three and six months and that they were employed in different units.

### 2.7.2 Description and distribution of the interviews

The interviews were conducted between the beginning of March and May 20<sup>th</sup>, 2008. The following main issues were addressed:

- Awareness of the ECDC's mandate and the ECDC's corresponding activities;
- Uptake and utilisation of the ECDC's information;
- Independence and quality of the ECDC's scientific advice;
- Efficiency of the ECDC and its activities;
- Relevance and acceptability of the ECDC;
- Consistency and complementarity with other organisations in the field of CD.

All selected stakeholders received an interview invitation by email between the end of February and early March. In the invitation, it was stressed that the respondent's answers would be treated confidentially and that no attribution would be made to answers given by specific people. The invitation for the interview was accompanied by a covering mandate letter from the Director of the ECDC and the interview protocol.

To achieve maximum response rates and comply with our planning, follow up was undertaken by email and telephone. We encountered some problems in getting response

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<sup>27</sup> Face-to-face interviews were conducted in the following countries: Belgium (N=4), Denmark (N=1), Germany (N=1), Italy (N=1), Netherlands (N=2) and Sweden (N=16). The face-to-face and telephone interviews were analysed in the same manner – see section 2.7.5.

and scheduling interviews with a few stakeholders by the end of the interview period. The SC and the ECDC provided valuable support in scheduling these interviews.

In Table 2.6 we provide an overview of the planned, conducted and declined interviews by stakeholder group.

Table 2.6 Overview of planned and performed stakeholder interviews

Stakeholder	Stakeholder category	Interviews planned	Interviews performed	Interviews declined
DG SANCO C3 Health Threats	EU institutions and agencies	1	1	-
DG SANCO C6 Health Measures	EU institutions and agencies	1	1	-
DG SANCO C2 Health Information	EU institutions and agencies	1	1	-
Eurostat	EU institutions and agencies	1	1	-
DG Research	EU institutions and agencies	1	1	-
Court of Auditors	EU institutions and agencies	1	-	1
European Parliament (ENVI Committee)	EU institutions and agencies	2	2	1
Commission Health Security Committee	EU institutions and agencies	1	-	-
Council of Health Ministers (Minister of Health, Slovenia) <sup>28</sup>	EU institutions and agencies	1	1	-
Council Health Working Group (Presidency's health attaché)	EU institutions and agencies	1	1	-
European Environmental Agency	EU institutions and agencies	1	1	-
European Monitoring Centre for Drugs and Drugs Addiction	EU institutions and agencies	1	1	-
European Agency for the Evaluation of Medicinal Products	EU institutions and agencies	1	1	-
European Food Safety Authority	EU institutions and agencies	1	1	-
WHO Regional Office	International organisations	1	1	-
WHO Headquarters	International organisations	1	1	-
Public Health Agency of Canada	International organisations	1	1	-
US Centres for Disease Control and Prevention	International organisations	1	1	-
Representative sample of EU surveillance networks <sup>29</sup>	EU surveillance networks: BSN, DIPNET, EISS, ENIVD, ESAC, EuroCJD, EuroHIV	7	7	-
Representative sample of national surveillance institutes <sup>8</sup>	National surveillance institutes <sup>30</sup>	10	15 (13)	-
National health ministries (27 EU)	National health ministries	30	27 (29)	1

<sup>28</sup> Slovenia is holding the Presidency during the first half of 2008.

<sup>29</sup> The rationale for the representative samples of EU surveillance networks and national surveillance institutes was provided in the inception report. Please note that BSN and EuroHIV have been integrated in the ECDC.

<sup>30</sup> Sweden, United Kingdom, Greece, Lithuania, Romania, Czech Republic, Poland, Slovenia, Croatia, and Norway plus, Germany, France, Spain, Denmark and Hungary.

Stakeholder	Stakeholder category	Interviews planned	Interviews performed	Interviews declined
MS + 3 EEA/EFTA)				
Management Board (chairman)	ECDC	1	1	-
Advisory Forum (chairman working group on scientific advice)	ECDC	1	1	-
Director	ECDC	1	1	-
Scientific Advice Unit (SAU): Head of Unit and senior expert	ECDC	2	5	-
Surveillance Unit (SUN): Head of Unit and senior expert	ECDC	2	2	-
Preparedness and Response Unit (PRU): Head of Unit and senior expert	ECDC	2	3	-
Health Communication Unit (HCU): Head of Unit and senior expert	ECDC	2	2	-
Administrative Services Unit: Head of Unit and senior expert	ECDC	2	2	-
<b>Total number of interviews</b>		<b>79</b>	<b>83</b>	<b>3</b>

### 2.7.3 Non respondents

Three persons invited for an interview about the achievements of the ECDC declined. The European Court of Auditors was not able to participate in the interview due to Court principles with regard to EU agency evaluations. The representative of the NHM from Liechtenstein declined because the NHM had only begun to relate to the ECDC in 2007 and because they were concerned that their limited staff would not be able to do justice to the interview.

We invited two representatives from the EP for an interview. However, one representative stated that she was not able to participate in the interview. After approval from the ECDC, we approached the EP representative who serves on the MB.

### 2.7.4 Alterations in stakeholder identity

We interviewed two persons that were nominated by the respective MB member from Denmark and Hungary as representatives of the NHM. However, both representatives informed us that they were representing the national surveillance institutes and have therefore been included in this stakeholder category. In addition, the person that was selected to be representing the Commission Health Security Committee (HSC) was also a representative of a NHM and wished to be interviewed as such.

## 2.7.5 Analysis of the interviews

Following completion of an interview, notes were drafted and sent back to the interviewee for verification. After verification, the data from the interview notes were analysed per stakeholder group and per evaluation criteria.

In the Table on the next page we specify the linkage between interview questions (see Annex 4) and the evaluation criteria, evaluation questions/success criteria specified in Annex 1.

Table 2.7 Relation between evaluation criteria, (section of) interview questions and evaluation questions/corresponding success criteria

Evaluation topic	Evaluation question/success criteria
<b>Section A: Awareness</b>	
<ul style="list-style-type: none"> <li>• Understanding of the objectives and activities of the ECDC</li> <li>• The main purposes and activities of the ECDC</li> <li>• Level to which objectives are reflected in annual work programmes</li> <li>• Awareness of stakeholders that are involved in the ECDC</li> <li>• Awareness of any specific diseases or problems the ECDC is focusing on</li> <li>• Appropriateness of the ECDC activities in dealing with public health crises</li> </ul>	<p>Question 1 :   1.1-1.4</p> <p>Question 2:   2.1-2.2,   2.5-2.7</p> <p>Question 4:   4.2</p> <p>Question 5:   5.1</p> <p>Question 6:   6.1-6.5</p> <p>Question 7:   7.3-7.4</p> <p>Question 8:   8.1-8.6</p>
<b>Section B: Uptake and utilization of the ECDC's information</b>	
<ul style="list-style-type: none"> <li>• Most important achievements of the ECDC</li> <li>• Use or promotion of the ECDC information and results by stakeholders</li> </ul>	<p>Question 1:   1.1-1.4</p> <p>Question 2:   2.1, 2.7</p> <p>Question 7:   7.3-7.4</p> <p>Question 8:   8.1-8.6</p>
<b>Section C: Independence and quality of the ECDC's scientific advice</b>	
<ul style="list-style-type: none"> <li>• Level of independence of the ECDC's scientific advice</li> <li>• Quality of the ECDC's scientific advice</li> <li>• Influence of non-scientific factors on the ECDC's scientific advice</li> </ul>	<p>Question 3:   3.5-3.6</p>
<b>Section D: Efficiency of the ECDC and its activities</b>	
<ul style="list-style-type: none"> <li>• Adequacy of the ECDC's budget taking into account its mandate</li> <li>• Adequacy of the number of staff to performing the ECDC's activities</li> <li>• Assessment of internal and external management procedures of the ECDC</li> <li>• Assessment of internal and external reporting procedures of the ECDC</li> <li>• Assessment of the efficiency of working processes of the ECDC</li> <li>• Contribution of the ECDC to improving the efficiency of exchanges and activities in this field of public health and disease surveillance</li> <li>• Impact on stakeholders' organisation due to the existence/activities of the ECDC</li> </ul>	<p>Question 2:   2.2, 2.4-2.6</p> <p>Question 6:   6.1-6.5</p> <p>Question 8:   8.1-8.6</p> <p>Question 9:   9.1-9.6</p> <p>Question 10:   10.1-10.6</p>

Evaluation topic	Evaluation question/success criteria
<b>Section E: Relevance and acceptability of the ECDC</b>	
<ul style="list-style-type: none"> <li>Level to which the ECDC addresses the needs of stakeholders</li> <li>Level to which the ECDC focuses on relevant target groups</li> <li>Level to which stakeholders benefited from the existence of the ECDC</li> <li>Overall opinion of the quality and usefulness of the ECDC's activities</li> <li>Views on additional areas that the ECDC should cover</li> </ul>	<p>Question 11:   11.1-11.9</p> <p>Question 13:   13.1-13.3</p> <p>Question 14:   14.1-14.5</p>
<b>Section F: Consistency and complementarity with other organisations in the field of public health</b>	
<ul style="list-style-type: none"> <li>Level of interaction of the ECDC with other EC, national or international organisations</li> <li>Identification of areas and activities where the activities of the ECDC may compete with activities and/or policies of other organisations</li> <li>Awareness of any (potential) barriers or stimulating factors to improve synergies with activities and/or policies of other organisations</li> <li>Views on whether the ECDC's activities bring something new to the field of public health and disease surveillance in Europe</li> <li>General suggestions that would improve the performance of the ECDC</li> </ul>	<p>Question 1:   1.1-1.4</p> <p>Question 4:   4.2</p> <p>Question 12:   12.1-12.9</p> <p>Question 13:   13.1-13.3</p> <p>Question 14:   14.1-14.5</p>

## 2.8 Financial analysis

The financial analysis is supportive in answering several of the evaluation questions in particular the evaluation questions 2-5, 9, and 12-14.

The accountability objective and efficiency criterion were being tested through:

- an analysis of the sustainability of the financial situation of the ECDC focusing on adequacy, predictability and flexibility of the financial arrangements;
- a benchmark exercise with two other EU agencies (EFSA and EMEA);
- an assessment of allocative and operational efficiency;
- an assessment of budget management.

The scope of the financial analysis covers the evaluation period (until June 2007). Strictly speaking this limits the analysis of the budget figures to the years 2005, 2006 and the approved budget for 2007. The realization of the budget for 2007 (presented in March 2008) and the budget for 2008 fall outside the scope of the evaluation. However, financial data on 2007 and 2008 have been incorporated in the financial overviews presented as much as possible to provide an indication of the main developments since mid 2007.

The limited number of years in the analysis limits the type of analysis that can be used. Therefore, the conclusions drawn from this analysis must be cautious. For example, no credible expenditure trends can be observed based on just two completed financial years.

Furthermore, the ECDC as an organisation starting-up its business could be expected to be particularly prone to sudden developments which impact directly on expenditures.

The findings of our financial analysis are presented in Chapter 3.

## 3 Financial analysis

The financing of the ECDC - governed by the Financial Regulation – has grown at a fast pace since the first year of operation in 2005.

According to the Founding Regulation the funding of the ECDC comprises of:

- a subsidy from the Community entered in the general budget of the EU (Commission section);
- payments received for services rendered;
- any financial contributions from the Competent Bodies;
- any voluntary contribution from the Member States.

In addition, the ECDC has the possibility to receive financial contributions from third countries that have a cooperation agreement with ECDC. The Financial Regulation does not allow the ECDC to borrow funds independently.

### 3.1 Development of the budget revenues of the ECDC

ECDC has operated under a long term financial agreement with DG SANCO stating a gradual increase of the Centre's budget to a maximum of EUR 60 million in 2013. The agreement is in the context of the Financial Perspectives 2007-2013 on the budget envelopes that will be proposed to the budgetary authorities in the annual budget cycle. This arrangement contributes greatly to the undisturbed development of the ECDC, as it provides predictability of funding for a longer period of time.

Table 3.1 presents the actual funding of the ECDC for the years 2005-2007 and the planned revenues for 2008.

Table 3.1 Funding of the ECDC

Revenue	2005	2006	2007	2008
	Realised	Realised	Realised	Planned
Community subsidy	3,302,280	15,865,233	27,500,000	39,900,000
Fee income	0	0	0	
Other revenue	100,000	346,080	1,398,648	200,000
- Subsidy EEA	100,000	346,080	604,200	
- Community subsidy – reuse of funds			794,448	
- Subsidy candidate countries				200,000
<b>Total</b>	<b>3,402,280</b>	<b>16,211,313</b>	<b>28,898,648</b>	<b>40,100,000</b>
% change over previous year	n.a.	376%	78%	39%

Source: Evaluation team based on ECDC Final Accounts and Budget for 2008

The budget of the ECDC has increased at a very fast pace, almost quadrupling from EUR 3.4 million in 2005 (covering period after May 20<sup>th</sup>) to EUR 16.2 million in 2006. In 2007, the ECDC saw further substantial growth of the resource envelope to about 28.8 million (+78%) which is expected to start levelling off in 2008 with an expected change of about 40% to just over EUR 40 million.

In the first two years, the contribution through the budget of DG SANCO was the main source of income for the ECDC. However, in 2007 the ECDC received substantial additional funding (2.1% of total) from contributions of EEA countries.<sup>31</sup> For 2008, contributions from DG Enlargement (EUR 200k) are anticipated for activities in Candidate Countries.

The strategic multi-annual programme 2008-2013 contains a further outlook of funding by the Community subsidy for the years 2009 to 2013, which is depicted in Table 3.2. The year 2010 would be the last year of substantial increases in EC contributions up to a level of EUR 56.45 million (+14%). After 2010, the budget will remain constant except for an annual inflation correction.

Table 3.2 Anticipated future funding 2009-2013 (EUR)

Revenue	2009	2010	2011	2012	2013
Community subsidy	49,700,000	56,450,000	57,500,000	58,700,000	59,800,000
Fee income					
Other revenue:					
Contribution from EEA/EFTA <sup>32</sup>	1,049,000	1,192,000	1,214,000	1,239,000	1,263,000
<b>Total</b>	<b>50,749,000</b>	<b>57,642,000</b>	<b>58,714,000</b>	<b>59,939,000</b>	<b>61,062,000</b>
% change over previous year	24%	14%	2%	2%	2%

Source: ECDC strategic multi-annual programme 2007-2013

<sup>31</sup> These countries are Iceland, Liechtenstein, and Norway.

<sup>32</sup> The contribution from EEA/EFTA is a fixed percentage, 2.1%, of the total Community subsidy

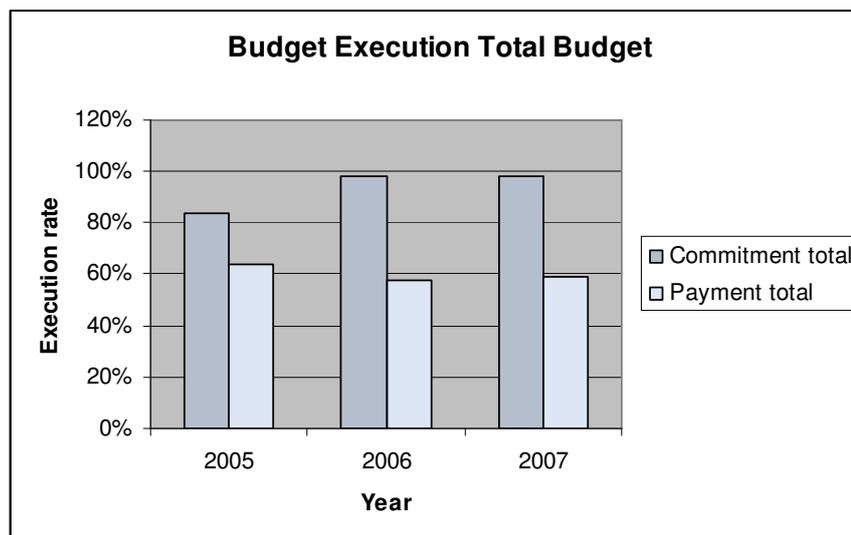
## 3.2 Expenditures

The analysis of expenditures focuses on annual changes in budget totals and subcategories, the composition of expenditures by expenditure category, the relation between budgeted amounts, commitments and payments, and the size of carry-overs and cancellations.<sup>33</sup>

### 3.2.1 General developments

Since the start in May 2005, the ECDC has received increasing amounts of funds, which cumulatively add up to about EUR 50.1 million in total, including the year 2007. Out of this amount, about EUR 48.5 million has been committed (97% of the budget) and payment execution amounts to EUR 28.6 million (59% of the committed amount). Figure 3.1 below gives an overview of comparable annual figures.

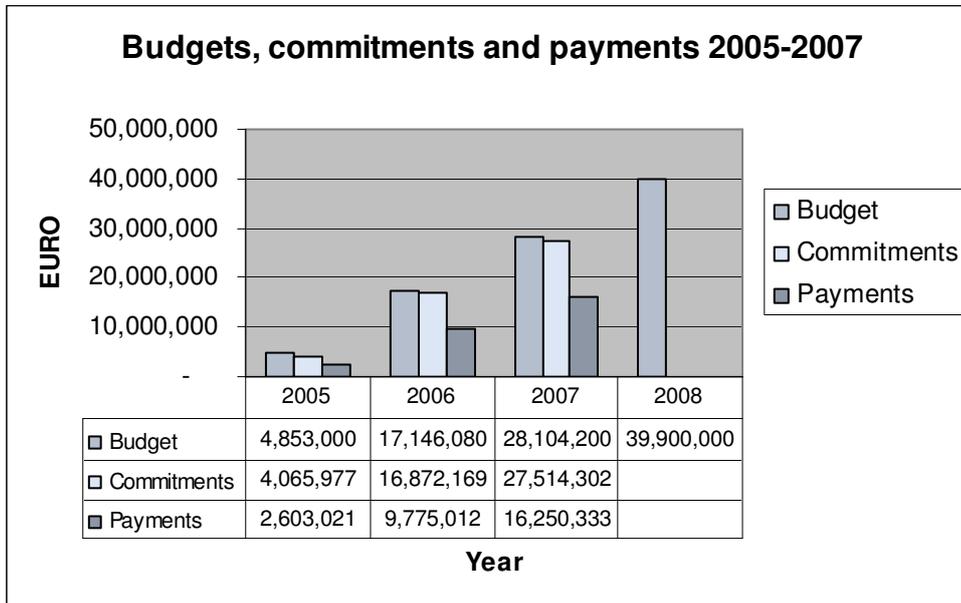
Figure 3.1 Budget execution 2005-2007



These overall figures seem to indicate that the ECDC has a relative good performance for such a young organisation, which had to set-up all its structures and procedures and reach a basic level of staffing before activities could start at full speed. The commitments are high at a rate of 97 % of the budget figure and the payment execution is getting in line with figures for other EU agencies which range between 60 and 80 %. Figure 3.2 provides a further presentation of the main financial developments of the ECDC.

<sup>33</sup> In the budget terminology of the EU a distinction is made between budgets, commitment appropriations and payment appropriations. Budget figures refer to proposed/approved budget estimates. Commitment and payment appropriations are expenditures in the sense that legal obligations have been entered into for a certain amount. Payment execution refers to actual payments carried out. In a given year commitment appropriations may be lower than budget figures e.g., because not all plans have been translated into legal financial obligations. The surplus is cancelled and may not be used anymore. Appropriations for commitments and payment execution often differ because multi annual programmes and projects are usually committed in the year they are decided and are paid over the years as the implementation of the programme and project progresses. Unexecuted payments may be 'carried over' only once. If they have not been spend in the next year they will be cancelled.

Figure 3.2 Development of budgets, commitments and payments



Nevertheless, the amount of funds carried over by the ECDC in its budget are substantial and expressed as a percentage of the commitment appropriation refer to 35% in 2005, 42% in 2006 and 44% in 2007. This has been considered and discussed with the financial management of the ECDC and several explanations are feasible. First of all, the ECDC is a new and fast growing organisation in which the balance between ambition and implementation capacity had to be tested. This may have led to overly optimistic planning of activities during the first years. Secondly, ECDC had to invest in physical capacity, which is to a certain extent a multi-annual process. It has also been mentioned that the integration of the DSNs into the ECDC has caused fluctuations, which were, to a large extent, outside the control of the ECDC. At the start, the ECDC also took over the budgetary estimates that had been made already when the DSNs were still funded directly by the Commission. In addition, the DSNs budgets are implemented in a decentralized manner and it was difficult for the ECDC to manage their budget execution.

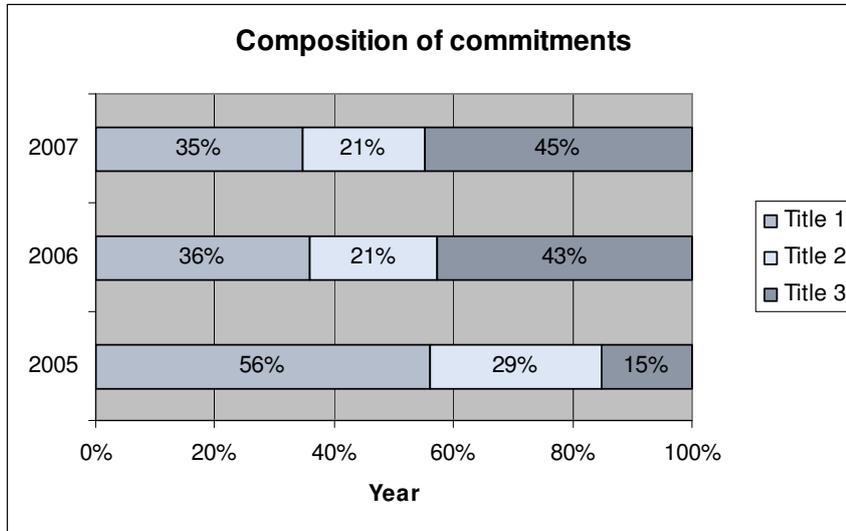
### 3.2.2 Composition of ECDC expenditures

The budget of the ECDC is structured according to three main expenditure categories:

- Staff, administered under Title 1;
- Administration, accounted for under Title 2;
- Operating Expenditures, captured under Title 3.

Figure 3.3 below shows the distribution of commitment appropriations over these three categories between 2005 and 2007.

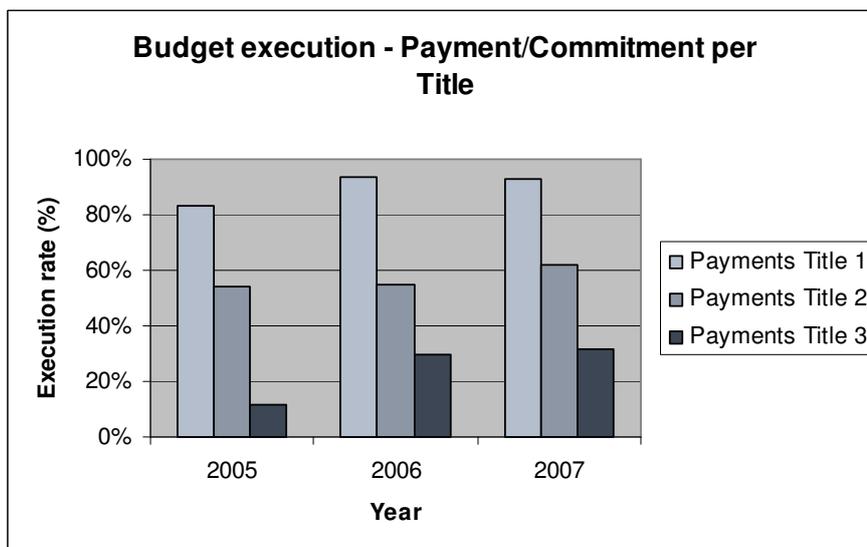
Figure 3.3 Distribution of commitment appropriations by Title (2005-2007, in %)



A logical pattern follows from Figure 3.3, in which a relatively high emphasis on staff expenditures in Title 1 gives way to an increasing share of operating expenditures in total commitments. Commitments for administration (Title 2) are at a reasonable level taking into account investments in accommodation, IT infrastructure and software that are accounted for under this Title.

A different analysis would also look at the actual disbursements versus commitments by Title to see if commitments and payments are in line or if discrepancies exist. Such discrepancies could be an indication for the quality and realism of planning and the implementation capacity of the organisation that is being build up. Figure 3.4 presents more information on this issue.

Figure 3.4 Budget execution per Title (payment as % of commitment)



Typically, payments under Title 1 are close to the commitments entered, as expenditures on staff contracts are normally quite predictable. This is reflected in the figure with

percentages of above 90% except for the first turbulent year. The figures between 50% and 70 % for Title 2 reflect some of the multi-annual nature of the expenditures under that category. However, operating expenditures under Title 3, although rising from 11% in 2005 to 32% in 2007, are considered rather low. This is another, more precise, indication of activities that were planned but not undertaken, that may clarify the relative high amounts of carry-overs discussed above. Further detail concerning budget execution at the level of the functions of ECDC within Title 3 is presented in Table 3.3 below.

Table 3.3 Budget execution rates for Operational Expenditures (Payment/Commitment, %)

Budget Category	2005	2006	2007
Networking, surveillance & data collection CD	16%	13%	11%
Preparedness, response and emerging health threats	12%	4%	21%
Scientific Opinions and studies	28%	42%	22%
Technical assistance and training	n.a.	27%	35%
Publications and Communications	0%	35%	37%
ICT to support projects	n.a.	31%	41%
Build up and maintenance of the Crisis Centre (EOC)	n.a.	29%	70%
Translations of scientific and technical reports and documents	n.a.	100%	32%
Meetings to implement the work programme	n.a.	65%	64%
Country cooperation and partnership	n.a.	n.a.	14%
Scientific Library and knowledge services	n.a.	n.a.	25%
<b>Total Title 3 – Operating Expenditure</b>	<b>11%</b>	<b>30%</b>	<b>32%</b>

None of the functional categories identified in the ECDC budget under Title 3 show particularly high percentages on this issue. It is clear that the DSNs (under first category) may have played havoc with the figures, but it is not clear why the percentage is dropping instead of rising over the years. Certain categories may include substantial multi-annual commitments or investments, such as the EOC. However, many of the categories identified under Title 3 seem to be rather short term in nature and should normally be feasible to plan and execute within a particular budget year. These figures seem to indicate that the ambitions and planning of activities require further streamlining and realism when they are set. They have to explicitly take into account the actual implementation capacity of the ECDC. The repeatedly low payment execution of the operating expenditures may have a relation with the observed difficulties in managing the horizontal programmes, because many activities under these programmes are accounted for under Title 3, Operating Expenditure.

### 3.3 Human resources at ECDC

Since the start of the ECDC, a significant growth has taken place. In May 2005, the Director and a handful of staff in the start-up team began to work. By the end of 2006, some 100 total staff were working in the Centre, which has further grown to 195 staff by the end of the year 2007. By the end of 2010 the establishment table has planned for 200 temporary agents, with a total of staff expected to be in place at around 350. Table 3.4 below provides an overview of the development of staff by category.

Table 3.4 Development of staff at ECDC (2005-2010, year end)

Staff category	2005	2006	2007	2008	2009	2010
	Realised	Realised	Realised	Planned	Planned	Planned
Temporary agents	29	48	80	130	170	200
- Grade A/AD	16	28	47	86	n.a.	n.a.
- Grade B/AST	7	9	33	44	n.a.	n.a.
- Grade C	6	11	n.a.	n.a.	n.a.	n.a.
Contract agents	n.a.	20	42	62	n.a.	n.a.
Seconded national experts	n.a.	11	9	n.a.	n.a.	n.a.
Interim staff & consultants	n.a.	22	46	n.a.	n.a.	n.a.
EPIET fellows	n.a.	9	18	n.a.	n.a.	n.a.
Trainees	n.a.	0	0	n.a.	n.a.	n.a.
<b>Total</b>	<b>29</b>	<b>110</b>	<b>195</b>	<b>250</b>	<b>300</b>	<b>350</b>

Source: compilation from multi-annual staff development plans; n.a. = figures not available<sup>34</sup>

The staff at ECDC consists of different categories. Temporary agents are foreseen to form the core capacity that is operating the Centre; while in addition, contract agents are recruited with the focus on supportive functions.

The Centre has no posts for officials in the establishment table and does not intend to change this approach. In addition, the ECDC employs Seconded National Experts (SNEs), interim staff & consultants, EPIET fellows and trainees. Table 3.5 provides more detail about the relative composition of the staff by category at ECDC.

Table 3.5 Composition of staff at ECDC (2005-2010, %)

Composition of staff	2005	2006	2007	2008	2009	2010
	Realised	Realised	Realised	Planned	Planned	Planned
Temporary agents	100%	44%	41%	52%	57%	57%
- Grade A/AD	55%	25%	24%	34%	n.a.	n.a.
- Grade B/AST	24%	8%	17%	18%	n.a.	n.a.
- Grade C	21%	10%	n.a.	n.a.	n.a.	n.a.
Contract agents	n.a.	18%	22%	25%	n.a.	n.a.
Seconded national experts	n.a.	10%	5%	n.a.	n.a.	n.a.
Interim staff & consultants	n.a.	20%	24%	n.a.	n.a.	n.a.
EPIET fellows	n.a.	8%	9%	n.a.	n.a.	n.a.
Trainees	n.a.	0%	0%	n.a.	n.a.	n.a.
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: compilation from multi-annual staff development plans; n.a. = figures not available<sup>35</sup>

Apart from the first year, the ECDC relies to a substantial degree on short term and interim staff as can be seen from the categories SNE, interim staff & consultants and EPIET fellows. This is quite understandable and reflects, on the one hand the build-up

<sup>34</sup> Please note that the figures for the years 2008-2010 are planned figures that do not contain a full breakdown for each staff category. As a result the numbers of staff by category do not add up to the total in these years.

<sup>35</sup> Please note that the figures for the years 2008-2010 are planned figures that do not contain a full breakdown for each staff category. As a result the numbers of staff by category do not add up to the total in these years.

phase of the organisation (e.g., ICT support) and on the other hand the diversity of specialised expertise that ECDC needs to carry out its duties. There is a clear need observed for more staff, given the foreseen expansion of activities and the high workload. Particularly, staff with more specialized skills (e.g., epidemiology, information technology, health economics and health communications) is required. In addition, more staff at the senior level is required.

Although ECDC has been rather successful in attracting senior-level expertise, the plans and the results from the interviews show that it would be considered positive if more senior expertise could be brought in the coming years. A few MS raised the concern that the further recruitment of experts by the ECDC might negatively impact the availability of experts, (especially) in the smaller MS. The field of infectious epidemiology is a very small part of medicine, and there is not a multitude of specialists.

Statistics on staff show that the ECDC overall has a gender composition with 62% of staff being women and 38% being men.<sup>36</sup> If one would make a distinction between administrator (AD) level and temporary agents assistant (AST) posts it would show that more men than women are working in the administration (63%) while within the AST category the situation is reversed, with approximately 75% women. The management team consists of 66% men.

The interviews with ECDC staff revealed the diversity in staff in terms of nationality, culture, and professional backgrounds. In fact, a recent analysis carried out by ECDC shows that more than 25 nationalities were represented in the staff of ECDC at the end of 2007. Figure 3.5 presents a graph depicting the shares of nationalities.

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<sup>36</sup> Source: ECDC's Multiannual Staff Policy Plan 2009-2011

Figure 3.5 Distribution of ECDC staff by nationality (end 2007, %)

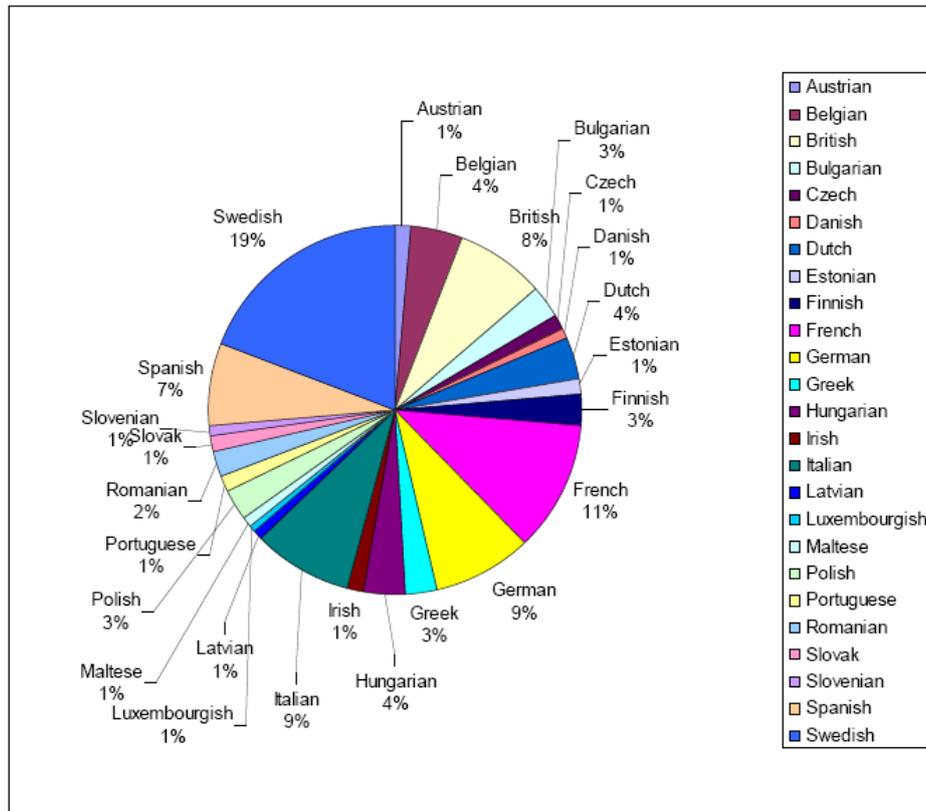


Table 3.6 below shows the annual growth in staff in percentages by category and for ECDC as a whole. It is quite an achievement that ECDC has managed to attract so many professionals in such a short time. Within one and half year after start-up of the organisation, 110 people were working for the Centre and the growth over 2007 has been impressive, too. This is a clear indication that the ECDC is in potentially an attractive organisation to work for, while at the same time it shows a remarkable effort in recruitment and human resource management.

Table 3.6 Percentage change compared to last year (2005-2010, %)

	2005 Realised	2006 Realised	2007 Realised	2008 Planned	2009 Planned	2010 Planned
Temporary agents	n.a.	66%	67%	63%	31%	18%
- Grade A/AD	n.a.	75%	68%	83%	n.a.	n.a.
- Grade B/AST	n.a.	29%	267%	33%	n.a.	n.a.
- Grade C	n.a.	83%	n.a.	n.a.	n.a.	n.a.
Contract agents	n.a.	n.a.	110%	48%	n.a.	n.a.
Seconded national experts	n.a.	n.a.	-18%	n.a.	n.a.	n.a.
Interim staff & consultants	n.a.	n.a.	109%	n.a.	n.a.	n.a.
EPIET fellows	n.a.	n.a.	100%	n.a.	n.a.	n.a.
Trainees	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>Total</b>	<b>n.a.</b>	<b>279%</b>	<b>77%</b>	<b>28%</b>	<b>20%</b>	<b>17%</b>

Source: compilation from multi-annual staff development plans; Note: Totals depict changes in total number of staff, but not the sum of the column above.

It is widely believed among ECDC staff that the growth in number of staff is actually the main determining factor for the growth of the ECDC. Staff ultimately defines the absorption capacity of the organisation. Comparing the first one and a half year of operations of the ECDC, with the start-up of two other EU agencies (EMEA and EFSA) reveal that ECDC has done well in building up its staff. EMEA staffed 67 people after one year of operation and 100 after two years. EFSA in Parma, Italy grew to 72 staff in its first year of operation. This comparison gives further substance to the perception among ECDC staff that ECDC could not have grown much faster than it did in the first two years.

### 3.4 Staff cost and remuneration

Although staff costs take up a smaller share in total costs in the first year, costs have developed in line with staff establishment. Table 3.7 provides an overview of staff cost by main component. As mentioned before, staff costs have come down since the first year and account for about a third of total cost which is well within acceptable ranges for this type of organisation within the EC.

Table 3.7 Staff cost of the ECDC 2005-2007 (commitments, EUR)

Budget line description	2005	2006	2007
Chapter 11 — staff in active employment	1,865,990	5,082,145	7,814,195
Chapter 13 — missions and travel	210,000	400,000	800,000
Chapter 14 — socio-medical infrastructure	-	8,898	26,840
Chapter 15 — exchanges of civil servants and experts	170,000	420,000	615,000
Chapter 17 — representation expenses	10,000	20,000	33,000
Chapter 18 — insurance against sickness etc	25,882	137,058	238,801
<b>Total Title 1</b>	<b>2,281,872</b>	<b>6,068,100</b>	<b>9,527,835</b>

The remuneration package offered by the ECDC is based on standard EC regulations and is considered by staff to be competitive. They see the ECDC as an attractive employer for experts in the field of CD. Now that the ECDC has gained more credibility, it has become easier to attract experts, particularly senior staff. It is explained that senior experts seemed to have been more risk-averse in taking up a position at the ECDC in the first years of its establishment.

Although the remuneration offered is important, the analysis shows that staff at the ECDC takes other considerations into account as well. These have not been perceived as positive by everyone:

- The problems arising from the inflexibility of the Swedish administrative system were unforeseen, but have had large bearing upon the well-being of staff living in Sweden. Without proper Swedish registration staff faced difficulties in renting accommodation, entering into legal contracts (e.g., for cell phones) and access to health care. Since December 2005, the ECDC signed a MoU with the Government of Sweden that covers privileges and immunities of the Centre. Early 2006, negotiations

started on a proper Seat Agreement that are in the stage of finalization.<sup>37</sup> It has only been recently (January 2008) that access of the ECDC staff to primary health care in the Stockholm County region has improved; and an interim solution is being implemented by adding the coordination number of staff to the State Personal Register (new legislation entered into force on June 1<sup>st</sup>, 2008).

- The practical difficulties of working in Sweden including the cost of living, location, and climate. International schools are free but may be expensive in case you prefer a particular private school.
- A lack of attention to support staff moving to Stockholm, which might be an important factor for staff to become unsatisfied in their job.
- Some countries have excellent job opportunities, higher wages and conditions for professional epidemiological staff, making it more difficult to convince them to join the ECDC.

### 3.5 Budget management

Based on information from annual reports, budgets and other relevant documents, it is clear that ECDC operates within a solid financial framework in line with its financial regulation. This guarantees clear financial rules and obligations to which ECDC should adhere. It has also guaranteed ample funding in the first years of operation. The development of internal procedures has taken place mainly towards the end of 2006 and 2007 and does not yet allow an assessment of their impact. However, an important observation for this evaluation is that ECDC has taken significant steps to document and professionalize its internal working procedures, which is an important and necessary step for a new organisation. This is further confirmed in the interviews with staff of the ECDC:

- The majority of respondents felt that annual work plans and the strategic multi-annual programme 2007-2013 are increasingly useful and reflecting the ECDC's objectives and mandate;
- With regard to budget planning, a few respondents within the ECDC confirm that multi-annual budgeting would be an advantage for the ECDC in terms of predictability, but such a practice is not common among the agencies of the EU and is being discouraged by DG Budget and the Court of Auditors;
- Standard operating procedures are positively contributing to the efficiency of ECDC, but there is room for improvement and a further need for standardization. Many processes are still new and it takes time to find the proper and legally correct way to do things. However, there seems to be a good balance between flexibility in operations and controlling procedures.

The evaluation analysis includes also a review of the Audit Reports for 2005 and 2006 of the European Court of Auditors. For both years, the Court confirmed the legality and regularity of the expenditures of the ECDC. The Court also made several observations and recommendations. Within the scope of this evaluation the most important ones include:

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<sup>37</sup> Ministry of Health and Social Affairs, Public Health Division (2008). Memorandum, Negotiations between the European Centre for Disease Prevention and Control and the Swedish Government on a Seat Agreement. Stockholm: 10 June 2008.

- The Centre should not mobilise resources unnecessarily, by ensuring strict programming of its activities (2005);
- ECDC should install a system enabling a forecast of cash needs (2005);
- In the middle of 2006 numerous transfers were made, due mainly to imprecise estimates of staffing needs. These transfers were made without the Centre's Governing Board having been informed in due time (2006);
- Shortcomings in documentation of the Centre's staff selection procedures (2005).

ECDC has replied to the observations of the Court in two ways. For most observations, mitigating measures were proposed and implemented. In general the Centre explained some of its initial shortcomings in relation to its set-up and the start-up of activities, which seems fair.

### 3.6 Summary

The financial long term agreement through which the ECDC has a budget guaranteed by the EC to be increased stepwise to EUR 60 million in 2013 provides predictability of funding. This is a basic condition for planning and, ultimately, also for the efficient implementation of the budget. It should be noted that the ECDC has started to receive funding from other sources, most notably the countries of the EEA.

ECDC has performed well by managing to commit almost its full budget in 2006 and 2007. This is an indication that the basic implementing capacity to prepare activities has been established relatively quickly. It is well understandable that in these initial years of operation, not all planned activities have been completed in time. This may have led to the relatively large amounts of funds carried over to the next budget year. Other factors that may contribute to this are the multi-annual nature of some of the initial investments, as well as the insecurity about the accuracy of the budgets for the integrated DSNs, and the limited control ECDC has over the implementation of these budgets. This is further confirmed by a more detailed analysis of the budgetary performance, which shows that in particular operating expenditures suffer from very low payment execution rates, which cannot be explained alone by the multi-annuality of commitments. It is too early in the development of ECDC as an organisation to consider this a weakness, but it does show that delivering activities according to the planned estimates is an issue. It is to be tested if this is a sign of a relatively ambitious planning, as some other evidence regarding work pressures also seem to suggest, or that it is a possible sign that the implementation capacity (staff and management) should be further strengthened.

The financial analysis and the results from interviews with ECDC staff confirm both that the funding of ECDC has been adequate in the past years. Although some competition for resources was observed by several respondents, the overall assessment is that it is hard to imagine that the ECDC could have grown even faster than it has done. It is further noted that the ability to recruit additional (especially senior) staff is the main determining factor for the growth of the ECDC.

The ECDC has shown a very good performance in recruiting staff over the first years of its existence. It is quite an achievement that ECDC has managed to attract that many, high

quality professionals in such a short time. One and a half year after start-up of the organisation, 110 people were working for the Centre and the growth over 2007 has been impressive as well. This is a clear indication that ECDC is potentially an attractive organisation to work for, while at the same time it shows a remarkable effort in recruitment and human resource management. Overall cost for staffing are considered to be within acceptable ranges for this type of organisation. The ECDC has also managed to have a broad diversity of nationalities among its staff and gender seems to be, overall, in balance. Nevertheless, as described above there are certain challenges that ECDC will face in the coming period if it wants to live up to what it has promised to all these new and enthusiastic staff.

A possible extension of the mandate of ECDC will and should have an impact on the financial resources of ECDC. Adding new activities without additional budget would in the end make it more difficult to deliver on the current one. The financial analysis supports the conclusion that an extension of the mandate of ECDC is not something to be considered in the near future. At the moment it is also unclear how the mandate should be extended. Based on these findings there is no basis to calculate meaningful financial implications of an extension of the mandate.

It is too early to pass judgments on the efficiency of ECDC as an organisation or regarding its activities. This limitation has several reasons. First of all, not enough data are available to conduct a proper analysis on individual products or services. Activity-based budgeting has been introduced only recently and the data on expenditures and outputs for the years 2005 and 2006 are too scarce to do a meaningful analysis on many issues, such as expenditures of the horizontal programmes. Even if more data were available, it would have remained questionable how much conclusive evidence could be derived from this, because the ECDC is an organisation developing fast, searching for efficient routines and learning by trial and error, where the mistake of one try is corrected in the next try. Telltale signs that efficiency is being promoted include:

- The reasonable balance between cost for staff, administration and operating expenditures;
- The work pressure mentioned by the staff of ECDC;
- The introduction and acceptance of routine internal (management) procedures, which are said to promote stability and standardization, but allow flexibility, i.e., a non bureaucratic organisation;
- The adherence to prescribed procedures for procurement and staffing;
- The acceptable balance between administrative and professional staff;
- The competitive remuneration of staff in line with EC standards.



## 4 Results

### 4.1 Introduction

This chapter describes the results with regard to the 14 evaluation questions. The chapter provides the synthesised evidence from the desk research, the financial analysis, the survey and interviews. More detailed information on the findings of the survey and interviews can be found in Annexes 5 and 6.

### 4.2 Assessing the performance of the ECDC

The ECDC's Financial Regulation (Chapter 7: Principles of sound financial management, Article 25.3) states that "Specific, measurable, achievable, relevant and timed objectives shall be set for all sectors of activity covered by the budget. Achievement of those objectives shall be monitored by *performance* indicators for each activity."

To judge (elements of) the performance of the ECDC, we reviewed the ECDC's documentation assessing whether the ECDC uses input, output and outcome indicators, and regularly monitors and reports on the indicators.

We found that since the set up of the ECDC, there has been some evolution in the use of performance indicators. It appeared that the Work Programme 2005-2006 that had been elaborated by the MB before the Director took office in 2005 was not in line with the Centre's budget. This implied that it "was not always easy for the senior staff to plan the detailed financial and human resources required to meet the objectives set." To improve this situation, the approved Work Programme 2005-2006 was developed into an activity-based management mode when the Director took up her job. The activity-based work programme was intended for internal use to monitor progress in the implementation of the work. From 2008, the Annual Work Programme is based upon the strategies outlined in the Multi-annual Programme 2007-2013, rather than on the Centre's organisational structure.<sup>38</sup>

From the desk research, financial analysis and the interviews, it appears that until June 2007 the ECDC has reported on its finances (*input indicators*) using the formal EC budget classifications. The ECDC also uses several *output and result indicators* that are linked to tasks of the main activities and described in the work programmes. However, the reporting on indicators in the annual reports is not in all instances consistent with the tasks described in the work programmes (e.g., updated inventory on MS assets and

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<sup>38</sup> ECDC Audit Committee (2006). Activity-based management in ECDC. Stockholm: ECDC Audit Committee, Fifth Meeting.

expertise published).<sup>39</sup> In addition, the ECDC did not clearly report on all indicators mentioned in the work programme 2005-2006. We did not come across the use and monitoring of *outcome indicators* by the ECDC during our evaluation period. Recently (March 2008), the MB of the ECDC adopted a list of 32 outcome indicators that were developed on the basis of the strategic multi-annual Programme 2007-2013. These indicators will be piloted for one year, after which they will be reviewed.

It is clear that the ECDC focused in its first years on establishing its infrastructure, while at the same time building up its scientific capacity.<sup>40</sup> It is understandable that the ECDC did not have a rigorous set of performance indicators in place before 2008. The delay in developing performance indicators has allowed the ECDC to be responsive and cooperative, gaining great benefits from coordinating efforts and sharing knowledge. However, it also means that there is no limited, quantitative set of performance criteria against which the ECDC could be measured.

In order to evaluate the performance of the ECDC, we reviewed literature on organisational performance.<sup>41</sup> Also, there is much to learn about the ECDC's performance from available evaluations of EU agencies and the accumulating evidence of the ECDC's impact. The exploratory review of evaluations of decentralised agencies by DG Budget (2007)<sup>42</sup> is – despite the different remits and operational contexts of the agencies – particularly useful in identifying performance dimensions to evaluate the ECDC's achievements. For example, most of the evaluations included findings related to the relevance of the agency under study,<sup>43</sup> the impact of its operations<sup>44</sup> as well as organisation and management issues.<sup>45</sup> These dimensions are covered in this external evaluation of the ECDC by using (both quantitative and qualitative) indicators that were based on the international literature<sup>46,47,48,49</sup> and indicators used in the evaluation of the EFSA. The overview of indicators used for each evaluation criterion is presented in Annex 2.

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<sup>39</sup> This indicator is in the programme of work 2005-2006 described under the activity 'networking and surveillance', while in the annual report 2006 this indicator is described under the activity 'country cooperation'.

<sup>40</sup> ECDC (2006). Annual Report of the Director: 2005. Stockholm: ECDC: p. 7.

<sup>41</sup> Sicotte C, Champagne F, Contandriopoulos AP et al. (1998). A conceptual framework for the analysis of health care organisations' performance. *Health Service Management Research*; 11:24-48.

<sup>42</sup> European Commission (2007). The Director-General of DG Budget. Summary of evaluations carried out in decentralised agencies. Brussels: European Commission.

<sup>43</sup> Including EU added-value of the agency, the relevance of its role, the proper interpretation of its statutory obligations and the coherence of its objectives and activities with EU policies.

<sup>44</sup> The extent to which the agency under study meets its policy objectives and user and stakeholder satisfaction.

<sup>45</sup> This includes strategic management and internal efficiency.

<sup>46</sup> World Bank (1996). Performance monitoring indicators. A handbook for task managers. Washington DC: World Bank, Operations Policy Department.

<sup>47</sup> World Health Organisation (2001). The use of indicators for communicable disease control at district level. Geneva: WHO, Communicable Disease Control, Stop TB.

<sup>48</sup> Health Canada (2004). Framework and tools for evaluating health surveillance systems. Ottawa: Health Canada, Health Surveillance Coordinating Committee.

<sup>49</sup> U.S. Department of Health and Human Services. Centers for Disease Control and Prevention (2005). Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention; U.S. Department of Health and Human Services. Centers for Disease Control and Prevention (2004). Performance plan and report. Atlanta GA: Centers for Disease Control and Prevention; U.S. Department of Health and Human Services. Centers for Disease Control and Prevention (1999). Framework for program evaluation in public health. *MMWR*; 48 (No. RR-11). Atlanta GA: Centers for Disease Control and Prevention.

Below we provide our findings of the data collected, conclusions and recommendations per evaluation criteria and related evaluation questions.<sup>50</sup>

### 4.3 Effectiveness, efficiency, economy and independence

The issues of effectiveness, efficiency, economy and independence have been addressed by evaluation questions 1-10.

Q1 To what extent has ECDC succeeded in collecting, analysing, evaluating, validating and disseminating relevant scientific and technical data at Community level, as to allow identifying and assessing current and emerging threats to human health from communicable diseases?

#### *Findings from document review*

The role of the ECDC is to identify, assess and communicate current and emerging health threats to human health from infectious diseases. The analysis of the data reviewed shows that the Centre does collect, analyze, evaluate, validate and disseminate relevant scientific and technical data. The EU Communicable Disease Epidemiological Report with trends in all the key infectious diseases (June 2007) is one of the ECDC's main achievements.

Barriers identified concern mainly the quality and comparability of surveillance data collected by MS. It appears that each DSN (e.g., EISS)<sup>51</sup> and EU agency (e.g., EFSA)<sup>52</sup> has its own approach to delivering scientific and technical advice. Lack of harmonization in reporting is therefore also an important issue.

With regard to dissemination, we found that the Founding Regulation mandates the ECDC to communicate with all interested parties, including the general public. The task of the Centre is to speak to each of these groups in an appropriate language and thereby provide them with information that is useful and accessible.<sup>53</sup> This is comparable to the way, for example, the EMCDDA provides information to key audiences.<sup>54</sup>

Recently, the results of an evaluation of the effectiveness of ECDC's communications were published.<sup>55</sup> The evaluation shows that the ECDC successfully communicated its objectives and activities in the press. However, communication on public health threats cuts across the responsibilities of the ECDC, the Commission and the Member States. Contributing to faster, better and more coherent information on health should be a joint

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<sup>50</sup> Please note that evaluation questions 6, 9, 10, and 14 were not addressed by the survey.

<sup>51</sup> European Influenza Surveillance Scheme (2007). Annual Report. 2005-2006 Influenza season. Utrecht: NIVEL, Netherlands Institute for Health Services Research.

<sup>52</sup> European Food Safety Authority (2008). Report of the Task Force on zoonoses data collection on the analysis of the baseline survey on the prevalence of Salmonella in turkey flocks. Part A. The EFSA Journal, 2008; 1: 1-91.

<sup>53</sup> Lavis JN, Ross S, McLeod CB (2003). Measuring the impact of health research. Journal of Health Services Research and Policy, 8(3):165-170.

<sup>54</sup> European Monitoring Centre for Drugs and Drugs Addiction (2006). Three-year work programme of the EMCDDA for 2007-2009. Lisbon: EMCDDA.

<sup>55</sup> CISION (2007). ECDC Media Evaluation Report. January – December 2007. Annual Report of Coverage for ECDC. London: CISION.

action with the MS, who will generally be the first source of information for the citizens of each country.

#### *Findings from survey*

The survey questions 10-13 provide elements to address evaluation question 1:

“To what extent has the ECDC:

10. Succeeded in collecting data from competent bodies of the MS, EC, WHO and other relevant organisations?

11. Succeeded in analysing and validating data to report on emerging threats?

12. Succeeded in disseminating relevant data to all stakeholders?

13. Used data (advice) from national and international sources to avoid duplication of work?”

The evaluation team considers that this set of questions is relevant for all stakeholder groups, particularly the more technical bodies (e.g., NSI) that provide data and that are expected to have a clear view and understanding of the collection, analysis and validation processes. The ECDC staff could be expected to have a clear view on the issues as well, but might be suspected of partiality in assessing its own work. However, the level of consistency between the answers provided by NSI and the ECDC respondents is very high. It can be therefore assumed that, for this question, including ECDC’s responses in the overall synthesis does not bias the interpretation of results.

The majority of respondents consider that the ECDC is succeeding well in collecting, analyzing, validating and disseminating data. About 75%<sup>56</sup> of all respondents believed the ECDC had performed considerably or extensively well in these tasks. The most positive groups on these issues were the AF and the NHM. This positive view was underlined by comments received through the survey, which suggest that the EU Communicable Disease Epidemiological Report published in June 2007 brought together - and analysed - ten years' worth of surveillance data from 27 countries. This made the diverse data collected from across the continent much more accessible. The Report also provided the most authoritative analysis to date of the extent of the threat posed by these various CD in the EU, providing a solid evidence base for decision making.

Respondents are less positive concerning ECDC’s use of data and advice from national and international sources to avoid duplication, with only 50 % of the (grading) answers in the top categories (“considerably”, “extensively”), and a high incidence of “don’t know” and N/A answers (14.2% and 9.2% of all respondents respectively).

A more detailed analysis, per stakeholder group, can be found on p. 55-57 of the Annexes (Annex 5).

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<sup>56</sup> Excluding N/A and don't know answers – i.e. only 'grading' answers.

### *Findings from interviews*

The following sections of interview questions address evaluation question 1:

Section A: Awareness (p. 120-125 of the Annexes (Annex 6))

- Understanding of the objectives and activities of the ECDC
- The main purposes and activities of the ECDC
- Level to which objectives are reflected in annual work programmes
- Awareness of stakeholders that are involved in the ECDC
- Awareness of any specific diseases or problems the ECDC is focusing on
- Appropriateness of the ECDC activities in dealing with public health crises

Section B: Uptake and utilization of the ECDC's information (p. 126-134 of the Annexes (Annex 6))

- Most important achievements of the ECDC
- Use or promotion of the ECDC information and results by stakeholders

Section F: Consistency and complementarity with other organisations in the field of public health (p. 163-178 of the Annexes (Annex 6))

- Level of interaction of the ECDC with other EC, national or international organisations
- Identification of areas and activities where the activities of the ECDC may compete with activities and/or policies of other organisations
- Awareness of any (potential) barriers or stimulating factors to improve synergies with activities and/or policies of other organisations
- Views on whether the ECDC's activities bring something new to the field of public health and disease surveillance in Europe
- General suggestions that would improve the performance of the ECDC

The evaluation team deems the set of interview questions related to the surveillance activities of the ECDC relevant for all stakeholder groups, particularly for the NSIs (and other Competent Bodies) and NHMs that provide and use scientific and technical data. These stakeholder groups have a clear view and understanding of the process of collecting, analysing, evaluating, validating and disseminating scientific and technical data. The ECDC has a clear view on the issues as well, but might be suspected of partiality in assessing its own work. However, the level of consistency between the answers provided by the ECDC staff and other stakeholder groups is very high. It can therefore be assumed that, for this evaluation question, including ECDC staff's responses in the overall synthesis does not bias the interpretation of results.

Overall, most of the interview respondents believe that the ECDC is succeeding well in collecting, analyzing, validating and disseminating data at Community level. This allows the ECDC to identify and assess current and emerging health threats to human health from CD.

In this respect the creation of TESSy is mentioned as a valuable system of data collection and analysis as well as the integration of the DSNs to ensure a more coordinated approach to the surveillance of CD in Europe. However, several NHMs and NSIs consider the double reporting streams for CD data to both the ECDC and WHO Regional Office as a

burden. Also, concerns were expressed about the differences in reporting of the surveillance systems in the MS and, hence, the comparability of data. With regard to the dissemination of relevant scientific and technical data, the *EU Communicable Disease Epidemiological Report*, *Eurosurveillance* and the weekly epidemiological reports are frequently mentioned as valuable outputs.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

The evidence from the document review, survey and interviews shows that the Centre is succeeding as a technical agency in collecting, analyzing, evaluating, validating and disseminating relevant scientific and technical data. One of the ECDC's main achievements so far is the EU Communicable Disease Epidemiological Report with trends in all the key infectious diseases (June 2007). This report has been well received by the stakeholders.

### *Recommendations*

From the evidence collected, the evaluation team believes that areas of attention for the ECDC include the quality and comparability of surveillance data and the burden to the MS with regard to double reporting streams on health threats.

With regard to risk communication, the evaluation team would like to stress that this should be a joint action with the EC and MS, who will generally be the first source of information for the citizens of each country. Reinforcing the collaboration that already takes place on risk communication between actors involved is therefore a priority need.

Q2 To what extent has ECDC issued relevant scientific opinions both at the request of the Commission, the European Parliament or a Member State and on its own initiative, on matters falling within its mission, in a timely and efficient manner?

### *Findings from document review*

The Founding Regulation clearly includes scientific advice to facilitate sound decision making. It is, however, not within the ECDC's remit to directly influence decision-makers, but rather to provide sound scientific knowledge and technical information, expertise, advice and risk assessment.

The Head of Unit (HoU) of SAU is responsible for assessing the relevance of scientific questions. S/he can seek internal and external expertise (ad hoc scientific panels, DSNs) when necessary. As the ad-hoc scientific panels can promote the scientific agenda of the ECDC, a closer link with such panels and stronger internal capacity for dealing with them are recommended.

Based on a procedure for answering scientific questions adopted in 2005, the ECDC has issued several different types of scientific opinions at the request of the Commission, the EP, MS, or on its own initiative. The ECDC has delivered, for example:

- Synthesis of the best available evidence (e.g., technical report on human H5N1 vaccines);<sup>57</sup>
- Presentation of options with their advantages/disadvantages (e.g., guidance on the introduction of HPV vaccines in EU countries);<sup>58</sup>
- Views of the ECDC on the issue (e.g., sudden deaths and influenza vaccinations in Israel);<sup>59</sup>
- Clear conclusions and advice of the ECDC for suggested action (e.g., guidelines to minimise the risk of humans acquiring avian influenza).<sup>60</sup>

If we carefully look at the different types of advice provided, the distinction between risk assessment and risk management is not always straightforward. Risk assessment is defined as “the use of the factual base to define the health effects of exposure of individuals or populations to hazardous materials and situations”, while risk management is defined in the international public health literature as “the process of weighing policy alternatives and selecting the most appropriate regulatory action, integrating the results of risk assessment with engineering data and with social, economic, and political concerns to reach a decision.”<sup>61</sup> The different types of advice are of course related to the type of question asked, but also to the fact that the term “scientific advice” is not clearly defined in the Founding Regulation. In addition, the interpretation of the term “Competent Body” differs in MS as to activities in the field of CD.

It should be noted that the Competent Bodies are not only meant to be contact points for the ECDC in relation to surveillance activities. As described on the ECDC’s website “ECDC Competent Bodies are institutions or scientific bodies providing independent scientific and technical advice or capacity for action in the field of the prevention and control of human disease. They have been designated by the Member States governments and their list has been compiled by the ECDC Management Board in December 2007.”<sup>62</sup>

The issue of providing scientific advice vs. recommendations is currently a subject of debate within the ECDC, but it is also a discussion topic in other EU agencies (although they have different regulations).<sup>63</sup>

The evaluation team believes that for the ECDC, it is important – whatever the type of advice – to:

- be sure that the possible outcomes of scientific advice are well understood;
- allow a good transfer of the opinion;
- prevent the perception that a quantitative risk assessment might be misinterpreted;
- highlight the degrees of uncertainties.

<sup>57</sup> <http://ecdc.europa.eu/pdf/PH%20Questions%20final.pdf>.

<sup>58</sup> [http://ecdc.europa.eu/pdf/HPV\\_report.pdf](http://ecdc.europa.eu/pdf/HPV_report.pdf).

<sup>59</sup> [http://ecdc.europa.eu/documents/pdf/ECDC\\_Summary\\_%20Risk\\_Assessment\\_Final.pdf](http://ecdc.europa.eu/documents/pdf/ECDC_Summary_%20Risk_Assessment_Final.pdf).

<sup>60</sup> [http://ecdc.europa.eu/documents/pdf/H5N1\\_Occupational\\_Guidance\\_ECDC\\_051019.pdf](http://ecdc.europa.eu/documents/pdf/H5N1_Occupational_Guidance_ECDC_051019.pdf).

<sup>61</sup> Salmon SA, Moulton, LH, Halsey, NA (2004). Enhancing public confidence in vaccines through independent oversight of postlicensure vaccine safety. *American Journal of Public Health*, June; 94(6): 947-950.

<sup>62</sup> [http://ecdc.europa.eu/About\\_us/Competent\\_bodies/Competent\\_bodies.html](http://ecdc.europa.eu/About_us/Competent_bodies/Competent_bodies.html).

<sup>63</sup> ECDC (2008). Report of the MB/AF Working Group, Stockholm, 26 February 2008. ECDC Management Board, MB12/16. Stockholm: ECDC.

The relevance, timeliness, accessibility, scientific quality, and coverage of scientific opinions, as well as the extent to which target audiences are reached, are therefore key success criteria. These issues were addressed by the survey and interviews.

#### *Findings from survey*

The survey questions 14-17 provide elements to address evaluation question 2:

“To what extent:

14. Are the scientific opinions issued by the ECDC relevant to you/your organisation?

15. Is background information on scientific issues available to you/your organisation?

16. Are scientific opinions easily accessible to you/your organisation?

17. Do you/your organisation use scientific opinions issued by the ECDC?”

Since issuing scientific opinions is part of the core business of the ECDC, the evaluation team decided not to take into account the answers of the ECDC staff members, as it was considered that respondents from this group could find themselves in a position of “conflict of interest”.

However, it is worth mentioning that more than half of the ECDC staff respondents have refrained from grading this aspect of the Centre’s activity by picking the N/A answering category. The evaluation team assumes that the ECDC staff that did chose a grading answer is likely to have reasoned from a Unit perspective. The distribution trend of these answers does not differ from that recorded from the other stakeholder groups.

ECDC’s scientific advice is considered, overall, easily accessible and relevant to its stakeholders. The availability is, however, less positively appreciated (with the notable and predictable exceptions of the AF, which has default access to these opinions by virtue of its supervisory role). Nonetheless, the most likely “consumers” of scientific opinions, the NSIs and the NHMs, indicated that the ECDC scientific opinions are “considerably” or “extensively” available, to levels above 60%.

The use of ECDC’s scientific advice varies across groups, with NSIs giving the most positive evaluations. However, the responses from the NHM are less positive. The evaluation team considers that this may indicate that there is some room for improvement in aligning the types of advice the ECDC issues with the priorities of NHM. This finding is underlined in the results from the interviews.

A more detailed analysis, per stakeholder group, can be found on p. 57-59 of the Annexes (Annex 5).

#### *Findings from interviews*

The following sections of interview questions address evaluation question 2:

Section A: Awareness (p. 120-125 of the Annexes (Annex 6))

- Understanding of the objectives and activities of the ECDC
- The main purposes and activities of the ECDC
- Level to which objectives are reflected in annual work programmes
- Awareness of stakeholders that are involved in the ECDC

- Awareness of any specific diseases or problems the ECDC is focusing on
- Appropriateness of the ECDC activities in dealing with public health crises

Section B: Uptake and utilization of the ECDC's information (p. 126-134 of the Annexes (Annex 6))

- Most important achievements of the ECDC
- Use or promotion of the ECDC information and results by stakeholders

Section D: Efficiency of the ECDC and its activities (p. 139-153 of the Annexes (Annex 6))

- Adequacy of the ECDC's budget taking into account its mandate
- Adequacy of the number of staff to performing the ECDC's activities
- Assessment of internal and external management procedures of the ECDC
- Assessment of internal and external reporting procedures of the ECDC
- Assessment of the efficiency of working processes of the ECDC
- Contribution of the ECDC to improving the efficiency of exchanges and activities in this field of public health and disease surveillance
- Impact on stakeholders' organisation due to the existence/activities of the ECDC

The majority of respondents from the stakeholder groups involved (EC, IO, NHM, NSI and DSN) assessed the scientific advice and scientific opinions as appropriate and based on sound evidence. However, several respondents from the EC, IOs and NHMs mentioned that the ECDC should translate its scientific advice into a language that it is more appropriate and understandable for national policy makers if it wants to bring added value on Community level. Among the respondents of the EC, IOs and NHMs diverging opinions exist whether this should be the full responsibility of the ECDC or whether this requires the support from the Competent Bodies. Also, according to a respondent from the NHMs appropriateness could be further improved if the priorities of the ECDC are more attuned to the priorities of the MS, for instance, in the field of emerging CD.

Another concern expressed by several respondents from the NHMs is the extent to which the ECDC should produce scientific guidelines or recommendations (see above). Also here, divergent opinions are observed. The resource-constrained MS that do not have the capacity to produce scientific advice in all areas of CD tend to rely more on the ECDC and therefore have a keen interest in scientific recommendations. The larger MS with more established national public health systems, however, prefer to be independent and are willing to receive only scientific advice.

The majority of respondents reported that scientific opinions are delivered in an efficient and timely manner.

Several respondents from the ECDC staff expressed the need for more transparency on using different pools of scientific experts. It was felt that it sometimes takes too much effort to find the right external expert to answer a request for advice. Another comment relates to finding a balance between a proactive and reactive approach in providing scientific advice.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

The findings of this evaluation show that the distinction between risk assessment and risk management is not always clear. In addition, the scientific advice and scientific opinions provided by the ECDC are overall assessed as relevant and being delivered on time.

### *Recommendations*

Based on the findings here and considering also broader issues mentioned elsewhere, the evaluation team recommends to focusing on two main issues with regard to scientific advice.

#### *Translation of scientific advice into a language that it is more appropriate and easier to understand for national policy makers*

This issue was also mentioned with regard to the first evaluation question (collecting, analysing, evaluating, validating and disseminating relevant scientific and technical data at the Community level). The evaluation team believes that the ECDC could improve effective dissemination and uptake of knowledge by re-thinking what, to whom, by whom, how and with what effects, knowledge or data should be transferred to key audiences. At the same time, the advice could be more attuned to the priorities of the MS.

#### *Scientific advice vs. recommendations*

In 2006, the ECDC has presented a document on the issue of risk communication to the MB. More concretely, the document describes a procedure for the coordination of risk communication.<sup>64</sup> However, based on the findings of this evaluation, the evaluation team believes that - with regard to risk assessment and risk management - the roles and responsibilities of the EC, the ECDC (and other EU agencies) and the MS need to be clarified and clearly communicated to all parties.

Also, the term “scientific advice” is not clearly defined in the Founding Regulation, which often results in different interpretations. This also applies to the term “Competent Body”. The evaluation team therefore recommends to clarify these two terms in the relevant legislation.

**Q3 To what extent has ECDC developed independent scientific excellence?**

#### *Findings from document review*

Independence refers to the scientific and financial determinations of the ECDC, which include the ability to independently select review methods, draw conclusions, publish results and control the budget.<sup>65</sup>

We found that most of the Centre’s independent scientific excellence is developed in cooperation with the scientific community. Since its inception, the ECDC staff has published several articles in peer-reviewed journals, but especially in *Eurosurveillance*<sup>66</sup> (journal on infectious disease, epidemiology, prevention and control) that has been taken

<sup>64</sup> ECDC (2006). Management Board. ECDC Media Communications Procedures. MB 6/7/8 6th Meeting. 23 February 2006. Stockholm: ECDC.

<sup>65</sup> Lafortune L, Farand L, Mondou I, et al (2008). Assessing the performance of health technology assessment organisations: a framework. *International Journal of Technology Assessment in Health Care*; 24 (1): 76-86.

<sup>66</sup> <http://www.eurosurveillance.org/>.

over by the ECDC since 2007. Based on a search of main databases of peer-reviewed journals, we found around 70 citations in PubMed.<sup>67</sup> Almost all publications refer to *Eurosurveillance*, including many subjects, such as avian influenza, HIV/AIDS, food-borne disease, and norovirus.

For major scientific studies, strategic collaboration with the scientific community and DG Research has been sought. In addition, the ECDC is providing risk assessment, guidance documents and toolkits on a wide range of CD in collaboration with the scientific community.

### *Findings from survey*

The survey questions 32-36 provide elements to address evaluation question 3:

“To what extent is the ECDC:

32. Making use of high-quality scientific knowledge to promote and initiate scientific studies?

33. Influenced by non-scientific factors (e.g., links of experts to industry/politics)?

34. Delivering appropriate science in fields within its mission?

35. Avoiding any duplication of work of other (inter)national sources of scientific excellence in the field of communicable diseases?

36. If you wish to further elaborate on your answers to the questions in this section or if you have any comments on them, please use the space provided below.”

There is a variety of opinions concerning the position of the ECDC as an independent scientific centre of excellence.

Most stakeholder groups consider that the influence of *non-scientific factors* - that was often defined as influence by political priorities - on ECDC’s activity is not more than moderate. Overall, however, responses to this question are dominated by a high incidence of “don’t know answers” – i.e., more than 50% in the NSI group, and close to 40% among the NHM respondents. The ECDC staff has estimated most often that the influence of non-scientific factors was considerable.

In the qualitative part of the survey several respondents mentioned that there is a need to have an in depth discussion about establishing a policy for the management of conflict of interest – this has to do with the impact from commercial interests. This view was also provided in the interviews.

Members of surveillance networks are most sceptical concerning the extent to which the ECDC uses *high quality scientific knowledge*, together with the AF. Since these two groups are often composed of persons well acquainted with the body of available knowledge, this may be a point of concern. With regard to this issue, respondents explain that the ECDC often uses internal expert groups instead of drawing on the work done by expert bodies/groups within MS. An example where this issue was at play, stemming from the interviews, concerns the advice on rotavirus. Nonetheless, the *level of science*

<sup>67</sup> <http://www.ncbi.nlm.nih.gov/pubmed/>.

*delivered* by the ECDC is considered in principle adequate to considerable by all stakeholder groups.

The ECDC staff and to a lesser extent the untargeted group are the most positive of all respondents about the extent to which the ECDC managed to avoid *duplication* with other centres of excellence (e.g., in the vaccination field). The opinions of the remaining stakeholder groups are less enthusiastic, with the AF holding the most uniformly moderate opinion. These relatively less positive results are consistent with the ones received on question 13 (see evaluation question 1), which also touched on issues of duplication, highlighting again the importance of continuing to build relationships with other sources of high-quality knowledge and capitalize on their work. Some respondents provided more detailed information about possible duplication of work, particularly on longer standing public health problems and interventions, in the qualitative part of the survey.

A more detailed analysis, per stakeholder group, can be found on p. 68-71 of the Annexes (Annex 5).

#### *Findings from interviews*

The following section of interview questions addresses evaluation 3:

Section C: Independence and quality of the ECDC's scientific advice (p. 134-139 of the Annexes (Annex 6))

- Level of independence of the ECDC's scientific advice
- Quality of the ECDC's scientific advice
- Influence of non-scientific factors on the ECDC's scientific advice

Most of the respondents belonging to the EC, IO, NHM, NSI and DSN stakeholder groups believe the scientific advice is independent and rigorous.

With regard to impact of political agendas it is important to know that the ECDC is the operational arm of a political entity, the EC. The ECDC therefore operates in a political environment. Although most respondents of the above-mentioned stakeholder groups do not see this as a barrier to delivering rigorous and independent scientific advice, the ECDC should be aware of this political context and be prepared to provide scientific advice in an open and transparent way.

The ECDC is putting mechanisms in place for disclosure and conflict of interest, to minimize the risks to independence. A vast majority of respondents do not feel that the scientific advice is influenced by both politics and pharmaceutical industry, which seems to support the notion that the mechanisms for ensuring independence are effective.

With regard to influence from industry, a few statements were made calling for a clearer, stricter and more transparent set of rules with respect to conflict of interest as, for example, is implemented at the EFSA.

Most of the respondents from the ECDC staff perceive the scientific advice as independent but underline that awareness of the political environment is very important.

Several NHM respondents expressed the need for better guidelines on the declaration of interest for external experts to avoid any future conflict of interest.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

Overall, the quality of scientific advice from the ECDC is perceived as good and independent by stakeholders. However, the level to which the ECDC uses knowledge generated by others can be improved. The ECDC is seen as a technical agency functioning in a political environment involving the Council, the EC, the EP and the MS which results in an increased need of dealing with competing priorities.

### *Recommendations*

Although the respondents feel that political factors have not directly affected the ECDC's scientific advice, it is felt that the Centre has to be increasingly sensitive to these factors and the use of high quality scientific knowledge. The evaluation team underlines this recommendation. In addition, the evaluation team believes that the ECDC could establish a policy for the management of conflict of interest compared to that of the EFSA to improve its credibility to the outer world.

Q4 To what extent has ECDC succeeded in supporting the Commission in the frame of Health Security Committee and EWRS mission and activities? What kind of collaboration does ECDC provide? What are the relations in practice?

### *Findings from document review*

The HSC deals with preparedness activities at the EU level, including influenza preparedness and response.<sup>68</sup> The ECDC contributes to the HSC in the areas where it has a mandate (e.g., monitoring of avian flu).

The information on emerging threats exchanged through the EWRS is closely related to the information that MS should communicate to WHO under the International Health Regulations revised in 2005 (IHR). The EWRS operations to assist the EC have been transferred to the ECDC as of November 2007. The ECDC has supported the EC in operating the EWRS.

### *Findings from survey*

The survey questions 18-20 provide elements to address evaluation question 4:

“To what extent has the ECDC:

18. Succeeded in supporting the EC by operating the EWRS?

19. Assisted the MS to respond in a coordinated matter in terms of capacity?

20. Effectively assisted the MS in responding to emerging problems?”

Respondents who have some knowledge on this aspect of the ECDC's mandate agree that the ECDC has greatly supported the EC in operating the EWRS. As could be expected, 4

<sup>68</sup> European Communities (2007). The Commission Health Emergency Operations Facility: for a coordinated management of public health emergency at EU level. Luxembourg: OIL.

in 10 of the untargeted respondents did not know enough about the topic to grade the issue or felt the questions were not applicable to them. The incidence of N/A and “don’t know” answers was also high among the ECDC staff. Among the respondents from the MB, who are among the best placed to assess the success of the ECDC in supporting the EC and the MS by operating the EWRS, around 80% chose the “considerable” and “extensive” response categories.<sup>69</sup>

Support to the proposition that the ECDC assisted the MS to respond in a coordinated manner in terms of capacity varies more, with some groups (MB, staff) agreeing more than others (DSN, AF, NSI). One of the best placed groups to judge on this latter issue are the NHM representatives (since the NHM are usually in charge of managing MS response). Interestingly, the rate of “considerable” and “extensive” answers received from this group is almost identical to the average rate received from the entire sample (65% vs. 61%).

There is a relatively solid agreement that the ECDC has also positively supported MS in their responses to emerging problems.

A more detailed analysis, per stakeholder group, can be found on p. 59-61 of the Annexes (Annex 5).

#### *Findings from interviews*

The following sections of interview questions address evaluation question 4:

Section A: Awareness (p. 120-125 of the Annexes (Annex 6))

- Understanding of the objectives and activities of the ECDC
- The main purposes and activities of the ECDC
- Level to which objectives are reflected in annual work programmes
- Awareness of stakeholders that are involved in the ECDC
- Awareness of any specific diseases or problems the ECDC is focusing on
- Appropriateness of the ECDC activities in dealing with public health crises

Section F: Consistency and complementarity with other organisations in the field of public health (p. 163-178 of the Annexes (Annex 6))

- Level of interaction of the ECDC with other EC, national or international organisations
- Identification of areas and activities where the activities of the ECDC may compete with activities and/or policies of other organisations
- Awareness of any (potential) barriers or stimulating factors to improve synergies with activities and/or policies of other organisations
- Views on whether the ECDC’s activities bring something new to the field of public health and disease surveillance in Europe
- General suggestions that would improve the performance of the ECDC

<sup>69</sup> This figure does not take into account the “don’t know and “N/A” answers.

The majority of respondents, particularly from the NHMs, are appreciative of the ECDC's integration and operation of the EWRS, which is considered one of its key achievements. Information provided through the EWRS is deemed relevant.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

The evaluation team concludes that the ECDC contributes to the HSC in the areas where it has a mandate (e.g., monitoring of avian flu). In addition, the ECDC has supported the EC in operating the EWRS.

**Q5 To what extent is ECDC prepared to support the Commission and Member States in the case of a major crisis situation?**

### *Findings from document review*

In 2005, the ECDC has developed a plan for the management of public health events (Public Health Event Operation Plan) that was updated in 2007 and in 2008 on the basis of two simulation exercises.<sup>70</sup> In the event of a major crisis situation, the ECDC:

- Provides access to, adapts or develops background documentation, scientific documentation as well as investigation and response guidelines;
- Provides risk assessment, scientific advice and options on control measures based on the best available scientific evidence;
- Ensures EU-wide coordination of risk assessment activities;
- Supports MS, upon request, in response activities;
- Communicates on risk to constituents, partners, media and the public.

To strengthen preparedness activities, the ECDC designed the functional and technical specifications for an EOC in 2006, which became operational in 2007. On March 4, 2008 the state-of-the-art EOC was officially opened as part of the ECDC. The EOC provides tools that are needed to link to important partners by pooling knowledge and coordinating resources. The EOC also monitors developments as they occur 24 hours a day, 7 days a week.<sup>71</sup>

Based on these events, and documentation on two simulation exercises as well as the procedures already in place, the ECDC seems to be well prepared to support the Commission and MS in the case of a major crisis situation in terms of effective communication. However, improvements are recommended with regard to the Centre's role when release of biological agents is suspected.

### *Findings from survey*

The survey questions 21-22 provide elements to address evaluation question 5:

“To what extent is the ECDC prepared to support the EC and MS in case of:  
21. A major crisis situation?”

<sup>70</sup> European Centre for Disease Prevention and Control (2008). ECDC Public Health Event Operation Plan. Version 3. Stockholm: ECDC.

<sup>71</sup> <http://www.ecdc.europa.eu/News.html>

## 22. Current threats to human health from communicable diseases (e.g., flu, typhus)?”

Stakeholders agree that the ECDC is capable of supporting the EC and MS both in dealing with current threats and in the event of a major crisis. Confidence is stronger concerning capacity linked to current threats across all stakeholders’ groups.

One of the best placed groups to assess the degree to which the ECDC is prepared to support the MS both in case of a crisis and in relation to current threats is the MS as represented by the NHM respondents. It is interesting to notice that this group, together with the ECDC staff, has the highest level of confidence concerning support on current threats (over 78% of all NHM respondents and 71% of the ECDC respondents think the ECDC is considerably or extensively prepared to support the MS on current threats). Concerning the scenario of a crisis situation, the opinions of the ECDC staff and NHM representatives differ, with a larger percentage of the latter (about one third) holding a more moderate view.

A more detailed analysis, per stakeholder group, can be found on p. 61-63 of the Annexes (Annex 5).

### *Findings from interviews*

The following section of interview questions addresses evaluation question 5:

Section A: Awareness (p. 120-125 of the Annexes (Annex 6))

- Understanding of the objectives and activities of the ECDC
- The main purposes and activities of the ECDC
- Level to which objectives are reflected in annual work programmes
- Awareness of stakeholders that are involved in the ECDC
- Awareness of any specific diseases or problems the ECDC is focusing on
- Appropriateness of the ECDC activities in dealing with public health crises

The majority of respondents from the EC, IO, NHM, NSI and DSN stakeholder groups agree that the ECDC is prepared to support the Commission and Member States in the case of a major crisis situation. The Centre’s activities have proven to be appropriate to deal with a public health crises from the very beginning with the avian influenza<sup>72</sup> outbreak (2005) and later on during other outbreaks (e.g., Chikungunya<sup>73</sup> in 2007). Also, the XDR-TB case travelling from the US to the EU was a crisis that required the activation of the Centre. However, many respondents from the NSIs remain cautious in assessing the level to which the activities of the ECDC are appropriate in dealing with public health crisis.

In this respect, NHM and NSI respondents hold diverging opinions. The NSI seem to have an information backlog, which may indicate that NHM are the first to be contacted during a crisis situation or that the NSI respondents have not been closely involved in the outbreaks mentioned above.

<sup>72</sup> [http://ecdc.europa.eu/Health\\_topics/Avian\\_Influenza/Avian\\_Influenza.html](http://ecdc.europa.eu/Health_topics/Avian_Influenza/Avian_Influenza.html)

<sup>73</sup> [http://ecdc.europa.eu/Health\\_topics/Chikungunya\\_Fever/Chikungunya\\_Fever.html](http://ecdc.europa.eu/Health_topics/Chikungunya_Fever/Chikungunya_Fever.html)

An important note was made by ECDC staff members that outbreak responses have been tested through internal simulation exercises, as described above. This has resulted in further improvements of procedures (e.g., standardization of steps that MS should take in responding to outbreaks). Hence, it is expected that the Centre will be better equipped to deal with public health crises when the Centre is more consolidated.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

On the basis of the sources of information used in this evaluation, the evaluation team concludes that the ECDC is capable of supporting the EC and MS both in dealing with current threats and in the event of a major crisis. From its beginnings, the ECDC has developed and updated a Public Health Event Operation Plan that sets out arrangements for the ECDC in dealing with public health crises. This plan aims to be interoperable with similar plans of the EC and in the MS.

Q6 To what extent has ECDC been able to provide the scientific and technical assistance to the Member States, the Commission, other Community agencies, and international organisations (in particular WHO)?

### *Findings from document review*

Technical and scientific support is embedded in the Founding Regulation. Since its inception in 2005, the ECDC has been providing scientific guidance to support MS including guidelines, risk assessment, travel advice and national pandemic preparedness plans. Moreover, the Centre has been providing outbreak response and assistance in dealing with avian influenza to national health authorities both within and outside the EU in collaboration with WHO Regional Office. In the majority of activities undertaken, the Centre seems very capable of providing scientific and technical assistance. However, the case of norovirus<sup>74</sup> outbreaks (on cruise ships coming from several MS) during 2006, made it clear that there is a need for better cooperation between the different parties involved. The ECDC concluded that a commonly agreed protocol on the actions to be taken and the responsibilities involved is necessary for future action.

### *Findings from interviews*

The following sections of interview questions provide elements to address evaluation question 6:

Section A: Awareness (p. 120-125 of the Annexes (Annex 6))

- Understanding of the objectives and activities of the ECDC
- The main purposes and activities of the ECDC
- Level to which objectives are reflected in annual work programmes
- Awareness of stakeholders that are involved in the ECDC
- Awareness of any specific diseases or problems the ECDC is focusing on
- Appropriateness of the ECDC activities in dealing with public health crises

<sup>74</sup> [http://ecdc.europa.eu/Health\\_topics/Norovirus/index.html](http://ecdc.europa.eu/Health_topics/Norovirus/index.html)

Section D: Efficiency (p. 139-153 of the Annexes (Annex 6))

- Adequacy of the ECDC's budget taking into account its mandate
- Adequacy of the number of staff to performing the ECDC's activities
- Assessment of internal and external management procedures of the ECDC
- Assessment of internal and external reporting procedures of the ECDC
- Assessment of the efficiency of working processes of the ECDC
- Contribution of the ECDC to improving the efficiency of exchanges and activities in this field of public health and disease surveillance
- Impact on stakeholders' organisation due to the existence/activities of the ECDC

Overall, the respondents from NHM and NSI who expressed an opinion are appreciative and give a positive rating to ECDC's activities in providing scientific and technical assistance. The activities have added value for the strengthening of national public health systems. The respondents mentioned in particular: risk assessments, joint evaluations to support the MS in pandemic preparedness, support in building up surveillance systems including case definitions and assistance in developing more comprehensive reporting.

Several NSI and NHM respondents feel that the more resource-constrained MS may be benefitting more from the activities related to scientific and technical assistance. ECDC plays a more important role for these MS, as they rely to a greater extent on the ECDC than MS with well-established national public health systems and sufficient resources. The ECDC can genuinely help such MS in establishing their CD systems, whether for surveillance, planning or emergency intervention. Several respondents pointed out, however, that the ECDC has to build on its knowledge about the public health systems of the MS.

The respondents from the EC, IO, NHM, NSI and DSN stakeholder groups share the overall impression that the ECDC has established itself as a credible and competent collaborating partner for the EC, the MS and international partner organisations. However, sometimes the interaction of the ECDC with other organisations in the field of public health is not effective. The same might be said concerning technical cooperation with the MS. With regard to the cooperation between the ECDC and DG SANCO, the distinction between risk assessment and risk management should become clear, particularly to the MS. Most respondents noted that WHO Regional Office and the ECDC are adding value to the field of public health and that difficulties with overlapping activities have to a great extent been resolved.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

This question relates to question 2 (scientific opinions) and shows similar findings. Overall, the scientific and technical support of the ECDC is well received by all stakeholders. Especially, MS that have limited capacity to produce scientific advice themselves seem to appreciate ECDC's support.

### *Recommendations*

As stated before, the evaluation team believes that the ECDC should be aware of providing independent information that can be adapted to the national policy context,

since the MS remain fully responsible for the implementation phase in dealing with health crises.

**Q7 To what extent has ECDC succeeded in the support and coordination of training programmes, in particular in epidemiological surveillance and field investigation?**

#### *Findings from document review*

From ECDC's documentation, the Centre seems to take an active approach in supporting and coordinating training programmes by applying a dual perspective: 1) meeting MS needs and 2) developing harmonised approaches and methods. The ECDC has a multi-annual action plan for training (2006-2010). The plan aims to strengthen the practices of public health, in particular in the field of surveillance and control of CD and clusters of public health importance in MS.

Although the training objectives are clearly specified, the documentation published before June 2007 provides little information on the number of trainers and trained specialists since the inception of the ECDC. In the annual report of 2007, it is mentioned that a total of 138 staff from MS, representing EU/EEA countries, attended a series of one-week training modules on outbreak investigation.<sup>75</sup>

To date, the EPIET is being integrated in the ECDC and a wide range of activities is being developed within the Centre's five year training strategy. Most of these activities focus on capacity building, seeking to expand the network of training partners, but include also the development of mechanisms to support and coordinate training programmes.

#### *Findings from survey*

The survey questions 23-26 as well as questions 37-39 provide elements to address evaluation question 7:

“To what extent:

23. Has the ECDC established effective collaboration with training partners to support and coordinate training programmes?
24. Does the ECDC have effective funding mechanisms in place for strengthening and building capacity through training?
25. Is the number of trained specialists in the field of communicable diseases increased through support of the ECDC?
26. Are the skills/knowledge of trained specialists in the field of communicable diseases enhanced through support of the ECDC?
37. The resources, responsibilities and competences of the ECDC relevant to achieving the objectives?
38. The activities of the ECDC (e.g., training, integrated epidemiological surveillance database) relevant to you/your organisation?
39. The results of the ECDC's activities relevant to you/your organisation?”

<sup>75</sup> European Centre for Disease Prevention and Control (2008). Annual report of the Director: 2007. Luxembourg: Office for Official Publications of the European Communities.

Training activities are part of the ECDC core business. Although the results from the survey are not presented in an aggregate form on *any* of the evaluation questions in this section, the evaluation team considers it appropriate not to refer to the answers given by the ECDC staff on question 23-26 of the survey in order to avoid any bias in the overall conclusions.

Concerning collaboration between the ECDC and other training partners, there is some variance between the opinions of different stakeholder groups. Except for NSI representatives (higher incidence of “a little” answers), the stakeholders are positive about the topic (predominant scores of “moderately” or higher for all stakeholder groups).

The consensus holds concerning the effectiveness of funding mechanisms, but slightly more dissenting voices make themselves heard (i.e., “a little” or “not at all” answers), particularly among the NSI respondents.

Regarding the contribution of the ECDC to increase the number of trained specialists, the proportion of “considerable” and “extensive” answers varies between 31% and 55%. By taking into account also those respondents who answered “moderate”, the variation in opinions between various stakeholder groups is reduced.

Finally, concerning the contribution of the ECDC to improving skills and knowledge of the trained specialists, there is a marked difference between the very positive opinion of NSIs on one hand, and the somewhat less enthusiastic response of the MB, AF and NHM representatives on the other hand. The interviews provided more insight in these opinions.

A more detailed analysis, per stakeholder group, can be found on p.63-67 and p. 71-73 of the Annexes (Annex 5).

#### *Findings from interviews*

The following sections of interview questions address evaluation question 7:

Section A: Awareness (p. 120-125 of the Annexes (Annex 6))

- Understanding of the objectives and activities of the ECDC
- The main purposes and activities of the ECDC
- Level to which objectives are reflected in annual work programmes
- Awareness of stakeholders that are involved in the ECDC
- Awareness of any specific diseases or problems the ECDC is focusing on
- Appropriateness of the ECDC activities in dealing with public health crises

Section B: Uptake and utilization of the ECDC’s information (p. 126-134 of the Annexes (Annex 6))

- Most important achievements of the ECDC
- Use or promotion of the ECDC information and results by stakeholders

Training programmes are relevant to the NHM and NSI. Most of the NHM and NSI respondents who ventured an opinion are appreciative of the training programmes (e.g., vaccination course, epidemic intelligence, management of outbreak investigation) and

capacity building activities of the ECDC in the field of CD. The more resource-constrained MS in particular often do not have the capacity to organise such training themselves. In this respect, one NHM respondent noted that although sometimes the number of meetings and training programs that the ECDC proposes puts pressure on their limited resources, effort is made to ensure representation at these important networking and learning events.

Training is perceived as a useful activity to strengthen capacity building at the European level, but further refinement is needed with regard to aligning training to stakeholder needs according several respondents from the NHM and NSI. Topics for the training programs should be chosen more strategically to cover the areas where gaps exist. Setting up exchanges of experience in addition to regular training would also be relevant in order for the MS to develop common approaches (e.g., on crisis management structures).

Several respondents from the different stakeholder groups suggested examining the use of the training information to obtain more insight on how useful the training has been in each country. Respondents also felt that training programmes could have fewer overlaps. Similar training sessions should be more evenly distributed during the year. At the moment, many similar training programs are held in the same period, which can lead to difficulty in selecting which training programme to participate in. Several NSI respondents expressed they would have liked to attend all available training programmes.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

On the basis of the data collected, the evaluation team concludes that the support and coordination of training programmes by the ECDC is appreciated, but that it also puts some pressure on the more resource constrained MS.

### *Recommendations*

The evaluation team believes that it is important that the ECDC continuously focuses on the needs of MS – this means that further alignment of training to MS needs is necessary. The extent to which the ECDC succeeded in the support and coordination of training programmes could be evaluated by conducting user satisfaction surveys.

Q8A	To what extent does ECDC interact with the surveillance networks? How is the evaluation and assessment of the surveillance networks organised and what methodology is used?
Q8B	What other surveillance activities have been undertaken by ECDC: e.g., strategy and database development? What kind of benefit for Member States will the movement of surveillance projects to the ECDC have?

### *Findings from document review*

The ECDC interacts with the DSNs for data collection activities and with regard to other important activities (e.g., the exchange of recent technical advances, discussion of research priorities, and coordination of acute threats or alerts). A barrier to collecting data from MS and specific surveillance networks is that comparison of data can be difficult

because harmonisation of data is still not fully accomplished (see also evaluation question 1).

One of the main tasks of the ECDC is to integrate the operations of the 17 DSNs into ECDC. It has been decided that the ECDC will become responsible for the operations of DSNs after their current contracts with the Commission expire (until January 2009). The decisions on which surveillance functions and activities of the DSNs will be transferred are based on a careful evaluation<sup>76</sup> and assessment<sup>77</sup> of each network. For this purpose a framework has been developed by the ECDC.<sup>78</sup> An external and independent group of experts, including epidemiologists and laboratory experts (depending on the type of the network) are performing the evaluation and assessment. The whole process is also briefly described on the ECDC website.<sup>79</sup>

The Centre is making progress in assessing and evaluating the DSNs. By September 2007, the evaluation and assessment of eight networks<sup>80</sup> had been finished. The evaluation of all but one DSN (DIPNET) will be finalized by September 2008.

Other surveillance activities undertaken by the Centre include the development of a long-term surveillance strategy, a surveillance database (The European Surveillance System - TESSy) aiming to collect, store and disseminate surveillance data of the MS and EEA countries, and an extensive project to revise existing case definitions.

#### *Findings from survey*

The survey questions 27-31 as well as 37-39 provide elements to address evaluation question 8:

“To what extent has the ECDC:

27. Established EU wide standards of reporting on surveillance?
28. Supported effective integration and operation of Dedicated Surveillance Networks?
29. Established an integrated epidemiological surveillance database?
30. Communicated the results of analysis of important surveillance data in a standardised way?
31. If you wish to further elaborate on your answers to the questions above or if you have any comments on them, please use the space provided below.”

“To what extent are:

37. The resources, responsibilities and competences of the ECDC relevant to achieving the objectives?
38. The activities of the ECDC (e.g., training, integrated epidemiological surveillance database) relevant to you/your organisation?

<sup>76</sup> European Centre for Disease Prevention and Control (2006). Evaluation of the surveillance networks. 27 September 2006. Stockholm: ECDC.

<sup>77</sup> European Centre for Disease Prevention and Control (2006). Assessment tool. Compatibility of surveillance network activities with future surveillance EU level objectives. 28 September 2006. Stockholm: ECDC.

<sup>78</sup> European Centre for Disease Prevention and Control (2006). Framework for the evaluation and assessment of EU-wide surveillance networks in 2006-2008. 21 August 2006. Stockholm: ECDC.

<sup>79</sup> [http://ecdc.europa.eu/Activities/surveillance/EU\\_evaluation.html](http://ecdc.europa.eu/Activities/surveillance/EU_evaluation.html).

<sup>80</sup> BSN, ESAC, EUCAST, DIVINE, EuroCJD, EWGLINET, EuroHIV and EuroTB.

39. The results of the ECDC's activities relevant to you/your organisation?"

There are nuances in the overall moderately positive perception of stakeholder groups concerning ECDC's performance in rationalizing the surveillance function in the EU. On the whole, except for the ECDC staff, the NHM are the most positive. Untargeted respondents and representatives of DSNs assess ECDC's success at setting up an integrated database as rather moderate. The MB, instead, sees the integration and operation of the DSNs as the relatively weaker point of the ECDC on aspects of surveillance. This opinion is in marked contrast to the opinion of NSI representatives, who see the integration of DSNs as a considerable success, while concurring with the MB members and untargeted respondents that standardized communication can further be improved. The significant difference between the opinions of MB and NSI respondents on the issue of the successful integration of DSNs points out to an important nuance, which was also highlighted in the interviews: whereas from a technical point of view (the one that NSIs are most likely to respond from) the integration was rather successful, this may not be the case from a political point of view (from which MB members are more likely to respond).

A more detailed analysis, per stakeholder group, can be found on p. 66-68 and 71-73 of the Annexes (Annex 5).

*Findings from interviews*

The following section of interview questions addresses evaluation question 8:

Section A: Awareness (p. 120-125 of the Annexes (Annex 6))

- Understanding of the objectives and activities of the ECDC
- The main purposes and activities of the ECDC
- Level to which objectives are reflected in annual work programmes
- Awareness of stakeholders that are involved in the ECDC
- Awareness of any specific diseases or problems the ECDC is focusing on
- Appropriateness of the ECDC activities in dealing with public health crises

Section B: Uptake and utilization of the ECDC's information (p. 126-134 of the Annexes (Annex 6))

- Most important achievements of the ECDC
- Use or promotion of the ECDC information and results by stakeholders

Section D: Efficiency of the ECDC and its activities (p. 139-153 of the Annexes (Annex 6))

- Assessment of the efficiency of working processes of the ECDC
- Contribution of the ECDC to improving the efficiency of exchanges and activities in this field of public health and disease surveillance

The importance of transferring most of the DSNs to the ECDC is acknowledged by most of the respondents from all stakeholder groups. A European and coordinated approach will make a greater impact possible in terms of increasing the mass of evidence, enabling interchange of ideas and training and enhancing knowledge of the general public about

specific CD. According to most of all the respondents, integration of the DSNs will ultimately create more stability and sustainability of the network activities.

The process of DSN integration stirs mixed reactions among respondents from the NSI and DSN respondents. Whereas some thought the process was carried out smoothly for the most part and was in the interest of long term efficiency and sustainability, other argue that the process might have been counter productive, in that institutionalization may have reduced the enthusiasm and willingness to contribute of some experts that were part of these networks. A few DSN respondents question if some of the networks will be operated more efficiently by being integrated into the ECDC instead of continuing as part of the public health institute in the MS.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

On the basis of desk research, the evaluation team concludes that the evaluation and assessment of the DSNs are performed using a well defined framework and related evaluation and assessment tools. In the view of the evaluation team, which is underlined by most of the stakeholders involved in the evaluation, the integration of DSNs provides added value compared to the previous system, in which the DSNs were funded through the EC PHP. Under the PHP, the sustainability of networks is limited, since funding is only guaranteed for a maximum number of years. By coordinating and harmonising EU surveillance activities, it is felt by the stakeholders that MS benefit, especially by the availability of information at one central point. According to most of the respondents, integration of the DSNs will ultimately create more stability and sustainability of the network activities for MS.

Q9 To what extent do ECDC's internal organisation, management systems and processes contribute to independence, effectiveness and efficiency of its operations?

### *Findings from document review*

Review of the ECDC documentation supports the view that the Centre's internal organisation, management systems and processes positively contribute to independence, effectiveness and efficiency of its operations. This means that the ECDC is accountable, having mechanisms in place to monitor the appropriateness of its operations. These findings have been confirmed by periodic meetings of the Executive Management Committee, Units and general staff, which seem to function well. Albeit not extensive, Terms of References (ToRs) are established for all bodies and are quite clear. The number of internal procedures linked to staff does not seem excessive or burdensome, suggesting no prejudice to efficiency and having the potential to improve the staff satisfaction. The continuously evolving procedures of the ECDC seem to be realistic and to go in the right direction in terms of improving the efficiency and effectiveness of the Centre's operation.

The organisational structure of the ECDC distinguishes between vertical functional units and horizontal programmes. Regarding the horizontal disease projects, many of the employees seem to be involved in more than one project in addition to their regular tasks, and sometimes in different roles.

### *Findings from interviews*

The following section of interview questions addresses evaluation question 9:

Section D: Efficiency of the ECDC and its activities (p. 139-153 of the Annexes (Annex 6))

- Adequacy of the ECDC's budget taking into account its mandate
- Adequacy of the number of staff to performing the ECDC's activities
- Assessment of internal and external management procedures of the ECDC
- Assessment of internal and external reporting procedures of the ECDC
- Assessment of the efficiency of working processes of the ECDC
- Contribution of the ECDC to improving the efficiency of exchanges and activities in this field of public health and disease surveillance
- Impact on stakeholders' organisation due to the existence/activities of the ECDC

Many respondents from all stakeholder groups share the opinion that the ECDC has come a long way in establishing efficient working processes. The continuously evolving procedures are positively contributing to efficiency. Nonetheless, there is certainly room for improvement and a further need for standardization. A lot of processes are still new and it takes time to find the proper and legally correct way to do things. However, as one respondent explicitly noted, there seems to be a good balance between flexibility in operations and controlling procedures.

Among the issues raised by the respondents from the different stakeholder groups the following are concerns of major importance.

#### *Staffing*

The quality of staff is overall highly appreciated by most of the respondents. However, several NHM respondents feel that the ECDC staff could strengthen its knowledge about the European political system and national public health systems to facilitate effective collaboration with MS.

#### *Matrix structure*

The organisational structure of the ECDC is evolving with the introduction of the matrix structure and the introduction of a new layer of middle management, the Section Heads, allowing flexible and timely responses by the ECDC. Both adaptations were a necessary step, taking into account the size and growth of the ECDC. Most of the ECDC respondents think that the Centre is progressing in making the matrix structure work. Difficulties are observed in managing the horizontal programmes because tasks and responsibilities have not been made clear. It is noted that the ECDC is currently working on clarifying this issue.

#### *External communication and collaboration*

External communication, that is, communication between the Centre and other stakeholders, was the object of a split appreciation between respondents from especially the NHMs and NSIs. Several respondents had good experiences, with few, stable contact points within the Centre. Others find external communication as one of main areas in need of improvement at the ECDC. The roles of partners and the procedure for selecting the various focal points, representatives and experts serving on different committees,

groups and bodies of the ECDC is political and not very transparent (see further evaluation questions 10A and 10B below).

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

On the basis of the evidence collected, the evaluation team concludes that the ECDC is a fast-developing organisation in search of efficient routines. Since its beginning, the Centre has been continuously developing and/or revising internal procedures. These activities contribute positively to the independence, effectiveness, and efficiency of operations of the Centre. However, some improvements should be made on the short term with regard to monitoring the efficiency of working processes and implementation of activities.

### *Recommendations*

The evaluation team recommends that the Centre continues to improve its management information systems (e.g., customized activity-based management system), project management systems and supporting work flow tools. In addition, better coordination between the functional units and horizontal disease-specific programmes should be established. For this purpose, the responsibilities, budget authority and project plans of the different units need to be clearly defined, harmonized, and communicated in the short term.

Q10A	To what extent do the Centre's bodies contribute to the independence, effectiveness and efficiency of its operations?
Q10B	What is the decision-making process? Which are the working methods and decision-making procedures? Are the number, mandate, role and composition of ECDC's bodies (Management Board, Advisory Forum (AF), ad-hoc Scientific Panels) and other Expert Groups adequate and proportionate to their tasks? Are there internal rules related to the functioning of the Centre's bodies? Is the frequency of meeting appropriate?
Q10C	What are the mechanisms for the nomination of Management Board Members by the Member States, the European Parliament and the Commission (criteria on the basis of which Board Members are selected, working position of Board Members in their country, etc.)?

### *Findings from document review*

The Founding Regulation specifies the bodies of the Centre (MB, AF and a Director and his/her staff) and the decision-making process at the ECDC, delineating the areas of responsibility of each body (including the scientific panels). The ECDC has developed so-called 'rules of procedure' for the functioning of the MB and AF. These rules and procedures were established by a decision of the MB in 2005 and are publicly available at the ECDC website.<sup>81,82</sup>

<sup>81</sup> [http://ecdc.europa.eu/About\\_us/governance/MB/Management\\_board.html](http://ecdc.europa.eu/About_us/governance/MB/Management_board.html).

<sup>82</sup> [http://ecdc.europa.eu/About\\_us/governance/AF/Advisory\\_forum.html](http://ecdc.europa.eu/About_us/governance/AF/Advisory_forum.html).

It is important to note that the composition and nomination of members of the MB and AF differ.

### Composition and responsibilities of the MB

The Founding Regulation states that the *MB* shall be composed of one member designated by each MS (Ministry of Health), two members designated by the EP and three members representing and appointed by the Commission. This is comparable to the MB of the EMCDDA. Other EU agencies, for example EMEA and EEA have representatives of MS, two representatives of the Commission and two scientific personalities designated by the European Parliament. It is known that members of the MB of the ECDC are selected through MS representatives (i.e. permanent representations) in the EP.

With regard to composition of MB of EU agencies, we should also take into account the debate about the governance of such agencies. The Commission, Parliament and Council continue to disagree over the design of *MB* that steer the EU agencies.

In 2003, a European Parliament Report identified at least ten variants in the structure of boards of existing agencies.<sup>83</sup> In this report, the Commission proposed an ‘ideal’ model for governing EU agencies consisting of 15 MB members, six appointed by the Commission, six by the Council and three non-voting members representing stakeholders. The EP, however, seems to have a preference for a model in which the Commission would draw up a list of candidates that would be submitted to the EP for scrutiny and to the Council for final approval. However, the issues which the inter-institutional agreement sought to address remain. Recently, the Commission called for a new approach to looking at the role and governance of EU agencies which should lead to putting in place a common approach in 2008.<sup>84</sup>

### Composition of the AF

The composition of the *AF* is also clearly defined in the Founding Regulation and encompasses members from technically competent bodies in the MS (one representative) which undertake tasks similar to those of the Centre. These representatives are designated by each MS and are recognised for his/her scientific competence. Furthermore, three members without the right to vote nominated by the Commission sit on ECDC’s *AF* and represent interested parties at European level, such as non-governmental organisations (representing patients), professional bodies or academia.

The HoU of SAU is responsible for assessing the relevance of scientific questions. When independent scientific expertise is not available at the Centre or from existing DSNs to address the questions, the HoU may set up independent ad hoc scientific panels. The ECDC has set up some ad hoc scientific panels since 2005 (e.g., on human H5N1 vaccines and the introduction of HPV vaccines in EU countries).

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<sup>83</sup> Tarrant A, Kelemen RD. Building the Eurocracy: the politics of EU agencies and networks. Paper prepared for the Biennial European Studies Association Convention. 16-19 May 2007, Montreal.

<sup>84</sup> European Commission (2008). Commission seeks common approach on the future governance of EU agencies. IP/08/419. Brussels, 11 March 2008.

In concordance with the Founding Regulation, the MB meets three times a year.<sup>85</sup> The decisions taken by the MB cover its mandate well, and extend to other issues of strategic importance for the effective functioning of the Centre, such as key internal procedures.

The Director, appointed by the MB, has ultimate responsibility for all of the Centre's activities. Since 2006, formal delegation to HoUs with regard to the Director's power to validate and authorize payments (up to EUR 60k per transaction) and to draw commitments on behalf of the Centre is in place.<sup>86,87,88</sup> The HoUs may delegate the powers further to others (Heads of Sections) if agreed with the Director.

The AF, chaired by the Director or, in his/her absence, by a Deputy from within the Centre, is focusing on the quality and excellence of ECDC's scientific work, on priority setting in the disease-specific fields and on identifying the main emerging health threats. The AF meets, in concordance with the Regulation, at least four times a year. This is done at the invitation of the Director or at the request of at least a third of its members.

The AF's rules and procedures seem clear and are flexible enough to allow for the efficient and effective functioning of the Forum. These rules and procedures were established by a decision of the MB in 2005. For the establishment of scientific panels ToRs exist, which are clear and short.

#### *Findings from interviews*

The following section of interview questions addresses evaluation question 10:

Section D: Efficiency of the ECDC and its activities (p. 139-153 of the Annexes (Annex 6))

- Adequacy of the ECDC's budget taking into account its mandate
- Adequacy of the number of staff to performing the ECDC's activities
- Assessment of internal and external management procedures of the ECDC
- Assessment of internal and external reporting procedures of the ECDC
- Assessment of the efficiency of working processes of the ECDC
- Contribution of the ECDC to improving the efficiency of exchanges and activities in this field of public health and disease surveillance
- Impact on stakeholders' organisation due to the existence/activities of the ECDC

Respondents from EC, IO, NSI, NHM and DSN stakeholder groups are overall moderately appreciative of the extent to which the Centre's bodies contribute to the independence, effectiveness and efficiency of its operations.

<sup>85</sup> The Founding Regulation states that "The Management Board shall meet at least twice a year at the invitation of the Chair, or at the request of at least a third of its members."

<sup>86</sup> European Centre for Disease Prevention and Control (2008). Decision of the Director concerning delegations. Decision on delegation 01/2008. Stockholm: ECDC.

<sup>87</sup> European Centre for Disease Prevention and Control (2007). Decision of the Director concerning delegations. Directors Decision no 03/2007. Stockholm: ECDC.

<sup>88</sup> European Centre for Disease Prevention and Control (2006). Delegation of authority. DIR-06-313-ZJ-vn. Stockholm: ECDC.

Due to the different backgrounds of its members, it is felt by several respondents from the NHM and ECDC that the MB demonstrates a difficult interplay of forces, manoeuvring between the different objectives of MS, DG SANCO and the EP. Both ECDC and NHM respondents observe a tendency that part of the MB members are focussing more on operational activities than on issues of strategic relevance. With regard to input from the MS during meetings, it is observed that new MS representatives are less active than other members, which can be explained by the fact that a few MS representatives seem to dominate the meetings.

Several respondents from the NHMs feel that there is not enough transparency on the selection of experts for the AF and scientific panels. The capacity in which some members act in the AF (as individual or on behalf of the MS) is also unclear. Furthermore, it was underlined that the AF should put more focus on scientific policy and on the transparency, independence and usefulness of the scientific work of the ECDC. In this respect, one respondent from the EC was surprised to see that reporting on the activities of the Centre was just as thorough in the AF meeting as it was in the MB meeting. Another respondent from the EC felt that the AF should be a forum where experts from different backgrounds can exchange ideas and brainstorm as individuals on scientific issues, and not deal so much with management issues of the ECDC.

Overall, respondents did not mention the frequency of meetings as an issue of concern. Therefore, we assume that the number of meetings of the ECDC bodies is appropriate.

A major topic of current discussion, which was raised several times by several respondents from the EC and ECDC is the common approach on the future governance of EU agencies. This might also affect the governance of the ECDC and should therefore be closely followed.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

Overall, the evaluation team concludes that the extent to which the Centre's bodies contribute to the independence, effectiveness and efficiency of its operations is adequate.

### *Recommendations*

Although the rules of procedure are clear, stakeholders feel there is room for improvement with regard to the following issues:

- To further improve the efficiency of the Centre, the evaluation team encourages the ongoing process of formally delegating some of the daily management activities of the Director to a lower level in the organisation (e.g., senior staff), as is done with validation and authorization of payments. In response to the growing organization, we encourage further delegation of daily activities as it will make the ECDC more flexible and efficient. This will stimulate that the Director will remain focused on strategic issues.
- The functioning of the MB: New MS representatives are less active than other members, and some MS representatives dominate the MB meetings. It is important to establish methods to guarantee a well-balanced input from all the members. This is primarily an issue for the Chairman of the MB. Another issue that needs attention

concerns the primary task of the MB. Some MB members have the opinion that the MB should focus on strategic issues, while other members seem to be more focused on operational issues. The Founding Regulation and the rules of procedure, which emphasize strategic issues, should be more carefully followed.

#### 4.4 Relevance and coherence

The relevance and coherence of the ECDC is addressed by the following evaluation questions:

- |      |  |
|------|--|
| Q11A | To what extent are the intervention logic, objectives and activities of ECDC consistent and synergic with those of other public health interventions i.e. those of the relevant European Institutions involved in public health – e.g., the Commission and the member state’s national bodies? |
| Q11B | To what extent are the elements of ECDC’s intervention logic complementary, mutually supportive?   |
| Q11C | To what extent do ECDC’s activities, mission and tasks correspond to the requirements of the beneficiaries and stakeholders and provide benefit to the Community policy on public health?  |
| Q11D | To what extent has ECDC brought – and can reasonably expected to be able to bring – benefits to the Community policy on public health?   |
| Q11E | How successful has ECDC been in promoting the necessary coherence between the risk assessment, risk management and risk communication functions in collaboration with the Commission and Member States?  |

##### *Findings from document review*

The focus here is on ECDC’s coherence: internal coherence of inputs, outputs and outcomes and coherence with other public interventions in the field of CD as well as ECDC’s ability to gain external support by involving stakeholders and mobilizing their support. Also, visibility and credibility of the ECDC are reflected by how external stakeholders perceive, for example, the quality of the scientific advice, the ECDC’s potential to influence other stakeholders in the field of CD, the reputation of the ECDC, and the level of recognized expertise and authority.<sup>89</sup>

The ECDC’s intervention logic, as described in Chapter 2, is comparable to other Community agencies in the public health, including EMCDDA, EEA, and OSHA. The organisational structure of the ECDC consists of vertical functional units and horizontal programmes. With regard to internal coherence, cross-unit collaboration seems to be the most appropriate course of action regarding the disease specific projects. However, from its outset, the set-up of horizontal projects may raise logistic difficulties and lead to a lack of effective working relationships and less transparency (see also evaluation question 9 and the financial analysis in Chapter 3). Also with regard to its fast growth, especially during 2005 and 2006, the Centre should remain alert to building internal coherence.

<sup>89</sup> McKee M, Figueras J, Lessof S (2006). Research and policy: Living on the interface. *Eurohealth*, 12: 26-29.

Coherence between risk assessment, management and communication is one of the needs expressed by stakeholders as described above (evaluation questions 1 and 2). Several informal Commission documents show a sharp demarcation between risk communication, risk management and risk assessment, which does not appropriately reflect the nature of activities of organisations and experts involved in the continuum of outbreak recognition, investigation and control. The ECDC does seem to make this link by ensuring the core stakeholders are informed.

Since its inception, the Centre has attempted to establish synergies with DG SANCO and to avoid duplication of work. From documentation on the handover period, it has become apparent that the ECDC and DG SANCO have discussed in advance how to establish a meaningful collaboration and a clear division of work. There seems to be a pattern for the transfer of responsibilities from DG SANCO to the ECDC. For more discrete, more technical tasks, the transfer is to be accomplished swiftly, whereas for other more complex tasks, a period of transition is envisaged. The ECDC also aims for complementarity with other organisations that work in the field of public health. This is reflected in the number of MoUs that the ECDC has established with several international organisations (PHAC, WHO, CDC China and US CDC), as well as with EU agencies (EMCDDA and recently also the EFSA). In addition, a MoU is also being planned between the EpiNorth journal and Eurosurveillance.

The ECDC seems to make a genuine effort to remain present and visible in the public health field, based on information on the number of staff attending events between 2005 and 2007 and the ECDC Media Evaluation Report that was recently published.<sup>90</sup> From these documents it can be concluded that the ECDC successfully achieved its objective to play an important role in identifying and assessing current and emerging threats to human health posed by infectious diseases, and in providing scientific expertise and coordinating networks and authorities in MS.

#### *Findings from survey*

The survey questions 37-39, 40-41 as well as 42-43 provide elements to address evaluation question 11:

“To what extent are:

37. The resources, responsibilities and competences of the ECDC relevant to achieving the objectives?

38. The activities of the ECDC (e.g., training, integrated epidemiological surveillance database) relevant to you/your organisation?

39. The results of the ECDC’s activities relevant to you/your organisation?

“To what extent is the ECDC’s:

40. Work synergetic and consistent with that of other EU institutions and similar organisations?

41. Communication and dissemination strategy coherent with that of other organisations?”

<sup>90</sup> CISION (2007). ECDC Media Evaluation Report. January – December 2007. Annual Report of Coverage for ECDC. London: CISION.

“42. To what extent is the ECDC taking into account your needs/the needs of your organisation?

43. If you wish to further elaborate on your answers to the questions in the three sections above (relevance, coherence and stakeholders' needs), or if you have any comments on them, please use the space provided below.”

Most stakeholders (75%) find the ECDC's activities considerably or extensively relevant. The highest endorsement levels come from the NSI respondents (94%) whereas the most sceptical are the MB members. An even greater proportion (80%) thinks the same about the functional results of the Centre. These results take into account the limited number of responses (13) received from ECDC staff, as their response pattern does not differ significantly from that of other groups (particularly the NSI) and because the size of the group (second smallest after the DSNs) does not skew the overall results. The results for survey questions 38 and 39 are overall homogeneous across stakeholders' groups, with the notable exception of the somewhat lower figures emerging from the MB.

The trend is the opposite concerning the relevance of the ECDC's resources and responsibilities for achieving goals (question 37), with the MB and ECDC staff together pulling the combined “considerable” and “extensive” average up from a level of about 73% to a level of approximately 81%. Since the MB and the ECDC staff are among the better placed groups to judge if the resources and responsibilities the Centre has at its disposal are relevant to achieving the objectives, the evaluation team considers it appropriate to base its conclusions on these figures.

The responses received from the various stakeholders' groups on the set of questions concerning the coherence and synergies of ECDC's work with that of other similar organisations was more homogeneous than on other issues. All groups concur that the ECDC is performing well on these aspects, including with regards to its communication and dissemination strategy. Answers of “not at all” and “a little” are, more than on other occasions, very rare.

The incidence of “considerably” and “extensive” answers to the question concerning ECDC's consideration of stakeholders' needs is somewhat lower across the stakeholder groups than would be expected. This relatively lower rate is nonetheless compensated with a higher incidence of “moderate” answers, possibly pointing out that there is no fundamental flaw in the ECDC's approach, but that there is some space for improvement. In addition, it is important to note that the AF and MB are the groups with the most moderate view on the issue. These results are in line with the fact that these groups are more likely to contribute to rather than directly benefit from the ECDC (by providing scientific input or participating in the governance of the Centre).

A more detailed analysis, per stakeholder group, can be found on p. 71-73, 73-74 and 75-76 of the Annexes (Annex 5).

#### *Findings from interviews*

The following section of interview questions addresses evaluation question 11:

Section E: Relevance and acceptability of the ECDC (p. 153-163 of the Annexes (Annex 6)):

- Level to which the ECDC addresses the needs of stakeholders
- Level to which the ECDC focuses on relevant target groups
- Level to which stakeholders benefited from the existence of the ECDC
- Overall opinion of the quality and usefulness of the ECDC's activities
- Views on additional areas that the ECDC should cover

Overall, respondents from the EC, IO, NHM, NSI and DSN stakeholder groups believe that the ECDC increasingly addresses the needs of its specific target groups, including those of their own organisation to a large extent. The ECDC is clearly responding to the overarching need for a centralized organisation in Europe to coordinate, govern information and provide a platform for exchange in the field of CD.

Divergent views among the different stakeholder groups are observed regarding the responsibility and approach of the ECDC to address the needs of the general public, although the Founding Regulation requires the ECDC to provide such communication.

Given its remarkable speed in building up a good reputation and credibility among stakeholders, the Centre is growing out of infancy and taking more activities on board. Therefore, it is not reasonable to expect the ECDC to fulfil all stakeholder needs yet. Given the different expectations of the broad range of stakeholders, the ECDC is observed to have some difficulties in balancing the needs and differing expectations of the MS.

As described before, the ECDC seems to be most beneficial to the more resource-constrained MS, as they rely to a greater extent on the ECDC than MS with well established surveillance systems and a higher frequency on reporting on CD. The ECDC can genuinely help them establish their own CD systems, whether for surveillance, planning or emergency intervention. At the same time, concerns have been expressed on the increasing amount of scientific information and other activities (e.g., working groups) the ECDC demands from the MS, which particularly puts a burden on the smaller MS that often lack the capacity to comply with these demands.

The ECDC has resulted in a large amount of extra work, which is particularly pertinent for resource-constrained MS which are limited in terms of resources and time to do work for the ECDC. Nevertheless, most of the MS expect that the benefits (e.g., important driving force for mobilization) will gradually the increased workload.

Several respondents from the IO, NHM, NSI and ECDC stakeholder groups stated that they need more clarity and coherence between risk assessment, risk management and communication.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

The ECDC is perceived by its stakeholders as relevant to the needs and priorities for which it was created, i.e., coordination of activities, collection of information and

providing a platform for exchange in the field of CD. In addition, the ECDC's work is perceived as coherent and synergetic with that of other organisations in the field of public health, such as the WHO and the EFSA.

Another important conclusion is that the increasing amount of (scientific) information the ECDC demands from the MS puts a burden particularly on the smaller MS that often lack the capacity to comply with these demands. This is an important issue that several stakeholders believe the ECDC should take into account, especially when it considers broadening its activities.

#### *Recommendations*

The evaluation team recommends that the ECDC should improve the ways in which stakeholder needs are taken into account in its activities. It is, for example, observed that the ECDC staff could strengthen its knowledge about the European political system and national public health systems to facilitate effective collaboration with MS. By improving its knowledge of the different systems, the ECDC would be better equipped to balance the different needs.

## 4.5 Added value and utility

The added value and utility of the ECDC is assessed by three evaluation questions (questions 12-14).

- Q12A To what extent does the transfer of identification, assessment, and communication on current and emerging threats to human health from communicable diseases to ECDC provide added value to protecting the health and strengthening the defences of Europe against communicable diseases?
- Q12B To what extent would positive changes resulting from the activities of ECDC have occurred without the Centre's intervention?

#### *Findings from document review*

Prior to the ECDC's inception, there was a great deal of debate and some scepticism on the need for and nature of an EU centre on CD. However, from the community of practice, there seems to be perceived added value in ECDC's activities relating to the identification, assessment and communication on current and emerging threats to human health from CD. As described above (evaluation question 8), the integration of DSNs in particular provides added value compared to the previous system in which the DSNs were funded through the EC PHP.

#### *Findings from survey*

The survey questions 40-41 as well as 44-63 provide elements to address evaluation question 12:

“To what extent is the ECDC's:  
40. Work synergetic and consistent with that of other EU institutions and similar organisations?”

41. Communication and dissemination strategy coherent with that of other organisations?”

“Compared to similar organisations, to what extent has the ECDC:

- 44. Taken appropriate action for situations that might have led to public health crises?
- 45. Responded quickly and efficiently to health threats and public health crises?
- 46. Enhanced specialised expertise and know how in the field of communicable diseases?
- 47. Been timely in answering questions or inquiries made by stakeholders?
- 48. Provided relevant response to questions or inquiries made by stakeholders?
- 49. Been clear in giving response to questions or inquiries made by stakeholders?
- 50. Produced credible outputs?
- 51. Been effective in involving stakeholders?
- 52. Used networking as a tool for gathering and exchanging information?
- 53. Been flexible in implementing its tasks?”

“Compared to the situation before the ECDC was founded, to what extent:

- 54. Is the ECDC protecting human health through the prevention and control of human disease in the EU?
- 55. Is the ECDC strengthening Europe’s defences against infectious diseases – i.e. enhancing the public health capacity in the Community and the MS?
- 56. Is the ECDC improving the knowledge of communicable diseases and its determinants?
- 57. Is the ECDC improving the knowledge of methods and technologies for prevention and control of communicable diseases?”

“Compared to similar activities of other organisations in the field of communicable diseases, to what extent are the following activities of the ECDC sustainable:

- 58. Surveillance activities
- 59. Scientific advice
- 60. Training activities
- 61. Epidemic intelligence activities
- 62. Communication activities
- 63. Cooperation with the Commission, the MS, WHO and other intergovernmental (IGO) and non-governmental organisations (NGO), scientific institutions and Foundations”

The analysis of ECDC’s contribution, compared to similar organisations, in protecting Europe against CD is, based on the survey results, largely very positive. Most respondents were very positive about the appropriateness, speed and efficiency of ECDC actions when compared with those of other similar organisations (survey questions 44 and 45). The untargeted group was (relatively) least positive (answers less concentrated in the “considerable” and “extensive” categories). The highest number of below “moderate” answers was recorded on flexibility in implementing tasks (survey question 53). Nonetheless, it is difficult to draw any conclusions about the need to improve the Centre’s flexibility, as (if compared to other similar organisations) its flexibility in implementing activities is already superior: about 3 out of 4 respondents in 5 of the 7

stakeholders groups picked the top two answering categories in response to this question.<sup>91</sup>

The stakeholders groups are overall positive concerning the relevance of ECDC's responses to stakeholders' questions (survey question 48). Only the results from the untargeted group and from the MB drop below 70% combining the "considerable" and "extensive" responses. The same is true to an even larger extent with respect to the credibility of ECDC's outputs (survey question 50), where the answers in the top two categories do not go below 80% for all but one stakeholder group – the DSNs.<sup>92</sup> The scores recorded from this group are relatively lower concerning the timeliness of ECDC's responses as well (survey question 47), but in this area the more moderate results are shared by another group, the NHM. The fact that 40% of NHM found that the ECDC's responses are only moderately timely is an important signal, as the NHM are presumably one of the larger target audiences of the ECDC. Equally worrisome is the fact that only 50% of the respondents of this stakeholders' group find the responses "considerably" or "extensively" clear (survey question 49). A lower level of positive answers on issues of clarity is also noticeable among the other non-specialized group respondents (the untargeted group). Therefore, it may be inferred that the outputs of the ECDC may sometimes be more geared to specialists than to policy makers (see also evaluation question 2).

The answers to the question with regard to enhancing specialised expertise and know-how in the field of CD (survey question 46) are predominantly positive across stakeholder groups. The answers provided by groups structurally closest to the ECDC (its staff, MB and AF) are not significantly different from the ones provided by the other two most important external groups, the NSI and the NHM. For example, 12 in 15 respondents from the more technical national bodies stated that the contribution of the ECDC to enhancing specialized expertise and know-how is considerable or extensive.

From the results of survey questions 51 and 52, it appears that compared to other similar organisations, the ECDC is making considerable efforts to network and to involve stakeholders in its activities to contribute to a high level of human health. According to survey respondents these efforts are effective to a considerable extent.

With the notable exception of the answers from the NHM and NSI, the perception of ECDC's contribution to improving knowledge (methodological or otherwise – survey question 56 and 57) is less positive than the perception of the added value of ECDC's contribution to strengthening Europe's defences against CD and protecting its citizen's health (survey questions 54 and 55). Opinions are overall moderate to positive, the NSI presenting the most diverse string of answers on every one of the related sub-questions.

All stakeholders' groups are positive about the sustainability of most ECDC's activities as compared to those of similar organisations. If we are to establish an overall approximate ranking in these positive results, the top of the chart would be probably occupied by communications and surveillance/epidemiological intelligence, while

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<sup>91</sup> For the remaining 2 groups (untargeted and DSN, 2 out of 3 respondents chose one of the 2 top response categories.

<sup>92</sup> Given the very limited size of the DSN stakeholder group, answers must be interpreted with extreme caution.

training activities would be at the bottom. Various stakeholders' groups are more moderate with respect to the others in their view concerning specific issues: the MB and DSNs show most concerns about the sustainability of training. The MB and DSN also rate the sustainability of scientific advice somewhat lower, while the untargeted group has relatively most doubts about the sustainability of epidemic intelligence activities. However, the overall feeling is that the ECDC's activities are sustainable. This might have to do with the fact that the institutional structure that the ECDC put in place brought more predictability to these activities than was previously the case.

A more detailed analysis, per stakeholder group, can be found on p. 73-74 and 76-88 of the Annexes (Annex 5).

### *Findings from interviews*

The following section of interview questions addresses evaluation question 12:

Section F: Consistency and complementarity with other organisations in the field of public health (p. 163-178 of the Annexes (Annex 6))

- Level of interaction of the ECDC with other EC, national or international organisations
- Identification of areas and activities where the activities of the ECDC may compete with activities and/or policies of other organisations
- Awareness of any (potential) barriers or stimulating factors to improve synergies with activities and/or policies of other organisations
- Views on whether the ECDC's activities bring something new to the field of public health and disease surveillance in Europe
- General suggestions that would improve the performance of the ECDC

Overall, respondents across *all* stakeholder groups have a very positive appreciation of the ECDC and are of the opinion that the Centre is adding value and is certainly not redundant. Setting up the ECDC was a wise decision, because separation from the EC meant that an opportunity was created for a new structure to specialize and professionalize the coordination of communicable diseases in Europe. The clustering of scientific knowledge did not exist before the ECDC was set up. A large share of the respondents expressed a wide range of areas concerning the areas in which the ECDC is making a positive contribution. Frequently mentioned areas include the improved surveillance information, preparedness, outbreak control, facilitation of networking between experts across Europe and stimulating the development of national systems in the field of CD in MS who needed such an impulse.

Most of the stakeholders mentioned that through the establishment of common case definitions, common training, outbreak investigations and the opportunity to exchange experience, the ECDC brought the CD community in Europe closer to "speaking the same language."

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

The ECDC clearly showed added value to its stakeholders, for example by the coordination of surveillance activities that were not well-linked under the PHP, by the coordination of scientific knowledge, and by enhancing specialised expertise and know-how in the field of CD. However, it should be noted that, for most activities, it is too early to tell what their impact on public health and disease surveillance in Europe is.

### *Recommendations*

The evaluation team recommends the Centre to carefully and continually balance the administrative/supportive (e.g., management activities) and the core operational activities at all times, since the appropriateness, speed and efficiency of ECDC actions are much appreciated by its stakeholders.

**Q13** Does the Centre cover all relevant areas in communicable diseases or is there a need to further expand its tasks in the communicable diseases area? If yes, when would the Centre be ready to undertake these tasks?

### *Findings from document review*

Since the end of 2006, the Centre is covering 49 infectious diseases that are relevant in light of Decision 2119/98, which specifies the legal basis for EU actions for prevention and control of CD. Compared with the infectious diseases notified by the CDC, we discovered that only a few infectious diseases were not covered by the ECDC (e.g., Lyme disease).

A more comprehensive discussion on the opportunities for ECDC to expand its activities is contained under evaluation question 14.

### *Findings from survey*

The survey questions 64-69 provide elements to address evaluation question 13:

64. “To what extent does the ECDC cover all relevant areas in communicable diseases as stated in the ECDC’s mandate and their work programmes?”
65. Please specify (i.e. what other areas should it cover?)
66. To what extent does the ECDC cover relevant tasks in communicable diseases?
67. Please specify: i.e. What (other) tasks would be relevant for ECDC to undertake?
68. To what extent is the current organisational structure of the ECDC appropriate to undertake activities in new relevant areas in communicable diseases?
69. Please explain”

Respondents across stakeholder groups seem to agree that the ECDC covers well the areas of CD set out in its mandate and that more generally, it performs relevant tasks in the field. In the qualitative section of the survey, some respondents mentioned that the explicit attention should be paid to the text of the Founding Regulation with regard to disease prevention as it is open for different interpretations.

Stakeholder groups are less consensual with respect to organisational and structural issues. While the MB respondents think that the current structure is appropriate to undertake new activities (82 % of answers in top two categories), the ECDC staff and

members of the AF are much more moderate (only 54% and 52% of answers respectively in the top two categories). This difference may stem from a slightly different understanding of the concept “organisational structure.” While the MB may have thought of the more abstract construction and articulation of various ECDC bodies, the ECDC staff and AF may have had in mind the more day-to-day level of organisations, including, presumably, the capacity of current units to undertake more tasks and the functioning of the advisory committee system.

In the open-ended questions designed to collect more detailed information, an important number of respondents emphasized that the ECDC is a very young organisation, and that therefore any definite conclusions about its performance may be premature. Almost all provided some input concerning the direction that the Centre should take in the future. There is some consensus on the fact that consolidation and professionalization of the current approach and activities should prevail over further expansion.

A more detailed analysis, per stakeholder group, can be found on p. 88-90 of the Annexes (Annex 5).

#### *Findings from interviews*

The following section of interview questions addresses evaluation question 13:

Section E: Relevance and acceptability of the ECDC (p. 153-163 of the Annexes (Annex 6)):

- Level to which the ECDC addresses the needs of stakeholders
- Level to which the ECDC focuses on relevant target groups
- Level to which stakeholders benefited from the existence of the ECDC
- Overall opinion of the quality and usefulness of the ECDC’s activities
- Views on additional areas that the ECDC should cover

Section F: Consistency and complementarity with other organisations in the field of public health (p. 163-178 of the Annexes (Annex 6))

- Level of interaction of the ECDC with other EC, national or international organisations
- Identification of areas and activities where the activities of the ECDC may compete with activities and/or policies of other organisations
- Awareness of any (potential) barriers or stimulating factors to improve synergies with activities and/or policies of other organisations
- Views on whether the ECDC’s activities bring something new to the field of public health and disease surveillance in Europe
- General suggestions that would improve the performance of the ECDC

Of the large amount of respondents from all stakeholder groups expressing an opinion, all pointed out that the ECDC still needs to build on its current activities and consolidate itself. In addition, the Centre needs to work on creating and strengthening its relations with MS. Suggestions for new CD areas to be taken on board within the current mandate include intra-hospital infections, issues related to IHR such as chemical agents and nuclear issues, microbiology including labs. In addition, supporting the MS in developing

communication strategies and crisis management skills were also topics that were mentioned to be of importance.

The most recurrent item among those mentioned is doubtlessly the role that microbiological expertise should play at the Centre. It was felt that microbiologists should be more closely associated with the Centre, including through better training programmes and lab facilities.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Conclusions*

The Centre now covers 49 infectious diseases that are relevant from the perspective of the legal basis for EU actions for prevention and control of CD. From the desk research, survey and interviews the evaluation team can conclude that other CD areas that have not yet been covered, but which fall within the remit of the Centre, include Lyme disease and hospital-associated infections.

### *Recommendations*

There are opportunities to include other CD areas that fall within the remit of its mandate, but the evaluation team believes that – taking into account the current status of the ECDC in terms of staff and our recommendations to improve its performance – the ECDC should focus on deepening the current activities the coming five years. It is also clear that adding new activities without additional budget would, in the end, make it more difficult to deliver on the current responsibilities.

Q14A	Taking into account the financial implications of such an extension, to what extent and when could it be relevant to extend the scope of the Centre's mission to other relevant Community level activities in the field of public health, in particular in the following: <ul style="list-style-type: none"><li>• new emerging threats such as from nuclear and radiological incidents, biological toxins and chemical agents or threats of environmental origin;</li><li>• health monitoring (which is specifically mentioned in Article 31.1 (a) of the Regulation);</li><li>• Any other areas and priorities of public health.</li></ul>
Q14B	What could be the different possible scenarios of extension (topics and activities)? How much will it cost? Per scenario, what would be the budgetary aspects covering requisites and implications in terms of human, financial and material resources?
Q14C	What would be the adequate timing for such extensions (topics and activities)?
Q14D	To what extent would it be relevant to extend the geographical scope of the Centre's activities?

The Founding Regulation stipulates explicitly in Article 31 that the current evaluation of ECDC should assess:

- the possible need to extend the scope of the Centre's mission to other relevant Community-level activities in the field of public health, in particular to health monitoring;

Since its inception, there has been an ongoing discussion whether the mandate of the ECDC should be extended to non-communicable diseases and health information. This is mainly due to the text of the Founding Regulation that refers to enhancing the capacity of the Community and the MS to protect and improve human health by prevention of human disease. This mission is broader than the mandate of the ECDC, which is confined to CD.

Key policy documents of the EU on health, such as the EU Health Strategy 2008-2013, the PHP (2008-2013), recent Council meetings, press releases of the EU Commissioner (2006-2008), and the EU-Health portal provide information on (possible) policy priorities that may impact on the work of the ECDC in the coming years.

The EU Health Strategy 2008-2013 aims to foster good health, protect citizens from threats, and support sustainability. The Strategy explicitly mentions to strengthen mechanisms for surveillance and response to health threats as one of its actions including the 'review of the remit of the European Centre for Disease prevention and Control.' In other words the evaluation questions 13 and 14 have been included as a key element of the new EU Health Strategy for the years until 2013. In addition, the Health Strategy contains several elements considered as potentially relevant for future directions of the ECDC. These include in particular the following:

- Development and delivery of actions on tobacco and drugs consumption, nutrition, physical activity, alcohol, mental health and other broader environmental and socioeconomic factors affecting health;
- Development of new guidelines on cancer screening;
- European action in the field of rare diseases, including genetic disorders;
- Strategies to tackle risks from specific diseases and conditions, action on accidents and injuries, improving workers' safety, and actions on food safety and consumer protection;
- Combating pandemics, biological incidents and addressing the threat of bioterrorism
- Emerging health threats such as AMR and those linked to climate change

The Strategy will be implemented by a structured cooperation implementation mechanism and financially supported by existing financial instruments until the end of the current financial framework (2013), without additional budgetary consequences. The PHP 2008-2013 will be a key instrument to support the Strategy's objectives. In particular the following actions mentioned in the PHP are considered relevant in this context:

- to ensure high-quality diagnostic cooperation between MS laboratories; support the work of existing laboratories carrying out work with relevance to the Community; work on the setting up of a network of Community reference laboratories.
- the development of prevention, vaccination and immunisation policies; improve partnerships, networks, tools and reporting systems for immunisation status and adverse events monitoring.
- to enhance the safety and quality of organs and substances of human origin, blood, and blood derivatives; promote their availability, traceability and accessibility for medical use while respecting MS responsibilities as set out in Article 152(5) of the Treaty.
- to improve patient safety through high-quality and safe healthcare, including in relation to antibiotic resistance and nosocomial infections.

- to promote healthier ways of life and reduce major diseases and injuries by tackling health determinants.
- to promote and improve physical and mental health, creating supportive environments for healthy lifestyles and preventing disease; take action on key factors such as nutrition and physical activity and sexual health, and on addiction-related determinants such as tobacco, alcohol, illegal drugs and pharmaceuticals used improperly.
- to promote action on rare diseases, where Community action by tackling their determinants can provide significant added value to national efforts.
- to address the health effects of wider environmental determinants, including indoor air quality, exposure to toxic chemicals where not addressed by other Community initiatives, and socio-economic determinants.
- to develop further a sustainable health monitoring system with mechanisms for collection of comparable data and information, with appropriate indicators;
- to ensure appropriate coordination of and follow-up to Community initiatives regarding registries on cancer.
- to develop mechanisms for analysis and dissemination; establish regular reports on health status in the European Union based on all data and indicators and including a qualitative and quantitative analysis.

These programme priorities – that should be carried out in close cooperation with relevant organisations and agencies, in particular with the ECDC - have been confirmed in recent communications by the Commission. The Council meeting of June 2008 deepened the commitments and actions towards cancer by drawing up an EU action plan on cancer, emphasis on prevention, population-based cancer registration as a resource for epidemiological studies. A second issue receiving particular attention is the awareness of AMR.

Also, strengthening the role of the ECDC in the fight against CD is explicitly mentioned in the PHP 2008-2013.

The recent adoption of the EU Health Strategy and the start of the second PHP in 2008 contain many references to possible areas to which ECDC may (want) to play a role in the future. As such there are little obstacles to consider a possible extension of the mandate of the ECDC within the context of the overall strategic framework of the EU on health. However, implementation of the different actions imply a clear understanding of the actions needed. Also, the possible role of the ECDC should become clear, and what implications that may have for their operation. No information was found on the position of the MS on a possible extension of the mandate of ECDC.

The current strategic and financial framework for the PHP and the ECDC have been adopted and run until 2013. The implementation of a decision to extend the mandate of the ECDC, requiring substantial additional expenditure before the current framework extends would therefore imply a re-allocation of expenditures within current budget estimates. If a decision would be taken to extend the mandate and requiring substantial additional expenditure under the new financial framework starting in 2014, such a decision would need to be well prepared. How well is uncertain at the moment. Under current budget procedures the Commission would be expected to make a proposal on the

new financial framework in 2011. However, in May 2006, the EP, the Council and the Commission agreed that the Commission should undertake a fundamental review of the EU budget. This review is underway and could have a profound impact on budget priorities of the EU, as well as on budgetary procedures that may be adopted to guide the financial framework after 2013.

#### *Findings from interviews*

The following section of interview questions addresses evaluation question 14:

Section E: Relevance and acceptability of the ECDC (p. 153-163 of the Annexes (Annex 6)):

- Level to which the ECDC addresses the needs of stakeholders
- Level to which the ECDC focuses on relevant target groups
- Level to which stakeholders benefited from the existence of the ECDC
- Overall opinion of the quality and usefulness of the ECDC's activities
- Views on additional areas that the ECDC should cover

Section F: Consistency and complementarity with other organisations in the field of public health (p. 163-178 of the Annexes (Annex 6))

- Level of interaction of the ECDC with other EC, national or international organisations
- Identification of areas and activities where the activities of the ECDC may compete with activities and/or policies of other organisations
- Awareness of any (potential) barriers or stimulating factors to improve synergies with activities and/or policies of other organisations
- Views on whether the ECDC's activities bring something new to the field of public health and disease surveillance in Europe
- General suggestions that would improve the performance of the ECDC

Overall, many of the respondents across all the stakeholder groups were of the opinion that, at this point in time, extension of the ECDC mandate in the field of non CD is not a major priority and would be a bit premature. In the next five years it is more urgent to consolidate current CD activities, to better define the working procedures of the Centre and to help building the CD functions in MS who need support on the matter. Any further extension of the scope of the Centre, which can be explored in the upcoming years, must be thoroughly assessed. In any case, the possible extension should not jeopardize the current activities and mandate of the ECDC.

When assessing a broadening of the mandate the following aspects should, according to most of the respondents from all stakeholder groups, be taken into consideration:

- The number of activities that the MS are willing to incubate
- Alignment with the new EU Health Strategy
- Content scope:
  - Going wider into the field of public health (e.g., health monitoring, health prevention, health promotion (data collection and best practice) health status, health care, economics of health, chronic diseases, health and the environment, mental health, coordination of networks focusing on rare diseases, technical advice regarding safety and health of blood, tissues and organs, tobacco control)

- Going deeper into the field of CD (e.g., Lyme disease)
- Geographical scope (e.g., assisting and cooperating with EU neighbouring countries on, for example: TB; collaboration with Sub-Saharan Africa and West Africa when it comes to imported rare diseases; addressing the psychological impacts of CDs such as AIDS). Here it is important to seek collaboration with other national and international public health institutions.

A more detailed analysis, per stakeholder group, can be found in Annex 6.

### *Scenario analysis*

The document review and the findings from the interviews clearly indicate that very little concrete information is available on the way the ECDC could go in the near future when it comes to taking on new responsibilities. To the opinion of the evaluation team a comprehensive discussion on an enlarged role of the ECDC needs to start within the EC, within MS and between MS and the EC.

Nevertheless, it has been attempted to chart the opportunities for the ECDC to extend its activities in the future. To this end an analysis is presented in which a distinction is made between different scenarios reflecting principal strategic lines along which the ECDC may develop. These scenarios are meant to stimulate discussion among the stakeholders of the ECDC to determine how best the Centre can achieve its current objective and if the mandate in which it operates should be adjusted.<sup>93</sup> There are several lines along which the Centre could expand:

- Diseases/conditions it tackles: communicable vs. non communicable diseases;
- Activities/functional areas in which it is active: surveillance, scientific advice, epidemic intelligence, training, communication and country support; and
- Geographical scope: Europe, Europe and neighboring countries, worldwide.

Taking into account these main directions the following strategic scenarios are explored, including 1) an “*expansionary scenario*” defined in geographical terms; 2) a “*diversification scenario*” defined in terms of activities and diseases covered. Within the “*diversification scenario*”, two sub-scenarios are considered: one that can be achieved within the scope of the current mandate and one that would require modifications to it.

The scenarios are meant to facilitate discussion about the future role of ECDC, but the interpretation of their development should not be taken further than allowed by their limitations. These include:

- The need for future expansion or diversification of the ECDC has yet to be established, both from the perspective from the ECDC as an organization and from the point of view of the MS. In the stakeholder interviews certain suggestions for possible directions were made by different stakeholders, but no complete picture can be drawn from this.

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<sup>93</sup> A scenario is a tool for realising a sound analysis of the uncertain drivers of the future. It is important to note that the most important outcome of exploring possible scenarios is not the scenarios themselves, but the discussion that emerges as a result of doing a scenario exercise. (ref: European Communities. Changing professions in 2015 and beyond. Luxembourg: Office for Official Publications of the European Communities, 2006)

- The lack of (technical) background information about the practical implications of expansion. As of today no serious feasibility studies have been undertaken about what expansion in a certain direction may mean for ECDC and/or the MS.
- Without concrete information about the technical and practical implications of the expansionary scenarios it is not possible to quantify the possible cost involved in the expansion<sup>94</sup>.

Considering these limitations the scenarios described are preliminary and indicative only for the future directions of the ECDC. Where feasible, the likely impact on the ECDC has been tentatively categorized in terms of having a low, medium or high impact. Low impact means that the ECDC without major changes (less than 10% change) in terms of set-up, organization or cost could accommodate the additional activities. A medium impact on ECDC reflects those changes that would require substantial efforts in terms of either additional staff, large investments, adding new strands of professional expertise or regulatory changes. High impact scenarios would involve a combination of low and medium impact scenarios.

#### A. DIVERSIFICATION SCENARIO

##### *Within the current mandate*

Diversification within the current mandate would involve including *more communicable diseases in the portfolio/ area of responsibility* of the ECDC. A limited number of communicable diseases (e.g., Lyme disease) are not yet covered by ECDC. However, since the basic surveillance, analysis and dissemination infrastructure is already in place, the impact in terms of additional staff and/or operational cost is expected to be low. An important factor in this respect will be to what extent MS are currently monitoring the disease already and if the registration and surveillance practices can be harmonized easily.

Another stream for developing the Centre's activities within the current mandate would entail the set up of *additional functional units*. As was highlighted in the interviews, the mandate of the ECDC is covering (almost) all the relevant aspects of communicable diseases by contributing both to better knowledge of diseases spreading patterns (through surveillance activities), to the preparedness of those called to intervene and through providing sound scientific knowledge and technical information, expertise, advice and risk assessment to relevant bodies. An example of an activity that could be envisaged within the current mandate is microbiology, to the extent that work continues on the activities to establish a network of reference laboratories in the MS.<sup>95</sup> Another subject includes certain disease-determinants such as environmental factors. The impact of strengthening or adding these types of activities to ECDC is probably low.

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<sup>94</sup> Based on information of ECDC adding a new professional staff member involves approximately €150,000 annually. Additional administrative staff would involve about € 80,000 per full time equivalent. Although these figures could in principle be used for calculating cost implications of the strategic scenario's no meaningful estimates on implications for numbers of staff are available or could be derived from the available information.

<sup>95</sup> This is a different issue than the discussion whether the ECDC should have its own physical lab capacity to function properly.

### *Requiring a mandate modification*

In theory, a strong argument can be made in favor of *extending the mandate of ECDC to include non-communicable diseases*. Since its inception, there has been a discussion whether the mandate of the ECDC should be extended to non-communicable diseases and health information. This is mainly due to the text of the Founding Regulation that refers to enhancing the capacity of the Community and the MS to protect and improve human health by prevention of human disease. This mission is broader than the mandate of the ECDC, which is confined to CD.

It is well known that the disease burden of Europe is caused to a very large extent by non-communicable diseases. In addition, there are diseases that have both communicable and non-communicable determinants (e.g., liver cirrhosis). This complicates a clear distinction between CD and non-CD.

Examples of areas that were mentioned in the document review, interviews and survey include: cancer, cardiovascular diseases, obesity, diabetes, mental health conditions, chronic respiratory disease and musculoskeletal conditions. Genetic conditions could also be considered as potential candidates, as well as diseases with very low prevalence (“rare or orphan diseases”). In the interviews, also other health-related risks such as by nuclear accidents and by bio-terrorism were mentioned.

The implications of adding non-CD to the activities of ECDC are by its diversity and potentially huge scope unknown as of yet. Unlike the case of a horizontal expansion within the field of communicable diseases, an expansion to non-communicable diseases would require developing a new strategic framework for the ECDC.

A possible study into the effects of adding non-communicable diseases would benefit from further technical discussions to limit the scope of activities to be considered. What could be mentioned is that the impact on the ECDC is likely to be large. Assuming that the Centre would remain organized the way it is now, adding non-communicable diseases to its mandate would most probably require significant expansion of each of the vertical units, to ensure there are enough professional ECDC staff available with knowledge of the particular non-CD area. It may be expected that part of the infrastructure and systems already in place for CD could be used for non-CDs as well.

However, based on the results of the interviews, such activities would probably meet considerable obstacles concerning the comparability and collection of data on non-communicable diseases across MS. At the same time, new activities in certain fields would benefit from already existing facilities/ systems. One example is ECURIE (European Community Urgent Radiological Information Exchange), a 24 hour radiological emergency notification and information exchange system in case of a major nuclear accident or radiological emergency. Closer cooperation could also be developed with other agencies such as the EEA on issues like environmental determinants of health as has been done with the EFSA on zoonoses.

Another example of an area for extension could refer to a more independent and in-depth role to understand the determinant of various health conditions (communicable or not) which can range from genetic predispositions to life styles and environmental factors. If a

decision was made to establish self-standing units on these topics at the ECDC rather than building on cooperative links and capitalizing on the expertise of other bodies active in these fields, the implications could be considerable. Such decisions would entail recruiting specialists with a somewhat different set of skills and knowledge than the ones already working at the Centre.

### *B. EXPANSIONARY SCENARIO*

The scenarios above did not take into account a possible geographical expansion of the scope of the Centre's activities. Nonetheless, since pathogens cross borders, an argument can be made that the ECDC cannot effectively protect health if it does not take into account developments beyond its frontiers.

Geographical expansion could theoretically be achieved within the boundaries of the current mandate, as Article 30 of the Founding Regulation states that membership is open to all countries "which have concluded agreements with the Community by virtue of which they have adopted and applied legislation of equivalent effect to Community legislation in the field covered by this Regulation". In reality the threats to the health of Europeans are closely linked to patterns of trade and travel and a possible expansion of the ECDC is expected to follow these determinants closely. However, in an ever more globalizing world these would still be difficult criteria to use to focus the activities of the ECDC. For example, major global events such as the Olympic Games (China), or World Championships Soccer (South Africa, 2010), may lead to activities in places so far considered rather unlikely for the ECDC to work in. Here, the focus is kept to expanding to neighboring countries in particular. Several options are possible:

- *Expansion of communication*, making the science/ guidelines/ products that have already been produced at the demand of MS (even more) widely available to interested parties and neighboring countries. *Ceteris paribus*, this is expected to increase the need for human and financial resources at the Centre only marginally. The increase would probably take place in the communication department and would capitalize on the existing communication methods (Internet, electronic newsletter) as well as on the already established networks/ relations (e.g., with the WHO).
- *Extending surveillance activities/ data collection* to neighboring countries. There is already a system in place for collecting data from these countries (through WHO) but there might be reasons for further harmonizing the data collection, analysis and integration into reporting. For reasons of political sensitivity some of the neighboring countries may not be willing to share such information directly with an EU-body. However, a system could be envisaged where the ECDC surveillance system is adopted on a voluntary basis by all those countries who wish to do so. This is envisaged to come at a slightly higher cost to the ECDC which may have the need to mobilize more resources for collecting, validating and analyzing the higher amounts of data received.
- *Extending capacity building activities* to neighboring countries. It could be argued that the more professionals in neighboring countries are up to date on the latest knowledge and skills developments, the more likely they are to deal with emerging problems in their own countries, hence limiting the risk of public health problems and their potential spread to the EU, particularly in the field of communicable diseases.

Nonetheless, such capacity building activities would have to be systematically undertaken to ensure coherence and continuity in skills development. The financial implications would be limited probably, involving ECDC training as a most prominent activity with most participation from professionals from neighboring countries.

- *Extending crisis support and preparedness services* to neighboring countries. Some activities have already been undertaken in this sense, with ECDC experts having assisted Turkish specialists in addressing avian flu outbreaks. More systematic activities in supporting neighboring countries in developing preparedness plans could be envisaged, as well as joint participation in exercises.
- Responding to *requests for opinions/ advice* from neighboring countries. It was felt by some interviewees that, in light of the high number of requests for advice from within MS and the EU, and in anticipation of an increase in such requests, the ECDC would currently have no capacity to respond to additional specific requests formulated from outside its borders.

### *Conclusions*

The Founding Regulation stipulates explicitly in Article 31 that the current evaluation of the ECDC should assess the possible need to extend the scope of the Centre's mission to other relevant Community-level activities in the field of public health.

On the basis of the evidence collected and the tentative scenario analysis, the evaluation team is of the opinion that the ECDC has established its identity, but is still building up capacity in the field of its mission. The evaluation team further believes that consolidation and professionalization of current activities of the ECDC should come before further expansion to new topics, activities and geographical areas, especially because it is not yet clear what role the ECDC should play in light of the EU priorities.

Therefore, the evaluation team concludes that an expansion of the mandate of the ECDC e.g. in terms of coverage of non-CD should not be considered within the current financial and strategic framework (until 2013). It should be noted that the current mandate of ECDC still leaves opportunities for the ECDC to start new activities within the existing strategic and financial frameworks until 2013. The main challenges for the near future should therefore focus on:

- managing and meeting the expectations of the different stakeholders;
- consolidating and deepening current CD activities;
- better defining the working procedures of the Centre;
- help building the CD functions in "new" MS;
- strengthening the implementation of the PHP 2008-2013.

The scenario analysis tentatively indicates that future expansion of the mandate of ECDC can develop along different lines. Certain scenarios only have a limited impact on the ECDC as an organisation (e.g., adding other CD such as Lyme disease), while other scenarios have a medium to high impact requiring also substantial preparation and investments.

### *Recommendations*

The need for future expansion or diversification of the ECDC has yet to be established, both from the perspective from the ECDC as an organization and from the point of view of the MS. A possible extension of the mandate of the ECDC after 2013 should take into account that this may substantial impact on the MS (e.g. in terms of collecting data, capacity needed).

The evaluation team recommends the ECDC to clearly identify which opportunities that fall within the current remit of the ECDC it could take on and that are most needed in terms of health policy at the level of the Community and MS level.

It is advised to conduct an exploratory options appraisal (feasibility study) to investigate the need, opportunities, advantages and wishes of MS, EC, and EP with regard to a possible enhanced role of the ECDC from 2014 onwards. Such a study would also need to detail the institutional, organizational and financial implications of the options identified.



## 5 Executive Summary

This Chapter summarises the objectives, methodology, key findings, and presents the overall conclusions and highlights recommendations from the external evaluation of the European Centre for Disease Prevention and Control.

### *Objectives of this evaluation*

The European Centre for Disease Prevention and Control<sup>96</sup> was established in May 2005 to strengthen Europe's defences against infectious diseases. The Centre's mission is to identify, assess and communicate current and emerging threats to human health from communicable diseases and outbreaks of illness of unknown origin.

The Centre carries out its mission by collaborating closely with Member States and public health institutes (e.g., national surveillance institutes), authorities (e.g., the EC Directorate General of Health and Consumer Protection) and international organisations (e.g., World Health Organisation), encouraging cooperation and the pooling of knowledge. Key tasks of the Centre include providing the Member States and European Commission with high quality scientific evidence to support evidence-based policy making, strengthening European-wide disease surveillance and supporting preparedness and response to disease outbreaks. The disease specific work is integrated in the functional units of the ECDC focusing on the core activities: surveillance, scientific advice, training, epidemic intelligence, communications, and country cooperation.

The external evaluation of the Centre is required in Article 31 of the Founding Regulation (EC) 851/2004 of 21 April 2004. The evaluation should be undertaken "to assess the impact of the Centre on the prevention and control of human disease and the possible need to extend the scope of the Centre's mission to other relevant Community-level activities in public health". In keeping with the requirements, the Centre has commissioned this external evaluation that covers the period from the Centre's inception until June 2007.

The evaluation, in summary, aims to:

- assess, in an independent way, the Centre's achievements until June 2007 as compared to the established objectives and programme of work;
- identify possible shortcomings and possible improvements necessary to its structure, management and working practices, as well as improvements relating to relevant legislation and the Centre's relations with Member States and public health institutes;
- identify the possible need for extension of its mandate taking account of the financial implications of such an extension.

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<sup>96</sup> In the remainder of the executive summary we also use 'the Centre'.

The executive summary will identify key findings and recommendations to demonstrate accountability to stakeholders, to meet the requirements established in the relevant Regulations and to support learning for the future.

### *Methodology*

Evaluation is used to measure achievements and to support learning for the future. However, it is important to note that the external evaluation of the Centre faces some barriers to overcome and limitations to recognize. First, the Centre's youth may not yet permit a comprehensive opinion to be offered on its operational efficiency or overall impact. Second, the general objectives of the Centre, such as prevention and control of human disease, are influenced by other factors over which the Centre has little or no control. Consequently, measuring the Centre's achievements as compared to the established objectives and work programme is difficult, since its actions are often mediated by the choices and preferences of other organisations. Third, the objectives did not have measurable performance indicators before March 2008.<sup>97</sup> This evaluation therefore has aimed to develop evidence from a variety of sources.

We used desk research, a web-based survey (184 respondents), interviews with 83 stakeholders (European Union institutions and agencies, international organisations, European surveillance networks, national surveillance institutes, national health ministries, staff of the Centre, including its Advisory Forum and Management Board) and a financial analysis to produce a reasoned set of conclusions and recommendations.

Overall the ECDC has done well, considering its context, i.e., being operational for only two years. The key findings, detailed conclusions and exploratory recommendations below are based on the 14 evaluation questions that guided this evaluation. The evaluation questions are related to three main categories of evaluation criteria:

- Effectiveness, efficiency, economy and independence
- Relevance and coherence
- Added value and utility

### *What we found*

#### *Effectiveness, efficiency, economy and independence*

Ten of the 14 evaluation questions (Q1-Q10) focused on the effectiveness, efficiency, economy and independence.

### **Conclusion 1: The existence of the ECDC is considered as justified and it can therefore start deepening its activities**

Overall, the evidence shows that the ECDC has done well, in that its scientific work and added value are perceived positively by stakeholders. The risk assessment of communicable diseases has improved compared to the situation before the ECDC was

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<sup>97</sup> In March 2008, the Management Board of the Centre adopted a list of 32 outcome indicators that were developed on the basis of the strategic multi-annual Programme 2007-2013. These indicators will be piloted for one year, after which they will be reviewed.

established. Now, since the ECDC has built its identity, stakeholders and the evaluation team believe it can start deepening its activities. The (financial) analysis indicates that in the initial years of operation not all planned activities could be completed on time. With the improved planning procedures now in place ECDC performance on this aspect is expected to improve if the level of ambition is kept realistic.

**Recommendation:** The ECDC should deepen its activities to remain its sound scientific reputation. In relation to this, the ECDC should continue to provide important services to its stakeholders in a timely manner.

### **Conclusion 2: Risk communication is a joint action of the ECDC, the European Commission and the Member States**

The Founding Regulation mandates the ECDC to communicate with all interested parties, including the general public. The evaluation team found that data collected and analysed by the Centre are of little value if not disseminated in an appropriate way. Part of the added value that the ECDC's expertise provides is to interpret the scientific and technical data available in a way that is meaningful and useful for each of its target audiences. The task of the Centre is to speak to each of these groups in an appropriate language and thereby providing them with information that is useful and accessible.

Communication, however, cuts across the responsibilities of the ECDC, the Commission and the Member States. Contributing to faster, better and more coherent information on health should be a joint action, especially with the Member States, who will generally be the first source of information for the citizens of each country.

**Recommendation:** Keep building on the collaboration that already takes place on risk communication between the actors involved is therefore a priority need.

### **Conclusion 3: The distinction between risk assessment and risk management is not always clear**

The role of the ECDC is to identify, assess and communicate current and emerging health threats to human health from infectious diseases. It is not within the ECDC's remit to directly influence decision-makers, but rather to provide sound scientific knowledge and technical information, expertise, advice and risk assessment. For this purpose, the ECDC provides different types of advice.

It is important to know if the information provided by the Centre is meaningful and used by its key audiences, both at a national and EU level. Although the ECDC cannot control the uptake and use of its information, it can control the (scientific) quality of the information. In this sense, the ECDC has an advisory role to the European Commission and the Member States on risk management issues. However, the findings of this evaluation show that a distinction between risk assessment and risk management is not always clear in the continuum of outbreak recognition, investigation and control.

It is important to assure that the outcome of a scientific opinion is well understood, to allow a good transfer of the opinion, to prevent misinterpretation of a quantitative risk assessment and to highlight the degrees of uncertainties.

**Recommendations:** The ECDC should invest in translating information that could be easily used by policy-makers. The ECDC should provide detailed and specialised research findings, but must also have the knowledge skills and understanding to relate these findings to social and political concerns.

The ECDC should assure that the independent scientific information they provide can be adapted to the national policy context. The Member States retain full responsibility for the implementation.

Another issue that could be improved concerns the clarity of the Founding Regulation with regard to the term “scientific advice”, but also “Competent Body”. The interpretation of the term “Competent Body” differs in MS as to activities in the field of CD.

In addition, the roles and responsibilities of the European Commission, the ECDC (and other EU agencies) and the Member States in risk assessment and risk management need to be clarified.

#### **Conclusion 4: The ECDC has a clear presence on the international stage**

Among its stakeholders, the Centre has contributed to establishing a widely shared view that it appropriately deals with the task of preventing public health crises. The ECDC successfully communicated its objectives and activities to the press. It has also established a clear presence in international forums and on the websites of international partners. This visibility is important because continuous communication with and support of the diverse stakeholders that make up the international public health community will be increasingly essential to the Centre’s continuing success. Good statistics on the use of different stakeholder groups of the Centre’s website are not available yet, but this is expected to change with the introduction of the Portal and (a partly) multilingual website in 2009.

#### **Conclusion 5: The ECDC is building good working relationships with partners**

Although the statutory obligations of the ECDC were reported by stakeholders as being clear and well interpreted, the evaluation team also found that in practice the responsibilities and the tasks of the ECDC are not always clear to stakeholders and to staff. This may have led to some overlap between the work of the ECDC and other partners (e.g., World Health Organisation, European Food Safety Agency).

However, the ECDC strongly seeks complementarity to avoid duplication. These actions, for example, are reflected in the increasing number of Memoranda of Understanding (e.g., with the US Centres for Disease Prevention and Control, the Chinese Centre for Disease Control and Prevention, the World Health Organisation, the European Food Safety Agency, and the European Monitoring Centre for Drugs and Drug Addiction) and in the establishment of joint working groups, such as the WHO/ECDC Joint Coordination Group. Overall, the ECDC has established or is building on good working relationships with the European Commission and other organisations in the field of its mandate.

**Recommendation:** Improvements in working relationships can be made by clearly defining the responsibilities and the tasks of collaborating partners, for example by preparing joint work plans.

**Conclusion 6: The ECDC is an independent centre of scientific excellence.**

Overall the quality of scientific advice from the ECDC is perceived as good and independent by its stakeholders. The ECDC is a technical agency functioning in a political environment involving the European Parliament, the Council of Ministers, the European Commission and the Member States which results in an increased need of dealing with competing priorities. Although the respondents feel that these political factors do not directly affect the ECDC's scientific advice, the Centre has to be increasingly sensitive to this issue to sustain and improve its credibility.

**Conclusion 7: The funding of the ECDC is adequate for its current mandate**

The ECDC has a financial long term agreement with the EC Directorate General of Health and Consumer Protection by which ECDC's budget is increased stepwise to EUR 60 million in 2013. The financial analysis and the results from the interviews both confirm that the funding of the ECDC has been adequate in these past years. The overall assessment concluded that the ECDC could probably not have grown faster because of limitations in absorption capacity. Respondents noted that the ability to recruit additional (especially senior) staff has been the main determining factor in the growth of the ECDC.

The results of this evaluation also make clear that adding new activities without additional budget would in the end make it more difficult to deliver on the current responsibilities.

**Conclusion 8: The ECDC has performed well but improvements in efficiency will be increasingly needed**

The ECDC is a fast developing organisation in search of efficient routines. Although it is too early to pass judgments on the efficiency of the ECDC as an organisation or regarding its activities, the ECDC has performed well by recruiting a number of high quality professionals in a short period and managing to commit almost its full budget in 2006 and 2007. The use of resources is an indication that the basic implementing capacity to prepare activities has been established relatively quickly. Nevertheless, the amount of funds carried over by the ECDC in its budget during 2005-2007 is substantial. This is probably due to low operating expenditures (e.g., scientific library and knowledge services).

**Recommendation:** To monitor the efficiency of working processes and implementation of activities – especially those related to operational expenditures - the Centre should continue to improve the existing management information systems (e.g., customized activity-based management system), project management systems and supporting work flow tools. By improving its efficiency, the ECDC should carefully balance the administrative/supportive (e.g., management) activities vs. its core operational activities.

### **Conclusion 9: It is a challenge for the ECDC to make the matrix structure work**

Due to its fast rate of growth, especially during 2005 and 2006, the evaluation team believes the Centre should remain alert to building internal coherence. The organisational structure of the ECDC distinguishes between vertical functional units and horizontal programmes. The views of the stakeholders expressed on the matrix structure are diverse. For example, representatives of the Management Board think that the current structure is appropriate to undertake activities, while the ECDC staff is much more moderate in its opinions. It is clear that the ECDC is facing the challenge of making the matrix structure work.

**Recommendation:** The efficiency of the ECDC can be improved by establishing more coordination between the functional units and horizontal disease specific programmes based on a more cohesive approach. For this purpose, the responsibilities, budget authority and project plans of the different units need to be clearly defined, harmonized, and communicated in the short term.

### **Conclusion 10: Improvements in the governance of the ECDC are needed**

Although the rules of procedure for the governance of the ECDC are clear, the evaluation shows that there is room for improvement with regard to three areas:

1. Day-to-day management of the Centre: The Director has ultimate responsibility for all the Centre's activities, which are steadily growing as the Centre develops.

**Recommendation:** To further improve the efficiency of the Centre, the evaluation team encourages the ongoing process of formally delegating some of the daily management activities of the Director to a lower level in the organisation (e.g., senior staff), as is done with validation and authorization of payments.

2. The functioning of the Management Board: It can be observed that new Member States representatives are less active than other members, and that some Member States representatives dominate the Management Board meetings. It is therefore important to establish ways that guarantee a well-balanced input from all the members. The Chairman of the Management Board needs to be sensitive to this issue. Another issue that needs attention concerns the primary task of the Management Board. Some members of the Management Board have the opinion that the Board should focus on strategic issues, while other members seem to be more focused on operational issues. We believe that the Founding Regulation and the rules of procedure are clear on this issue – that is, that the Management Board should deal primarily with strategic issues - and should be used as the guiding principles.

**Recommendation:** To further improve a well-balanced input from all members of the Management Board and to focus clearly on strategic issues.

### ***Relevance and coherence***

One of the evaluation questions (Q11) addressed the issue of relevance and coherence of the ECDC.

### **Conclusion 11: The ECDC is perceived to be relevant and important**

The role of the ECDC is seen as relevant to the needs and priorities for which it was created. The main target groups and stakeholders are generally satisfied with the Centre's role. The ECDC is regarded as a useful source of scientific information and technical expertise in Europe that is coherent and synergetic with that of other relevant organisations in the field of public health.

As the ECDC is still building up capacity in this field, the main challenges will be to manage the expectations of the different stakeholders. Often the ECDC is balancing between the needs of the European Commission and the European Parliament on the one hand and the Member States on the other hand.

In this respect we point out two important issues. It is observed that the larger (or with more resources-capacity) Member States feel that the ECDC is clearly adding value in niche areas but they accept to a lesser extent interference of the ECDC in their activities. Smaller Member States and Member States with less resources and capacity feel that the ECDC is supporting them in important functions. The second issue concerns the increasing amount of (scientific) information the ECDC demands from the Member States, which particularly puts a burden on the smaller ones that often lack the capacity to comply with these demands.

**Recommendation:** In order to manage the expectations of the different stakeholders, it is important to identify what is needed in terms of health policy at the Community and Member States level that could fall within the current remit of the ECDC.

#### *Added value and utility*

Added value and utility refers to a range of ways in which the ECDC can enhance the effectiveness of existing and new activities at the MS level. In addition, the ECDC's future scope and mandate was studied.

### **Conclusion 12: The ECDC made a significant contribution to fighting against communicable diseases**

In about two years, the Centre has worked hard to establish a reputation of scientific credibility. It is also seen by stakeholders as an added value compared to the previous system in which disparate activities in communicable diseases on a European level were undertaken (e.g., through the EC Public Health Programme). In summary, the ECDC information and networking done by the ECDC is perceived as very useful by most of the stakeholders.

Until recently, there was no (limited) set of rigorous performance criteria against which the ECDC could be measured. It is understandable that the ECDC did not have these performance indicators in place in its early days. The lack of such indicators has allowed the ECDC to be responsive and cooperative, gaining great benefits from coordinating efforts and sharing knowledge. However, it also means that there was no limited, quantitative set of criteria against which the performance of the ECDC could be measured in this evaluation. Currently, the ECDC is piloting the set of outcome indicators that were developed on the basis of the strategic multi-annual programme 2007-2013.

**Recommendation:** The ECDC should take into account both quantitative and qualitative measures since some of the objectives require a more qualitative interpretation (e.g., improve health). The quantitative indicators should be specific, measurable, achievable, relevant and timely (SMART). We learned that the ECDC is in the process of redrafting the initial performance indicators that were agreed by the Management Board in March 2008. The recently established Monitoring and Evaluation Office should play an important role in this process.

**Conclusion 13: The ECDC should focus on a consolidation of current tasks**

On the basis of the evidence collected and the tentative scenario analysis, the evaluation team is of the opinion that the ECDC has established its identity, but is still building up capacity in the field of its mission. The evaluation team further believes that consolidation and professionalization of current activities of the ECDC should come before further expansion to new topics, activities and geographical areas, especially because it is not yet clear what role the ECDC should play in light of the EU health priorities.

Therefore, the evaluation team concludes that an expansion of the mandate of the ECDC e.g. in terms of coverage of non communicable diseases should not be considered within the current financial and strategic framework (until 2013). It should be noted that the current mandate of ECDC still leaves opportunities for ECDC to start new activities within the existing strategic and financial frameworks until 2013. The main challenges for the near future should therefore focus on:

- managing and meeting the expectations of the different stakeholders;
- consolidating and deepening current activities in the field of communicable diseases;
- better defining the working procedures of the Centre;
- help building the communicable disease functions in “new” Member States;
- strengthening the implementation of the Public Health Programme 2008-2013.

The scenario analysis tentatively indicates that future expansion of the mandate of ECDC can develop along different lines. Certain scenarios only have a limited impact on the ECDC as an organisation (e.g., adding other communicable diseases such as Lyme disease), while other scenarios have a medium to high impact requiring also substantial preparation and investments.

**Recommendations:** The need for future expansion or diversification of the ECDC has yet to be established, both from the perspective from the ECDC as an organization and from the point of view of the Member States. A possible extension of the mandate of the ECDC after 2013 should take into account that this may have a substantial impact on the Member States (e.g. collecting data, capacity).

It is advised to conduct an exploratory options appraisal (feasibility study) to investigate the need, opportunities, advantages and wishes of Member States, European Commission, and European Parliament with regard to a possible enhanced role of the ECDC from 2014 onwards. Such a study would also need to detail the likely institutional, organizational and financial implications of the options identified.

### Summary of recommendations

The overall picture is that the ECDC has accomplished much within a short timeframe. The Centre has established a recognized position in strengthening Europe's defences against infectious diseases. The various stakeholders considered this to be a legitimate and complementary role to that of other organisations. Overall, it is believed that it is now a good time for building on these achievements, deepening the activities of the ECDC while remaining committed to maintaining a sound scientific reputation.

Below the evaluation team summarizes the recommendations that are directed to strategy, structure, management and working practices, relationship with partners, legislation and extension of the current mandate. These were the main issues to be addressed in the present evaluation. In our view, this applies to the remaining period of the strategic multi-annual programme that runs until 2013, but the recommendations regarding the strategy level are of immediate importance.

Table 5.1 Summary of the recommendations

	Recommendation
<b>Strategy</b>	Develop a sharper vision and articulate related priorities that are increasingly driven by stakeholder expectations and needs
	Translate priorities into a more limited set of performance indicators that can be easily monitored and evaluated against the objectives of the ECDC
	Deepen activities to remain its sound scientific reputation and provide important services to stakeholders
<b>Structure, management and working practices</b>	Develop guidelines for providing scientific advice that can be adapted to the national policy context
	Clarifying the roles and responsibilities of the European Commission, the ECDC (and other EU agencies) and the Member States with regard to risk assessment and risk management
	Improve efficiency by establishing more coordination between the functional units and horizontal disease specific programmes based on a more cohesive approach
	Continue to improve management information systems, project management systems and supporting work flow tools to support the efficiency of working processes and implementation of operational activities
	Continue the ongoing process of formally delegating some of the daily management activities of the Director to a lower level in the organisation
	Further improve a well balanced input from all members in the Management Board and its focus on strategic issues
	Provide continuous attention to the necessary support from the counterparts (in particular the Government of Sweden) to make Sweden an easier and better place to work and live for staff of the ECDC
<b>Relationship with partners</b>	Keep building on the cooperation with all relevant stakeholders (e.g., regarding risk communication)
	Clearly define the responsibilities and the tasks of collaborating partners, for example by preparing joint work plans
<b>Legislation</b>	Clearly define the terms "scientific advice" and "Competent Body" in the Founding Regulation
<b>Expansion of mandate</b>	Consolidate and build on existing activities within the remit of ECDC's current mandate in the coming five years.

	<b>Recommendation</b>
	<p>Conduct a feasibility study to investigate the need, opportunities, advantages and wishes of MS, EC, and EP and ECDC with regard to a possible enhanced role of the ECDC after the current strategic and financial framework have expired (2014 and beyond). This study would detail the institutional, organizational and financial implications of a possible extension.</p>