External Evaluation of the ECDC

Contract ECD.605

Final Report - Annexes

Client: European Centre for Disease Prevention and Control

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Rotterdam, 15 August 2008

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Table of contents

List of Acronyms		**7**
Introduction		**9**
Annex 1	**Evaluation criteria and questions**	**11**
Annex 2	**Success criteria used**	**19**
Annex 3	**References**	**25**
Annex 4	**Survey questionnaire and interview protocol**	**45**
Annex 5	**Detailed results of survey**	**55**
Annex 6	**Synthesis of interviews**	**95**

List of Acronyms

AF	Advisory Forum
AMR	Antimicrobial Resistance
ASPHER	Association of Schools of Public Health in the European Region
BCG	Bacille Calmette-Guérin (vaccine for TB)
CD	Communicable diseases
CDC	Centres for Disease Control and Prevention
DG Budget	Directorate General Budget
DG Research	Directorate General for Research
DG SANCO	Directorate General of Health and Consumer Protection
DIPNET	Diphtheria Surveillance Network
DSN	Dedicated Surveillance Network
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EEA	European Environmental Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EFSA	European Food Safety Agency
EISS	European Influenza Surveillance Scheme
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMEA	European Agency for the Evaluation of Medicinal Products
ENIVD	European Network for Diagnostics of "Imported" Viral Diseases
ENVI	Committee on the Environment, Public Health and Food Safety
EOC	Emergency Operations Centre
EP	European Parliament
EPIET	European Programme for Intervention Epidemiology Training
ESAC	European Surveillance of Antimicrobial Consumption
EU	European Union
EuroCJD	The European and Allied Countries Collaborative Study Group of CJD
EuroHIV	European Centre for the Epidemiological Monitoring of AIDS
EWRS	Early Warning and Response System
HCU	Health Communication Unit
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency
HoU	Head of Unit
HPV	Human Papilloma Virus
HSC	Health Security Committee
IANPHI	International Association of National Public Health Institutes
ICHA-HC	International Classification for Health Accounts – Health Care
ICT	Information and Communication Technology
IGO	Intergovernmental organisations
IHR	International Health Regulations

MB	Management Board
MoU	Memorandum of Understanding
MS	Member States
NGO	Non-governmental organisation
NHM	National Health Ministries
NSI	National Surveillance Institutes
OSHA	European Agency for Safety and Health at Work
PHP	Public Health Programme
PRU	Preparedness and Response Unit
SAU	Scientific Advice Unit
SC	Steering Committee
SOP	Standard operating procedure
SUN	Surveillance Unit
TB	Tuberculosis
TESSy	The European Surveillance System
ToR	Terms of Reference
UN	United Nations
WHO	World Health Organisation

Introduction

This document contains the annexes of the final report of the assignment "external evaluation of the European Centre for Disease Prevention and Control (ECDC)."[1]

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 and learn lessons. Annex 3 lists the references used in this evaluation. Annex 4 provides copies of the survey questionnaire and 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.

[1] In the remainder of the report we also use 'the Centre'.

Annex 1 Evaluation criteria and questions

In this Annex we provide an overview of the evaluation criteria and related evaluation questions that are used in the evaluation. These criteria are specified in the requirements of the Tender Specifications. The evaluation criteria relate to the nature of the change allowing to considering progress of the ECDC. Evaluation questions determine the area of judgment for which an answer is required. We also list the main issues that were taken into consideration when answering the evaluation questions.

Table A1.1 Overview of the evaluations questions related to evaluation criteria effectiveness, efficiency, economy and independence of the ECDC

	Evaluation question and main issues that were taking into consideration[2]
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 to identify and assess current and emerging threats to human health from Communicable diseases?
I.1.1	Appropriate strategy which guides the process to put mechanisms in place, to collect, transmit and access data with competent bodies of the MS, the EC, WHO and other relevant organisations.
I 1.2	Data analysed and validated by the ECDC to report on emerging threats to human health from CD.
I 1.3	Relevant information made available by the Centre in an objective, reliable and easily accessible way (e.g.,, newsletters, scientific reports).
I 1.4	Uptake of advice from national and international sources throughout the organisation. Risk of duplication in the current organisation of work.
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?
I 2.1	Relevance of scientific opinions issued.
I 2.2	Process, by which the scientific opinions are proposed, validated and communicated in terms of adequacy and efficiency.
I 2.3	Availability of background information explaining the scientific issue.
I 2.4	Time frames for issuing scientific opinions and decision making process (duration).
I 2.5	Planning and setting priorities in scientific activities (timing, transparency, relevance).
I 2.6	Efficiency in setting up internal and external scientific resources for issuing scientific opinions.
I 2.7	Accessibility of scientific opinions and take up at national level.
Q3	To what extent has ECDC developed **independent scientific excellence**?
I 3.1	Review of the procedure developed (methodology, quality assurance, management of conflict of interest, modalities applied to the selection of experts for setting up working groups and panels, etc.).
I 3.2	Use of own staff, setting up of ad hoc scientific panels or working through working groups (number, expertise).
I 3.3	Promotion and initiation of scientific studies (number).

[2] As specified in the Tender Specifications. External Evaluation of the ECDC. OJ: 2007/05/22 – PROC/2007/005.

	Evaluation question and main issues that were taking into consideration[2]
I 3.4	Projects - feasibility, development and preparation of its activities (number).
I 3.5	Confidence in ECDC to deliver appropriate science in fields within its mission.
I 3.6	Extent to avoid duplication with other national and international sources of scientific excellence (activities undertaken, resources spent).
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 provides ECDC? What are the relations in practice?
I 4.1	Extent to which ECDC has supported the EC by operating the EWRS (activities undertaken, resources spent)
I 4.2	Extent to which ECDC has ensured with the MS the capacity to respond in a coordinated matter (activities undertaken, resources spent)
Q5	To what extent is ECDC prepared to support the Commission and Member States in the case of a **major crisis situation**?
I 5.1	Extent to which ECDC has supported the Commission in the case of a major crisis (activities undertaken, resources spent)
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)?
I 6.1	Support/involvement in review and update of preparedness plans as well as in the development of intervention strategies in the fields within its mission (number).
I 6.2	Development of guidelines on good practice (number).
I 6.3	Development of guidelines on protective measures to be taken in response to human health threats (number).
I 6.4	Support, participation in and coordination of investigation teams (number of staff involved).
I 6.5	Effective mechanisms to deal with requests for assistance, including a process on how to respond to such requests where the financial capacity of the Centre is not adequate (availability, number).
Q7	To what extent has ECDC succeeded in the support and coordination of **training programmes**, in particular in **epidemiological surveillance and field investigation**?
I 7.1	Mechanisms to support and coordinate training programmes (availability, number).
I 7.2	Number of trained/under training specialists – through ECDC support.
I 7.3	Enhancement of MS capability to define health measures to control disease outbreaks (activities).
I 7.4	Relevance and EU added-value of training initiatives taken.
I 7.5	Involvement of external training partners (number, expertise).
Q8 A	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?

	Evaluation question and main issues that were taking into consideration[2]
Q8 B	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?
I 8.1	Evaluation of the work of DSNs based on well defined methodology and their assessment towards the future surveillance strategy (review of activities).
I 8.2	Progress towards integrated and optimal operation of DSNs of authorities and structures designated under Decision No 2119/98/EC.
I 8.3	Provision of quality assurance by monitoring and evaluating surveillance activities of DSNs (availability/number of quality systems).
I 8.4	Relevance and progress in the setting up and maintenance of an integrated epidemiological surveillance database (availability/number of legacy plans).
I 8.5	Communication of the results of the analysis of surveillance data (dissemination tools).
I 8.6	Harmonisation and rationalisation of operating methodologies and the effectiveness of these methodologies.
Q9	To what extent do **ECDC's internal organisation, management systems and processes** contribute to independence, effectiveness and efficiency of its operations?
I 9.1	Procedures for the implementation of the matrix approach.
I 9.2	Use of relevant prioritisation criteria for long, medium and short-term planning to ensure that the objectives of the Regulation are achieved and regular monitoring in place.
I 9.3	Operational objectives as well as indicators for results and outcomes in the programmes of work.
I 9.4	Activities and resources related to strategic objectives.
I 9.5	Internal communication systems focusing on core operational objectives (availability, number).
I 9.6	Monitoring system to collect relevant data on inputs, results and outcomes (availability, number).
Q10 A	To what extent do **the Centre's bodies** contribute to the independence, effectiveness and efficiency of its operations?
Q10 B	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.)?
I 10.1	Size, composition and context of the MB (balance between retaining an effective decision-making body and the need to ensure the full range of necessary skills, backgrounds and geographical balance).
I 10.2	Number of Board meetings focused on issues of strategic importance – i.e., laid down in article 14 of the Regulation.
I 10.3	Size, composition and the work of the AF to support the Director in ensuring scientific excellence and independence of activities and opinions in the Centre.

	Evaluation question and main issues that were taking into consideration[2]
I 10.4	The added value of the AF in terms of constituting a mechanism for the exchange of information on health threats and the pooling knowledge and promoting cooperation with competent bodies in the MS.
I 10.5	Clarity on mechanism to set up an ad hoc Scientific Panel to develop scientific advice and the consultation procedure thereof (procedures, guidelines).
I 10.6	Management of conflict of interest, particularly for ad hoc scientific panels and working groups (availability of procedures, guidelines).

Table A1.2 Overview of the evaluations questions related to evaluation criteria relevance and coherence of the ECDC

	Evaluation question and main issues that were taking into consideration [3]
Q11 A	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?
Q11 B	To what extent are the elements of ECDC's intervention logic **complementary, mutually supportive**?
Q11 C	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?
Q11 D	To what extent has ECDC brought – and can reasonably expected to be able to bring **–** benefits to the **Community policy** on public health?
Q11 E	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?
I 11.1	Internal hierarchy of objectives established (from the Founding Regulation down the annual programmes of work).
I 11.2	Consistency ensured between high-level objectives in the Founding Regulation (851/2004) and the resources, responsibilities and competences entrusted to ECDC.
I 11.3	Procedures developed between ECDC and the other EU institutions to ensure synergy and consistency of the work (availability, number)
I 11.4	Involvement of ECDC in the EU institutional environment (e.g.,, input into legislative proposals which affect the European scene)
I 11.5	Satisfaction of clients, beneficiaries or stakeholders of ECDC with the results of its activities.

[3] As specified in the Tender Specifications. External Evaluation of the ECDC. OJ: 2007/05/22 – PROC/2007/005.

	Evaluation question and main issues that were taking into consideration [3]
I 11.6	Extent to which ECDC's activities have been instrumental to the delivery of Community policy in the area to which the Centre's activities pertain (number, good practices).
I 11.7	Development by ECDC of a coherent approach to assess threats to human health from communicable diseases facilitating consistency in decision making in other institutions (availability, publication).
I 11.8	Coherence in policy making enhanced through ECDC's actions and providing independent scientific advice.
I 11.9	Strategies developed to ensure the consistent dissemination of risk communication messages throughout the Community following risk assessment published by ECDC.

Table A1.3 Overview of the evaluations questions related to evaluation criteria added value and utility of the ECDC

	Evaluation question and main issues that were taking into consideration [4]
Q12 A	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?
Q12 B	To what extent would positive changes resulting from the activities of ECDC have occurred **without the Centre's intervention**?
I 12.1	Quick and efficient response to health threats and public health crises (alerts).
I 12.2	Coherence between communication and dissemination strategies.
I 12.3	Enhanced specialised expertise and know-how (number and level of expertise).
I 12.4	Timely, relevant and clear response given to questions or inquiries made by EU institutions or other stakeholders.
I 12.5	Credibility of ECDC's outputs enhanced as a result of greater independence.
I 12.6	Effective stakeholder involvement (e.g.,, competent bodies of MS, WHO, other interested bodies (platforms, activities).
I 12.7	Comprehensive networks for gathering and exchange of information (number, activities).
I 12.8	Flexibility in the implementation of tasks achieved.

[4] As specified in the Tender Specifications. External Evaluation of the ECDC. OJ: 2007/05/22 – PROC/2007/005.

	Evaluation question and main issues that were taking into consideration [4]
I 12.9	Sustainability of activities compared to previous arrangements (availability/number of legacy plans).

Table A1.4 Overview of the evaluations questions related to ECDC's future scope and mandate of the ECDC

	Evaluation question and main issues that were taking into consideration [5]
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?
I 13.1	Coverage of relevant areas in CD.
I 13.2	Need for further expansion of relevant areas in CD.
I 13.3	Organisational readiness to possible uptake of new relevant areas in CD.
Q14 A	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: • **new emerging threats** such as from nuclear and radiological incidents, biological toxins and chemical agents or threats of environmental origin; • **health monitoring** (which is specifically mentioned in Article 31.1 (a) of the Regulation); • **any other areas** and priorities of public health.
Q14 B	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?
Q14 C	What would be the **adequate timing** for such extensions (topics and activities)?
Q14 D	To what extent would it be relevant to extend **the geographical scope** of the Centre's activities?

[5] As specified in the Tender Specifications. External Evaluation of the ECDC. OJ: 2007/05/22 – PROC/2007/005.

	Evaluation question and main issues that were taking into consideration [5]
I 14.1	Other ECDC networks (if any) that need to be put in place (number, nature) and extent to which present governance and management structures would cover other areas of public health and health monitoring.
I 14.2	The extent to which the ECDC instruments can be (re)used, or serve as stepping stone, to build up other relevant Community-level activities in the field of public health; the databases and information systems, communication platforms, data exchange mechanisms, operating methodologies, etc.
I 14.3	Synergy in terms of scientific and administrative capacity, branding and communications structures.
I 14.4	The added value to other EU institutions, mechanisms, networks, etc. and other international organisations, and avoidance of eventual duplication of activities and costs.
I 14.5	Overlap in case of extension of mandate with existing institutions in the field of health monitoring (e.g., Eurostat, WHO, Organisation for Economic Co-operation and Development (OECD), PHP and EU agencies activities).

Annex 2 Success criteria used

In the Table below we provide an overview of the indicators ('success criteria') used to assess, monitor and evaluate the achievements and learn lessons (answering the evaluation questions).

Table A2.1 Overview of indicators used per evaluation criteria and related evaluation questions

Evaluation criteria	Evaluation question	Operationalisation	Main indicators/markers[6]

Effectiveness *(extent to which aims are achieved)*	• Q1, Q2, Q4-Q8	• Does the ECDC do what it is supposed to do?
		• How well does the ECDC produce its intended outcomes (per activity and disease specific project[7])?
		• Uptake and utilisation of the ECDC's information and activities
			• Number and nature of follow-up or complementary initiatives
			• Level of satisfaction of stakeholders
			• Extent and depth of awareness of the ECDC of stakeholders
			• Degree of realization of outcomes:[8]
			  • *Surveillance*: standardization of reporting, centralisation of databases, standardization of outputs;
			  • *Scientific advice:* the extent to which the ECDC has become a forum for public health research, a prime source of scientific advice for all stakeholders; the level of support provided by the ECDC to strengthen microbiological laboratory activities; Availability and quality of report on the handling of scientific questions;
			  • *Training:* number and effectiveness of partnerships and funding mechanisms in place for strengthening and building capacity through training (e.g., smooth integration of the European Programme for Intervention Epidemiology Training (EPIET) in the ECDC);
			  • *Epidemic intelligence:* number, timeliness, credibility and appropriateness of early signals of emerging threats provided; quality of risk assessments for EU MS and extent of reducing MS' workload for this task, extent and level of coordination to assess and respond to outbreaks, level of

6 Indicators translate general concepts regarding the subject of evaluation (here ECDC), its context, and its expected effects into specific measures that can be interpreted. They provide a basis for collecting evidence that is valid and reliable for the evaluation's intended uses. Indicators address criteria that will be used to judge the subject of evaluation; they therefore highlight aspects that are meaningful for monitoring (CDC website - http://www.cdc.gov/eval/steps.htm#design).

7 In the annual report of 2005 three priorities areas are mentioned: influenza, AMR, HIV/AIDS.

8 Taken from the logic models presented in the Annexes of the inception report (short and mid term outcomes).

Evaluation criteria	Evaluation question	Operationalisation	Main indicators/markers[6]
			preparedness of MS (and extent to which this can be attributed to the ECDC); level of compatibility and interoperability of MS preparedness activities; • *Communication:* extent and ease of access and exchange of information within the scientific community; degree of coherence in risk communication to the media and the public; Level and quality of MS health and communication strategies (and extent to which this can be attributed to the ECDC); • *Country support/cooperation:* Number of well-functioning strategic partnerships; number of genuine agreements for active country cooperation and support functions set up between the ECDC and MS • *Disease specific:* level of knowledge of CD; quality of the methodology for measuring impact of CD; extent of active cooperation established between EU institutions; Level of responsiveness of MS actions
Efficiency (adequacy, availability and use of resources) *(extent to which desired effects are reached at reasonable cost)*	• Q9, Q2	• Transformation of inputs into outputs - cost per Unit of output • Relation between the resources, and the mandate given	• Quality of staff: years of experience, (academic) qualifications and composition of staff • Attractiveness of the ECDC job positions and policy: timeliness of job fulfilment, length of recruitment procedure, financial and secondary benefits • Adequateness of timing, sequencing and planning of main policies/activities • Operational efficiency of selected interventions, e.g., training, communication activities • Cost of country cooperation activities • Availability and quality of procedures and tools for internal sharing of information
Efficiency (management, quality)	• Q10, Q2	• Degree of coordination	• Adequacy of internal management procedures: management indicators such

Evaluation criteria	Evaluation question	Operationalisation	Main indicators/markers[6]
		• Rating of management quality, timeliness and the impact on stakeholders' costs and benefits of participation	as number of and participation in internal meetings • Extent of collaboration between the Units as experienced by staff • Timeliness of decision making and coordination between different management structures (MB, Director) • Adherence to internal control standards[9]
Efficiency/economy (predictability, flexibility)	• Q10	• Adequacy of Financial Regulation and budget execution	• Adequacy of funding levels and financial needs of the ECDC: annual budget outturn • Adequacy of projected long-term funding levels as perceived by management and, where possible, in relation to comparable organisations (e.g., US CDC) • Timeliness of budget preparation, execution and reporting • Operational managerial authority/flexibility in re-allocating resources during budget year according to needs • Functioning of internal control and audit procedures as reported and perceived by internal stakeholders
Independence *(see operationalisation)*	• Q3	• Extent to which the process to develop a scientific opinion is based solely on scientific knowledge and without being influenced by non-scientific considerations	• Frequency of use of high-quality (i.e., recognized) scientific knowledge (e.g., references to scientific publications in high-level journals) • Extent of influence by non-scientific factors (e.g., statement on conflict of interest, number and gravity of (identifiable) politically motivated actions – e.g., not publishing an opinion, changing the assessment of the risk)
Relevance and coherence	• Q11	• The need for the ECDC's	• The evolution of the ECDC priorities over the years

[9] Taken from Annex 7, Annual Report 2006.

Evaluation criteria	Evaluation question	Operationalisation	Main indicators/markers[6]
(extent to which the ECDC does not contradict other interventions/ contributes to other policy interventions in the public health field)		activities among stakeholders in the public health field • Match between, the objectives and the *modus operandi* (including structure) of the ECDC	• Level of coherence of integrated strategies • Extent of use of standard concepts, classifications by the larger community • Coherence of the ECDC's objectives and activities (surveillance, scientific advice, training, epidemic intelligence, communication, country support and disease specific activities) with the needs of stakeholders and with other public interventions in the CD field
Added value and utility *(extent to which the ECDC's activities provide added European value compared to alternatives and/or the previous situation /extent to which effects correspond with the needs, problems and issues to be addressed)*	• Q12-14	• Extent to which the effectiveness of existing and new activities at the MS level is enhanced by the ECDC	• The extent to share public health information (e.g., Memorandum of Understanding (MoU), networking) • The response level/ speed/ consistency to threats of the ECDC • Number, quality and level of acceptability of contingency plans • Extent to which public health is improved (measured by public health indicators) • The magnitude and nature of impacts on MS (e.g., costs savings)

Annex 3 References

Below we provide an overview of the references used for writing the final report and references used per evaluation criteria and related success criteria.

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References used per evaluation criteria and related success criteria

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 to identify and assess current and emerging threats to human health from Communicable diseases?	
Corresponding success criteria		**Sources**
I 1.1	Appropriate strategy which guides the process to put mechanisms in place, to collect, transmit and access data with competent bodies of the MS, the EC, WHO and other relevant organisations.	• Annual reports • Memorandum of Understanding • Lavis JN, Ross S, McLeod CB (2003). Measuring the impact of health research. Journal of Health Services Research and Policy, 8(3):165-170.
I 1.2	Data analysed and validated by the ECDC to report on emerging threats to human health from CD.	• Annual reports • Scientific and technical reports • EU Communicable Disease Epidemiological Report
I 1.3	Relevant information made available by the Centre in an objective, reliable and easily accessible way (e.g., newsletters, scientific reports).	• Review of website of ECDC • CISION report • PubMed citations • Annual reports
I 1.4	Uptake of advice from national and international sources throughout the organisation. Risk of duplication in the current organisation of work.	• MB12 minutes • Meeting reports (e.g., with WHO)

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?	
Corresponding success criteria		**Sources**
I 2.1	Relevance of scientific opinions issued.	• Scientific questions and answers/ published reports • Specification for ECDC Expert Advisory Groups • AF minutes • ToR & Overview of questions of scientific opinions
I 2.2	Process, by which the scientific opinions are proposed, validated and communicated in terms of adequacy and efficiency.	• Annual reports • ToR Members of Scientific Panels • ToR Knowledge Management Working Group • Specifications for ECDC Expert Advisory Groups • AF minutes • MB 6/7/8: ECDC Media Communications Procedures
I 2.3	Availability of background information explaining the scientific issue.	• Scientific questions and answers • Scientific advice published reports • EU Communicable Disease Epidemiological Report
I 2.5	Planning and setting priorities in scientific activities (timing, transparency, relevance).	• Specification of ECDC Expert Advisory Groups • Annual reports • Minutes AF
I 2.6	Efficiency in setting up internal and external scientific resources for issuing scientific opinions.	• Annual reports

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?	
I 2.7	Accessibility of scientific opinions and take up at national level.	• Procurement and Grant plan 2007 • Scientific Advice Published Reports

Q3	To what extent has ECDC developed independent scientific excellence?	
Corresponding success criteria		**Sources**
I 3.1	Review of the procedure developed (methodology, quality assurance, management of conflict of interest, modalities applied to the selection of experts for setting up working groups and panels, etc.).	• ToR Members of Scientific Panels • 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.
I 3.2	Use of own staff, setting up of ad hoc scientific panels or working through working groups (number, expertise).	• ToR Task Force on Public Health Reports • Minutes AF
I 3.3	Promotion and initiation of scientific studies (number).	• ToR Task Force on Public Health Reports • PubMed citations
I 3.4	Projects - feasibility, development and preparation of its activities (number).	• Internal procedures horizontal projects

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?	
Corresponding success criteria		**Sources**
I 4.1	Extent to which ECDC has supported the EC by operating the EWRS (activities undertaken, resources spent)	• Founding Regulation (art. 2, 4 and 8) • Handover files from DG SANCO • ECDC brochure • Annual reports • Work programmes 2005-2006, 2007, 2008 • Multiannual strategic programme 2008-2013 • EXC meeting minutes • Report from the Informal Council Meeting • European Communities (2007). The Commission Health Emergency Operations Facility: for a coordinated management of public health emergency at EU level. Luxembourg: OIL
I 4.2	Extent to which ECDC has ensured with the MS the capacity to respond in a coordinated matter (activities, resources spent)	• Founding Regulation (art. 2, 4 and 8) • Handover files from DG SANCO

Q5	To what extent is ECDC prepared to support the Commission and Member States in the case of a major crisis situation?	
Corresponding success criteria		**Sources**
I 5.1	Extent to which ECDC has supported the Commission in the case of a major crisis (activities undertaken, resources spent)	• ECDC brochure • EXC meeting minutes • Annual reports • ECDC documentation on simulation exercises • ECDC news http://www.ecdc.europa.eu/News.html

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)?	
Corresponding success criteria		**Sources**
I 6.1	Support/involvement in review and update of preparedness plans as well as in the development of intervention strategies in the fields within its mission (number).	• Uppsala preliminary conclusions • Assessment tool influenza preparedness • Assessment tool for national pandemic influenza preparedness • Community influenza pandemic preparedness and response • AF4-13-11 Role of ECDC in public health crisis • AF Outbreak detection, investigation and response • PRU strategy for response • Annual reports
I 6.2	Development of guidelines on good practice (number).	• Procurement and Grant plan 2007 • PRU strategy for response • Annual reports
I 6.3	Development of guidelines on protective measures to be taken in response to human health threats (number).	• PRU strategy for response
I 6.4	Support, participation in and coordination of investigation teams (number of staff).	• Outbreak investigation and response in EU • AF4-13-12 SOPs for Outbreak Assistance
I 6.5	Effective mechanisms to deal with requests for assistance, including a process on how to respond to such requests where the financial capacity of the Centre is not adequate (availability, number).	• OAT SOP v1-1 – ED 0705529-TVC 070613 • AF4-13-11 Role of ECDC in public health crisis • AF4-13-12 SOPs for Outbreak Assistance

Q7	To what extent has ECDC succeeded in the support and coordination of training programmes, in particular in epidemiological surveillance and field investigation?	
Corresponding success criteria		**Sources**
I 7.1	Mechanisms to support and coordinate training programmes (availability, number).	• EXC meeting minutes • AF 3/11 - ECDC Training Strategy • AF8/14 Update on ECDC Training Strategy • AF11/14 Capacity building through training, by ECDC • Training Project planning – Product 1: Update of ECDC Training Strategy 2007-2011

Q7	To what extent has ECDC succeeded in the support and coordination of training programmes, in particular in epidemiological surveillance and field investigation?	
I 7.2	Number of trained/under training specialists – through ECDC support.	• Founding Regulation (art. 2, 4 and 8) • Handover files from DG SANCO • AF 3/11 - ECDC Training Strategy • AF8/14 Update on ECDC Training Strategy • AF11/14 Capacity building through training, by ECDC • Annual reports
I 7.3	Enhancement of MS capability to define health measures to control disease outbreaks (activities).	• AF 3/11 - ECDC Training Strategy • Interim report ECDC Training in Intervention Epidemiology (May 2006) • Meeting Report Training course on managerial skills for outbreak investigation coordinators (October 2006) • Meeting Report Training course on managerial skills for outbreak investigation coordinators (January 2007)
I 7.4	Relevance and EU added-value of training initiatives taken.	• Action plan for training 2006-2010 • AF 3/11 ECDC Training Strategy • AF8/14 Update on ECDC Training Strategy • AF11/14 Capacity building through training, by ECDC • AF6-13-11 Annex 1 Feedback on Meetings • Interim Report ECDC Training in Intervention Epidemiology (May 2006)
I 7.5	Involvement of external training experts	• ECDC staff list 2005-2007 • Training Project planning – Product 1: Update of ECDC Training Strategy 2007-2011

Q8A Q8B	To what extent does ECDC interact with the surveillance networks? How is the evaluation and assessment of the surveillance networks organized and what methodology is used? 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?	
Corresponding success criteria		**Sources**
I 8.1	Evaluation of the work of DSNs based on well defined methodology and their assessment towards the future surveillance strategy (review of activities).	• ECDC brochure • EXC meeting minutes • Annual reports • Work plans • Evaluation of the surveillance networks (Sep 2006)
I 8.2	Progress towards integrated and optimal operation of DSNs of authorities and structures designated under Decision No 2119/98/EC.	• Decision No 2119/98/EC • ECDC brochure • Annual reports • Work plans
I 8.3	Provision of quality assurance by monitoring and evaluating surveillance activities of DSNs (availability/number of quality systems).	• Annual report 2006 • Evaluation of the surveillance networks (September 2006)

Q8A	To what extent does ECDC interact with the surveillance networks? How is the evaluation and assessment of the surveillance networks organized and what methodology is used?	
I 8.4	Relevance and progress in the setting up and maintenance of an integrated epidemiological surveillance database (availability/number of legacy plans).	• Founding Regulation No 851/2004 • EXC meeting minutes • Annual reports • Work plans
I 8.5	Communication of the results of the analysis of surveillance data (dissemination tools).	• Annual reports • Work plans
I 8.6	Harmonization and rationalization of operating methodologies and the effectiveness of these methodologies.	• Annual reports • Work plans

Q9	To what extent do ECDC's internal organisation, management systems and processes contribute to independence, effectiveness and efficiency of its operations?	
Corresponding success criteria		**Sources**
I 9.1	Procedures for the implementation of the matrix approach.	• Internal procedures (from 2005-2007), especially on horizontal projects
I 9.2	Use of relevant prioritization criteria for long, medium and short-term planning to ensure that the objectives of the Regulation are achieved and regular monitoring in place.	• Work programmes • MB minutes
I 9.3	Operational objectives as well as indicators for results and outcomes in the programmes of work.	• Work programmes • MB minutes (meeting 11 and 12)
I 9.4	Activities and resources related to strategic objectives.	• Staffing plans (ECDC organisational structure and resources + internal procedures (from 2006)) • Annual reports • Work programmes • Founding Regulation
I 9.5	Internal communication systems focusing on core operational objectives (availability, number).	• Internal procedures
I 9.6	Monitoring system to collect relevant data on inputs, results and outcomes (availability, number).	• Work programmes • Annual reports • MB minutes • Internal procedures (description of the monitoring system)
	Other relevant sources, not linked to any indicator but shedding light on the general question	• Handover files from DG SANCO

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.)?**

Corresponding success criteria		**Sources**
I 10.1	Size, composition and context of the MB (balance between retaining an effective decision-making body and the need to ensure the full range of necessary skills, backgrounds and geographical balance).	• List of MB decisions • List of 1st MB (September 2004) • Basic profiles of MB members • Founding Regulation • MB minutes • Rules of Procedure
I 10.2	Number of Board meetings focused on issues of strategic importance – i.e., laid down in article 14 of the Regulation.	• MB minutes • Founding Regulation
I 10.3	Size, composition and the work of the AF to support the Director in ensuring scientific excellence and independence of activities and opinions in the Centre.	• List of AF members, including affiliation and profiles of members • Rules of Procedure of AF
I 10.4	The added value of the AF in terms of constituting a mechanism for the exchange of information on health threats and the pooling knowledge and promoting cooperation with competent bodies in the MS.	• Correspondence registers (and actual correspondence exchanged) • AF minutes – 3-8, 10, 11
I 10.5	Clarity on mechanism to set up an ad hoc Scientific Panel to develop scientific advice and the consultation procedure thereof (procedures, guidelines).	• Overview scientific panels/ working groups established • Terms of Reference and overview of Questions • ToR Panel on DTP Schedule • ToR Knowledge Management Working Group • ToR Members of Scientific Panels • Working Groups on Rotavirus Vaccination • Specification for two ECDC Expert Advisory Groups
I 10.6	Management of conflict of interest, particularly for ad hoc scientific panels and working groups (availability of procedures, guidelines).	• Overview scientific panels/ working groups established • Terms of Reference and overview of Questions • ToR Panel on DTP Schedule • ToR Knowledge Management Working Group • ToR Members of Scientific Panels • Working Groups on Rotavirus Vaccination • Specification for two ECDC Expert Advisory Group

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?**

Corresponding success criteria		**Sources**
I 11.1	Internal hierarchy of objectives established (from the Founding Regulation down the annual programmes of work).	• Founding Regulation • Annual and multi-annual work programmes
I 11.2	Consistency ensured between high-level objectives in the Founding Regulation (851/2004) and the resources, responsibilities and competences entrusted to ECDC.	• Founding Regulation • Budgets • Staff lists • Mandates of various units, distribution of tasks
I 11.3	Procedures developed between ECDC and the other EU institutions to ensure synergy and consistency of the work (availability, number)	• Hand over files from DG SANCO • 5th Meeting minutes of Senior Officials of EC & WHO (October 2006) • Memorandum of Understanding with other organisations
I 11.6	Extent to which ECDC's activities have been instrumental to the delivery of Community policy in the area to which the Centre's activities pertain (number, good practices).	• Annual reports • First Annual Epidemiological report on communicable diseases • Euro TB Report: Surveillance of TB in Europe 2005 • McKee M, Figueras J, Lessof S (2006). Research and policy: Living on the interface. Eurohealth, 12: 26-29
I 11.7	Development by ECDC of a coherent approach to assess threats to human health from communicable diseases facilitating consistency in decision making in other institutions (availability, publication).	• Guidelines to Minimize the Risk of Humans Acquiring Avian Influenza • Horizontal Disease-Specific Projects • TESSy user manual • Epidemic intelligence strategic papers • SOP for ECDC EI Operations • Criteria events of EWRS relevance • EI Intelligence Guidelines • Report Communicable Disease Threats Tracking Activities • AF 3-12 Public Health Events Operation Plan • AF 4-13-11 Role of ECDC in Public Health Crisis • AF 4-13-12 SOP for Mobilization of OAT • AF 5-4-4 ECDC Public Health Guidance Avian Flu

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?**	
		• AF 8-12 Threats Related to Bioterrorism • AF 7-9-7 Update Influenza ECDC Work plan • AF 7-9-7 Update Influenza- annex 4 • AF Outbreak Detection, Investigation and Response • PRU: Strategy for Response • Assessment tools for Influenza Preparedness in European Countries • Assessment tool for National Pandemic Influenza Preparedness
I 11.9	Strategies developed to ensure the consistent dissemination of risk communication messages throughout the Community following risk assessment published by ECDC.	• CISION (2007). ECDC Media Evaluation Report. January – December 2007. Annual Report of Coverage for ECDC. London: CISION. • General Guidelines for the Performance of the Activities related to EWRS • Internal procedures for issuing EWRS messages • MB 7-9-8 Eurosurveillance Business Plan • MB 4-15-13 Communication strategy • MB 5-10-8 External Communication • MB 6-7-8 Media communications • Checklist and indicators for outbreak communications • Meeting Report: EU Coordination meeting of Communication Officers • AF Outbreak Detection, Investigation and Response • AF 3-10 communication strategy • AF 4-13-11 Role of ECDC in Public Health Crisis • EWRS Reports (March, July 2007) • Internal procedures 2007: Communicating with the Media I and II • Internal procedures 2006:Press Releases and Contact with the Media I and II

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?**

Corresponding success criteria		**Sources**
I 12.1	Quick and efficient response to health threats and public health crises (alerts).	• EI Weekly Report (January, June 2007) • ECDC Duty SOP • Final Report Response Meeting • OAT SOP V1.1 • AF 3-14 Pandemic Preparedness • AF 4-13-11 Role of ECDC in Public Health Crisis • AF 4-13-12 SOP for Mobilization of OAT • AF 6-8-7 Update Influenza • AF 8-12 Threats Related to Bioterrorism • AF 10-15 EOC & PHE Update • AF Outbreak Detection, Investigation and Response • PRU: Strategy for Response • Community influenza pandemic preparedness and response • Chikungunya Outbreak in Reunion, a French 'overseas department' • MB 10-16 PH Emergency Plan
I 12.2	Coherence between communication and dissemination strategies.	• AF 3-10 communication strategy • MB 4-15-13 Communication strategy • MB 5-10-8 External Communication • MB 6-7-8 Media communications • MB 8-10 Language policy • MB 10-12 Language policy • Meeting Report: EU Coordination meeting of Communication Officers • Cutting book Q1 2007-06-18 • Q1 2007 report final (Dec 2006 – Feb 2007) • CISION (2007). ECDC Media Evaluation Report. January – December 2007. Annual Report of Coverage for ECDC.
I 12.3	Enhanced specialized expertise and know-how (number and level of expertise).	• Highlights Epidemiological Report- microbes without borders • Staff lists • Core comp Expert Meeting (January 2007) • Report on lessons learnt from the course ASPHER • Final Report Management Training (October 2006, January 2007) • Action Plan for Training 2006- 2010 • AF 3-11 and AF 8-14 Training Strategy • AF 11-14 Capacity Building through Training • Core competencies Epidemiology PH

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?	
I 12.4	Timely, relevant and clear response given to questions or inquiries made by EU institutions or other stakeholders.	• Overview scientific panels/ working groups established • List of Scientific Questions & Answers • BCG Vaccination in Current Epidemiological Setting – Minister of Health, Czech Republic • Diseases Veneree – Parliamentary Question – SANCO C3 • Monitoring Centres for Meningitis – Parliamentary Question – SANCO C3 Health Threats • DR - TB Airline Traveller Questions • Lakes BM fur Gesundheit und Frauen Austria • Avian Influenza Spreading Through Coins – European Central Bank, Frankfurt • Overview meetings organized by the Scientific Advice Unit
I 12.6	Effective stakeholder involvement (e.g., competent bodies of MS, WHO, other interested bodies (platforms, activities).	• WHO/ECDC Joint Coordination Group Meeting Report (December 2005) • Mission Report to WHO/EURO (March 2006) • 5th Meeting minutes of Senior Officials of EC & WHO (October 2006) • 2nd Meeting minutes WHO/ECDC Joint Coordination Group (February 2007) • Minutes of meeting with WHO (March 2007) on TB
I 12.7	Comprehensive networks for gathering and exchange of information (number, activities).	• Evaluation Assessment Tool • Evaluation of the Surveillance Networks • Framework for Surveillance Strategy • AF 11/8 Long Term Surveillance Strategy • AF 11/9 Update on Evaluation DSNs • Meeting report TESSy Working Group
I 12.9	Sustainability of activities compared to previous arrangements (availability/number of legacy plans).	• Action Plan for Training 2006- 2010 • AF 3-11 Training Strategy • AF 8-14 Training Strategy Nov 06 • AF 11-14 Capacity Building through Training • ECDC Training Strategy • Training Plan April 2007

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?	
	Corresponding success criteria	Sources
I 13.1	Coverage of relevant areas in CD.	• Scientific Advice – Published Reports • Scientific Advice – Overview of publications in the

		Pipeline • First EU Communicable Disease Epidemiological Report • Founding Regulation • Decision 2119/98/EC • Heymann DL (Ed) (2004). Control of communicable diseases manual. 18th edition. American Public Health Association, Washington
I 13.2	Need for further expansion of relevant areas in CD.	• MB minutes (especially MB 7) • Founding Regulation • Strategic multiannual programme 2007-2013 • EU Health Strategy 2008-2013 • Second Public Health Programme 2008-2013 • Press releases EU Commissioner (2006-2008) • EU-Health Portal • Minutes of Council Meetings (2006-2008)

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:** **• new emerging threats such as from nuclear and radiological incidents, biological toxins and chemical agents or threats of environmental origin;** **• health monitoring (which is specifically mentioned in Article 31.1 (a) of the Regulation);** **• any other areas and priorities of public health.**	
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?**	
Corresponding success criteria		**Sources**
I 14.1	Other ECDC networks (if any) that need to be put in place (number, nature) and extent to which present governance and management structures would cover other areas of public health and health monitoring.	• Country and External Relations strategy MB4-11-10 • Founding Regulation • Handover files DG SANCO
I 14.2	The extent to which the ECDC instruments can be (re)used, or serve as stepping stone, to build up other relevant Community-level activities in the field of public health; the databases and information systems, communication platforms, data exchange mechanisms, operating methodologies, etc.	• Annual reports

Annex 4 Survey questionnaire and interview protocol

This Annex provides copies of the survey questions and interview protocol.

SURVEY QUESTIONNAIRE

1. Reference point

Depending on the access point of the respondent, one of the following three tags was automatically attached to their responses.

Response
1 www.ecdc.europa.eu
2 ec.europa.eu/health/index_en.htm
3 Panel

SECTION I: PERSONAL INFORMATION

(Please note that all your answers will be treated with confidentiality: no attribution will be made to specific persons.)

2. Title

Each respondent could choose only ONE of the following responses.

Response
1 Professor
2 Doctor
3 Mr

Response
4 Mrs, Ms
5 (none)

3. Name

Each respondent could write a single open-ended response of maximum 255 characters.

4. Position

Each respondent could write a single open-ended response of maximum 255 characters.

5. Organisation/ Department

Each respondent could write a single open-ended response of maximum 255 characters.

6. Country

Each respondent could choose only ONE of the following responses.

Response
1 UK
2 Ireland
3 France
4 Germany

Response
5 Austria
6 Portugal
7 Spain
8 Finland

Response
9 Sweden
10 Denmark
11 Greece
12 Italy
13 Belgium
14 Netherlands
15 Luxemburg
16 Romania
17 Bulgaria
18 Malta
19 Cyprus
20 Slovenia
21 Slovakia

Response
22 Poland
23 Czech Rep
24 Hungary
25 Estonia
26 Latvia
27 Lithuania
28 Norway
29 Iceland
30 Lichtenstein
31 Croatia
32 Macedonia
33 Turkey
34 Other, please specify

7. Telephone/ Fax number

Each respondent could write a single open-ended response of maximum 255 characters.

8. E-mail address

Each respondent could write a single open-ended response of maximum 255 characters.

9. Representing:

Each respondent could choose only ONE of the following responses.

Response
1 National Health Ministry
2 National Surveillance Institution
3 EU Surveillance Network
4 Advisory Forum of the ECDC

Response
5 Management Board of the ECDC
6 ECDC staff
7 Other, please specify

We acknowledge that not all questions below might be relevant to you. In this case, we kindly ask you to answer "not applicable" (N/A)

SECTION II: EFFECTIVENESS OF THE ECDC ACTIVITIES

For all of the questions below, unless otherwise indicated, each respondent could choose only ONE of the following responses. All questions of this type were compulsory. All open-ended questions were optional.

Response
1 Not at all
2 A little
3 Moderately
4 Considerably

Response
5 Extensively
6 Don't know
7 N/A

Scientific and technical data on communicable diseases

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?

Scientific opinions

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?

Early Warning Response System (EWRS)

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?

Preparedness activities

To what extent is the ECDC prepared to support the EC and MS in case of:
21. A major crisis situation?
22. Current threats to human health from communicable diseases (e.g., flu, typhus)?

Training activities

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?

Surveillance activities

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.

For this question, each respondent could write a single open-ended response of maximum 2.000 characters (optional).

SECTION III: INDEPENDENCE OF SCIENTIFIC EXCELLENCE

Independent centre

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.

For this question, each respondent could write a single open-ended response of maximum 2.000 characters (optional).

SECTION IV: RELEVANCE AND COHERENCE

Relevance of the ECDC

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?

Coherence of the ECDC's work and strategies with those of similar organisations

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?

Consideration of stakeholder's needs

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.

For this question, each respondent could write a single open-ended response of maximum 2.000 characters (optional).

SECTION V: ADDED VALUE AND UTILITY

Added value of the ECDC

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 inquires 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?

Contribution of the ECDC to a high level of protection of human health

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

Need for expansion of tasks

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?)

For this question, each respondent could write a single open-ended response of maximum 2.000 characters (optional).

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?

For this question, each respondent could write a single open-ended response of maximum 2.000 characters (optional).

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

For this question, each respondent could write a single open-ended response of maximum 2.000 characters (optional).

70. If you wish to further elaborate on your answers to the questions in the sections above (added value and utility), or if you have any comments on them, please use the space provided below.

For this question, each respondent could write a single open-ended response of maximum 2.000 characters (optional).

SECTION VI: ADDITIONAL COMMENTS

71. If you wish to make any further comments about your experiences with the ECDC and/or this survey please use the space provided below.

For this question, each respondent could write a single open-ended response of maximum 2.000 characters (optional).

INTERVIEW PROTOCOL

Introduction to interview

Thank you for giving us the time to speak with you about the achievements of the European Centre for Disease Prevention and Control (ECDC) with regard to the prevention and control of communicable diseases in the EU since its inception in May 2005. As we indicated in our letter to you, we have been selected to carry out the first external evaluation of the ECDC as called for in the Founding Regulation of the ECDC. We will focus on the achievements of the ECDC and possible changes to its operations and legal framework.

The interview will last approximately 30-45 minutes and will address the following main issues:

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

Please note that all your answers will be treated confidentially: no attribution will be made to answers made by specific persons.

General information

- Please could you describe what your involvement is with/role is within the ECDC?

A. Awareness of the ECDC's mandate and corresponding activities

- What is your understanding of the objectives and activities of the ECDC?
- What are in your opinion the main purposes and activities of the ECDC?
- To what extent do the annual work programmes of the ECDC reflect its objectives?
- How aware are you of the stakeholders that are involved in the ECDC? Would you like to be more informed about this?
- To what extent are you aware of any specific diseases or problems the ECDC is focusing on?
- To which degree are the activities of the ECDC appropriate to deal with public health crises? [as seen from the perspective of your Member State; from an EU perspective; or from a more international perspective]

B. Uptake and utilisation of the ECDC's information

- Which are in your opinion the most important achievements of the ECDC?
- Do you (or your organisation) use or promote the ECDC's information and outputs (e.g., training, scientific opinions, Eurosurveillance, website)? If yes, please specify which information you use and how actively you use it.
- Do you (or your organisation) make use of ECDC's networks and/or networking activities? If yes, please specify how you make use of it.
- Do you know whether other stakeholders actively use or promote the ECDC information and outputs? If yes, please give some details or examples.

C. Independence and quality of the ECDC's scientific advice

- Has the ECDC delivered *appropriate* scientific advice in the fields within its mission? If no, how can this be improved?
- Has the ECDC delivered *independent* scientific advice in the fields within its mission? If no, how can this be improved?
- Do you feel that non-scientific factors have a significant influence on the ECDC's scientific advice? If yes, please specify which factors and give some examples.

D. Efficiency of the ECDC's organisation and its activities

- Do you consider the ECDC adequately financed taking into account its mandate? Why (not)?
- To what extent is the staffing (number, composition, and quality) of the ECDC sufficient for performing its activities? (e.g., providing scientific and technical assistance to the MS, EC, other EC agencies and international organisations)
- How would you assess the *external management procedures* of the ECDC?
- How would you assess the *internal management procedures* of the ECDC?
- How would you assess the *external reporting procedures* of the ECDC?
- How would you assess the *internal reporting procedures* of the ECDC?
- How would you assess the *efficiency of working processes* of the ECDC? (e.g., process by which the scientific opinions are proposed, validated and communicated or collection of surveillance data, preparedness and coordinated response)
- Do you feel that the activities of the ECDC, as a new actor in the field of public health, have improved the exchange of information and activities in the field of communicable diseases?
- Did you notice any changes in your own organisation due to the existence/activities of the ECDC?

E. Relevance and acceptability of the ECDC

- Does the ECDC address the needs of you and your organisation in the fields of its mandate?

- Does the ECDC address the needs of other relevant stakeholder groups (incl. general public)
- Does the ECDC focus on the relevant target groups [in your Member State]? Are there audiences that should be targeted but are not?
- Do you think that the stakeholders targeted by the ECDC have indeed benefited from the existence of the ECDC? How?
- What is your overall opinion of the quality and usefulness of the ECDC's activities?
- Do you have a preference for additional areas that the ECDC should cover? If yes, please specify.

F. Consistency and complementarity with other organisations in the field of public health

- How would you describe the interaction of the ECDC with other organisations in the field of public health (e.g., EC, national or international organisations)?
- Can you mention examples of areas where the activities of the ECDC may compete/duplicate with activities and/or policies of other organisations at regional, national, European, or international level?
- Are you aware of any (potential) barriers preventing synergies with activities and/or policies of other regional/national/European/international organisations? If yes, do you have suggestions for removing the (potential) barriers?
- Are you aware of any facilitators improving synergies with activities and/or policies of other regional/national/European/international organisations? If yes, do you have suggestions how ECDC could use/apply these facilitators?
- Do the ECDC's activities bring something new to the field of public health and disease surveillance in Europe? If yes, what do the ECDC's activities bring to the field of public health compared to similar activities of other organisations operating in this field?
- Do you have any general suggestions that, in your opinion, would improve the performance of the ECDC?

G. Additional information

- Do you feel there are any other important factors that we did not address in this interview that we should take into account when evaluating the ECDC?

We would like to send our interview notes to you for review. Is that OK with you?

Thank you for your cooperation!

Annex 5 Detailed results of survey

In this Annex we set out the results of the web-based survey.

The web-based survey is a key part of the overall evaluation, enabling the evaluation team to gather general information about the ECDC and most importantly, the views and opinions of a wide range of stakeholders of the ECDC, and views and opinions of interested members of the public.

The information collected through the survey focuses on the achievements of the ECDC and areas for improvement related to:

- Effectiveness of the ECDC activities (Q10-Q31);
- Independence of scientific excellence provided by the ECDC (Q32-Q36);
- Relevance and coherence of the ECDC's work (Q37-Q43);
- Added value and utility of the ECDC compared to other relevant activities in the filed of communicable diseases (Q44-Q69).

In Table 2.1 of the main report we specified the linkage between survey questions (see Annex 4) and the evaluation criteria, evaluation questions/success criteria specified in Annex 1.

EFFECTIVENESS OF THE ECDC ACTIVITIES

Scientific and technical data on communicable diseases: Q10-Q13

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

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q10	Not at all	1	3.4%	4.3%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.3%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.2%	1.4%
	A little	2	6.9%	8.7%	0	0.0%	0.0%	1	12.5%	16.7%	0	0.0%	0.0%	0	0.0%	0.0%	1	6.3%	7.1%	0	0.0%	0.0%	4	2.5%	2.9%
	Moderately	5	17.2%	21.7%	4	17.4%	17.4%	1	12.5%	16.7%	4	21.1%	23.5%	4	12.5%	13.3%	3	18.8%	21.4%	6	17.1%	23.1%	27	16.7%	19.4%
	Considerably	7	24.1%	30.4%	17	73.9%	73.9%	4	50.0%	66.7%	10	52.6%	58.8%	21	65.6%	70.0%	7	43.8%	50.0%	17	48.6%	65.4%	83	51.2%	59.7%
	Extensively	8	27.6%	34.8%	2	8.7%	8.7%	0	0.0%	0.0%	3	15.8%	17.6%	4	12.5%	13.3%	3	18.8%	21.4%	3	8.6%	11.5%	23	14.2%	16.5%
	Subtotal	23	79.3%	100.0%	23	100.0%	100.0%	6	75.0%	100.0%	17	89.5%	100.0%	30	93.8%	100.0%	14	87.5%	100.0%	26	74.3%	100.0%	139	85.8%	100.0%
	Don't know	2	6.9%		0	0.0%		0	0.0%		0	0.0%		1	3.1%		0	0.0%		3	8.6%		6	3.7%	
	N/A	4	13.8%		0	0.0%		2	25.0%		2	10.5%		1	3.1%		2	12.5%		6	17.1%		17	10.5%	
	Total	29	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		162	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q11	Not at all	1	3.4%	4.5%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.3%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.2%	1.4%
	A little	2	6.9%	9.1%	0	0.0%	0.0%	1	12.5%	14.3%	1	5.3%	5.9%	1	3.1%	3.3%	0	0.0%	0.0%	1	2.9%	3.8%	6	3.7%	4.3%
	Moderately	5	17.2%	22.7%	4	17.4%	18.2%	3	37.5%	42.9%	2	10.5%	11.8%	2	6.3%	6.7%	4	25.0%	28.6%	4	11.4%	15.4%	24	14.8%	17.4%
	Considerably	5	17.2%	22.7%	13	56.5%	59.1%	2	25.0%	28.6%	9	47.4%	52.9%	19	59.4%	63.3%	5	31.3%	35.7%	11	31.4%	42.3%	64	39.5%	46.4%
	Extensively	9	31.0%	40.9%	5	21.7%	22.7%	1	12.5%	14.3%	5	26.3%	29.4%	7	21.9%	23.3%	5	31.3%	35.7%	10	28.6%	38.5%	42	25.9%	30.4%
	Subtotal	22	75.9%	100.0%	22	95.7%	100.0%	7	87.5%	100.0%	17	89.5%	100.0%	30	93.8%	100.0%	14	87.5%	100.0%	26	74.3%	100.0%	138	85.2%	100.0%
	Don't know	5	17.2%		0	0.0%		1	12.5%		0	0.0%		1	3.1%		1	6.3%		4	11.4%		12	7.4%	
	N/A	2	6.9%		1	4.3%		0	0.0%		2	10.5%		1	3.1%		1	6.3%		5	14.3%		12	7.4%	
	Total	29	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		162	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q12	Not at all	1	3.4%	4.3%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.4%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.2%	1.5%
	A little	3	10.3%	13.0%	0	0.0%	0.0%	2	25.0%	28.6%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	5	3.1%	3.6%
	Moderately	7	24.1%	30.4%	5	21.7%	22.7%	2	25.0%	28.6%	3	15.8%	20.0%	3	9.4%	10.3%	3	18.8%	20.0%	5	14.3%	19.2%	28	17.3%	20.4%
	Considerably	6	20.7%	26.1%	12	52.2%	54.5%	3	37.5%	42.9%	7	36.8%	46.7%	18	56.3%	62.1%	8	50.0%	53.3%	14	40.0%	53.8%	68	42.0%	49.6%
	Extensively	6	20.7%	26.1%	5	21.7%	22.7%	0	0.0%	0.0%	5	26.3%	33.3%	7	21.9%	24.1%	4	25.0%	26.7%	7	20.0%	26.9%	34	21.0%	24.8%
	Subtotal	23	79.3%	100.0%	22	95.7%	100.0%	7	87.5%	100.0%	15	78.9%	100.0%	29	90.6%	100.0%	15	93.8%	100.0%	26	74.3%	100.0%	137	84.6%	100.0%
	Don't know	4	13.8%		1	4.3%		1	12.5%		1	5.3%		2	6.3%		0	0.0%		4	11.4%		13	8.0%	
	N/A	2	6.9%		0	0.0%		0	0.0%		3	15.8%		1	3.1%		1	6.3%		5	14.3%		12	7.4%	
	Total	29	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		162	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q13	Not at all	3	10.3%	15.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	4.0%	0	0.0%	0.0%	0	0.0%	0.0%	4	2.5%	3.2%
	A little	6	20.7%	30.0%	0	0.0%	0.0%	0	0.0%	0.0%	3	15.8%	20.0%	0	0.0%	0.0%	2	12.5%	15.4%	2	5.7%	7.7%	13	8.0%	10.5%
	Moderately	0	0.0%	0.0%	13	56.5%	61.9%	2	25.0%	50.0%	8	42.1%	53.3%	12	37.5%	48.0%	3	18.8%	23.1%	7	20.0%	26.9%	45	27.8%	36.3%
	Considerably	7	24.1%	35.0%	8	34.8%	38.1%	1	12.5%	25.0%	3	15.8%	20.0%	9	28.1%	36.0%	6	37.5%	46.2%	10	28.6%	38.5%	44	27.2%	35.5%
	Extensively	4	13.8%	20.0%	0	0.0%	0.0%	1	12.5%	25.0%	1	5.3%	6.7%	3	9.4%	12.0%	2	12.5%	15.4%	7	20.0%	26.9%	18	11.1%	14.5%
	Subtotal	20	69.0%	100.0%	21	91.3%	100.0%	4	50.0%	100.0%	15	78.9%	100.0%	25	78.1%	100.0%	13	81.3%	100.0%	26	74.3%	100.0%	124	76.5%	100.0%
	Don't know	5	17.2%		1	4.3%		3	37.5%		2	10.5%		5	15.6%		2	12.5%		5	14.3%		23	14.2%	
	N/A	4	13.8%		1	4.3%		1	12.5%		2	10.5%		2	6.3%		1	6.3%		4	11.4%		15	9.3%	
	Total	29	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		162	100.0%	

Incidence of "N/A" and "Don't know" answers: It can be observed that about 10% of respondents found that these questions were N/A. The highest incidence of N/A answers is registered among ECDC staff, respondents from surveillance networks and untargeted respondents. For the first two groups, one possible explanation that the evaluation team would suggest is that they hold positions that may not allow them to develop the more "bird eye's view" that other groups can. The incidence of N/A answers is higher on questions pertaining to what could be defined as less "visible" processes such as the analysis of data or the integration of advice from other organisations. This, together with the heterogeneity of the group, could be one of the reasons why the untargeted group considered these questions N/A or opted for the "Don't know" answer. The relatively higher incidence of "don't know" answers to question 13 among NHM respondents may be linked to the fact that their institutions would be more on a receiving part of the information chain and could therefore not be aware where the ECDC gets its data. The high "don't know" incidence (three of eight) in the DSN group is more surprising in this sense.

Untargeted: The responses of this group were most widespread over the spectrum of answers for all four questions, as would be expected seen the heterogeneity of the respondents. This group was slightly more positive about data collection and analysis than about data dissemination or the use of existing data. On this last point, though, the group was more positive than other stakeholder groups. The percentage difference between "considerable" and "extensive" answers taken together on Q10 (65%) and Q11 (63%) on the one hand and Q13 (55%) on the other, is significantly smaller than in the case of other groups where it can amount to more than 50 percentage points. The evaluation team believes that this may reflect the more heterogeneous composition of the group.

Advisory Forum: The AF (together with the MB) provided a very positive appreciation of ECDC's capacity to collect, analyze and disseminate data. About eight in every 10 respondents selected the "considerably" or "extensively" options on the three questions. No respondent in this category picked the bottom two options ("not at all" or "a little"). The group was relatively less positive concerning the use by the ECDC of data / advice from other organisations. Of 21 answers, close to two thirds (13) judged the performance of the ECDC as "moderate".

Surveillance networks: The few respondents who graded ECDC's performance had a nuanced opinion on the issues at stake. While none picked the extreme bottom value ("not at all"), four of seven respondents considered that ECDC's success in analyzing/ validating and disseminating data was at best moderate. The respondents were slightly more positive concerning ECDC's use of data from other sources to avoid duplication (four of seven answers were equal or above "moderate", with the other three answers falling in the "don't know" category).

Management Board: As in the case of the AF, the answers of the MB members on the first three questions are solidly positive. For these three questions, only one "a little" answer was recorded. The situation is different concerning Q13. Of the 15 grading answers, only four were above "moderate".

National Health Ministries: The pattern identified for the MB answers is also relevant to the opinion of NHM, with an even higher polarization of answers at the top of the scale. The main difference is a slightly more positive appreciation of ECDC's use of data from national and international sources to avoid duplication of data, with only one in 25 answers below "moderate" and 12 of 25 answers in the top two scoring categories.

National Surveillance Institutes: Together with the ECDC staff, the respondents from various NSIs were among the most content stakeholders on the aspects tackled in these questions. The mode answer was "considerable" for all four questions, including Q13. The appreciation rarely dropped under moderate (one case for Q10 and two for Q13).

ECDC staff: ECDC staff's grading answers are concentrated in the top two positive echelons to a level close to 80% for the first three questions and 65% for Q13.

An overall view of these results is provided in the main report on p. 52.

Scientific opinions: Q14-Q17

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?

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q14	Not at all	2	6.9%	9.1%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.2%	0	0.0%	0.0%	0	0.0%	0.0%	3	1.9%	2.3%
	A little	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	10.5%	10.5%	2	6.3%	6.5%	0	0.0%	0.0%	0	0.0%	0.0%	4	2.5%	3.0%
	Moderately	8	27.6%	36.4%	2	8.7%	8.7%	4	50.0%	57.1%	5	26.3%	26.3%	5	15.6%	16.1%	2	12.5%	12.5%	2	5.7%	13.3%	28	17.3%	21.1%
	Considerably	6	20.7%	27.3%	14	60.9%	60.9%	2	25.0%	28.6%	7	36.8%	36.8%	12	37.5%	38.7%	7	43.8%	43.8%	7	20.0%	46.7%	55	34.0%	41.4%
	Extensively	6	20.7%	27.3%	7	30.4%	30.4%	1	12.5%	14.3%	5	26.3%	26.3%	11	34.4%	35.5%	7	43.8%	43.8%	6	17.1%	40.0%	43	26.5%	32.3%
	Subtotal	22	75.9%	100.0%	23	100.0%	100.0%	7	87.5%	100.0%	19	100.0%	100.0%	31	96.9%	100.0%	16	100.0%	100.0%	15	42.9%	100.0%	133	82.1%	100.0%
	Don't know	2	6.9%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		1	2.9%		3	1.9%	
	N/A	5	17.2%		0	0.0%		1	12.5%		0	0.0%		1	3.1%		0	0.0%		19	54.3%		26	16.0%	
	Total	29	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		162	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q15	Not at all	1	3.4%	4.8%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.2%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.2%	1.5%
	A little	1	3.4%	4.8%	0	0.0%	0.0%	1	12.5%	14.3%	1	5.3%	5.3%	3	9.4%	9.7%	1	6.3%	6.3%	2	5.7%	11.1%	9	5.6%	6.7%
	Moderately	6	20.7%	28.6%	4	17.4%	18.2%	3	37.5%	42.9%	8	42.1%	42.1%	8	25.0%	25.8%	4	25.0%	25.0%	3	8.6%	16.7%	36	22.2%	26.9%
	Considerably	8	27.6%	38.1%	11	47.8%	50.0%	2	25.0%	28.6%	5	26.3%	26.3%	11	34.4%	35.5%	5	31.3%	31.3%	6	17.1%	33.3%	48	29.6%	35.8%
	Extensively	5	17.2%	23.8%	7	30.4%	31.8%	1	12.5%	14.3%	5	26.3%	26.3%	8	25.0%	25.8%	6	37.5%	37.5%	7	20.0%	38.9%	39	24.1%	29.1%
	Subtotal	21	72.4%	100.0%	22	95.7%	100.0%	7	87.5%	100.0%	19	100.0%	100.0%	31	96.9%	100.0%	16	100.0%	100.0%	18	51.4%	100.0%	134	82.7%	100.0%
	Don't know	3	10.3%		1	4.3%		0	0.0%		0	0.0%		1	3.1%		0	0.0%		2	5.7%		7	4.3%	
	N/A	5	17.2%		0	0.0%		1	12.5%		0	0.0%		0	0.0%		0	0.0%		15	42.9%		21	13.0%	
	Total	29	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		162	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q16	Not at all	1	3.4%	4.5%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.2%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.2%	1.5%
	A little	0	0.0%	0.0%	0	0.0%	0.0%	2	25.0%	28.6%	1	5.3%	5.3%	3	9.4%	9.7%	0	0.0%	0.0%	1	2.9%	5.3%	7	4.3%	5.1%
	Moderately	2	6.9%	9.1%	1	4.3%	4.3%	1	12.5%	14.3%	3	15.8%	15.8%	4	12.5%	12.9%	4	25.0%	25.0%	1	2.9%	5.3%	16	9.9%	11.7%
	Considerably	9	31.0%	40.9%	10	43.5%	43.5%	2	25.0%	28.6%	8	42.1%	42.1%	10	31.3%	32.3%	4	25.0%	25.0%	8	22.9%	42.1%	51	31.5%	37.2%
	Extensively	10	34.5%	45.5%	12	52.2%	52.2%	2	25.0%	28.6%	7	36.8%	36.8%	13	40.6%	41.9%	8	50.0%	50.0%	9	25.7%	47.4%	61	37.7%	44.5%
	Subtotal	22	75.9%	100.0%	23	100.0%	100.0%	7	87.5%	100.0%	19	100.0%	100.0%	31	96.9%	100.0%	16	100.0%	100.0%	19	54.3%	100.0%	137	84.6%	100.0%
	Don't know	4	13.8%		0	0.0%		0	0.0%		0	0.0%		1	3.1%		0	0.0%		1	2.9%		6	3.7%	
	N/A	3	10.3%		0	0.0%		1	12.5%		0	0.0%		0	0.0%		0	0.0%		15	42.9%		19	11.7%	
	Total	29	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		162	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q17	Not at all	1	3.4%	4.8%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.2%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.2%	1.5%
	A little	4	13.8%	19.0%	1	4.3%	4.3%	2	25.0%	28.6%	3	15.8%	15.8%	4	12.5%	12.9%	1	6.3%	6.3%	3	8.6%	20.0%	18	11.1%	13.6%
	Moderately	6	20.7%	28.6%	9	39.1%	39.1%	4	50.0%	57.1%	3	15.8%	15.8%	6	18.8%	19.4%	3	18.8%	18.8%	1	2.9%	6.7%	32	19.8%	24.2%
	Considerably	7	24.1%	33.3%	9	39.1%	39.1%	1	12.5%	14.3%	10	52.6%	52.6%	12	37.5%	38.7%	9	56.3%	56.3%	4	11.4%	26.7%	52	32.1%	39.4%
	Extensively	3	10.3%	14.3%	4	17.4%	17.4%	0	0.0%	0.0%	3	15.8%	15.8%	8	25.0%	25.8%	3	18.8%	18.8%	7	20.0%	46.7%	28	17.3%	21.2%
	Subtotal	21	72.4%	100.0%	23	100.0%	100.0%	7	87.5%	100.0%	19	100.0%	100.0%	31	96.9%	100.0%	16	100.0%	100.0%	15	42.9%	100.0%	132	81.5%	100.0%
	Don't know	3	10.3%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		1	2.9%		4	2.5%	
	N/A	5	17.2%		0	0.0%		1	12.5%		0	0.0%		1	3.1%		0	0.0%		19	54.3%		26	16.0%	
	Total	29	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		162	100.0%	

Incidence of "N/A" and "Don't know" answers: As this set of question is of a more specific nature, it is not striking to observe a very high incidence of N/A answers among the ECDC staff. It is likely that they assume that, since it is their organisation as a whole that produces the advice, this is available and accessible. According to the evaluation team, the ECDC staff that picked a grading answer is likely to have reasoned from a Unit perspective.

Untargeted: The respondents in this group who know about the issues find ECDC's scientific advice considerably or extensively accessible (19 of 22 responses). Despite the fact that the advice is deemed sufficiently relevant (20 of 22 answers to Q14 are equal or above "moderate"), and reasonably available (only one "not at all" answer on Q15), it is relatively less used (10 of 21 answers to Q17 in top category).

Advisory Forum: Together with the ECDC staff, the members of the AF were among the most positive stakeholders in terms of relevance, availability and accessibility of ECDC scientific opinions: 90 of the respondents in this group find scientific opinions "considerably" or "extensively" relevant to their organisations and 22 out of 23 think that they are accessible or very accessible. Since the AF is called to supervise the production of scientific opinions, it is natural that its members would have easy access to the documents and that they would consider them relevant. Concerning the use of these reports, the numbers tell another, somewhat more nuanced story, with only about 50% of the respondents picking the top two answer categories on Q17. The other 50% only make moderate use of ECDC's scientific advice.

Surveillance networks: The few respondents representing DSNs were the least positive concerning ECDC's scientific opinions. Four out of seven respondents found them only moderately relevant and available and as many as six out of seven used them only "a little" or moderately. This last figure may not be as alarming as it appears, as for the most part, these networks' main object of activity is data collection/validation. The fact that five out of seven respondents find the opinions at least moderately accessible means that, should an interest arise in the content of these opinions, they can be easily found.

Management Board: The MB representatives seem to believe that there is scope for improving the availability of scientific advice (eight of 19 respondents picked "moderately" and one just "a little" on Q15). The relevance can also improve (five "moderate" and two "a little" answers of 19 to Q14). Accessibility is overall judged appropriate by this stakeholder group (only one "a little" and three "moderately" answers), and the use is satisfactory (considerable or extensive use in 13 out of 19 respondents).

National Health Ministries: Concerning existing advice, NHM representatives believe that it is relevant and easily accessible (74% of answers to Q14 and Q16 in top two categories). However, barely 61% picked the same (top) answers concerning the availability of advice, which also seems to be reflected in the figures concerning the use of the advice (64% picked the top two categories on Q17). This may indicate that there is some room for improvement in aligning the types of advice the ECDC issues with the priorities of NHM.

National Surveillance Institutes: The NSI appears to be making most use of ECDC's scientific opinions (12 out of 16 persons answered "considerably" or "extensively"). They also find the opinions "considerably" or "extensively" relevant (14 of 16 respondents), and easily accessible (12 of 16 answers). The opinions are more widespread concerning the availability of advice, with only 11 out of 16 opinions concentrated in the top two answer categories.

ECDC staff: The staff members that graded the ECDC on issues related to scientific opinions (excludes, as in the case of the other stakeholders' groups, N/A and don't know answers) are unsurprisingly positive. 73% of them use the scientific advice, 86% find it relevant, and 89% of them think it is easily accessible to a "considerable" or "extensive" degree.

An overall view of these results is provided in the main report on p. 56.

Early Warning Response System (EWRS): Q18-Q20

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?

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q18	Not at all	2	7.4%	12.5%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.6%	0	0.0%	0.0%	0	0.0%	0.0%	3	1.9%	2.5%
	A little	3	11.1%	18.8%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	5.6%	0	0.0%	0.0%	1	6.3%	8.3%	0	0.0%	0.0%	5	3.1%	4.2%
	Moderately	1	3.7%	6.3%	3	13.0%	15.8%	2	25.0%	40.0%	1	5.3%	5.6%	3	9.4%	10.7%	1	6.3%	8.3%	3	8.6%	13.6%	14	8.8%	11.7%
	Considerably	2	7.4%	12.5%	10	43.5%	52.6%	2	25.0%	40.0%	11	57.9%	61.1%	16	50.0%	57.1%	5	31.3%	41.7%	12	34.3%	54.5%	58	36.3%	48.3%
	Extensively	8	29.6%	50.0%	6	26.1%	31.6%	1	12.5%	20.0%	5	26.3%	27.8%	8	25.0%	28.6%	5	31.3%	41.7%	7	20.0%	31.8%	40	25.0%	33.3%
	Subtotal	16	59.3%	100.0%	19	82.6%	100.0%	5	62.5%	100.0%	18	94.7%	100.0%	28	87.5%	100.0%	12	75.0%	100.0%	22	62.9%	100.0%	120	75.0%	100.0%
	Don't know	6	22.2%		4	17.4%		1	12.5%		0	0.0%		3	9.4%		3	18.8%		6	17.1%		23	14.4%	
	N/A	5	18.5%		0	0.0%		2	25.0%		1	5.3%		1	3.1%		1	6.3%		7	20.0%		17	10.6%	
	Total	27	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		160	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q19	Not at all	1	3.7%	5.9%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.8%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.6%
	A little	4	14.8%	23.5%	6	26.1%	26.1%	1	12.5%	14.3%	0	0.0%	0.0%	3	9.4%	11.5%	1	6.3%	7.1%	1	2.9%	4.0%	16	10.0%	12.7%
	Moderately	1	3.7%	5.9%	7	30.4%	30.4%	4	50.0%	57.1%	3	15.8%	21.4%	5	15.6%	19.2%	6	37.5%	42.9%	5	14.3%	20.0%	31	19.4%	24.6%
	Considerably	5	18.5%	29.4%	10	43.5%	43.5%	1	12.5%	14.3%	10	52.6%	71.4%	14	43.8%	53.8%	6	37.5%	42.9%	12	34.3%	48.0%	58	36.3%	46.0%
	Extensively	6	22.2%	35.3%	0	0.0%	0.0%	1	12.5%	14.3%	1	5.3%	7.1%	3	9.4%	11.5%	1	6.3%	7.1%	7	20.0%	28.0%	19	11.9%	15.1%
	Subtotal	17	63.0%	100.0%	23	100.0%	100.0%	7	87.5%	100.0%	14	73.7%	100.0%	26	81.3%	100.0%	14	87.5%	100.0%	25	71.4%	100.0%	126	78.8%	100.0%
	Don't know	4	14.8%		0	0.0%		0	0.0%		4	21.1%		4	12.5%		1	6.3%		4	11.4%		17	10.6%	
	N/A	6	22.2%		0	0.0%		1	12.5%		1	5.3%		2	6.3%		1	6.3%		6	17.1%		17	10.6%	
	Total	27	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		160	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q20	Not at all	2	7.4%	11.8%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.7%	0	0.0%	0.0%	0	0.0%	0.0%	3	1.9%	2.4%
	A little	3	11.1%	17.6%	2	8.7%	9.5%	1	12.5%	14.3%	1	5.3%	6.7%	3	9.4%	11.1%	0	0.0%	0.0%	0	0.0%	0.0%	10	6.3%	7.9%
	Moderately	0	0.0%	0.0%	6	26.1%	28.6%	4	50.0%	57.1%	3	15.8%	20.0%	3	9.4%	11.1%	4	25.0%	30.8%	4	11.4%	14.8%	24	15.0%	18.9%
	Considerably	3	11.1%	17.6%	11	47.8%	52.4%	1	12.5%	14.3%	7	36.8%	46.7%	18	56.3%	66.7%	6	37.5%	46.2%	12	34.3%	44.4%	58	36.3%	45.7%
	Extensively	9	33.3%	52.9%	2	8.7%	9.5%	1	12.5%	14.3%	4	21.1%	26.7%	2	6.3%	7.4%	3	18.8%	23.1%	11	31.4%	40.7%	32	20.0%	25.2%
	Subtotal	17	63.0%	100.0%	21	91.3%	100.0%	7	87.5%	100.0%	15	78.9%	100.0%	27	84.4%	100.0%	13	81.3%	100.0%	27	77.1%	100.0%	127	79.4%	100.0%
	Don't know	4	14.8%		1	4.3%		0	0.0%		2	10.5%		3	9.4%		1	6.3%		2	5.7%		13	8.1%	
	N/A	6	22.2%		1	4.3%		1	12.5%		2	10.5%		2	6.3%		2	12.5%		6	17.1%		20	12.5%	
	Total	27	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		160	100.0%	

Incidence of "N/A" and "Don't know" answers: Once again, it can be noticed that the highest incidence of N/A answers is recorded among ECDC staff and untargeted answers. As the EWRS is a relatively narrow topic, it is plausible to assume that about 20% of ECDC as well as untargeted respondents would feel it is not applicable to them. The lesser familiarity of untargeted respondents with this system is also reflected in the high incidence of "don't know" answers to this set of questions (15-20% of responses)

Untargeted: As in previous clusters of questions, this group presents a variety of opinions. Two of the 16 grading responses for Q18 and two of 17 for question 20 are very negative ("not at all") with an additional three answers each in the category "a little". Also concerning coordination (Q19), five answers of 17 are below "moderate". It is striking to notice that for Q18 and 20, the positive answers are concentrated in the top category – "extensive" (eight extensive vs. two considerable responses on Q18 and nine extensive vs. 3 considerable responses on Q20).

Advisory Forum: The answers received from the AF were similar to those provided for the same questions by NSIs. The respondents were very positive concerning support to the EC (85% qualified this support considerable or extensive), rather positive concerning assistance to MS on emerging threats (62% considerable or extensive) and relatively less positive concerning ECDC support to coordinated response between MS (43% considerable and extensive, with another 30% moderate).

Surveillance networks: Respondents from DSN have the least positive opinion about ECDC's role in the EWRS. Whereas all five respondents that expressed an opinion thought that the ECDC did support the EC by operating the EWRS at least to a moderate extent, only two (of seven answers) thought the ECDC was "considerably" or "extensively" successful in assisting the MS to responding in a coordinated manner in terms of capacity to emerging problems. On the positive side, among the respective five remaining answers, only one was in the "a little" category in both instances (Q19 and 20).

Management Board: The MB was overall positive on ECDC's performance with respect to the EWRS. 16 of the 18 respondents (excludes one N/A answer) thought the ECDC supported the EC "considerably" or "extensively" by operating the EWRS, 11 of the 14 expressed opinions were in the same two top categories concerning coordination support to MS (Q19) and 11 of 15 gave positive or very positive appreciations concerning ECDC's assistance to MS in responding to emerging problems.

National Health Ministries: NHM exhibit a similar pattern of appreciation on the first and last questions analyzed to that noticed in the MB. 85% of respondents estimate ECDC's support to the EC is considerable or extensive (Q18) and 74% feel that MS are effectively assisted by the ECDC in responding to emerging problems. However, only 65% (17 out of 26) consider that the assistance of the ECDC to coordinated MS response in terms of capacity is considerable or extensive, with four of the remaining nine considering it below average ("a little" or "not at all").

National Surveillance Institutes: As mentioned above, the answers received from this group were similar to those provided by the AF respondents. 10 of 12 respondents though ECDC's support to the EC by operating the EWRS was considerable or extensive, nine out of 13 has the same opinions about the support to MS in responding to emerging problems and seven out of 14 concurred that the ECDC provided considerable or extensive support to MS in building up capacity to respond in a coordinated matter.

ECDC staff: ECDC staff cognizant of the issues, is very positive, with only one "a little" answer for the three questions (on the issue of coordination). The number of "moderate" answers was also limited: three of 22 concerning support to the EC (Q18), 5 of 25 concerning coordination (Q19) and four of 27 concerning support to MS on emerging threats. The remaining eight in 10 answers for each question were positive or very positive.

An overall view of these results is provided in the main report on p. 61-62.

Preparedness activities: Q21-Q22

To what extent is the ECDC prepared to support the EC and MS in case of:
21. A major crisis situation?
22. Current threats to human health from communicable diseases (e.g., flu, typhus)?

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q21	Not at all	2	7.4%	11.1%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.7%	0	0.0%	0.0%	0	0.0%	0.0%	3	1.9%	2.3%
	A little	2	7.4%	11.1%	1	4.3%	5.6%	1	12.5%	20.0%	1	5.3%	5.6%	1	3.1%	3.7%	0	0.0%	0.0%	0	0.0%	0.0%	6	3.8%	4.7%
	Moderately	1	3.7%	5.6%	5	21.7%	27.8%	0	0.0%	0.0%	5	26.3%	27.8%	11	34.4%	40.7%	3	18.8%	30.0%	5	14.3%	15.6%	30	18.8%	23.4%
	Considerably	4	14.8%	22.2%	10	43.5%	55.6%	3	37.5%	60.0%	10	52.6%	55.6%	11	34.4%	40.7%	5	31.3%	50.0%	15	42.9%	46.9%	58	36.3%	45.3%
	Extensively	9	33.3%	50.0%	2	8.7%	11.1%	1	12.5%	20.0%	2	10.5%	11.1%	3	9.4%	11.1%	2	12.5%	20.0%	12	34.3%	37.5%	31	19.4%	24.2%
	Subtotal	18	66.7%	100.0%	18	78.3%	100.0%	5	62.5%	100.0%	18	94.7%	100.0%	27	84.4%	100.0%	10	62.5%	100.0%	32	91.4%	100.0%	128	80.0%	100.0%
	Don't know	5	18.5%		5	21.7%		3	37.5%		0	0.0%		5	15.6%		6	37.5%		0	0.0%		24	15.0%	
	N/A	4	14.8%		0	0.0%		0	0.0%		1	5.3%		0	0.0%		0	0.0%		3	8.6%		8	5.0%	
	Total	27	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		160	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q22	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.1%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.6%	0.7%
	A little	3	11.1%	16.7%	1	4.3%	4.8%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.1%	3.1%	0	0.0%	0.0%	0	0.0%	0.0%	5	3.1%	3.6%
	Moderately	2	7.4%	11.1%	4	17.4%	19.0%	1	12.5%	16.7%	4	21.1%	22.2%	5	15.6%	15.6%	2	12.5%	15.4%	6	17.1%	19.4%	24	15.0%	17.3%
	Considerably	3	11.1%	16.7%	14	60.9%	66.7%	4	50.0%	66.7%	10	52.6%	55.6%	20	62.5%	62.5%	8	50.0%	61.5%	12	34.3%	38.7%	71	44.4%	51.1%
	Extensively	10	37.0%	55.6%	2	8.7%	9.5%	1	12.5%	16.7%	4	21.1%	22.2%	5	15.6%	15.6%	3	18.8%	23.1%	13	37.1%	41.9%	38	23.8%	27.3%
	Subtotal	18	66.7%	100.0%	21	91.3%	100.0%	6	75.0%	100.0%	18	94.7%	100.0%	32	100.0%	100.0%	13	81.3%	100.0%	31	88.6%	100.0%	139	86.9%	100.0%
	Don't know	5	18.5%		2	8.7%		2	25.0%		0	0.0%		0	0.0%		3	18.8%		1	2.9%		13	8.1%	
	N/A	4	14.8%		0	0.0%		0	0.0%		1	5.3%		0	0.0%		0	0.0%		3	8.6%		8	5.0%	
	Total	27	100.0%		23	100.0%		8	100.0%		19	100.0%		32	100.0%		16	100.0%		35	100.0%		160	100.0%	

Incidence of "N/A" and "Don't know" answers: In general, there are very few N/A answers for these two questions. This signifies that all stakeholder groups feel concerned about the ECDC's capacity to support the MS and EC in case of crises or concerning issues of current threats. One exception is the Untargeted group, where stakeholders with looser ties to the ECDC are represented. The "Don't know" incidence for these questions is higher than in the rest of the questionnaire. At least for Q21, grading answers require a more intimate knowledge of the ECDC, as well as a higher capacity to make hypothetical projections, since, as evident from the interviews, many stakeholders were not aware of major crises having occurred within the boundaries of Europe since the establishment of the ECDC.

Untargeted: Although at its higher end the assessment of the ECDC's support capacity is very similar for the two issues at stake (13 "considerable" and "extensive" answers), this group is relatively more sceptical about the role of the ECDC in a crisis (two "not at all answers", two "a little" and one "moderately" answer on Q21) than the other groups.

Advisory Forum: The AF holds similar views to the MB on the issues of this cluster. 75% of the respondents think that the ECDC can considerably or extensively support the EC and the MS in the case of a major crisis (Q21), whereas 75% has the same view concerning support on current threats (Q22). Only one respondent is sceptical for each of the issues (answer: "a little")

Surveillance networks: The representatives of DSNs exhibit, as compared to the other groups, more confidence in ECDC on this set of questions than on the previous ones. Four out of the five grading responses to Q21 are positive or very positive, while five out of six are positive on Q22. It is difficult to give any definite interpretation to this strong endorsement, though, as the group is very small.

Management Board: The MB holds similar views to the AF on the issues of this cluster. Sixty-seven % of the respondents think that the ECDC can considerably or extensively support the EC and the MS in the case of a major crisis (Q21), whereas 78% has the same view concerning support on current threats (Q22). The difference between the two stakeholder groups is that the MB has a more strongly positive opinion about the role of the ECDC in supporting the EC and the MS on current threats (four out of 18 "extensively" answers as compared to two out of 21 in the case of AF responses).

National Health Ministries: NHM hold the most moderate view on ECDC's capacity to assist in a major crisis situation (equal split between "moderate" and "considerable" answers on Q21). They are more confident in the Centre's capacity to support the EC and MS on issues linked to current threats (20 "considerably" and five "extensively" answers out of 32 on Q22).

National Surveillance Institutes: No answer below "moderate" was recorded from the NSI on either of these questions. Nonetheless, these strong positive answers need to be interpreted with care, as the NSI were among the most reluctant to express an opinion with regard to the first item (six "don't know" answers for Q21). This may indicate a veiled scepticism with representatives preferring not to express themselves on issues they have no clear supporting evidence.

ECDC staff: The ECDC is the only group that is somewhat more confident in the organisation's capacity to considerably or extensively support the EC and MS in the case of a major crisis (84%) than on current threats (81%). This may come from a better knowledge of the emergency systems in place at the ECDC but also from the realization that for current threats the centre already draws on the expertise of national experts who also make important contributions in their respective countries.

An overall view of these results is provided in the main report on p. 63-64.

Training activities: Q23-Q26

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?

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q23	Not at all	3	11.5%	16.7%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	3	1.9%	2.5%
	A little	2	7.7%	11.1%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	4.5%	4	25.0%	26.7%	1	2.9%	4.2%	8	5.1%	6.7%
	Moderately	5	19.2%	27.8%	4	17.4%	19.0%	2	33.3%	50.0%	7	36.8%	43.8%	7	22.6%	31.8%	1	6.3%	6.7%	4	11.4%	16.7%	30	19.2%	25.0%
	Considerably	6	23.1%	33.3%	10	43.5%	47.6%	0	0.0%	0.0%	7	36.8%	43.8%	11	35.5%	50.0%	6	37.5%	40.0%	11	31.4%	45.8%	51	32.7%	42.5%
	Extensively	2	7.7%	11.1%	7	30.4%	33.3%	2	33.3%	50.0%	2	10.5%	12.5%	3	9.7%	13.6%	4	25.0%	26.7%	8	22.9%	33.3%	28	17.9%	23.3%
	Subtotal	18	69.2%	100.0%	21	91.3%	100.0%	4	66.7%	100.0%	16	84.2%	100.0%	22	71.0%	100.0%	15	93.8%	100.0%	24	68.6%	100.0%	120	76.9%	100.0%
	Don't know	4	15.4%		1	4.3%		1	16.7%		2	10.5%		9	29.0%		1	6.3%		6	17.1%		24	15.4%	
	N/A	4	15.4%		1	4.3%		1	16.7%		1	5.3%		0	0.0%		0	0.0%		5	14.3%		12	7.7%	
	Total	26	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		156	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q24	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	6.3%	9.1%	0	0.0%	0.0%	1	0.6%	1.0%
	A little	4	15.4%	25.0%	1	4.3%	5.0%	1	16.7%	33.3%	0	0.0%	0.0%	1	3.2%	5.6%	1	6.3%	9.1%	3	8.6%	13.0%	11	7.1%	10.5%
	Moderately	3	11.5%	18.8%	5	21.7%	25.0%	1	16.7%	33.3%	6	31.6%	42.9%	5	16.1%	27.8%	3	18.8%	27.3%	8	22.9%	34.8%	31	19.9%	29.5%
	Considerably	6	23.1%	37.5%	10	43.5%	50.0%	1	16.7%	33.3%	8	42.1%	57.1%	9	29.0%	50.0%	6	37.5%	54.5%	8	22.9%	34.8%	48	30.8%	45.7%
	Extensively	3	11.5%	18.8%	4	17.4%	20.0%	0	0.0%	0.0%	0	0.0%	0.0%	3	9.7%	16.7%	0	0.0%	0.0%	4	11.4%	17.4%	14	9.0%	13.3%
	Subtotal	16	61.5%	100.0%	20	87.0%	100.0%	3	50.0%	100.0%	14	73.7%	100.0%	18	58.1%	100.0%	11	68.8%	100.0%	23	65.7%	100.0%	105	67.3%	100.0%
	Don't know	5	19.2%		3	13.0%		3	50.0%		4	21.1%		13	41.9%		4	25.0%		7	20.0%		39	25.0%	
	N/A	5	19.2%		0	0.0%		0	0.0%		1	5.3%		0	0.0%		1	6.3%		5	14.3%		12	7.7%	
	Total	26	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		156	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q25	Not at all	3	11.5%	16.7%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	4.0%	0	0.0%	0.0%	0	0.0%	0.0%	4	2.6%	3.4%
	A little	1	3.8%	5.6%	3	13.0%	16.7%	1	16.7%	25.0%	5	26.3%	31.3%	6	19.4%	24.0%	3	18.8%	23.1%	2	5.7%	8.0%	21	13.5%	17.6%
	Moderately	4	15.4%	22.2%	7	30.4%	38.9%	1	16.7%	25.0%	6	31.6%	37.5%	10	32.3%	40.0%	4	25.0%	30.8%	9	25.7%	36.0%	41	26.3%	34.5%
	Considerably	5	19.2%	27.8%	7	30.4%	38.9%	2	33.3%	50.0%	5	26.3%	31.3%	7	22.6%	28.0%	4	25.0%	30.8%	10	28.6%	40.0%	40	25.6%	33.6%
	Extensively	5	19.2%	27.8%	1	4.3%	5.6%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	4.0%	2	12.5%	15.4%	4	11.4%	16.0%	13	8.3%	10.9%
	Subtotal	18	69.2%	100.0%	18	78.3%	100.0%	4	66.7%	100.0%	16	84.2%	100.0%	25	80.6%	100.0%	13	81.3%	100.0%	25	71.4%	100.0%	119	76.3%	100.0%
	Don't know	4	15.4%		5	21.7%		1	16.7%		1	5.3%		5	16.1%		3	18.8%		5	14.3%		24	15.4%	
	N/A	4	15.4%		0	0.0%		1	16.7%		2	10.5%		1	3.2%		0	0.0%		5	14.3%		13	8.3%	
	Total	26	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		156	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q26	Not at all	3	11.5%	15.8%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	4.0%	0	0.0%	0.0%	0	0.0%	0.0%	4	2.6%	3.4%
	A little	1	3.8%	5.3%	1	4.3%	5.0%	1	16.7%	25.0%	3	15.8%	20.0%	5	16.1%	20.0%	2	12.5%	15.4%	0	0.0%	0.0%	13	8.3%	11.1%
	Moderately	6	23.1%	31.6%	9	39.1%	45.0%	1	16.7%	25.0%	5	26.3%	33.3%	6	19.4%	24.0%	1	6.3%	7.7%	3	8.6%	14.3%	31	19.9%	26.5%
	Considerably	4	15.4%	21.1%	10	43.5%	50.0%	2	33.3%	50.0%	6	31.6%	40.0%	12	38.7%	48.0%	9	56.3%	69.2%	14	40.0%	66.7%	57	36.5%	48.7%
	Extensively	5	19.2%	26.3%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	6.7%	1	3.2%	4.0%	1	6.3%	7.7%	4	11.4%	19.0%	12	7.7%	10.3%
	Subtotal	19	73.1%	100.0%	20	87.0%	100.0%	4	66.7%	100.0%	15	78.9%	100.0%	25	80.6%	100.0%	13	81.3%	100.0%	21	60.0%	100.0%	117	75.0%	100.0%
	Don't know	5	19.2%		3	13.0%		1	16.7%		2	10.5%		3	9.7%		2	12.5%		9	25.7%		25	16.0%	
	N/A	2	7.7%		0	0.0%		1	16.7%		2	10.5%		3	9.7%		1	6.3%		5	14.3%		14	9.0%	
	Total	26	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		156	100.0%	

Incidence of "N/A" and "Don't know" answers: The number of N/A and Don't know answers is only slightly higher than the expectations for most groups (four to five N/A and Don't know answers for Untargeted group, two to four N/A and Don't know answers combined for panel groups, five to six combined N/A and Don't know answers for the larger ECDC staff group). Some values stand out, particularly concerning the answers of NHM representatives. On Q24 (concerning the funding mechanisms for training), 13 out of 31 respondents answered "don't know". This is understandable, as funding is an internal issue of the ECDC. More surprisingly is the figure of four "don't know" answers coming from the MB members on the same question as in principle they should be aware of the funding mechanisms and the impact these have on activities (including training). Also surprising is the fact that one in five AF respondents do not have an answer to Q25 (i.e, increase in number of trained specialists thanks to the ECDC). It would be expected that, since AF members are prominent specialists, they would have a relatively good knowledge of the epistemological community. One possible explanation for the relatively high incidence of "don't know" answers may come from the fact that the question implied some elements of attribution (i.e., if the number of trained specialists increased *due* to ECDC's activities), which may have led the respondents to remain cautious in their answers. Returning to the NHM stakeholder group, the apparent lack of knowledge concerning the results of the training activities of the ECDC extends further: one in three respondents from this group provided a "don't know" answer Q23, concerning the collaboration of the ECDC with other training partners. It would have been expected that seen that the NHM participate in ECDC trainings both on the giving and on the receiving side, they would be able to form a clear opinion on the topic, particularly as the complete absence of N/A answers indicates that they do consider these are relevant questions to them.

Untargeted: This group is among the least pleased with the mechanics of the ECDC training, with as many as 27% giving below moderate answers on Q 23. This group is also sceptical about the contribution of ECDC's training. About 22% of them thought that the ECDC contributed little or not at all to increasing the number of trained specialists in the field (Q25) and/ or their skills and knowledge (Q26). Another 22 -30 % see the ECDC's contribution as moderate on the issues of Q25 and Q.26 respectively. This still leaves the other half holding a positive opinion on the results of trainings.[10] Reverting to Q 23-24, in the perspective of the answers from other stakeholder groups, the untargeted group's opinions are comparatively less positive.

Advisory Forum: The mode of the AF respondent's for Q23, 24 and 26 is "considerable", with about half of the responses being in this category. Less than moderate answers are rare (a total of 2 for the 3 questions). Opinions are less at the positive end of the spectrum for Q25, where the role of the ECDC in increasing the number of trained specialists was assessed as rather moderate (three "a little" and seven "moderately" answers out of 18 grading answers). This is also the question on which the highest number of "don't know" answers was recorded from this group.

Surveillance networks: The impression of DSN representatives both on the increase in number of specialists and on their level of skills as a result of ECDC's activity is mixed. For both questions, one respondent answered "moderately", one answered "a little" and two answered "considerably". Concerning collaboration with training partners, two answers were moderate while two were very positive ("extensively"). Only three respondents ventured to give a grading answer on the funding mechanisms for training (one in each middle category), while three felt they did not know enough on the issue.

Management Board: Both on funding mechanisms (Q24) and on collaboration with training partners (Q23), the MB respondents have a balanced positive opinion with answers almost equally distributed between "moderate" and "considerable/ extensive". Concerning the contribution of the ECDC at the increasing in the number of trained specialists and in the level of their skills, some MB representatives were less positive. Almost one third (five out of 16) considered that the contribution of the ECDC amounts to only "a little" to the increase in numbers. Three of 15 gave the same response concerning the level of knowledge and skills of specialists. The majority of respondents do maintain however that the ECDC has at least a moderate effect in the field of training.

National Health Ministries: The pattern observed among MB respondents is also present among NHM representatives. Inasmuch as they provide a grading answer to Q23 and 24, these are solidly positive: 14 of 22 answers and 12 out of 18 answers in the top two response category respectively[11]. Opinions are more split on the outputs of the ECDC in terms of number of trained specialists with seven NHM representatives giving a less than average rating (not at all or a little), 10 an average rating (moderately) and only eight an above average rating (considerably or extensively) on Q25. For Q 26 (hence on matters of quality) the judgement is less severe, with 12 of the 25 respondents considering that the ECDC makes a considerable contribution to enhancing the skills and knowledge of trained specialists in the field of communicable diseases. One of the respondents from this group having provided an answer in the relevant qualitative answer in the survey underlined that the EPIET programme makes a significant contribution to the field of epidemiology through its good quality, highly specialized training.

National Surveillance Institutes: NSI are less positive than the other stakeholders groups concerning the collaboration of the ECDC with other training partners (Q 23). About 25% of the respondents find that collaboration is less than moderate. At the same time, about 2/3 of the respondents in this group still sees the issue in a positive light (10 out of 15 answered "considerably" or "extensively"). Concerning Q24 on funding mechanisms, a solid group of "considerable" responses (six of 15) is tempered by three "moderate" responses, one "a little" and one "not at all" as well as four "Don't know" responses. Like the NHM, the NSI are moderately positive about the quantity of trained specialists the ECDC contributed to the field of communicable diseases (four moderate answers, four considerable and two extensive of a total of 13 grading responses). They are firmly positive about the quality of these trainings (10 of 13 grading answers in the top two categories).

ECDC staff: As expected, there is a positive bias in the answers collected from the ECDC staff that had some knowledge about these topics[12]. 19 out of 24 think the level of collaboration with other training partners is considerable or extensive (Q 23). 18 out of 21 hold the same opinions about the contribution of the ECDC to the increase in skill and knowledge of the trained experts (Q26), while 14 of 25 think that the number of trained experts has considerably or

[10] If we include the "don't know"answers in the calculation, the pattern identified in the paragraph, whereby about ½ of the untargeted respondents have a positive opinion about the number of trained professionals as a result of ECDC's action is still valid (45.4% considerable and extensive answers on Q 25). However, the percentage drops from 47.4 % to 37.5% "considerable" and "extensive answers" on Q 26. This does not affect the overall interpretation of results (perceived skepticism on this issue among respondents of the untargeted group).

[11] If we include the "don't know" answers in the calculation, it is more accurate to talk about "relatively positive", rather than "solidly positive" answers.

[12] If we include the "don't know" answers in the calculation, the positive bias of this group is much diminished. On question 26, for example, the cumulative % of "Considerable" and "extensive" answers is 85.7% if we do not include "don't know" answers, but only 60% if we do.

extensively increased thanks to the ECDC (Q 25). Even on the relatively more disputed topics (Q24 - the effectiveness of the funding mechanism) only three out of 23 respondents picked “a little”, with categories “moderately” and “considerably” tying at eight.

An overall view of these results is provided in the main report on p. 67-68.

Surveillance activities: Q27-Q31*

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.
* Q31 is an open-ended question (qualitative analysis)

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q27	Not at all	1	4.0%	4.8%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	6.7%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.5%
	A little	1	4.0%	4.8%	3	13.0%	13.6%	1	16.7%	16.7%	0	0.0%	0.0%	3	9.7%	11.5%	1	6.3%	6.3%	0	0.0%	0.0%	9	5.8%	6.9%
	Moderately	7	28.0%	33.3%	6	26.1%	27.3%	2	33.3%	33.3%	3	15.8%	20.0%	3	9.7%	11.5%	4	25.0%	25.0%	5	14.3%	20.8%	30	19.4%	23.1%
	Considerably	5	20.0%	23.8%	10	43.5%	45.5%	2	33.3%	33.3%	8	42.1%	53.3%	16	51.6%	61.5%	5	31.3%	31.3%	12	34.3%	50.0%	58	37.4%	44.6%
	Extensively	7	28.0%	33.3%	3	13.0%	13.6%	1	16.7%	16.7%	3	15.8%	20.0%	4	12.9%	15.4%	6	37.5%	37.5%	7	20.0%	29.2%	31	20.0%	23.8%
	Subtotal	21	84.0%	100.0%	22	95.7%	100.0%	6	100.0%	100.0%	15	78.9%	100.0%	26	83.9%	100.0%	16	100.0%	100.0%	24	68.6%	100.0%	130	83.9%	100.0%
	Don't know	2	8.0%		1	4.3%		0	0.0%		1	5.3%		4	12.9%		0	0.0%		4	11.4%		12	7.7%	
	N/A	2	8.0%		0	0.0%		0	0.0%		3	15.8%		1	3.2%		0	0.0%		7	20.0%		13	8.4%	
	Total	25	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		155	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q28	Not at all	1	4.0%	5.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.6%	0.8%
	A little	3	12.0%	15.0%	3	13.0%	13.6%	2	33.3%	33.3%	1	5.3%	5.9%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	9	5.8%	6.8%
	Moderately	5	20.0%	25.0%	6	26.1%	27.3%	1	16.7%	16.7%	8	42.1%	47.1%	6	19.4%	21.4%	3	18.8%	20.0%	2	5.7%	8.0%	31	20.0%	23.3%
	Considerably	5	20.0%	25.0%	11	47.8%	50.0%	2	33.3%	33.3%	2	10.5%	11.8%	16	51.6%	57.1%	7	43.8%	46.7%	16	45.7%	64.0%	59	38.1%	44.4%
	Extensively	6	24.0%	30.0%	2	8.7%	9.1%	1	16.7%	16.7%	6	31.6%	35.3%	6	19.4%	21.4%	5	31.3%	33.3%	7	20.0%	28.0%	33	21.3%	24.8%
	Subtotal	20	80.0%	100.0%	22	95.7%	100.0%	6	100.0%	100.0%	17	89.5%	100.0%	28	90.3%	100.0%	15	93.8%	100.0%	25	71.4%	100.0%	133	85.8%	100.0%
	Don't know	3	12.0%		1	4.3%		0	0.0%		0	0.0%		2	6.5%		1	6.3%		3	8.6%		10	6.5%	
	N/A	2	8.0%		0	0.0%		0	0.0%		2	10.5%		1	3.2%		0	0.0%		7	20.0%		12	7.7%	
	Total	25	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		155	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q29	Not at all	1	4.0%	4.5%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	6.3%	6.7%	0	0.0%	0.0%	2	1.3%	1.5%
	A little	4	16.0%	18.2%	0	0.0%	0.0%	2	33.3%	33.3%	2	10.5%	12.5%	0	0.0%	0.0%	1	6.3%	6.7%	0	0.0%	0.0%	9	5.8%	6.9%
	Moderately	10	40.0%	45.5%	5	21.7%	23.8%	3	50.0%	50.0%	5	26.3%	31.3%	5	16.1%	20.0%	4	25.0%	26.7%	5	14.3%	19.2%	37	23.9%	28.2%
	Considerably	1	4.0%	4.5%	15	65.2%	71.4%	0	0.0%	0.0%	6	31.6%	37.5%	15	48.4%	60.0%	6	37.5%	40.0%	13	37.1%	50.0%	56	36.1%	42.7%
	Extensively	6	24.0%	27.3%	1	4.3%	4.8%	1	16.7%	16.7%	3	15.8%	18.8%	5	16.1%	20.0%	3	18.8%	20.0%	8	22.9%	30.8%	27	17.4%	20.6%
	Subtotal	22	88.0%	100.0%	21	91.3%	100.0%	6	100.0%	100.0%	16	84.2%	100.0%	25	80.6%	100.0%	15	93.8%	100.0%	26	74.3%	100.0%	131	84.5%	100.0%
	Don't know	1	4.0%		2	8.7%		0	0.0%		1	5.3%		5	16.1%		1	6.3%		3	8.6%		13	8.4%	
	N/A	2	8.0%		0	0.0%		0	0.0%		2	10.5%		1	3.2%		0	0.0%		6	17.1%		11	7.1%	
	Total	25	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		155	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q30	Not at all	1	4.0%	4.5%	0	0.0%	0.0%	1	16.7%	16.7%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.5%
	A little	6	24.0%	27.3%	1	4.3%	4.8%	0	0.0%	0.0%	3	15.8%	17.6%	0	0.0%	0.0%	2	12.5%	12.5%	1	2.9%	3.7%	13	8.4%	9.6%
	Moderately	5	20.0%	22.7%	5	21.7%	23.8%	2	33.3%	33.3%	4	21.1%	23.5%	8	25.8%	29.6%	7	43.8%	43.8%	5	14.3%	18.5%	36	23.2%	26.5%
	Considerably	7	28.0%	31.8%	13	56.5%	61.9%	2	33.3%	33.3%	7	36.8%	41.2%	14	45.2%	51.9%	5	31.3%	31.3%	12	34.3%	44.4%	60	38.7%	44.1%
	Extensively	3	12.0%	13.6%	2	8.7%	9.5%	1	16.7%	16.7%	3	15.8%	17.6%	5	16.1%	18.5%	2	12.5%	12.5%	9	25.7%	33.3%	25	16.1%	18.4%
	Subtotal	22	88.0%	100.0%	21	91.3%	100.0%	6	100.0%	100.0%	17	89.5%	100.0%	27	87.1%	100.0%	16	100.0%	100.0%	27	77.1%	100.0%	136	87.7%	100.0%
	Don't know	1	4.0%		2	8.7%		0	0.0%		0	0.0%		3	9.7%		0	0.0%		2	5.7%		8	5.2%	
	N/A	2	8.0%		0	0.0%		0	0.0%		2	10.5%		1	3.2%		0	0.0%		6	17.1%		11	7.1%	
	Total	25	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		155	100.0%	

Incidence of "N/A" and "Don't know" answers: The incidence of N/A and "don't know" answers is limited for this set of questions. According to the established pattern, close to one in five ECDC staff members considered these questions not applicable to them. The incidence of don't know answers was somewhat more limited than in the other sets of questions, with the exceptions of NHM, where five in 30 could not pass a judgement on Q29 (the integrated database) while four didn't know about the extent to which the ECDC established EU-wide standards of reporting on surveillance. Since NHM are often not directly involved in reporting on surveillance, these figures seem plausible.

Untargeted: This group has an overall moderate to good opinion concerning the performance of the ECDC in these areas. In all but one instances, 10-12 of the respondents (roughly 50%) think that the ECDC's advances are "considerable" or "extensive". The "moderate" category is also well represented with around five answers in each of questions 27, 28 and 30. The responses of the untargeted group stand out concerning Q29 (the set up of an integrated database). 15 of 22 answers fall in the three bottom categories ("not at all", "a little" and "moderate"), with the mode being nonetheless "moderate" (10 answers). These endorsement rates are on the lower side among the various stakeholder groups who were overall more positive on the issue. On average more than 60% of all respondents thought the ECDC was "considerably" or "extensively" successful in setting up an integrated database, whereas the percentage was half that among untargeted respondents. The qualitative answers allow us to understand these relatively less positive opinions. One respondent explained that the elaboration of standards for surveillance in all diseases is challenging and may sometimes be counter productive. Another has pointed out that TESSy, the integrated database is not yet fully operational and more time is needed before it demonstrates its value.

Advisory Forum: The responses of the AF are less positive concerning the integration of DSNs (Q28) and the establishment of standards for reporting on surveillance (Q27) than they are on the establishment of an integrated database (Q29) and the communication of results (Q30). On both of these last two questions, 15 and 16 of the 21 respondents respectively thought ECDC's contribution was "considerable" or "extensive", with five more assessing the contribution as "moderate". Only one respondent selected "a little" as a response. However, through several comments made in the qualitative section of the survey, we are informed that judgement on the issue may be premature, as

TESSy is not yet fully established and as for now it appears that it may significantly increase the workload for some MS. On the first two questions, 13 of the 22 respondents who knew about the topics selected the "considerable" or "extensive" options, with six picking "moderate" and three selected "a little" in both cases.

Surveillance networks: Within this group opinions were split. Concerning standard reporting on surveillance and integrating the DSN, three respondents thought the ECDC succeeded "a little" or "moderately. On standard communication, one out of six considered the ECDC did not succeed at all. The most negative opinion is recorded on the establishment of an integrated database, with only one of the six respondents considering the ECDC did an excellent job. Three out of the six respondents thought the ECDC succeeded at this task to a moderate extent while the remaining two saw the success of the ECDC as limited in this area. Although the sample of surveillance network representatives is very small, relatively more importance should be attached to their answers as these are the specialists that previously (and often also currently) use the technical tools made available by the ECDC. Their moderate responses, especially on Q29 may indicate that the ECDC needs to continuously improve the integrated database it set up.

Management Board: The MB members are least positive among all stakeholder groups with regards to the integration of DSNs (Q28). Eight of the 17 respondents think the success was only moderate. The qualitative answers specify that the responsibility for the mitigated success lies as much with the DSN and the former hosting MS as it does with the ECDC. The MB members are, however, more positive than most other groups on the elaboration of EU-wide reporting standards, with 11 of 15 estimating ECDC's success as "considerable" or "extensive". Few assess ECDC's success as limited concerning the set up of the integrated database (two out of 16 answers on Q29 were "a little") and three out of 17 answers fell in the same category concerning standardized communication (Q30). For these last two questions, the in incidence of "extensively" answers was also slightly higher than for most other groups (three occurrences for each question).

National Health Ministries: Like the ECDC staff (see below), NHM also had an overall positive opinion on the ECDC's performance with regards to introducing EU-wide standards in the field of surveillance of communicable diseases. Only three respondents think the ECDC contributed "a little" to establishing EU-wide standards of reporting on surveillance, with all others giving at least "moderate" answers on this cluster of four questions. Moreover, more than 75% of the grades given are polarized in the "considerable" and "extensive" categories in three of the four questions. The exception is Q30 where eight out of 27 respondents assessed ECDC's performance as "moderate". This leaves still 70% of the respondents in the top two categories. On the issue of standards for surveillance (Q27), the NSI responses correspond with the average for all stakeholder groups. About 70% of respondents considered that ECDC succeeded to an extensive or considerable extent.

National Surveillance Institutes: The NSI share the moderate opinion of the MB on the success of the ECDC at setting up an integrated database (Q29), with two of the 15 respondents selecting the "not at all" or "a little" category and another four judging the ECDC's success as moderate. The group is overall more positive with respect to the results in the integration and operation of the DSN (Q28), with 12 of the 15 answers being concentrated in the "considerable" and "extensive" categories. NSI are least positive (relative to the other stakeholder groups) concerning the standardized communication of results by the ECDC (Q30) with seven out of 16 respondents judging ECDC's performance as moderate with an additional two considering the ECDC only succeeded "a little" in this task.

ECDC staff: ECDC staff is overwhelmingly positive about the standardization achievements of their organisation. Over the four questions, only one "a little" answer was recoded. Over 75% of the answers for each of these questions are concentrated in the top two categories, with a peak being registered on Q28 (23 of the 25 grading answers were in the two top categories).

An overall view of these results is provided in the main report on p. 70-71.

INDEPENDENCE OF SCIENTIFIC EXCELLENCE

Independent centre: Q32-Q36*

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.
* Q36 is an open-ended question (qualitative analysis)

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q32	Not at all	1	4.2%	5.6%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.6%	0.8%
	A little	2	8.3%	11.1%	3	13.0%	16.7%	2	33.3%	33.3%	1	5.3%	7.1%	4	12.9%	14.8%	3	18.8%	21.4%	3	8.6%	12.5%	18	11.7%	14.9%
	Moderately	4	16.7%	22.2%	9	39.1%	50.0%	4	66.7%	66.7%	5	26.3%	35.7%	4	12.9%	14.8%	3	18.8%	21.4%	6	17.1%	25.0%	35	22.7%	28.9%
	Considerably	5	20.8%	27.8%	5	21.7%	27.8%	0	0.0%	0.0%	7	36.8%	50.0%	15	48.4%	55.6%	5	31.3%	35.7%	11	31.4%	45.8%	48	31.2%	39.7%
	Extensively	6	25.0%	33.3%	1	4.3%	5.6%	0	0.0%	0.0%	1	5.3%	7.1%	4	12.9%	14.8%	3	18.8%	21.4%	4	11.4%	16.7%	19	12.3%	15.7%
	Subtotal	18	75.0%	100.0%	18	78.3%	100.0%	6	100.0%	100.0%	14	73.7%	100.0%	27	87.1%	100.0%	14	87.5%	100.0%	24	68.6%	100.0%	121	78.6%	100.0%
	Don't know	3	12.5%		4	17.4%		0	0.0%		4	21.1%		4	12.9%		2	12.5%		5	14.3%		22	14.3%	
	N/A	3	12.5%		1	4.3%		0	0.0%		1	5.3%		0	0.0%		0	0.0%		6	17.1%		11	7.1%	
	Total	24	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		154	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q33	Not at all	2	8.3%	14.3%	2	8.7%	11.1%	0	0.0%	0.0%	3	15.8%	20.0%	3	9.7%	15.0%	2	12.5%	28.6%	9	25.7%	37.5%	21	13.6%	21.0%
	A little	4	16.7%	28.6%	8	34.8%	44.4%	1	16.7%	50.0%	3	15.8%	20.0%	6	19.4%	30.0%	3	18.8%	42.9%	5	14.3%	20.8%	30	19.5%	30.0%
	Moderately	3	12.5%	21.4%	6	26.1%	33.3%	1	16.7%	50.0%	8	42.1%	53.3%	8	25.8%	40.0%	1	6.3%	14.3%	6	17.1%	25.0%	33	21.4%	33.0%
	Considerably	1	4.2%	7.1%	1	4.3%	5.6%	0	0.0%	0.0%	1	5.3%	6.7%	2	6.5%	10.0%	1	6.3%	14.3%	4	11.4%	16.7%	10	6.5%	10.0%
	Extensively	4	16.7%	28.6%	1	4.3%	5.6%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	5.0%	0	0.0%	0.0%	0	0.0%	0.0%	6	3.9%	6.0%
	Subtotal	14	58.3%	100.0%	18	78.3%	100.0%	2	33.3%	100.0%	15	78.9%	100.0%	20	64.5%	100.0%	7	43.8%	100.0%	24	68.6%	100.0%	100	64.9%	100.0%
	Don't know	5	20.8%		4	17.4%		3	50.0%		3	15.8%		11	35.5%		8	50.0%		5	14.3%		39	25.3%	
	N/A	5	20.8%		1	4.3%		1	16.7%		1	5.3%		0	0.0%		1	6.3%		6	17.1%		15	9.7%	
	Total	24	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		154	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q34	Not at all	0	0.0%	0.0%	1	4.3%	5.0%	1	16.7%	25.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	6.3%	7.7%	0	0.0%	0.0%	3	1.9%	2.4%
	A little	0	0.0%	0.0%	1	4.3%	5.0%	0	0.0%	0.0%	1	5.3%	6.7%	2	6.5%	7.7%	0	0.0%	0.0%	3	8.6%	11.5%	7	4.5%	5.7%
	Moderately	6	25.0%	31.6%	6	26.1%	30.0%	3	50.0%	75.0%	4	21.1%	26.7%	4	12.9%	15.4%	3	18.8%	23.1%	4	11.4%	15.4%	30	19.5%	24.4%
	Considerably	6	25.0%	31.6%	12	52.2%	60.0%	0	0.0%	0.0%	8	42.1%	53.3%	19	61.3%	73.1%	6	37.5%	46.2%	14	40.0%	53.8%	65	42.2%	52.8%
	Extensively	7	29.2%	36.8%	0	0.0%	0.0%	0	0.0%	0.0%	2	10.5%	13.3%	1	3.2%	3.8%	3	18.8%	23.1%	5	14.3%	19.2%	18	11.7%	14.6%
	Subtotal	19	79.2%	100.0%	20	87.0%	100.0%	4	66.7%	100.0%	15	78.9%	100.0%	26	83.9%	100.0%	13	81.3%	100.0%	26	74.3%	100.0%	123	79.9%	100.0%
	Don't know	3	12.5%		3	13.0%		2	33.3%		3	15.8%		5	16.1%		2	12.5%		3	8.6%		21	13.6%	
	N/A	2	8.3%		0	0.0%		0	0.0%		1	5.3%		0	0.0%		1	6.3%		6	17.1%		10	6.5%	
	Total	24	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		154	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q35	Not at all	2	8.3%	11.8%	0	0.0%	0.0%	1	16.7%	33.3%	1	5.3%	6.3%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	4	2.6%	3.6%
	A little	5	20.8%	29.4%	3	13.0%	15.0%	0	0.0%	0.0%	4	21.1%	25.0%	8	25.8%	38.1%	2	12.5%	18.2%	1	2.9%	4.5%	23	14.9%	20.9%
	Moderately	3	12.5%	17.6%	14	60.9%	70.0%	2	33.3%	66.7%	7	36.8%	43.8%	7	22.6%	33.3%	5	31.3%	45.5%	7	20.0%	31.8%	45	29.2%	40.9%
	Considerably	4	16.7%	23.5%	3	13.0%	15.0%	0	0.0%	0.0%	4	21.1%	25.0%	4	12.9%	19.0%	2	12.5%	18.2%	8	22.9%	36.4%	25	16.2%	22.7%
	Extensively	3	12.5%	17.6%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	6.5%	9.5%	2	12.5%	18.2%	6	17.1%	27.3%	13	8.4%	11.8%
	Subtotal	17	70.8%	100.0%	20	87.0%	100.0%	3	50.0%	100.0%	16	84.2%	100.0%	21	67.7%	100.0%	11	68.8%	100.0%	22	62.9%	100.0%	110	71.4%	100.0%
	Don't know	3	12.5%		3	13.0%		3	50.0%		1	5.3%		9	29.0%		4	25.0%		8	22.9%		31	20.1%	
	N/A	4	16.7%		0	0.0%		0	0.0%		2	10.5%		1	3.2%		1	6.3%		5	14.3%		13	8.4%	
	Total	24	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		154	100.0%	

Incidence of "N/A" and "Don't know" answers: In this set of questions, we can distinguish two issues. In Q32 and Q 34 the issue of the quality of scientific inputs and output of the ECDC is addressed. Q33 deals with independence and cooperation with other actors. It can be observed that the incidence of N/A answers is very low on Q32 and Q34 with the incidence of "don't know" answers slightly higher, but following the trend. The situation is different with respect to Q33 and Q35 where the incidence of "don't know" answers is extremely high among national respondents. Eight out of 15 respondents from the NSI and 11 out of 31 respondents from the NHM claim not to know the extent to which the ECDC is influenced by non scientific factors (Q33). A full quarter of the NSI respondents (four out of 16) and close to a third of the NHM representatives (nine out of 31) further declared not knowing the extent of duplication between ECDC's scientific work and that of other similar organisations (Q35). The high incidence of "don't know" answers among respondents with clear national affiliations might be explained by the fact that the issues are too political or too elusive for some of these representatives to feel comfortable in expressing (presumably negative) opinions. Another possible explanation could be that many NHM members do not use ECDC scientific knowledge as directly as the NSI.

Untargeted: Whereas the answers provided by this group on Q32 and 33 respect the pattern of diversified answers established on the previous sets of questions, those provided on the extent to which the ECDC delivers appropriate science are concentrated at the positive end of the spectrum (13 out of 19 answers are in the "considerable" and "extensive" categories).On the question of independence (Q33), the Untargeted group is below average in its appreciation of the ECDC, with the highest incidence of "extensively" answers among the stakeholder groups (four out of 12). They are nonetheless more positive than the other groups concerning the success of the ECDC in avoiding duplication with other bodies of scientific excellence (Q35). Seven out of 17 answers consider they have done so considerably or extensively. One answer provided on the issue in the qualitative section of the survey suggests that duplication may not always be negative as the value of two organisations giving the same message cannot be underestimated.

Advisory Forum: The AF members have a moderate opinion on the extent to which the ECDC makes use of high quality scientific knowledge (9 out of 18 "moderate" answers on Q32). One respondent having answered to Q36 (qualitative) feels that the ECDC is not using enough the work of committees and bodies in MS concerning longer-standing public health problems and interventions. This view is also recurrent among other stakeholder groups (particularly NHM) and was confirmed in several interviews. The AF also holds a moderate view on the extent to which the ECDC avoids duplication with other centres of excellence (14 out of 20 "moderate answers on Q35). This result is among the most homogeneous received on Q35 from the various stakeholder groups. Opinions within the group are on the contrary quite evenly split concerning the influence of non-scientific factors on the ECDC, with almost half of the respondents seeing the influence as "a little" or not at all while about a third saw the ECDC as being influenced to a moderate extent by the said factors. Only two stakeholders thought the ECDC is influenced by non-scientific factors to a "considerably" or "extensively". An answer on Q36 (qualitative) emanating from this group (as well as from other groups) suggests that the concern is more about the influence of politics than the influence of industry lobbies etc. This view was confirmed in the interviews.

Surveillance networks: For this set of questions, no "considerable" or "extensive" answer was recorded within this group, winning it the position of most critical stakeholder group on issues of scientific excellence. The absence of these two categories of answers on Q33 is a positive indication. The answers to Q33 (issue of independence) are nonetheless particularly problematic, as only two of the total of six respondents expressed an opinion (one moderate and one "a little"), with three others offering a "don't know" answer, while the 6th respondent didn't feel concerned by the question. On Q35 (extent to which ECDC avoids duplication with other centres of excellence), three out of the six respondents answered either "moderately" or "not at all", with the other three didn't know. For this stakeholder group, the opinions were at best moderate concerning the quality of data used by the ECDC (four out of six answered "moderate" on Q32) while three out of six respondents thought the science produced by the ECDC was moderately adequate (Q34).

Management Board: Together with the AF, the MB is most confident about the extent to which the ECDC is (not) influenced by non-scientific factors (Q33). Fourteen of 15 find that the level of influence is not more than moderate. As the MB is the one called to establish the rules and procedures concerning conflicts of interests, it is plausible that its representatives would be confident in the system they brought into existence. On issues where the MB members are arguably less involved (adequacy of science – Q34, use of high quality knowledge- Q32) opinions of this group's members are less concentrated, but overall positive and in line with responses from other groups. On Q32, eight of

the 14 respondents chose the top two answers with the positive margin being even larger on Q34 (10 out of 15 gave “considerable” or “extensive” answers). The answers of this group are also similar with those from other groups concerning the duplication with other centres of excellence (Q35), with a relatively low number of respondents considering that the ECDC has been “considerably” successful in this area (four out of 16).

National Health Ministries: Aside issues linked to the high incidence of N/A and particularly “don’t know” answers, NHM representatives are more positive than other stakeholder groups concerning the extent to which the ECDC uses high-level scientific data (Q32) and to which it delivers appropriate science (Q34), with 19 of 27 respondents and 20 of 26 choosing “considerably” and “extensively” as an answer on the two questions respectively. NHM are also confident in the independence of the ECDC, with only three of 20 respondents having given a grading answer considering the influence of non scientific factors on the centre is considerable or extensive. On the issue of avoiding duplication with other centres of excellence, NHM members have a relatively negative opinion, with eight out of 20 respondents considering that the ECDC avoids duplication only “a little”. There are nonetheless also six respondents who disagree with this view and see the ECDC’s success on the issue as considerable or extensive.

National Surveillance Institutes: The opinions of NSI are close on this set of issues to those of NHM. Four out of 11 respondents see the avoidance of duplication as considerable or extensive, while 5 assess it as moderate (Q35). The science delivered by the ECDC is, according to them, appropriate to a considerable or extensive level (9 of 13 answers in these two categories). They are less unanimous concerning the extent to which the ECDC uses high-quality scientific knowledge to promote and initiate scientific studies (Q32), with only just 50% the respondents choosing the top two answers. Finally, the relatively few respondents who graded the extent to which the ECDC is influenced by non-scientific factors were positives about the issue (three out of seven answers were “a little”, with an additional two “not at all answers”).[13]

ECDC staff: Staff was again most consistently positive about the performance of the ECDC. Only three out of 26 thought that the extent to which high-quality data was used was limited, 20 of 24 thought the centre was not influenced by non-scientific centres more than moderately and 73% of the respondents finds that the ECDC delivers adequate science to a “considerable” or “extensive” extent. While this last result is aligned with all but one other group (DSN respondents), this is not the case for Q35. The majority of respondents in the other stakeholder groups believe that the ECDC avoids duplication with other sources of excellence only moderately. On the contrary, (the majority of) ECDC staff holds that the ECDC does so at a considerable or extensive level (14 of 22 answers). The reasons for this divergent opinion may be diverse. One plausible explanation is the fact that the ECDC may be more aware of the efforts that are made to avoid duplication, whereas the other stakeholder groups may only have a more approximate overview of the issue or base their comments on the actual resulting science rather than on the efforts made by the ECDC.
An overall view of these results is provided in the main report on p. 59-60.

RELEVANCE AND COHERENCE

Relevance of the ECDC: Q37-Q39

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?

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q37	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	Moderately	5	21.7%	26.3%	6	26.1%	28.6%	1	16.7%	33.3%	1	5.3%	5.3%	6	19.4%	21.4%	2	12.5%	14.3%	4	11.4%	12.9%	25	16.3%	18.5%
	Considerably	7	30.4%	36.8%	11	47.8%	52.4%	2	33.3%	66.7%	11	57.9%	57.9%	17	54.8%	60.7%	10	62.5%	71.4%	15	42.9%	48.4%	73	47.7%	54.1%
	Extensively	7	30.4%	36.8%	4	17.4%	19.0%	0	0.0%	0.0%	7	36.8%	36.8%	5	16.1%	17.9%	2	12.5%	14.3%	12	34.3%	38.7%	37	24.2%	27.4%
	Subtotal	19	82.6%	100.0%	21	91.3%	100.0%	3	50.0%	100.0%	19	100.0%	100.0%	28	90.3%	100.0%	14	87.5%	100.0%	31	88.6%	100.0%	135	88.2%	100.0%
	Don't know	2	8.7%		2	8.7%		3	50.0%		0	0.0%		3	9.7%		2	12.5%		0	0.0%		12	7.8%	
	N/A	2	8.7%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		4	11.4%		6	3.9%	
	Total	23	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		153	100.0%	

[13] The high incidence of “don’t know” answers has already been discussed in the dedicated paragraph. Although the positive trend is less obvious if we consider 5 of 15 “a little” and “not at all answers” (the figure 15 includes the “don’t know” answers), the importance of the relatively negative answers “moderate” and “considerable”is also proportionally diminished.

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q38	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	5.3%	1	4.3%	4.3%	1	16.7%	20.0%	3	15.8%	15.8%	0	0.0%	0.0%	1	6.3%	6.3%	0	0.0%	0.0%	7	4.6%	5.6%
	Moderately	6	26.1%	31.6%	3	13.0%	13.0%	0	0.0%	0.0%	6	31.6%	31.6%	7	22.6%	24.1%	0	0.0%	0.0%	2	5.7%	15.4%	24	15.7%	19.4%
	Considerably	5	21.7%	26.3%	15	65.2%	65.2%	3	50.0%	60.0%	5	26.3%	26.3%	12	38.7%	41.4%	6	37.5%	37.5%	2	5.7%	15.4%	48	31.4%	38.7%
	Extensively	7	30.4%	36.8%	4	17.4%	17.4%	1	16.7%	20.0%	5	26.3%	26.3%	10	32.3%	34.5%	9	56.3%	56.3%	9	25.7%	69.2%	45	29.4%	36.3%
	Subtotal	19	82.6%	100.0%	23	100.0%	100.0%	5	83.3%	100.0%	19	100.0%	100.0%	29	93.5%	100.0%	16	100.0%	100.0%	13	37.1%	100.0%	124	81.0%	100.0%
	Don't know	0	0.0%		0	0.0%		0	0.0%		0	0.0%		1	3.2%		0	0.0%		0	0.0%		1	0.7%	
	N/A	4	17.4%		0	0.0%		1	16.7%		0	0.0%		1	3.2%		0	0.0%		22	62.9%		28	18.3%	
	Total	23	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		153	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q39	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	0	0.0%	0.0%	1	4.3%	4.3%	0	0.0%	0.0%	2	10.5%	10.5%	2	6.5%	6.5%	0	0.0%	0.0%	0	0.0%	0.0%	5	3.3%	4.0%
	Moderately	3	13.0%	15.8%	3	13.0%	13.0%	1	16.7%	20.0%	5	26.3%	26.3%	6	19.4%	19.4%	1	6.3%	6.3%	2	5.7%	15.4%	21	13.7%	16.7%
	Considerably	8	34.8%	42.1%	13	56.5%	56.5%	3	50.0%	60.0%	6	31.6%	31.6%	14	45.2%	45.2%	5	31.3%	31.3%	3	8.6%	23.1%	52	34.0%	41.3%
	Extensively	8	34.8%	42.1%	6	26.1%	26.1%	1	16.7%	20.0%	6	31.6%	31.6%	9	29.0%	29.0%	10	62.5%	62.5%	8	22.9%	61.5%	48	31.4%	38.1%
	subtotal	19	82.6%	100.0%	23	100.0%	100.0%	5	83.3%	100.0%	19	100.0%	100.0%	31	100.0%	100.0%	16	100.0%	100.0%	13	37.1%	100.0%	126	82.4%	100.0%
	Don't know	1	4.3%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		1	0.7%	
	N/A	3	13.0%		0	0.0%		1	16.7%		0	0.0%		0	0.0%		0	0.0%		22	62.9%		26	17.0%	
	Total	23	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		153	100.0%	

Incidence of "N/A" and "Don't know" answers: A very high incidence of N/A answers was recorded among ECDC staff on Q38 and 39. This is understandable in light of the formulation of these questions. Since these respondents identify with the ECDC, relevance questions are not pertinent to them. On the contrary, they felt very much concerned with aspects having to do with the resources made available to the ECDC for it to achieve its objectives. This is a confirmation that respondents made a sustained effort to understand and respond to the questions of the survey.

Untargeted: Untargeted respondents consider that the ECDC has considerable or extensive resources available to achieve its results, including the right responsibilities and competences (14 of 19 answers in these two categories on Q37). They had a slightly more mitigated opinion concerning the potential of various activities of the Centre to contribute to results (12 of 19 answers in the top two categories on Q39). The highest score for this group, for this set of questions was recorded on Q39, where a full 16 of the 19 respondents shared the view that the results of the ECDC's activities were considerably or extensively relevant to their respective organisations. As compared to other groups this score in particular was at the high end.

Advisory Forum: The AF was among the more positive groups on these issues. 15 of 23 respondents found resources and responsibilities/ competences as considerably or extensively relevant to achieving goals (Q37). More than 80% of the respondents from this group also considered that the activities and results emanating from the ECDC were relevant to their organisations to the same high extent (Q38 and 39). These latter results are in marked contrasts with the ones provided by the AF members on Q42 (regarding the extent to which the ECDC takes needs into consideration). It would be expected that if activities and results are very relevant, as this question seems to point out, the needs of the organisations are taken into account. The reasons for such a discrepancy (only 43% of AF respondents thought the ECDC took into account their needs "considerably" or "extensively") may have to do with a sense that taking needs into account is a matter of process whereas the questions analyzed here (Q38-Q39) have more to do with outputs and outcomes. These do indeed seem to be relevant to this stakeholder group, despite the fact that they do not necessarily correspond to expressed needs.

Surveillance networks: DSN find the activities and results of the ECDC as considerably relevant to them. On the two related questions (Q38 and 39) only one respondent of five answered "a little" and one answered "moderate". Inasmuch as they felt like they knew enough about the topic to answer Q37, DSN representatives had a moderately positive opinion (two "considerable" and one "moderate" answers)

Management Board: The results recorded from the MB are in a certain sense the opposite from those of other stakeholder groups. The AF and the NSI gave a much stronger positive answers on issues concerning the relevance of ECDC activities and results and a relatively less positive one concerning the resources and responsibilities of the Centre. The MB, on the contrary was most positive about these last issues, with only one out of 19 answers in the "moderate" category and the other ones in the top two tiers. At the same time, they found the relevance of ECDC activities only moderately relevant to their organisations in a third of the cases, with an additional 15% of only "a little" answers. On the matter of relevance of results, the ECDC got a slightly more positive score (close to two thirds of respondents concentrated on the top two answers), but still the least positive among the different stakeholders' group on this question.

National Health Ministries: NHM are solidly in favour of the propositions made by these questions. Between 74% and 78% of the 30-odd respondents on each question considered that the relevance of ECDC's responsibilities/ resources, activities and results were considerably or extensively relevant to their organisations. This may be interpreted as an important indicator that the ECDC is addressing the needs and wants of a very important group of stakeholders/ beneficiaries. More than in the case of the AF and NSI, this is also supported by the 2/3 positive and very positive answers recorded on Q42.

National Surveillance Institutes: NSI were overwhelmingly positive on the relevance of ECDC activities and results to their organisations. 15 out of 16 respondents picked "considerably" or "extensively" as an answer to Q38 and 39, with "extensively" answers outnumbering "considerably" answers at a rate of two to one on Q39. Opinions were also considerably or extensively positive with regard to the relevance of ECDC's resources, responsibilities and competences to achieving its objective. As in the case of the AF groups, these results are not at all aligned with those to Q42 (regarding the taking into account of needs), where the top two response categories only got 56% of the respondents' votes.

ECDC staff: On the issue of resources, ECDC staff agrees that the resources and responsibilities bestowed on the ECDC are to a large extent relevant to achieving objectives). Only four in 31 respondents picked the category "moderate". The very few who issued an opinion on the relevance of activities and results were also very positive on this point, though not to the extent of the NSI respondents. On each of Q38 and Q39, two respondents still maintained a moderate view.
An overall view of these results is provided in the main report on p. 67-60; 70-71and 79-80.

Coherence of the ECDC's work and strategies with those of similar organisations: Q40-Q41

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?

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q40	Not at all	1	4.3%	5.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.7%	0.7%
	A little	1	4.3%	5.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	2.9%	3.1%	2	1.3%	1.5%
	Moderately	8	34.8%	40.0%	5	21.7%	23.8%	1	16.7%	25.0%	6	31.6%	31.6%	9	29.0%	33.3%	5	31.3%	35.7%	4	11.4%	12.5%	38	24.8%	27.7%
	Considerably	7	30.4%	35.0%	13	56.5%	61.9%	3	50.0%	75.0%	9	47.4%	47.4%	16	51.6%	59.3%	6	37.5%	42.9%	16	45.7%	50.0%	70	45.8%	51.1%
	Extensively	3	13.0%	15.0%	3	13.0%	14.3%	0	0.0%	0.0%	4	21.1%	21.1%	2	6.5%	7.4%	3	18.8%	21.4%	11	31.4%	34.4%	26	17.0%	19.0%
	Subtotal	20	87.0%	100.0%	21	91.3%	100.0%	4	66.7%	100.0%	19	100.0%	100.0%	27	87.1%	100.0%	14	87.5%	100.0%	32	91.4%	100.0%	137	89.5%	100.0%
	Don't know	1	4.3%		2	8.7%		2	33.3%		0	0.0%		4	12.9%		2	12.5%		0	0.0%		11	7.2%	
	N/A	2	8.7%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		3	8.6%		5	3.3%	
	Total	23	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		153	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q41	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	2	8.7%	9.5%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	2.9%	3.8%	3	2.0%	2.4%
	Moderately	6	26.1%	28.6%	5	21.7%	25.0%	1	16.7%	25.0%	6	31.6%	37.5%	7	22.6%	28.0%	4	25.0%	36.4%	6	17.1%	23.1%	35	22.9%	28.5%
	Considerably	10	43.5%	47.6%	12	52.2%	60.0%	2	33.3%	50.0%	9	47.4%	56.3%	17	54.8%	68.0%	6	37.5%	54.5%	12	34.3%	46.2%	68	44.4%	55.3%
	Extensively	3	13.0%	14.3%	3	13.0%	15.0%	1	16.7%	25.0%	1	5.3%	6.3%	1	3.2%	4.0%	1	6.3%	9.1%	7	20.0%	26.9%	17	11.1%	13.8%
	Subtotal	21	91.3%	100.0%	20	87.0%	100.0%	4	66.7%	100.0%	16	84.2%	100.0%	25	80.6%	100.0%	11	68.8%	100.0%	26	74.3%	100.0%	123	80.4%	100.0%
	Don't know	0	0.0%		3	13.0%		2	33.3%		3	15.8%		6	19.4%		4	25.0%		6	17.1%		24	15.7%	
	N/A	2	8.7%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		1	6.3%		3	8.6%		6	3.9%	
	Total	23	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		153	100.0%	

Incidence of "N/A" and "Don't know" answers: The incidence of N/A and "Don't know" answers is limited for this set of questions. The outstanding values are registered exclusively in the "don't know" category for Q41 and they come from across several stakeholders' groups. The least informed groups about the coherence of the ECDC's communication and dissemination strategy seem to be the NSI (1/4 of the answers were "don't know" on Q41), followed by the NHM (six "don't know answers" out of 31 answers) and the ECDC staff (six "don't know" answers out of 35 answers). One of the explanations for this situation may be that the questioned required a wider knowledge not only of ECDC communication strategies, but also of that of other organisations, as well as some comparative analysis of the two.

Untargeted: This group has an overall positive opinion about the coherence of ECDC's work and strategies with those of similar organisations. Half of the respondents though that the extent of ECDC's synergy and consistency with other organisations' work was considerable or extensive (Q40), with another 40% seeing it as "moderate". Nine out of 21 persons in this group also found that ECDC communication and dissemination strategy was coherent with that of other organisations at least to a moderate extent(Q41), with a higher percentage picking the top two answer categories (62% of the respondents chose "considerable" or "extensive").

Advisory Forum: Together with the ECDC staff, the AF was one of the more solidly positive group on issues of ECDC's synergies and consistency with other organisations (Q40). About 75% of the 20-odd respondents found that the ECDC succeeds on this front to a "considerable" or "extensive" degree.

Surveillance networks: Surveillance networks also had a positive opinion about the performance of the ECDC on these issues. Among the four grading answers, two were "considerable", one "extensive" and one other "moderate". As compared to answers on other issues, where this group did not refrain from critically grading the ECDC, the answers to Q40 and Q41 are within the ranges of those recorded from the other stakeholder groups.

Management Board: No "a little" or "not at all" answer were given by the MB on the two questions. The number of "moderate" answers was also limited (six out of 19 and six out of 16 grading answers respectively). These answers were not significantly different from those provided by other stakeholders' groups.

National Health Ministries: Aside from the higher incidence of "don't know" answers, the NHM were equally positive on the coherence of the ECDC's work and strategies with those of other organisations (Q40). 18 of 27 assessed this as "considerable" or "extensive" while 18 of 25 gave the same positive answers concerning the coherence of the communication and dissemination strategy. No answers in the bottom two categories were recorded (Q41).

National Surveillance Institutes: For both questions, the answers of the NSI were relatively evenly distributed between "moderate" and "considerable" with a few "extensive" answers (three out of 14 "extensive answers" on Q40 and one out of 11 answers of the same on Q41). As for the majority of the other stakeholders' groups, no "not at all" or "a little" answers were recorded.

ECDC staff: ECDC staff was overwhelmingly in favour of the propositions that the ECDC's work was "considerable" or "extensively" coherent with that of other similar organisations (84% of answers amassed in these response categories in Q40). Among the fewer of them who felt informed on the issue, still 73% were resolutely positive concerning the coherence of theirs institution's communication and dissemination strategy with that of other players in the field.

An overall view of these results is provided in the main report on p. 79-80 and 82-85.

Consideration of stakeholder's needs: Q42-Q43*

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.
* Q43 is an open ended question (qualitative analysis)

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q42	Not at all	0	0.0%	0.0%	1	4.3%	4.3%	1	16.7%	20.0%	0	0.0%	0.0%	1	3.2%	3.3%	0	0.0%	0.0%	0	0.0%	0.0%	3	2.0%	2.5%
	A little	2	8.7%	11.8%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	6.5%	6.7%	1	6.3%	6.3%	1	2.9%	11.1%	6	3.9%	5.1%
	Moderately	4	17.4%	23.5%	12	52.2%	52.2%	1	16.7%	20.0%	9	47.4%	50.0%	7	22.6%	23.3%	6	37.5%	37.5%	2	5.7%	22.2%	41	26.8%	34.7%
	Considerably	7	30.4%	41.2%	9	39.1%	39.1%	3	50.0%	60.0%	7	36.8%	38.9%	17	54.8%	56.7%	6	37.5%	37.5%	3	8.6%	33.3%	52	34.0%	44.1%
	Extensively	4	17.4%	23.5%	1	4.3%	4.3%	0	0.0%	0.0%	2	10.5%	11.1%	3	9.7%	10.0%	3	18.8%	18.8%	3	8.6%	33.3%	16	10.5%	13.6%
	Subtotal	17	73.9%	100.0%	23	100.0%	100.0%	5	83.3%	100.0%	18	94.7%	100.0%	30	96.8%	100.0%	16	100.0%	100.0%	9	25.7%	100.0%	118	77.1%	100.0%
	Don't know	2	8.7%		0	0.0%		0	0.0%		1	5.3%		1	3.2%		0	0.0%		1	2.9%		5	3.3%	
	N/A	4	17.4%		0	0.0%		1	16.7%		0	0.0%		0	0.0%		0	0.0%		25	71.4%		30	19.6%	
	Total	23	100.0%		23	100.0%		6	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		153	100.0%	

Incidence of "N/A" and "Don't know" answers: This question was addressed to respondents that were external to the ECDC. It is therefore understandable that 25 of the 35 ECDC staff answering this question considered in N/A. One staff member from ECDC answered "don't know". It is likely that the remaining nine ECDC staff members that gave a "grading answer" on this question reasoned from a "unit" point of view or, to the extent that they are seconded experts, from the point of view of their own organisations.

Untargeted: Somewhat unexpectedly, this group is among the ones that think their needs are best served. 13 out of 21 respondents consider that their needs are taken into account to a considerable or extensive degree, with an additional six assessing the ECDC's performance on the issue as moderate. One possible explanation might be the self-selection of respondents in this category. It is reasonable to believe that people/institutions who feel their needs are fulfilled by the ECDC might be more likely to complete this survey.

Advisory Forum: The AF responders picked most frequently the option "moderate" for this question (12 out of 23 answers). In Q43 (qualitative) a respondent justifies this response as the average between the extensive level to which the EC's needs are taken into consideration and the lesser extent to which MS needs are considered. The additional nine "considerable" and one "extensively" answers lean the balance on the positive side. This overall moderate response is in line with the role and group profile of the AF. These are highly qualified professionals who make their expertise available to the ECDC. Unlike other stakeholders' groups, they are more on the "giving" than the receiving side of the equation. (Please see paragraph concerning this stakeholder group also in the section concerning Q37-Q39).

Surveillance networks: DSN representatives are overall positive about the degree to which the ECDC considers their needs. Three out of the five grading answers were in the "considerable" category, with an additional "moderate view" and one negative view. This may be an indication that overall, the ECDC is doing a relatively good job in taking into account the needs of the DSNs in the network evaluation and integration process. Like in many other cases, this hypothesis would need to be scrutinized in the light of the interview data collected as part of this study, but is somewhat supported by an answer provided to Q43 (qualitative) which points out to a very specific issue (funding terms) which can – according to the respondent - be relatively easily solved.

Management Board: The opinions of the MB are evenly split between the "moderate" category of answers on the one hand and the "considerable" and "extensive" category on the other. As is the case with the AF group, the fact that the ECDC meets the needs of these groups only moderately is not a matter of concern. This group is composed of delegated officials who are there to serve/ manage the organisation rather than to unambiguously benefit from it. As one respondent clarifies in Q43, MB members may sometimes come from organisations for which the mandate and activities of the ECDC are not in the core interest areas. If expectations about the pattern of results were at all different from the ones obtained, it would be in the sense that the N/A rate could have been somewhat higher.

National Health Ministries: Two thirds of the NHM consider that their needs are taken into account by the ECDC. Seven of the remaining 10 find that the ECDC does no moderately. Only one respondent (in 30) feels that his institution's needs are not at all considered. This is the highest level of positive answers recorded for this question, to be equalled only by the opinions of the ECDC staff.

National Surveillance Institutes: The profile of this group's answers is very similar with that of MB, with a significant number of answers falling in the "moderate" and "considerable" categories. Unlike the MB, though, it would be expected that the NSIs' needs would be taken into consideration to a larger extent than those of MB, as the NSI are susceptible of being among the ECDC's beneficiaries. Some of the concrete needs highlighted by some respondents in the qualitative section (Q43) were language training needs to allow more experts to participate in exchanges. Another issue concerns IT support regarding the use of the new integrated database. It is expected that with the consolidation of the Centre, less demands will be placed on the NSI and that the needs of these latter ones will be more than moderately taken into account.

ECDC staff: There are nine grading responses registered for this question of which six responses are above average. It is likely that respondents reasoned from a unit point of view or, for seconded experts, from the point of view of their original organisations. It may also be that the respondents took into account the extent to which the ECDC as an organisation takes into account their needs as individuals/ employees.

An overall view of these results is provided in the main report on p. 79-80.

ADDED VALUE AND UTILITY

Added value of the ECDC (appropriate/ quick/ flexible actions): Q44-Q45, Q53

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?
53. Been flexible in implementing its tasks?

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q44	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	2	8.7%	11.8%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	3.3%	0	0.0%	0.0%	1	2.9%	3.4%	4	2.6%	3.0%
	Moderately	4	17.4%	23.5%	5	21.7%	22.7%	0	0.0%	0.0%	5	26.3%	29.4%	4	12.9%	13.3%	1	6.3%	6.3%	2	5.7%	6.9%	21	13.8%	15.6%
	Considerably	5	21.7%	29.4%	13	56.5%	59.1%	4	80.0%	100.0%	8	42.1%	47.1%	19	61.3%	63.3%	10	62.5%	62.5%	15	42.9%	51.7%	74	48.7%	54.8%
	Extensively	6	26.1%	35.3%	4	17.4%	18.2%	0	0.0%	0.0%	4	21.1%	23.5%	6	19.4%	20.0%	5	31.3%	31.3%	11	31.4%	37.9%	36	23.7%	26.7%
	Subtotal	17	73.9%	100.0%	22	95.7%	100.0%	4	80.0%	100.0%	17	89.5%	100.0%	30	96.8%	100.0%	16	100.0%	100.0%	29	82.9%	100.0%	135	88.8%	100.0%
	Don't know	1	4.3%		1	4.3%		1	20.0%		0			0	0.0%		0	0.0%		3	8.6%		6	3.9%	
	N/A	5	21.7%		0	0.0%		0	0.0%		2	10.5%		1	3.2%		0	0.0%		3	8.6%		11	7.2%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q45	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	5.6%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	3.4%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.4%
	Moderately	2	8.7%	11.1%	2	8.7%	8.7%	0	0.0%	0.0%	4	21.1%	22.2%	6	19.4%	20.7%	3	18.8%	20.0%	2	5.7%	6.3%	19	12.5%	13.7%
	Considerably	7	30.4%	38.9%	14	60.9%	60.9%	3	60.0%	75.0%	9	47.4%	50.0%	16	51.6%	55.2%	6	37.5%	40.0%	12	34.3%	37.5%	67	44.1%	48.2%
	Extensively	8	34.8%	44.4%	7	30.4%	30.4%	1	20.0%	25.0%	5	26.3%	27.8%	6	19.4%	20.7%	6	37.5%	40.0%	18	51.4%	56.3%	51	33.6%	36.7%
	Subtotal	18	78.3%	100.0%	23	100.0%	100.0%	4	80.0%	100.0%	18	94.7%	100.0%	29	93.5%	100.0%	15	93.8%	100.0%	32	91.4%	100.0%	139	91.4%	100.0%
	Don't know	0	0.0%		0	0.0%		1	20.0%		0	0.0%		1	3.2%		1	6.3%		0	0.0%		3	2.0%	
	N/A	5	21.7%		0	0.0%		0	0.0%		1	5.3%		1	3.2%		0	0.0%		3	8.6%		10	6.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q53	Not at all	1	4.3%	5.9%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.7%	0.8%
	A little	2	8.7%	11.8%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	5.9%	0	0.0%	0.0%	2	12.5%	14.3%	2	5.7%	6.9%	7	4.6%	5.7%
	Moderately	3	13.0%	17.6%	5	21.7%	27.8%	1	20.0%	33.3%	3	15.8%	17.6%	7	22.6%	28.0%	1	6.3%	7.1%	4	11.4%	13.8%	24	15.8%	19.5%
	Considerably	6	26.1%	35.3%	11	47.8%	61.1%	2	40.0%	66.7%	12	63.2%	70.6%	13	41.9%	52.0%	8	50.0%	57.1%	13	37.1%	44.8%	65	42.8%	52.8%
	Extensively	5	21.7%	29.4%	2	8.7%	11.1%	0	0.0%	0.0%	1	5.3%	5.9%	5	16.1%	20.0%	3	18.8%	21.4%	10	28.6%	34.5%	26	17.1%	21.1%
	Subtotal	17	73.9%	100.0%	18	78.3%	100.0%	3	60.0%	100.0%	17	89.5%	100.0%	25	80.6%	100.0%	14	87.5%	100.0%	29	82.9%	100.0%	123	80.9%	100.0%
	Don't know	3	13.0%		5	21.7%		2	40.0%		0	0.0%		6	19.4%		1	6.3%		2	5.7%		19	12.5%	
	N/A	3	13.0%		0	0.0%		0	0.0%		2	10.5%		0	0.0%		1	6.3%		4	11.4%		10	6.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

Incidence of "N/A" and "Don't know" answers: On this set of questions, the highest incidence of N/A answers was recorded among untargeted respondents. The highest number of "don't know" answers occurred in Q53 (flexibility in task implementation), particularly among NHM and AF respondents.

Untargeted: As on other, the heterogeneity of the untargeted groups becomes evident through the spread of opinions in different response categories. This group is (relative to the other ones) most negative concerning the actions the ECDC took to prevent crises (Q44). Two out of the 17 respondents thought the ECDC only contributed "a little" and another four believed that the ECDC contributed only "moderate". Untargeted respondents were also less unambiguously positive concerning the flexibility of the ECDC in implementing its actions (Q53). In this sphere, three out of the 17 untargeted respondents selected the "not at all" or "a little" response option, with an additional three choosing "moderate", leaving the incidence of "considerable" and "extensive" answers at the lower end in the ranking among various stakeholder groups.

Advisory Forum: The AF, like ECDC staff and the few DSN respondents, was very positive on the speed and efficiency of ECDC's response to health threats (Q45). 21 of 23 respondents thought the ECDC performed considerably or extensively better than other similar organisations. More moderate, but still solidly positive were the results recorded for this group on Q44, although on this aspect, the group's response profile was more similar to that of the MB (five moderate answers out of 22 answers) while on Q53 the results from the AF were closest to those of the NHM respondents (72% of respondents answered this question by "considerably" or "extensively").

Surveillance networks: The four DSN representatives having graded the ECDC on aspects of speed and efficiency in responding to health threats (Q45) and on the appropriateness of preventative actions (Q44) were unanimously positive (only "considerable" or "extensive answers"). One less respondent ventured an opinion on the flexibility of the ECDC (Q53) and of the three remaining responses, one considered it "moderate" while the other two saw it as "considerable".

Management Board: The MB was (relative to the other groups) less convinced of the considerable or extensive speed and efficiency of the ECDC in responding to threats (four out of 18 answers were "moderate" on Q45). However, by any standards, this is a strong positive opinion, as is the one expressed with regards to ECDC's flexibility (13 of 17 answers to Q53 in the top two categories). The 12 of 17 "considerable" or "extensive" answers on Q44, while proportionally less frequent than for other stakeholder groups, are still very satisfactory.

National Health Ministries: On each of Q44 and Q45, one respondent of about 30 defined the nature of ECDC answers as "a little" with four and six respectively choosing to define it as moderate. Six respondents held the highest opinion on the appropriateness of ECDC's prevention actions and of the speed and efficiency of response. The remainder of 19 of 30 respondents for Q44 and 16 of 29 respondents on Q45 converged in the "considerable" category.

National Surveillance Institutes: The NSIs were the most positive group concerning ECDC's activity in situations that might have resulted in public health crises. Only one of 16 respondents graded the performance of the ECDC as moderate as compared to that of other organisations. The rest were even more positive in their response. Three of the 15 respondents to Q45 thought that the response and efficiency of the ECDC was moderate in responding to public threats. The rest considered that the ECDC responded considerably or extensively more efficiently and more rapidly than other similar organisations. Although overall more positive than the opinion of other stakeholder groups, (11 of 14 respondents chose the top two categories), the responses to the question regarding flexibility (Q53) characterize themselves through the presence of two "a little" answers , the only ones to be provided by this stakeholder groups on this set of questions.

ECDC staff: The opinions of the ECDC staff were very positive on all three aspects under discussion. About 79% of them thought the ECDC was considerably or extensively flexible when compared to other organisations (Q53). 94% of the 32 respondents thought it was rapid and efficient in dealing with threats (Q45) and 90% chose the top two categories when addressing the question of ECDC taking appropriate action to prevent PH crises (Q44). All these numbers are consistently at the high end of the stakeholder's spectrum on this battery of questions.

An overall view of these results is provided in the main report on p. 82-85.

Added value of the ECDC (outcomes, enhanced expertise): Q46

Compared to similar organisations, to what extent has the ECDC:
46. Enhanced specialised expertise and know how in the field of communicable diseases?

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q46	Not at all	1	4.3%	5.3%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.7%	0.7%
	A little	2	8.7%	10.5%	1	4.3%	4.3%	0	0.0%	0.0%	1	5.3%	5.3%	2	6.5%	6.5%	1	6.3%	6.7%	2	5.7%	6.9%	9	5.9%	6.5%
	Moderately	5	21.7%	26.3%	5	21.7%	21.7%	3	60.0%	100.0%	5	26.3%	26.3%	8	25.8%	25.8%	2	12.5%	13.3%	3	8.6%	10.3%	31	20.4%	22.3%
	Considerably	4	17.4%	21.1%	15	65.2%	65.2%	0	0.0%	0.0%	12	63.2%	63.2%	17	54.8%	54.8%	9	56.3%	60.0%	15	42.9%	51.7%	72	47.4%	51.8%
	Extensively	7	30.4%	36.8%	2	8.7%	8.7%	0	0.0%	0.0%	1	5.3%	5.3%	4	12.9%	12.9%	3	18.8%	20.0%	9	25.7%	31.0%	26	17.1%	18.7%
	Subtotal	19	82.6%	100.0%	23	100.0%	100.0%	3	60.0%	100.0%	19	100.0%	100.0%	31	100.0%	100.0%	15	93.8%	100.0%	29	82.9%	100.0%	139	91.4%	100.0%
	Don't know	1	4.3%		0	0.0%		2	40.0%		0	0.0%		0	0.0%		1	6.3%		1	2.9%		5	3.3%	
	N/A	3	13.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		5	14.3%		8	5.3%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

Incidence of "N/A" and "Don't know" answers: All stakeholder groups considered this question applicable to them and very few declared not to know enough about the outcomes of the ECDC's activities in order to provide a judgement on it. These few respondents were concentrated in the DSN category, further reducing the number of grading responses in this already sparsely populated category.

Untargeted: 11 of the 19 respondents consider that the ECDC enhanced specialist expertise and know how extensively of considerably. This is a lower proportion than the one recorded in other stakeholder groups. The only one "not at all" answer recorded for this question also belongs to this group.

Advisory Forum: The AF finds the outcomes of ECDC's activity concerning specialised expertise are considerable or extensive (17 of the 23 respondents picked one of these two answers). With only one respondent having assessed outcomes as limited ("a little") these results are quite similar to those of the MB and of the NHM

Surveillance networks: The three respondents of the DSN who felt knowledgeable on the topic are all clustered in the "moderate" category. Given the small size of the group, further interpretation can only be speculative in nature.

Management Board: Together with the NHM, the MB has a positive view on ECDC's results in enhancing specialist expertise. 12 of the 19 respondents consider these results "considerable" when compared with those of other similar organisations.

National Health Ministries: 17 of the 31 respondents from NHM assessed the contribution of the ECDC to enhancing the specialized knowledge and know-how in the field of CD as considerable. Another four respondents were even more positive (chose "extensive), but twice as many judged the ECDC outcomes as moderate when compared to those of other organisations.

National Surveillance Institutes: NSI were, together with the ECDC staff, the most positive groups concerning outcomes in terms of knowledge enhancement. Only two in 15 respondents answered "moderate" and one respondent answered "a little" to this question. The other 12 answers were in categories above "moderate".

ECDC staff: 82% of the 29 ECDC staff respondents have graded their own organisation on issues of enhancement of specialized knowledge thought that it did considerably or extensively better when compared to other organisations. Unsurprisingly this is the highest positive bias among all stakeholder groups.

An overall view of these results is provided in the main report on p. 82-85.

Added value of the ECDC (outputs): Q47-Q50

Compared to similar organisations, to what extent has the ECDC:
47. Been timely in answering questions or inquiries made by stakeholders?
48. Provided relevant response to questions or inquires made by stakeholders?
49. Been clear in giving response to questions or inquiries made by stakeholders?
50. Produced credible outputs?

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q47	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	6.7%	0	0.0%	0.0%	1	20.0%	20.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.7%
	Moderately	3	13.0%	20.0%	4	17.4%	23.5%	2	40.0%	40.0%	3	15.8%	23.1%	11	35.5%	39.3%	2	12.5%	18.2%	3	8.6%	9.7%	28	18.4%	23.3%
	Considerably	6	26.1%	40.0%	10	43.5%	58.8%	2	40.0%	40.0%	5	26.3%	38.5%	12	38.7%	42.9%	5	31.3%	45.5%	12	34.3%	38.7%	52	34.2%	43.3%
	Extensively	5	21.7%	33.3%	3	13.0%	17.6%	0	0.0%	0.0%	5	26.3%	38.5%	5	16.1%	17.9%	4	25.0%	36.4%	16	45.7%	51.6%	38	25.0%	31.7%
	Subtotal	15	65.2%	100.0%	17	73.9%	100.0%	5	100.0%	100.0%	13	68.4%	100.0%	28	90.3%	100.0%	11	68.8%	100.0%	31	88.6%	100.0%	120	78.9%	100.0%
	Don't know	4	17.4%		6	26.1%		0	0.0%		4	21.1%		3	9.7%		4	25.0%		1	2.9%		22	14.5%	
	N/A	4	17.4%		0	0.0%		0	0.0%		2	10.5%		0	0.0%		1	6.3%		3	8.6%		10	6.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q48	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	2	8.7%	13.3%	1	4.3%	6.3%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	3	2.0%	2.5%
	Moderately	2	8.7%	13.3%	2	8.7%	12.5%	1	20.0%	20.0%	4	21.1%	26.7%	5	16.1%	20.0%	1	6.3%	7.1%	2	5.7%	6.9%	17	11.2%	14.3%
	Considerably	5	21.7%	33.3%	9	39.1%	56.3%	4	80.0%	80.0%	6	31.6%	40.0%	16	51.6%	64.0%	10	62.5%	71.4%	13	37.1%	44.8%	63	41.4%	52.9%
	Extensively	6	26.1%	40.0%	4	17.4%	25.0%	0	0.0%	0.0%	5	26.3%	33.3%	4	12.9%	16.0%	3	18.8%	21.4%	14	40.0%	48.3%	36	23.7%	30.3%
	Subtotal	15	65.2%	100.0%	16	69.6%	100.0%	5	100.0%	100.0%	15	78.9%	100.0%	25	80.6%	100.0%	14	87.5%	100.0%	29	82.9%	100.0%	119	78.3%	100.0%
	Don't know	4	17.4%		7	30.4%		0	0.0%		2	10.5%		6	19.4%		2	12.5%		2	5.7%		23	15.1%	
	N/A	4	17.4%		0	0.0%		0	0.0%		2	10.5%		0	0.0%		0	0.0%		4	11.4%		10	6.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q49	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	6.3%	1	4.3%	6.3%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	3.8%	0	0.0%	0.0%	0	0.0%	0.0%	3	2.0%	2.6%
	Moderately	6	26.1%	37.5%	3	13.0%	18.8%	1	20.0%	25.0%	3	15.8%	21.4%	12	38.7%	46.2%	2	12.5%	13.3%	2	5.7%	7.7%	29	19.1%	24.8%
	Considerably	5	21.7%	31.3%	10	43.5%	62.5%	3	60.0%	75.0%	7	36.8%	50.0%	8	25.8%	30.8%	7	43.8%	46.7%	16	45.7%	61.5%	56	36.8%	47.9%
	Extensively	4	17.4%	25.0%	2	8.7%	12.5%	0	0.0%	0.0%	4	21.1%	28.6%	5	16.1%	19.2%	6	37.5%	40.0%	8	22.9%	30.8%	29	19.1%	24.8%
	Subtotal	16	69.6%	100.0%	16	69.6%	100.0%	4	80.0%	100.0%	14	73.7%	100.0%	26	83.9%	100.0%	15	93.8%	100.0%	26	74.3%	100.0%	117	77.0%	100.0%
	Don't know	3	13.0%		6	26.1%		1	20.0%		2	10.5%		4	12.9%		1	6.3%		5	14.3%		22	14.5%	
	N/A	4	17.4%		1	4.3%		0	0.0%		3	15.8%		1	3.2%		0	0.0%		4	11.4%		13	8.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q50	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	6.3%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	3.4%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.6%
	Moderately	2	8.7%	12.5%	2	8.7%	10.0%	2	40.0%	50.0%	3	15.8%	18.8%	3	9.7%	10.3%	2	12.5%	12.5%	3	8.6%	10.7%	17	11.2%	13.2%
	Considerably	9	39.1%	56.3%	16	69.6%	80.0%	2	40.0%	50.0%	9	47.4%	56.3%	19	61.3%	65.5%	10	62.5%	62.5%	16	45.7%	57.1%	81	53.3%	62.8%
	Extensively	4	17.4%	25.0%	2	8.7%	10.0%	0	0.0%	0.0%	4	21.1%	25.0%	6	19.4%	20.7%	4	25.0%	25.0%	9	25.7%	32.1%	29	19.1%	22.5%
	Subtotal	16	69.6%	100.0%	20	87.0%	100.0%	4	80.0%	100.0%	16	84.2%	100.0%	29	93.5%	100.0%	16	100.0%	100.0%	28	80.0%	100.0%	129	84.9%	100.0%
	Don't know	4	17.4%		2	8.7%		1	20.0%		2	10.5%		2	6.5%		0	0.0%		2	5.7%		13	8.6%	
	N/A	3	13.0%		1	4.3%		0	0.0%		1	5.3%		0	0.0%		0	0.0%		5	14.3%		10	6.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

Incidence of "N/A" and "Don't know" answers: The surprising observation about the distribution of Don't know answers is that they are concentrated within the AF. Between a third and a quarter of all the AF respondents declared not knowing if the responses are timely, relevant or clear. This is surprising as, according to ECDC regulations, this body has an important role to play in determining how questions will be answered and in ensuring the high standards of quality of the responses. The incidence of N/A and "Don't know" answers in the untargeted group deviates from the established norm as well. Whereas in each of the who categories, the number of answers is not in itself high, cumulatively it amount to more than 30% of all untargeted respondents refraining from grading the performance of the ECDC with respect to the quality of responses to stakeholder inquiries.

Untargeted: Untargeted respondents were among the least positive concerning the clarity of ECDC answers to inquiries (Q49). This result is in stark contrast with that recorded among NSI representatives (see below), supporting the idea that ECDC documents seem to be more geared, hence more accessible to specialists. On issues of timeliness and relevance (Q47 and Q48)the majority of responses from this group were in the top two response categories (about 75% of the answers), while for Q50 (pertaining to the credibility of ECDC's outputs) 13 of the 16 answers were in those categories, indicating the good reputation that the ECDC was able to establish.

Advisory Forum: Like in the case of the NHM (see below), but less pronouncedly so, the AF was more moderate in its assessment of the timeliness (Q47) and clarity of advice (Q49) (about 75% of cognizant respondents chose the "considerable" and "extensive answers". That percentage increased to 90% on matters of credibility (Q50) and to over 80% on matters of relevance (Q48).[14] These figures are consistent with those recorded from most other stakeholder groups.

Surveillance networks: Since the DSN representatives are also CD specialists, they too, like the AF and the NSI appreciated positively the clarity of advice (three out of four answers in "considerable" category on Q49). Like all other stakeholder groups, they concurred that the responses were considerably relevant (four out of five answers in that category on Q48). The opinions within this very small group were more split concerning timeliness (three out of five respondents finding the performance of the ECDC at best moderate on this issue). The same observation stands concerning the results on credibility, where as many DSN respondents answered "moderately" as those who answered "considerably" (two responses for each category).

Management Board: The MB is among the most consistent in terms of appreciation of the various aspects of ECDC's responses to stakeholders' inquiries. Between 73 and 81% of the respondents in this category considered that the ECDC is performing considerably or extensively better than other similar organisations on these aspects.[15] No less than "moderate" answer was recorded from this group on any of the four aspects.

National Health Ministries: The results from NHM are at the positive end in terms of relevance and credibility, but were among the most moderate among the other stakeholder groups on timeliness (Q47) and clarity (Q49). 46% of the respondents thought the ECDC has managed to issue clear responses only moderately. 43% of respondents had the same opinion about the timeliness of responses. From this groups' perspective, therefore, the areas in which the ECDC needs to make improvements emerge quite clearly

National Surveillance Institutes: NSIs are, on the issues of ECDC's outputs, quite positive. Only the answers recorded from the ECDC staff are more positive, and that, on all of the four aspects in question. In nine of 11 instances, the outputs were considered at least considerably timely (Q47). Concerning relevance (Q48), 13 of 14 answers were in the top two categories. On issues of clarity (Q49)13 of 15 answers were amassed in the same categories. Concerning the credibility (Q50), 14 out of 16 answers featured the top two grades. The fact that, as compared to the results from other groups, the ones from NSIs are so positive may point out to the fact that these outputs are still more geared to this relatively more specialized group than to "non-specialists". This is particularly visible on issues of clarity, where one in eight NSI respondents think clarity is less than considerable, whereas the proportion among NHM representatives is one in two.

ECDC staff: No negative answers, between two and three "moderate answers" the rest positive or superlative: the pattern holds. ECDC survey respondents do not see, overall, any problems with the outputs of their organisations. The highest divergence with the relative opinion of other stakeholders' group is most marked on issues of timeliness of responses. While almost 90% of the ECDC respondents think the responses are timely to a considerable and even extensive degree (Q47), only 60% of NHM respondents (presumably one of the main users of the outputs), find that in fact that is the case.

An overall view of these results is provided in the main report on p. 82-85.

Added value of the ECDC (networking, stakeholder involvement): Q51-Q52

Compared to similar organisations, to what extent has the ECDC:
51. Been effective in involving stakeholders?
52. Used networking as a tool for gathering and exchanging information?

[14] If we include the "don't know" answers in the calculation, the "relevance" answers are closer in their distribution pattern to the issues of "clarity" and "timeliness" for this stakeholder group, with only the issue of "credibility" registering a more marked concentration of answers at the positive end of the spectrum. This places the AF among the most skeptical groups on three of the four issues pertaining to ECDC's responses to inquiries.

[15] If we include the "don't know" answers in the calculation, the MB does not stand out as particularly consistent, but the gap between the lowest level of cumulative "considerable" and "extensive" answers is still slightly smaller for this group than for other ones (with the exception of the ECDC group)

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q51	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	6.7%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	6.7%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.6%
	Moderately	4	17.4%	26.7%	6	26.1%	30.0%	1	20.0%	25.0%	2	10.5%	13.3%	5	16.1%	17.9%	2	12.5%	14.3%	2	5.7%	7.4%	22	14.5%	17.9%
	Considerably	5	21.7%	33.3%	12	52.2%	60.0%	3	60.0%	75.0%	11	57.9%	73.3%	17	54.8%	60.7%	8	50.0%	57.1%	15	42.9%	55.6%	71	46.7%	57.7%
	Extensively	5	21.7%	33.3%	2	8.7%	10.0%	0	0.0%	0.0%	1	5.3%	6.7%	6	19.4%	21.4%	4	25.0%	28.6%	10	28.6%	37.0%	28	18.4%	22.8%
	Subtotal	15	65.2%	100.0%	20	87.0%	100.0%	4	80.0%	100.0%	15	78.9%	100.0%	28	90.3%	100.0%	14	87.5%	100.0%	27	77.1%	100.0%	123	80.9%	100.0%
	Don't know	5	21.7%		2	8.7%		1	20.0%		2	10.5%		3	9.7%		2	12.5%		3	8.6%		18	11.8%	
	N/A	3	13.0%		1	4.3%		0	0.0%		2	10.5%		0	0.0%		0	0.0%		5	14.3%		11	7.2%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q52	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	5.9%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.7%	0.8%
	Moderately	6	26.1%	35.3%	3	13.0%	13.0%	0	0.0%	0.0%	3	15.8%	17.6%	3	9.7%	11.5%	1	6.3%	6.3%	2	5.7%	6.9%	18	11.8%	13.6%
	Considerably	9	39.1%	52.9%	15	65.2%	65.2%	4	80.0%	100.0%	9	47.4%	52.9%	15	48.4%	57.7%	11	68.8%	68.8%	11	31.4%	37.9%	74	48.7%	56.1%
	Extensively	2	8.7%	11.8%	5	21.7%	21.7%	0	0.0%	0.0%	4	21.1%	23.5%	8	25.8%	30.8%	4	25.0%	25.0%	16	45.7%	55.2%	39	25.7%	29.5%
	Subtotal	17	73.9%	100.0%	23	100.0%	100.0%	4	80.0%	100.0%	17	89.5%	100.0%	26	83.9%	100.0%	16	100.0%	100.0%	29	82.9%	100.0%	132	86.8%	100.0%
	Don't know	3	13.0%		0	0.0%		1	20.0%		1	5.3%		5	16.1%		0	0.0%		2	5.7%		12	7.9%	
	N/A	3	13.0%		0	0.0%		0	0.0%		1	5.3%		0	0.0%		0	0.0%		4	11.4%		8	5.3%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

Incidence of "N/A" and "Don't know" answers: The N/A and "don't know" answers are limited in number and concentrated in the untargeted category. One slightly higher value is recorded among NHM who did not know enough to compare the use of networking in collecting and exchanging information at the ECDC with the situation at other organisations.

Untargeted: The answers that the untargeted group provided to Q51 were equally split between the extensive and considerable categories (five each), with another five responses grouped in the "moderate" and "a little" category. This means that at least one untargeted stakeholder felt that, as compared with other organisations, the ECDC was successful in involving stakeholders to a limited extent. No respondent gave such an answer to Q52; instead six out of the 17 answers were in the "moderate category". These results remain plausible in light of the spread of answers from this group recorded on other questions.

Advisory Forum: The AF is most "critical" among the stakeholders' groups in that, on a total of 20 answers, 6 were "moderate", with the others being "considerable" (12) or "extensive" (2) (for Q51) . It is important to stress that these results are more "critical" only when compared with those of the other stakeholders' groups (except the untargeted one) on this particular question. They are also more "critical" when compared with the results the AF gave to Q52, where 20 of the 23 answers were in the top two answer categories.

Surveillance networks: Four of the five perceive the ECDC as considerably using networking to collect and exchange information. Three out of five respondents have the same high opinion of the effectiveness of the Centre in involving stakeholders. These results are in line with those from other stakeholder groups.

Management Board: The results from the MB, as on other occasions, are different from the ones of other stakeholder groups in the sense that between the two questions, the MB grades ECDC higher on the question on which the other groups grade it relatively lower. For example, the incidence of "considerable" and "extensive" answers was, in the case of the MB answers, higher on Q51 than on Q52. The reverse was true about the other groups.

National Health Ministries: No response in the bottom two categories was provided by NHMs on these questions. The NHM were also slightly more positive on the second question (Q52 on networking) than on the first one (Q51 on stakeholder involvement). However this difference is not significant in the context of such high levels of endorsements (23 of 28 answers in top two categories in Q51 and 23 of 26 answers in top two categories in Q52). Highlighting differences with other stakeholder groups are equally artificial in the context of overall very high grades.

National Surveillance Institutes: Even less "moderate" answers are recorded from this group on these two questions than is the case with the ECDC staff (see below). However, since the number of respondents is more limited, the weight of these three ("moderate") answers is higher. The fact that two respondents claimed not to know the level of effectiveness of the ECDC in involving stakeholders also boosts the proportional importance of the two moderate answers. Nonetheless, in the perspective of the much larger number of "considerable" and "extensive" answers, there is little ambiguity about the general feeling among NSI representatives.

ECDC staff: There is virtually no dissent within this stakeholder group. Only two "moderate answers" are recorded on both questions on a total of 56 grading answers. Concerning the utilisation of networking, the "extensive" answers are even more numerous than the "considerable" answers (16 vs. 11). Although the other stakeholder groups are also very positive, the results obtained from the ECDC staff stand out.

An overall view of these results is provided in the main report on p. 82-85.

Contribution of the ECDC to a high level of protection of human health: Q54-Q57

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?

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q54	Not at all	0	0,0%	0,0%	0	0,0%	0,0%	0	0,0%	0,0%	0	0,0%	0,0%	0	0,0%	0,0%	0	0,0%	0,0%	0	0,0%	0,0%	0	0,0%	0,0%
	A little	4	17,4%	21,1%	0	0,0%	0,0%	0	0,0%	0,0%	2	10,5%	10,5%	1	3,2%	4,0%	2	12,5%	12,5%	1	2,9%	3,0%	10	6,6%	7,3%
	Moderately	3	13,0%	15,8%	4	17,4%	18,2%	1	20,0%	33,3%	3	15,8%	15,8%	8	25,8%	32,0%	5	31,3%	31,3%	8	22,9%	24,2%	32	21,1%	23,4%
	Considerably	5	21,7%	26,3%	14	60,9%	63,6%	2	40,0%	66,7%	12	63,2%	63,2%	10	32,3%	40,0%	5	31,3%	31,3%	16	45,7%	48,5%	64	42,1%	46,7%
	Extensively	7	30,4%	36,8%	4	17,4%	18,2%	0	0,0%	0,0%	2	10,5%	10,5%	6	19,4%	24,0%	4	25,0%	25,0%	8	22,9%	24,2%	31	20,4%	22,6%
	Subtotal	19	82,6%	100,0%	22	95,7%	100,0%	3	60,0%	100,0%	19	100,0%	100,0%	25	80,6%	100,0%	16	100,0%	100,0%	33	94,3%	100,0%	137	90,1%	100,0%
	Don't know	1	4,3%		0	0,0%		2	40,0%		0	0,0%		4	12,9%		0	0,0%		1	2,9%		8	5,3%	
	N/A	3	13,0%		1	4,3%		0	0,0%		0	0,0%		2	6,5%		0	0,0%		1	2,9%		7	4,6%	
	Total	23	100,0%		23	100,0%		5	100,0%		19	100,0%		31	100,0%		16	100,0%		35	100,0%		152	100,0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q55	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	3	13.0%	15.8%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	5.3%	0	0.0%	0.0%	1	6.3%	6.3%	1	2.9%	2.9%	6	3.9%	4.1%
	Moderately	5	21.7%	26.3%	5	21.7%	21.7%	2	40.0%	50.0%	5	26.3%	26.3%	7	22.6%	23.3%	4	25.0%	25.0%	5	14.3%	14.7%	33	21.7%	22.8%
	Considerably	3	13.0%	15.8%	15	65.2%	65.2%	1	20.0%	25.0%	11	57.9%	57.9%	15	48.4%	50.0%	7	43.8%	43.8%	17	48.6%	50.0%	69	45.4%	47.6%
	Extensively	8	34.8%	42.1%	3	13.0%	13.0%	1	20.0%	25.0%	2	10.5%	10.5%	8	25.8%	26.7%	4	25.0%	25.0%	11	31.4%	32.4%	37	24.3%	25.5%
	Subtotal	19	82.6%	100.0%	23	100.0%	100.0%	4	80.0%	100.0%	19	100.0%	100.0%	30	96.8%	100.0%	16	100.0%	100.0%	34	97.1%	100.0%	145	95.4%	100.0%
	Don't know	0	0.0%		0	0.0%		1	20.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		1	0.7%	
	N/A	4	17.4%		0	0.0%		0	0.0%		0	0.0%		1	3.2%		0	0.0%		1	2.9%		6	3.9%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q56	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	2	8.7%	11.1%	1	4.3%	4.5%	0	0.0%	0.0%	1	5.3%	5.3%	0	0.0%	0.0%	1	6.3%	6.3%	3	8.6%	9.4%	8	5.3%	5.8%
	Moderately	4	17.4%	22.2%	7	30.4%	31.8%	2	40.0%	66.7%	8	42.1%	42.1%	8	25.8%	27.6%	6	37.5%	37.5%	5	14.3%	15.6%	40	26.3%	28.8%
	Considerably	5	21.7%	27.8%	10	43.5%	45.5%	1	20.0%	33.3%	9	47.4%	47.4%	16	51.6%	55.2%	6	37.5%	37.5%	14	40.0%	43.8%	61	40.1%	43.9%
	Extensively	7	30.4%	38.9%	4	17.4%	18.2%	0	0.0%	0.0%	1	5.3%	5.3%	5	16.1%	17.2%	3	18.8%	18.8%	10	28.6%	31.3%	30	19.7%	21.6%
	Subtotal	18	78.3%	100.0%	22	95.7%	100.0%	3	60.0%	100.0%	19	100.0%	100.0%	29	93.5%	100.0%	16	100.0%	100.0%	32	91.4%	100.0%	139	91.4%	100.0%
	Don't know	2	8.7%		0	0.0%		2	40.0%		0	0.0%		1	3.2%		0	0.0%		1	2.9%		6	3.9%	
	N/A	3	13.0%		1	4.3%		0	0.0%		0	0.0%		1	3.2%		0	0.0%		2	5.7%		7	4.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																							
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q57	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	6.5%	7.1%	1	6.3%	6.3%	0	0.0%	0.0%	3	2.0%	2.2%
	A little	2	8.7%	10.5%	2	8.7%	9.5%	0	0.0%	0.0%	1	5.3%	5.3%	0	0.0%	0.0%	3	18.8%	18.8%	5	14.3%	16.7%	13	8.6%	9.6%
	Moderately	5	21.7%	26.3%	7	30.4%	33.3%	3	60.0%	100.0%	8	42.1%	42.1%	11	35.5%	39.3%	4	25.0%	25.0%	5	14.3%	16.7%	43	28.3%	31.6%
	Considerably	7	30.4%	36.8%	9	39.1%	42.9%	0	0.0%	0.0%	9	47.4%	47.4%	10	32.3%	35.7%	5	31.3%	31.3%	13	37.1%	43.3%	53	34.9%	39.0%
	Extensively	5	21.7%	26.3%	3	13.0%	14.3%	0	0.0%	0.0%	1	5.3%	5.3%	5	16.1%	17.9%	3	18.8%	18.8%	7	20.0%	23.3%	24	15.8%	17.6%
	Subtotal	19	82.6%	100.0%	21	91.3%	100.0%	3	60.0%	100.0%	19	100.0%	100.0%	28	90.3%	100.0%	16	100.0%	100.0%	30	85.7%	100.0%	136	89.5%	100.0%
	Don't know	0	0.0%		0	0.0%		2	40.0%		0	0.0%		2	6.5%		0	0.0%		2	5.7%		6	3.9%	
	N/A	4	17.4%		2	8.7%		0	0.0%		0	0.0%		1	3.2%		0	0.0%		3	8.6%		10	6.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

Incidence of "N/A" and "Don't know" answers: The overall number of N/A and "don't know" answers is limited on this battery of questions. Unlike on other occasions, the number of non-grading answers is very limited among ECDC staff. In light of the low number of total respondents in the DSN group (five respondents), the incidence of "don't know" answers is high on three of the four questions (two answers in this category). The level of "don't know" and N/A answers remains relatively stable for the untargeted group.

Untargeted: As in many questions, the answers of the untargeted group are spread over the different response categories. While overall moderately positive, there are also between two and four respondents (out of roughly 19 respondents on each of the four questions) who see the ECDC as amounting to only "a little". This is a relatively higher number than is registered among the other stakeholder groups, except maybe on Q57 (dealing with improvement of methods and technologies) where relatively more scepticism is voiced across the board.

Advisory Forum: The AF is more positive than other stakeholder groups on the first two questions in this series. 18 of 22 respondents think that the ECDC is making a considerable or extensive (positive) difference in protecting human health. 18 of 23 give the same answers concerning the contribution of the ECDC to strengthening Europe's defences against infectious diseases. On issues concerning the building up of knowledge, the AF is more moderate, with only 14 of 22 respondents believing the ECDC is making more than a moderate contribution on CDs and determinants and 12 of 21 holding the same opinion on ECDC's contribution on methods and technologies.

Surveillance networks: The very few DSN respondents having graded the ECDC on these four relatively general questions have a moderate opinion both on the success of the ECDC in protecting human health and strengthening Europe's defences against CD and on the level to which the ECDC is improving knowledge (including on methodology). Whether two answers are in the moderate category and one in the considerable category (as is the case in Q56 – concerning improvement of knowledge on CDs and determinant) or the other way around (as is the case in Q54 - concerning the protection of human health through prevention and control of diseases), the answers are quite grouped in the intermediate answer categories. Over the four questions, only one "extensive" answer is recorded, with no answer in the bottom two scoring categories.

Management Board: Like the AF, the MB is more optimistic on ECDC's contribution to protecting human health and building Europe's defences against infectious diseases than it is on the level of ECDC's contribution to improving knowledge. More or less 70% of the 19 respondents from the MB gave the highest two grades to the ECDC on the first issue, while only about 50% did so on the second one. This relatively less enthusiastic answers echo those of the NSI on the same topic.

National Health Ministries: The responses of the NHM stand by the fact that the relative level of positive answers among questions is not grouped, as is the case for the AF and MB around the Q54-Q55 and Q56-Q57 tandems. Instead, the NHM are most appreciative of ECDC's contribution to strengthening Europe's defences (76 % "considerable" and "extensive" answers on Q55) and on ECDC's contribution to building knowledge in the field of CD (72% "considerable" and "extensive" answers on Q56).The NHM have most doubts concerning ECDC's contribution to spreading the knowledge about methodologies and techniques, with two "not at all" and 11 "moderate" on a total of 28 answers on Q57.

National Surveillance Institutes: The NSIs occupy an important place among the groups holding a more moderate view on ECDC's contributions in the field of PH. Moreover, the answers are less consensual than on average, particularly regarding Q57 (contribution to improving knowledge of methodologies and techniques). Thee respondents (of 16) thought the contribution of the ECDC is "extensive", but three others thought it amounted to only "a little". Five respondents thought it was considerable, but four maintained that it is moderate. Opinions were equally split on Q55 (strengthening Europe's defences) although a stronger mode could be identified in the "considerable" category (seven of 16 answers). On Q54, five answers each lie in the "moderate" and "considerable" category, with four respondents finding the contribution of the ECDC to protecting human health as "extensive" and two respondents assessing it as limited ("a little").

ECDC staff: With the exception of Q54, the ECDC staff was most positive across the board, when compared with the other stakeholders' groups. 28 of 34 think their work strengthens Europe's defences against disease to a considerable of extensive degree. 24 of 32 have the same opinion concerning the contribution their institution makes to improving knowledge about infectious diseases while 20 of 30 assess their institution's part in improving knowledge of methodologies and techniques as considerable or extensive. The number of answers in the top two categories are equally high for this stakeholder group also on Q54 (24 of 33 answers), but, as mentioned above, other stakeholder groups hold a similarly positive view of the ECDC on the general issue of protection of human health.

An overall view of these results is provided in the main report on p. 82-85.

Sustainability of ECDC's activities: Q58-Q63

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

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q58	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	2	8.7%	10.5%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.5%
	Moderately	1	4.3%	5.3%	2	8.7%	9.1%	2	40.0%	50.0%	6	31.6%	35.3%	6	19.4%	20.7%	4	25.0%	26.7%	2	5.7%	6.7%	23	15.1%	16.9%
	Considerably	7	30.4%	36.8%	14	60.9%	63.6%	1	20.0%	25.0%	7	36.8%	41.2%	9	29.0%	31.0%	3	18.8%	20.0%	14	40.0%	46.7%	55	36.2%	40.4%
	Extensively	9	39.1%	47.4%	6	26.1%	27.3%	1	20.0%	25.0%	4	21.1%	23.5%	14	45.2%	48.3%	8	50.0%	53.3%	14	40.0%	46.7%	56	36.8%	41.2%
	Subtotal	19	82.6%	100.0%	22	95.7%	100.0%	4	80.0%	100.0%	17	89.5%	100.0%	29	93.5%	100.0%	15	93.8%	100.0%	30	85.7%	100.0%	136	89.5%	100.0%
	Don't know	1	4.3%		1	4.3%		1	20.0%		2	10.5%		2	6.5%		1	6.3%		2	5.7%		10	6.6%	
	N/A	3	13.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		3	8.6%		6	3.9%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q59	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	5.9%	1	4.3%	4.5%	1	20.0%	25.0%	2	10.5%	11.8%	0	0.0%	0.0%	1	6.3%	6.7%	0	0.0%	0.0%	6	3.9%	4.5%
	Moderately	4	17.4%	23.5%	6	26.1%	27.3%	2	40.0%	50.0%	4	21.1%	23.5%	4	12.9%	14.3%	4	25.0%	26.7%	4	11.4%	13.3%	28	18.4%	21.1%
	Considerably	8	34.8%	47.1%	12	52.2%	54.5%	1	20.0%	25.0%	9	47.4%	52.9%	13	41.9%	46.4%	4	25.0%	26.7%	15	42.9%	50.0%	62	40.8%	46.6%
	Extensively	4	17.4%	23.5%	3	13.0%	13.6%	0	0.0%	0.0%	2	10.5%	11.8%	11	35.5%	39.3%	6	37.5%	40.0%	11	31.4%	36.7%	37	24.3%	27.8%
	Subtotal	17	73.9%	100.0%	22	95.7%	100.0%	4	80.0%	100.0%	17	89.5%	100.0%	28	90.3%	100.0%	15	93.8%	100.0%	30	85.7%	100.0%	133	87.5%	100.0%
	Don't know	2	8.7%		1	4.3%		1	20.0%		2	10.5%		3	9.7%		1	6.3%		2	5.7%		12	7.9%	
	N/A	4	17.4%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		3	8.6%		7	4.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q60	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	2	8.7%	12.5%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	4.2%	4	25.0%	26.7%	0	0.0%	0.0%	7	4.6%	5.6%
	Moderately	2	8.7%	12.5%	5	21.7%	23.8%	3	60.0%	100.0%	9	47.4%	52.9%	6	19.4%	25.0%	1	6.3%	6.7%	5	14.3%	17.2%	31	20.4%	24.8%
	Considerably	7	30.4%	43.8%	13	56.5%	61.9%	0	0.0%	0.0%	7	36.8%	41.2%	12	38.7%	50.0%	5	31.3%	33.3%	14	40.0%	48.3%	58	38.2%	46.4%
	Extensively	5	21.7%	31.3%	3	13.0%	14.3%	0	0.0%	0.0%	1	5.3%	5.9%	5	16.1%	20.8%	5	31.3%	33.3%	10	28.6%	34.5%	29	19.1%	23.2%
	Subtotal	16	69.6%	100.0%	21	91.3%	100.0%	3	60.0%	100.0%	17	89.5%	100.0%	24	77.4%	100.0%	15	93.8%	100.0%	29	82.9%	100.0%	125	82.2%	100.0%
	Don't know	4	17.4%		1	4.3%		2	40.0%		1	5.3%		6	19.4%		1	6.3%		3	8.6%		18	11.8%	
	N/A	3	13.0%		1	4.3%		0	0.0%		1	5.3%		1	3.2%		0	0.0%		3	8.6%		9	5.9%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q61	Not at all	1	4.3%	6.7%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.7%	0.8%
	A little	2	8.7%	13.3%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	3.2%	3.7%	1	6.3%	7.1%	0	0.0%	0.0%	4	2.6%	3.2%
	Moderately	2	8.7%	13.3%	5	21.7%	22.7%	1	20.0%	33.3%	4	21.1%	25.0%	5	16.1%	18.5%	0	0.0%	0.0%	1	2.9%	3.6%	18	11.8%	14.4%
	Considerably	5	21.7%	33.3%	12	52.2%	54.5%	2	40.0%	66.7%	11	57.9%	68.8%	8	25.8%	29.6%	6	37.5%	42.9%	11	31.4%	39.3%	55	36.2%	44.0%
	Extensively	5	21.7%	33.3%	5	21.7%	22.7%	0	0.0%	0.0%	1	5.3%	6.3%	13	41.9%	48.1%	7	43.8%	50.0%	16	45.7%	57.1%	47	30.9%	37.6%
	Subtotal	15	65.2%	100.0%	22	95.7%	100.0%	3	60.0%	100.0%	16	84.2%	100.0%	27	87.1%	100.0%	14	87.5%	100.0%	28	80.0%	100.0%	125	82.2%	100.0%
	Don't know	2	8.7%		0	0.0%		2	40.0%		1	5.3%		4	12.9%		2	12.5%		4	11.4%		15	9.9%	
	N/A	6	26.1%		1	4.3%		0	0.0%		2	10.5%		0	0.0%		0	0.0%		3	8.6%		12	7.9%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q62	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	5.6%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.7%	0.7%
	A little	2	8.7%	11.8%	0	0.0%	0.0%	0	0.0%	0.0%	1	5.3%	5.6%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	3	2.0%	2.2%
	Moderately	2	8.7%	11.8%	4	17.4%	17.4%	0	0.0%	0.0%	3	15.8%	16.7%	3	9.7%	10.3%	2	12.5%	13.3%	4	11.4%	13.8%	18	11.8%	13.4%
	Considerably	7	30.4%	41.2%	15	65.2%	65.2%	2	40.0%	66.7%	11	57.9%	61.1%	18	58.1%	62.1%	11	68.8%	73.3%	13	37.1%	44.8%	77	50.7%	57.5%
	Extensively	6	26.1%	35.3%	4	17.4%	17.4%	1	20.0%	33.3%	2	10.5%	11.1%	8	25.8%	27.6%	2	12.5%	13.3%	12	34.3%	41.4%	35	23.0%	26.1%
	Subtotal	17	73.9%	100.0%	23	100.0%	100.0%	3	60.0%	100.0%	18	94.7%	100.0%	29	93.5%	100.0%	15	93.8%	100.0%	29	82.9%	100.0%	134	88.2%	100.0%
	Don't know	3	13.0%		0	0.0%		2	40.0%		1	5.3%		2	6.5%		1	6.3%		3	8.6%		12	7.9%	
	N/A	3	13.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%		3	8.6%		6	3.9%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q63	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	5.9%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	6.3%	6.7%	0	0.0%	0.0%	2	1.3%	1.5%
	Moderately	1	4.3%	5.9%	6	26.1%	28.6%	2	40.0%	50.0%	4	21.1%	25.0%	3	9.7%	11.5%	3	18.8%	20.0%	2	5.7%	6.3%	21	13.8%	16.0%
	Considerably	9	39.1%	52.9%	11	47.8%	52.4%	2	40.0%	50.0%	8	42.1%	50.0%	10	32.3%	38.5%	9	56.3%	60.0%	17	48.6%	53.1%	66	43.4%	50.4%
	Extensively	6	26.1%	35.3%	4	17.4%	19.0%	0	0.0%	0.0%	4	21.1%	25.0%	13	41.9%	50.0%	2	12.5%	13.3%	13	37.1%	40.6%	42	27.6%	32.1%
	Subtotal	17	73.9%	100.0%	21	91.3%	100.0%	4	80.0%	100.0%	16	84.2%	100.0%	26	83.9%	100.0%	15	93.8%	100.0%	32	91.4%	100.0%	131	86.2%	100.0%
	Don't know	2	8.7%		1	4.3%		1	20.0%		2	10.5%		4	12.9%		1	6.3%		1	2.9%		12	7.9%	
	N/A	4	17.4%		1	4.3%		0	0.0%		1	5.3%		1	3.2%		0	0.0%		2	5.7%		9	5.9%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

Incidence of "N/A" and "Don't know" answers: The rate of N/A and "don't know" answer is relatively limited. Across the seven stakeholders' groups and the six items assessed, only a couple of values stand out: six (out of 31) "don't know" answers of the NHM on the sustainability of training, two (out of five) "don't know" answers of the DSN on both Q60 (training) and Q61(epidemic intelligence) as well as six N/A answers (out of a total of 23) issues by the untargeted group concerning epidemic intelligence.

Untargeted: For such a heterogeneous group, the results recorded on this set of questions are quite homogeneous. More than 75% see the sustainability of most ECDC's activities as "considerably" or "extensively" better than that of other organisations. These results are very close to those from other stakeholders' groups, with the figures slightly higher with respect to surveillance and cooperation activities (over or around 85% of responses in the top two categories) and slightly lower on scientific advice. The responses of untargeted respondents stand out concerning epidemic intelligence, where even a "not at all" response is recorded and where the incidence of positive and superlative answers is lower than among other groups (66% "considerable" and "extensive" answers).

Advisory Forum: If most stakeholder groups think that the ECDC cooperation activities are quite sustainable, the AF holds a more moderate view (six out of 22 answers in the "moderate" category for Q63). The answers are overall more moderate also with respect to the sustainability of scientific advice (seven out of 22 answers "moderate" or "a little" on Q59). The AF has comparable views as the other stakeholder groups concerning communications (19 out of 23 answers in the top two categories for Q62), epidemiological intelligence (17 out of 22 answers in the top two categories for Q61) and, unlike other groups, for training activities (16 out of 21 positive or very positive answers). The AF members are most convinced that the sustainability of surveillance activities at the ECDC is better than that at other similar organisations (90% of responses in top two categories for Q58).

Surveillance networks: Although composed of a limited number of respondents, the variation in the opinions of DSN representatives follows the general pattern in the other member groups from one item to the other. The respondents believe that the sustainability of epidemiologic intelligence issues is fine (two "considerable" vs. one "moderate answer"). Slightly less so, but still positive are the respondents with regard to surveillance and cooperation activities (two of four answers moderate, two higher than moderate on each of Q58 and Q63). The respondents are somewhat more negative on scientific advice (two "moderate" answers balanced with one answer each of "considerable" and "a little") with the relatively least positive opinion reserved to training (only three "moderate" answers).

Management Board: The MB is relatively speaking, the more moderate group with respect to all six activities whose sustainability is being compared across various organisations. Only about 64% of the respondents see the sustainability of surveillance and scientific advice activities as considerably or extensively sustainable. About 75% chose the top two answers to qualify the sustainability of communication, epidemic intelligence and cooperation activities, but more chose the option "moderate" than the higher ones concerning the sustainability of training activities.

National Health Ministries: NHM have a solidly positive assessment of the sustainability of most of ECDC's activities. The one item on which the cumulative "considerable" and "extensive" rate falls under 75% is on training (Q60). But, aside the ECDC staff group, the overall level of optimism of NHM is consistently higher than that of the other stakeholder groups on every one of the items under consideration, with two exceptions: proportionally more AF members picked the top two answers concerning surveillance and more NSI respondents picked the same set of answers with respect to epidemiological intelligence.

National Surveillance Institutes: There are two striking features about the answers of NSI on this set of questions. One has to do with the overwhelming positive response concerning the sustainability of epidemic intelligence activities (only one answer of 14 below "considerable" on Q61). The other is the high incidence of "a little" answers, hence below average on Q60, concerning training. While the other groups ranked the sustainability of ECDC's training activities towards the bottom of the list of six, for none were there so many opinions expressed on the negative side of the scale. It would be of interest to search for possible explanations for this opinion in the interviews we performed with representatives from this stakeholders' group.

ECDC staff: The ECDC staff has very little concerns about the sustainability of the various activities of the Centre. More than 90% of the 30-odd grading responses are in the "considerable" and "extensive" categories concerning the sustainability of surveillance activities, epidemiological intelligence and cooperation with other bodies. For the remaining categories (scientific advice, communication and training), the cumulative top two responses are more than 80%. This is by far the most positively polarized set of opinions across the stakeholders' groups.

An overall view of these results is provided in the main report on p. 82-85.

Need for expansion of tasks: Q64-Q69*

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

* Q65, 67 and 69 are open ended (qualitative analysis)

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q64	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	10.5%	12.5%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	1.3%	1.6%
	Moderately	1	4.3%	6.3%	4	17.4%	17.4%	1	20.0%	33.3%	1	5.3%	6.3%	2	6.5%	8.0%	4	25.0%	26.7%	3	8.6%	10.0%	16	10.5%	12.5%
	Considerably	7	30.4%	43.8%	15	65.2%	65.2%	2	40.0%	66.7%	9	47.4%	56.3%	18	58.1%	72.0%	7	43.8%	46.7%	17	48.6%	56.7%	75	49.3%	58.6%
	Extensively	8	34.8%	50.0%	4	17.4%	17.4%	0	0.0%	0.0%	4	21.1%	25.0%	5	16.1%	20.0%	4	25.0%	26.7%	10	28.6%	33.3%	35	23.0%	27.3%
	Subtotal	16	69.6%	100.0%	23	100.0%	100.0%	3	60.0%	100.0%	16	84.2%	100.0%	25	80.6%	100.0%	15	93.8%	100.0%	30	85.7%	100.0%	128	84.2%	100.0%
	Don't know	4	17.4%		0	0.0%		2	40.0%		1	5.3%		5	16.1%		1	6.3%		2	5.7%		15	9.9%	
	N/A	3	13.0%		0	0.0%		0	0.0%		2	10.5%		1	3.2%		0	0.0%		3	8.6%		9	5.9%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q66	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
	A little	1	4.3%	6.3%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.7%	0.8%
	Moderately	1	4.3%	6.3%	4	17.4%	19.0%	1	20.0%	33.3%	4	21.1%	22.2%	4	12.9%	15.4%	3	18.8%	18.8%	4	11.4%	13.8%	21	13.8%	16.3%
	Considerably	7	30.4%	43.8%	15	65.2%	71.4%	2	40.0%	66.7%	10	52.6%	55.6%	15	48.4%	57.7%	10	62.5%	62.5%	16	45.7%	55.2%	75	49.3%	58.1%
	Extensively	7	30.4%	43.8%	2	8.7%	9.5%	0	0.0%	0.0%	4	21.1%	22.2%	7	22.6%	26.9%	3	18.8%	18.8%	9	25.7%	31.0%	32	21.1%	24.8%
	Subtotal	16	69.6%	100.0%	21	91.3%	100.0%	3	60.0%	100.0%	18	94.7%	100.0%	26	83.9%	100.0%	16	100.0%	100.0%	29	82.9%	100.0%	129	84.9%	100.0%
	Don't know	4	17.4%		2	8.7%		2	40.0%		1	5.3%		4	12.9%		0	0.0%		2	5.7%		15	9.9%	
	N/A	3	13.0%		0	0.0%		0	0.0%		0	0.0%		1	3.2%		0	0.0%		4	11.4%		8	5.3%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

		Stakeholders																					
		Untargeted			ECDC Advisory forum			Surveillance networks			ECDC Management Board			National health Ministries			National Surveillance institutes			ECDC staff			Total		
		count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal	count	% of total	% of subtotal
Q68	Not at all	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	2	5.7%	6.5%	2	1.3%	1.6%
	A little	1	4.3%	6.7%	2	8.7%	9.5%	1	20.0%	25.0%	0	0.0%	0.0%	2	6.5%	9.1%	1	6.3%	7.1%	1	2.9%	3.2%	8	5.3%	6.5%
	Moderately	5	21.7%	33.3%	8	34.8%	38.1%	1	20.0%	25.0%	3	15.8%	17.6%	6	19.4%	27.3%	3	18.8%	21.4%	11	31.4%	35.5%	37	24.3%	29.8%
	Considerably	6	26.1%	40.0%	10	43.5%	47.6%	2	40.0%	50.0%	10	52.6%	58.8%	10	32.3%	45.5%	8	50.0%	57.1%	14	40.0%	45.2%	60	39.5%	48.4%
	Extensively	3	13.0%	20.0%	1	4.3%	4.8%	0	0.0%	0.0%	4	21.1%	23.5%	4	12.9%	18.2%	2	12.5%	14.3%	3	8.6%	9.7%	17	11.2%	13.7%
	Subtotal	15	65.2%	100.0%	21	91.3%	100.0%	4	80.0%	100.0%	17	89.5%	100.0%	22	71.0%	100.0%	14	87.5%	100.0%	31	88.6%	100.0%	124	81.6%	100.0%
	Don't know	3	13.0%		2	8.7%		1	20.0%		1	5.3%		9	29.0%		2	12.5%		3	8.6%		21	13.8%	
	N/A	5	21.7%		0	0.0%		0	0.0%		1	5.3%		0	0.0%		0	0.0%		1	2.9%		7	4.6%	
	Total	23	100.0%		23	100.0%		5	100.0%		19	100.0%		31	100.0%		16	100.0%		35	100.0%		152	100.0%	

Incidence of "N/A" and "Don't know" answers: On this set of question, the number of N/A answers is limited. The number of "don't know" answers is slightly higher, particularly within the ranks of NHM respondents. The question on which least was known pertained to the potential of the current organisational structure to support additional activities in the field of CD. As was the case with Q41 (concerning the communication strategy of the ECDC and its coherence with that of other similar organisations), one explanation might be that the level of detailed knowledge about the structure of the ECDC might not be high enough among some NHM officials in order for them to take a position on this question. The same may be true about the respondents in the untargeted group, where the N/A and "don't know" incidence was also higher. Altogether, about one in every three untargeted respondents refrained from qualifying the ECDC on these aspects.

Untargeted: The respondents from this group had a very positive opinion about the extent to which the ECDC covers the areas of its mandate. Only one of 16 respondents chose the answer "moderate" on the related question (Q64). On the slightly different question regarding the extent to which the ECDC covered relevant areas in the field of CD, the answers of this group were also strongly positive (only one "moderate" answer and one "a little" answer to Q66), which mirrored the opinion of most other stakeholder groups. The impression of uniformity of answers from this otherwise heterogeneous group is corrected by the comments provided in the related qualitative questions. While some focused on the need to provide more guidelines to national labs, other talked about the need to support and influence policies to a greater extent, while other yet stressed the importance of extending and updating the list of 49 diseases or reinforcing ties with other EU organisations. These answers echo concerns expressed in this section by respondents from all the other stakeholders' groups. There was only one "a little" answer concerning the appropriateness of the ECDC's structure to undertake activities in new relevant areas in the field of CD (Q68). However, the incidence of the "moderate" answers was higher than on the other two questions (five "moderate" answers of 15 answers). This results are consistent with those from (most) other stakeholder groups.

Advisory Forum: Like the untargeted group and the ECDC staff, the AF is more positive on the extent to which the ECDC covers its mandate and the relevant issues in the field of CD (four of about 20 answers "moderate", the rest in the top two categories for both Q64 and Q66) than it is on organisational issues (eight "moderate" and two "a little" of a total of 21 answers on Q68). In the qualitative section (Q65, Q67) most answers concerning the mandate of the organisation were to point out areas in which the ECDC needs to improve. By far the issue that received most support was that of the need to reinforce the Centre's microbiology and laboratory capacity, whether through more cooperation with those in MS or through building its own internal capacity. Other areas mentioned were greater coordination with other EU risk assessment and response bodies, better cooperation with MS, including support though an inventory of needs (especially for smaller MS), and the reinforcement of research at MS level. Some reasons provided in Q69 (qualitative) for the more moderate position on the structural issues tackled in Q68 were: the fact that the structure was appropriate for EU15 but not for EU27; that the organisation grew too fast, hence challenging the management; that the ECDC is building mostly its institutional function and becoming more bureaucratic etc.

Surveillance networks: The number of grading answers provided by DSN was again very limited. Concerning Q64 and Q66, the three answers were in the "moderate" (one) and "considerable"(two) category, whereas on issues of organisational structure, one additional person expressed an opinion, hence adding one response in the "a little" category.

Management Board: The response pattern of the MB on this set of question differs from the one of the other groups due to the more positive stance it takes on Q68 (structural aspects). 14 of the 17 respondents think that the structure of the ECDC is "considerably" or "extensively" appropriate for the organisation to undertake new tasks in the field of CD. The same number of respondents selected one of the top two answers concerning the extent to which the ECDC covers relevant tasks in CD, while 13 thought that the ECDC did a good job at covering bases in terms of its mandate. However, two of the 16 respondents in this group answered "a little" on this issue (Q64) – the only two answers lower than "moderate" across the stakeholders' groups for this question. Like other stakeholder groups, in the open-ended answers, the MB members point out areas (existing or new) that the ECDC should work on. Examples include zoonoses, prevention of CD, support for patient groups, training for professionals and genetics.

National Health Ministries: NHM were very positive concerning the extent to which the ECDC covered relevant issues in the field of CD, including as defined in the mandate. All answers were "moderate" or above, with 18 out of 25 and 15 out of 26 "considerable" answers respectively on Q64 and Q66. In the qualitative section (Q65, Q67) the suggestions for improvement were in the area of data quality and data harmonization in the MS. The NHM were slightly more sceptical (though still positive) about the appropriateness of the ECDC structure to undertake new activities (two "a little" and six "moderate" answers on a total of 22 "grading" respondents).

National Surveillance Institutes: NSIs, like the other stakeholder groups, are positive about the extent to which the ECDC covers relevant tasks/ areas in the field of CD. The majority of answers both on Q64 and 66 were in the "considerable" category. The number of answers in the "moderate" category was equal on both questions to the number of answers in the "extensive" category (four each of 15 answers on Q64 and three each of 16 on Q66). Answers in the qualitative section (Q65 and Q67) are provided to underline the need to consolidate current activities (for example producing guidelines and recommendations) rather than expanding. This group also had fewer structural concerns, with 10 of 14 respondents to Q68 believing that the organisation of the ECDC was considerably or extensively appropriate to undertaking new tasks in the field of CDs.

ECDC staff: The responses of the ECDC staff were, like those of the other groups, very positive on issues of mandate and relevant areas coverage. 90% of the 30 respondents thought the ECDC covered all areas of its mandate (Q64) and 86% thought it covered relevant tasks in the area of CD to a considerable or extensive degree (Q66). Almost all respondents having added clarifications to their responses of Q64 and Q66 through answers to Q65 and Q67 (qualitative), by pointing out other new areas that the ECDC should tackle or strengthen: field investigation, influencing the research agenda, prevention, chronic diseases etc. In stark contrast with results from the MB and (to a less extent) from NSI, the ECDC staff was not convinced that the structure of the ECDC was appropriate for an expansion of tasks in the field of CD. Two of the 31 respondents thought that the structure was not appropriate at all (Q68). These were the only two answers in this bottom category registered for this question among all stakeholders' groups. The majority of answers were nonetheless still concentrated in the "considerable" and "moderate" categories (14 and 11 out of the 31 answers respectively). Answers to Q69 (qualitative) reveal the fact that the gap between the answers "not at all" vs. "considerable" is due to the opinions ECDC staff have of the matrix structure of their organisations: some see it as not working, while others think it provides the necessary flexibility to adapt to new circumstances. Others yet ponder on whether more emphasis on the disease-specific cross-section programmes would be a better approach, while others argue against a possible change in this sense.
An overall view of these results is provided in the main report on p.86-87.

Additional comments: Q70-Q71*

70. If you wish to further elaborate on your answers to the questions in the sections above (added value and utility), or if you have any comments on them, please use the space provided below.
71. If you wish to make any further comments about your experiences with the ECDC and/or this survey please use the space provided below.
* 70 and 71 are open ended (qualitative analysis)

Introduction: Q70 was designed to allow respondents to clarify/ specify their answers on the set of questions linked to relevance/utility and value added. However, due in part to the set up of the survey (several possibilities to clarify positions for individual question just before this more generic one) many respondents took the opportunity to make more general comments in Q70. As a result, these answers are very similar in nature to the ones made in Q71 (additional comments, general experience with the ECDC). As a result, these qualitative questions are analyzed together.

Untargeted group: There were nine answers provided on these two questions, concerning the ECDC. An additional comment (repeated) was on methodological issues. Among the nine comments, three contained overt compliments to specific areas of activity (EPIET, alleviation of disease burden, vaccination). Two comments went in the sense that it might be a while before the value that the ECDC adds to the field of public health is perceived and appreciated. However, two other comment went completely against this assertion, one stating that particularly in surveillance the ECDC has been duplicating WHO and DSN work, while the other commented on the unclear borders of ECDC's mandate and its competitive approach to doing business. While some respondents thought the ECDC works in an effective and collaborative way, others saw room for improvement concerning networking and the way in which the internal working of the Centre (particularly meetings of various bodies) were prepared. Three stakeholders thought the ECDC should play a bigger role in influencing policy making.

Advisory Forum: There were a total of eight answers from this stakeholders' group on these questions, the majority positive. They pointed out that despite the short existence of the ECDC, it has made a positive contribution to the field and has established itself as a major player. The members of the AF also highlighted several points of attention: the fact that the activity of the ECDC risks to overburden some of the more resource constrained MS (albeit the positive influence it has on the acceleration of reforms in these countries), the limitation of the fact that the Director is the chairman of the AF hence limiting this body's role and independence, and the fact that due to its fast growth the Centre is rapidly losing coherence.

Surveillance networks: Only one comment came from this group, advising that the ECDC should be flexible enough to allow the interpretation and use of surveillance data in a scientific way that benefits the community at large.

Management Board: Six comments were provided by members of the MB, with two of these providing clarifications on the identity of the survey respondents and their general opinion about the questionnaire. The remaining answers were either to praise the Centre for the impressive results achieved in a short time or to point out that results will take a while to show. One respondent took the opportunity to express its disapproval to the approach that some of the larger MS took in working with the ECDC, seeing it as a vehicle for advancing their national interest.

National Health Ministry: 15 answers were recorded from this group. Several of them provided clarifications on the way the survey was filled in (what some terms were taken to mean). Others pointed out to the good relationships they were able to establish with the staff and management of the ECDC. While some took the opportunity to highlight the strengths of the Centre (good management and organisational structure, the excellent output of guidelines production, the added value that additional information and networking provides), others point out shortcomings, such as the gap between ECDC's very technical outputs and the needs of policy makers or the various level of expertise that the Centre has, depending on the topic at stake. The advice for the future that some members of this group provide includes to continue networking and to undertake expansion in stages (if at all) in order to avoid becoming superficial.

National surveillance institute: The five answers from the NSI are overall positive. The issue of increase work load of national institutions is highlighted. However, the effects of ECDC activities are considered as generating support to NSIs in (smaller) MS. The integration of the DSN and EPIET into the ECDC are regarded both from a positive angle (creating stability) and from a negative one (losing European identity, the collegial network approach etc). Improvements are suggested with respect to the functioning of AF (change in chairmanship) and a general recommendation to focus more on issues that would create additional added value.

ECDC staff: Despite a comment that the current survey may not have been very relevant to staff, 13 qualitative answers were recorded on these last two questions. Several of them agreed that the institution was a good one, with good management and added value, an enjoyable place to work, providing a challenge for employees. Some isolated voices raised against management decisions that are not always the right ones or the fact that the work undertaken by the Centre is too closely link with the political agenda and political priorities at any given moment. Finally, a couple of respondents pointed out to some specific areas of improvement in their specific field or expressed an opinion concerning the direction in which the organisation should extend its mandate should that decision be taken.

Annex 6 Synthesis of interviews

As part of the evaluation, we have conducted 83 interviews with key stakeholders. These stakeholders were selected in consultation with the ECDC and encompass the following categories:

- EU institutions and agencies (n=13);
- international organisations (n=4);
- EU surveillance networks (n=7);
- national surveillance institutes (n=15);
- national health ministries (n=27);
- ECDC (n=17).

In this Annex we provide the synthesis of the information provided in interviews, by stakeholder group.

A. Awareness of the ECDC's mandate and corresponding activities

Understanding of mandate, objectives and activities of the ECDC

EU institutions and agencies

All respondents have a good understanding of the ECDC's mandate, objectives and activities, which are clearly stated in the Founding Regulation. However, it is noted that the mandate leaves room for interpretation on the following issues:

- The definition of Competent Body, which can be interpreted differently by MS because of differences in the organisation of surveillance activities.
- The division between risk assessment and risk management.
- The definition of geographical scope is a weak point in the current mandate (e.g., how to deal with overseas territories?).

Another issue is the legal base of the mandate, which is not very strong, because there is no European legal base for monitoring and surveillance of human diseases.

International organisations

All respondents have a good understanding of the ECDC's mandate, objectives and activities. The ECDC is seen as a technical agency with a clearly delineated mandate, without any other role to play in the policy process than providing sound evidence on which decisions can be made.

National health ministries

It is important to understand that several NHM respondents are also members of the AF or the MB. As a result, there is a split between the respondents who know the ECDC only from the outside and those who also know it from the inside. All respondents seem to have a good understanding of the ECDC's mandate, objectives and activities, but some of them substantiate their claims more than others. Several respondents find that the Founding Regulation is not clear on the following issues:

- No clear distinction between risk management tasks of the EC and risk assessment tasks of the ECDC.
- Lack of formal communication procedures with the MS as regards to the procedure for scientific opinions.
- The definition of the ECDC's stakeholders' groups, which until now are rather broadly defined to include national health ministries, national scientific institutes, universities, even health workers and the press. As a result, there is significant confusion around the concepts of "gatekeeper", "focal point", nominated representatives" and "competent bodies".
- Another point that needs to be clarified in the mandate is the extent to which it can deal with issues as an independent agency and the fields in which consensus must be sought at all costs. Linked to this point is the need for the ECDC to better gauge the amount of effort it puts into various activities in its mandate.

It is essential that the responsibilities of the ECDC are further clarified. An important step to take is the reinforcement of the management role of the Health Security Committee, who should become more engaged and active than is the case now.

National surveillance institutes

As was the case with NHM interviewees, several NSI respondents are also members of the AF or the MB. As a result there is a split between the respondents who know the ECDC only from the outside and those who also know it from the inside. The respondents who are not particularly associated with the ECDC find that the mandate and its limits are not completely clear. The most recurrent issue that poses problems is the distinction between risk assessment and risk management.

EU disease surveillance networks

Overall, the respondents declare being up to date of the ECDC's objectives, activities and aspects of the mandate.

ECDC

All staff members have a good understanding of the ECDC's objectives and activities. Overall the mandate is assessed as clear, but there are still some issues open to interpretation, which need further clarification:

- The role of the ECDC in the prevention of communicable diseases.
- The distinction between risk assessment and risk management.
- The outbreak of communicable diseases of unknown origin.

Main purposes and activities of the ECDC

EU institutions and agencies

All respondents are well aware of the main purposes and activities of the ECDC.

International organisations

Most of the respondents are well aware of the main purposes and activities of the ECDC. A few respondents became recently involved with the ECDC and for this reason are not fully aware of the Centre's activities.

National health ministries

Respondents have different opinions concerning the main purpose of the ECDC. While none has views deviating significantly from the main aspects of the mandate, it is interesting to see that a number of respondents believe that the Centre:

- acts as a "translator" for the many different health reporting systems in Europe, allowing information to be shared an understood between the MS.
- is an organisation focused on preparing and not on reacting.

- leads on communicable diseases preparedness, coordinating MS and facilitating bilateral communication
- has its role in public health surveillance, scientific advice, training and offering support to MS.
- is meant to provide scientific opinions, not recommendations on how to deal with health issues.
- identifies incidences and outbreaks of communicable diseases of the MS.
- is the central point of information in a crisis situation and providing a platform to discuss communicable diseases at a European level.

While none of these views are wrong, they are only partial. This might mean that the ECDC should be more holistic in its communication about what it does.

National surveillance institutes

Respondents have different opinions concerning the main purpose of the ECDC. While none has views deviating significantly from the main aspects of the mandate, it is interesting to see that a number of NSI respondents:

- insist on the role of the ECDC as a coordinating agency
- highlight the interest of the ECDC providing a European view on various topics
- stress that the ECDC should deepen its harmonization work
- point out that the ECDC should provide support to MS in building up their capacity in different areas, from data collection, to risk management planning.

Some respondents have a relatively narrower vision about what the purpose of the ECDC is, and see it as a special information dissemination agency; special in the sense that it should provide more reliable data than individual sources and special in the sense that it should focus on threats on which little or no expertise is available already in the MS.

One respondent went in more detail to categorize the more and less relevant activities of the ECDC. Since this is an isolated view, there is not enough evidence to support these affirmations.

EU disease surveillance networks

The main purposes and activities of the ECDC are clearly understood by the respondents.

Level to which objectives are reflected in annual work programmes

EU institutions and agencies

Overall, most of the respondents feel that the objectives of the ECDC are increasingly well reflected in the annual work programmes and Strategic Multi-annual Plan 2007-2013. In previous years, the mandate was not completely reflected in the annual work plans because the Centre has put a lot of effort in building up its infrastructure during the first years of existence. One respondent notes that the annual work programmes could be further improved by involving the MS and Commission more in the drafting process.

National health ministries

The few respondents who answered this question share the opinion that the objectives are clearly reflected in the annual work programmes and Multiannual Strategic Plan 2007-2013. One respondent underlined that the priorities are established democratically, in close consultation with all MS. However, another respondent pointed out that the Centre should be more focused, since the impression exists that it wants to incorporate too many activities.

National surveillance institutes

Those few respondents who ventured an opinion on this matter believe that the objectives are clearly reflected in the annual work programmes but did not substantiate their claims.

ECDC

The majority of respondents feel that the annual work programme and the Strategic Multiannual Programme 2007-2013 are increasingly reflecting the ECDC's objectives and mandate. However, a few respondents express some concerns, including: the very high level of ambition that might be beyond the available capacity, not enough focus on priority areas and interests of all Member States (MS) even if there is a lengthy consultation process with all stakeholders to develop the annual work programmes. As a consequence, almost all respondents believe that this might limit the Centre's ability to have an impact on infectious diseases in Europe and fuel (perhaps unnecessary) competition for resources between units.

Awareness of stakeholders that are involved in the ECDC

EU institutions and agencies

All respondents all stakeholders, regardless of their group, say that they are aware of the stakeholders that are involved in the ECDC without offering much details on the issue.

Awareness of any specific diseases or problems the ECDC is focusing on

EU institutions and agencies

All respondents are to a large extent aware of the specific diseases and problems the ECDC is focusing on.

International organisations

All respondents are aware of the specific diseases and problems the ECDC is focusing on.

National health ministries

All respondents are aware of specific diseases or problems the ECDC is focusing on, but some to a larger extent than others. This seems to be related to the level of the

respondent's involvement with the ECDC. One respondent pointed out that there is still a broad spectrum of communicable diseases that the Centre is not yet addressing but this was not further specified.

National surveillance institutes

Several respondents proved that they have a good knowledge of the scope of actions of the ECDC by specifically making reference to the 49 diseased in the mandate. Although to a lesser extent, respondents also mentioned the importance of emerging threats in ECDC's mandate. Among the most commonly conditions mentioned by NSI respondents, in the related question, as well as while discussing other issues, were: influenza, including avian influenza, TB, vaccine-preventable diseases, health-care related infections etc.

EU disease surveillance networks

All respondents are to a larger or lesser extent aware of the specific diseases and problems the ECDC is focusing on, which depends on their degree of involvement with the ECDC. Some respondents are primarily focusing on the disease area of the DSN in which they are involved.

Appropriateness of the ECDC activities in dealing with public health crises

EU institutions and agencies

The vast majority of respondents noted that the activities of the ECDC are appropriate to deal with public health crises. The information that the ECDC provides is comprehensive and timely. One item to further work on is the response strategy to emerging threats. ECDC has proven it can deal with a public health crisis (avian influenza outbreak) during the first year of its existence, and will be better equipped to deal with public health crises when the centre is more consolidated.

International organisations

The two respondents who expressed a point of view believe that the ECDC activities are appropriate to deal with public health crises. However, it was noted that the ECDC has limited capacity and that the Centre needs time for pooling expertise from the MS, which might not be fast enough to efficiently respond to health crises.

National health ministries

Most of the respondents believe that the ECDC's activities are appropriate to deal with a public health crises or are on the right track in building up capacity in this field. The Centre's adequate response during the avian influenza outbreak in 2005 is a visible example. It is felt that at this instance the ECDC has done its best to support and provide help to the MS. One respondent pointed out that particularly the information from *Eurosurveillance* and the EWRS are crucial for responding to a public health crisis. In addition, several respondents explicitly mention the ECDC's valuable work in influenza pandemic preparedness.

A few respondents are less positive about the Centre's appropriateness of activities to deal with a public health crises. One respondent pointed out that the "Red wing" exercise undertaken in the autumn of 2007 showed that the internal structure of the ECDC is not adapted to respond to a crisis situation. Whereas the ECDC has the necessary expertise, it needs to find ways to use it and mobilize it efficiently. Another respondent expressed that in the beginning, the ECDC's role alongside the MS and other bodies such as WHO was not very clear and what the ECDC was trying to do was too ambitious in terms of managing a crisis.

With regard to the future, several concerns were expressed. One respondent declared that the distinction between risk assessment and risk management should be clearer. Another respondent questioned whether the ECDC had enough staff to deal with a public health crisis as it is still building up capacity. It is also underlined that the ECDC should be playing a much greater role in standardising the steps that MS need to take in providing a solution to an outbreak. Also, the lack of laboratory facilities might constitute a drawback in the event of a crisis.

National surveillance institutes

Many respondents remain cautious in assessing the level to which the activities of the ECDC are appropriate in dealing with PH crises for the very simple reason that, according to them, the ECDC was never put to the test. Two respondents, who considered that the activities of the Centre were in fact appropriate for such situations, pointed out to the interventions undertaken during the Chikungunya and avian influenza outbreaks. One respondent made a distinction between "dealing with crises" and "helping MS be prepared to deal with crises". While the ECDC cannot yet do the first, it is felt that it can make its contribution on the second.

EU disease surveillance networks

The vast majority of respondents feel that the ECDC's activities are appropriate to deal with public health crises. It is noted that responses have been tested in June 2007 through simulation exercises as a means to test response and communication with the MS, WHO and the EC.

ECDC

All respondents consider the ECDC's activities appropriate to deal with public health crises. The ECDC has proven to be successful to deal with public health crises from the very beginning with the avian influenza outbreak and later on during other outbreaks (e.g., Chikungunya). It is important to note that responses have been tested through an internal simulation exercise (June 2007 and again summer 2008), which has resulted in further improvements of procedures.

B. Uptake and utilization of the ECDC's information

Most important achievements of the ECDC

From the interviews, it has become obvious that the Centre accomplished a large number of achievements since its inception in May 2005. The most important achievements are outlined below, by category and by stakeholder group.

EU institutions and agencies

Establishment of the ECDC

- The ECDC positioned itself as a well-managed, identifiable and credible player in the field of public health in Europe
- The Centre has managed to put its infrastructure in place at an impressive speed.
- Capacity building in the MS
- ECDC developed good expertise on a number of pathogens and CDs (i.e., the norovirus)
- ECDC's activities have a stimulating effect on EU countries lagging behind in their emergency preparedness.
- The ECDC imprints a European perspective on the information collected from MS

Surveillance

- The ECDC has put in place a CD surveillance system that provides an common EU standard.
- The evaluation and integration of some of the DSNs has resulted in more coordination.
- The first Annual Epidemiological Report for data on 2005 was published in 2007 following the analysis of 10 years of data (general 10-year trends) and providing a comprehensive overview of the EU status quo.
- Harmonized data collection and swift building up of the European surveillance system and database (TESSy).

Scientific advice and information

- Production of credible scientific advice for the EC and the MS as the clustering of scientific knowledge did not exist before the ECDC was set up.
- Production and dissemination of valuable scientific outputs and services.

Preparedness and response

- Set up of the EOC that can contribute, together with similar structures in related fields, to better coordination and real-time information exchange.
- Appropriate response to the avian influenza outbreak in 2005.
- Valuable risk assessment activities.
- The successful transfer of the EWRS from the EC

External communication

- The ECDC is providing adequate response and guidelines to requests from the MS.

International organisations

Establishment of the ECDC

- ECDC was set up very quickly.
- ECDC established itself as a distinct, identifiable player in the field of public health in Europe.
- ECDC has established its vision.
- Due to the establishment of the Centre there is a European coordinated approach to the prevention and control of CD.
- Successful recruitment of high level staff.

Surveillance

- The ECDC represents a convenient access point to the relevant European surveillance networks
- Integration of the disease specific networks of surveillance.
- The ECDC is filling the surveillance gap that existed for communicable diseases in Europe.

External communication

- Establishment of the ECDC website.
- Publication of the weekly epidemiological report.
- ECDC is offering a common voice on communicable diseases in Europe.

External relations

- Participation in outbreak investigation and response activities in the MS.
- ECDC is a credible, trusted and respected technical partner.

National health ministries

In general some of the major achievements of the ECDC are considered to be:

- Good coordination of communicable diseases on a European level
- Support to the more resources-constrained countries
- Establishment of the network of Competent Bodies

Establishment of the ECDC

- Existence and rapid build up, developing into a credible and visible organisation
- Recruitment of well qualified specialists from the MS

Surveillance

- Integration and connection of DSNs
- Creation of a centralized data collection system (TESSy), which simplifies the task of reporting officers in the MS.
- Useful surveillance data
- Publication of case definitions

Scientific advice and information

- Provision of information that is available 24 hours a day
- Facilitation of information sharing and networking between the MS

- Production of high quality scientific opinions and epidemiological reports
- Development of common views on scientific guidance (e.g., vaccination, pandemic influenza, preparedness)

Preparedness and response
- Putting preparedness and response activities on the EU map (i.e., professional and active approach, consultation with other public health institutes)
- Training and capacity building activities (e.g., vaccination course and management of outbreak investigation)
- Establishment and operation of the Emerging Operating Centre
- Operation and coordination of the Early Warning and Response System

National surveillance institutes

In general some of the major achievements of the ECDC are considered to be:
- Reports, training and dissemination of useful information
- The whole existence and creation of the ECDC and its rapid build up
- Integration of DSNs and creating a stable financial situation for them
- Integration of information from the several MS
- Facilitation of networking

In addition some specific programmes and actions were mentioned as major achievements. These include the EPIET programme, the Pandemic Plan, assessing the risk from Chikungunya and TESSy.

Establishment of the ECDC
In general the establishment of the ECDC was considered very useful as was the integration of various networks. The ECDC combines much useful information and knowledge together. The collaboration on activities at the EU level was also found to be useful. However, according to some stakeholders, the establishment has caused the role of e.g., the old training network to become slightly unclear.

Surveillance
The new EU surveillance system TESSy is considered in general to be a major achievement and most of the interviewed said that they use it extensively.

Scientific advice and information
Mostly the scientific advice and information produced by the ECDC were told to be used a lot and to be very useful. However, in general new Member States found the ECDC information more useful than organisations from old MS, which have strong traditions themselves already on disease reporting, information collection and surveillance. Also some interviewees felt that information flows more from the national institutes to the ECDC than other way round.

Influenza advice was considered in particular sufficient and relevant, but e.g., the Epidemiological Report was found to be both very useful and to contain outdated data. Delays in providing case definitions and setting up a common system for data collection for all MS were told to create some confusion and bottlenecks in the information flows

and information reliability. There were also some concerns about the data reliability, due to the differences in the quality of surveillance systems in each MS. The current reported case numbers might have nothing to do with the actual incidence of the disease in some countries.

Preparedness and response
Most of the interviewees found the responses of the ECDC quick and helpful especially in public health crisis situations (e.g., avian influenza). However, as mentioned earlier, some have doubts about the reliability of the information and consider some information flows to be too slow.

External communication
In general, the ECDC website was told to be used extensively. Reports, trainings and presentations were considered very useful. Sharing of knowledge especially from the old member states to the new ones has been also beneficial. The ability of the ECDC to call attention of politicians and the public about important issues and problems related to the CD has been found to be also very good.

Technical support to the MS is also considered to be very useful. Some called out for more use of teleconferencing for meetings and trainings, since Stockholm is rather far for the southern MS and travelling there for all meetings can be expensive and time-consuming.

EU disease surveillance networks

Based on their involvement with the ECDC through the DSNs the respondents particularly reported on the Centre's achievements in the field of surveillance:
- Proper assessment of the DSNs.
- Coordination and integration of the fragmented surveillance activities in the MS at a European level.
- Development of standard operating systems for the DSNs.

ECDC

Establishment of the ECDC
- Fast paced set up of the ECDC outside the Commission by a dedicated team with a pioneer spirit.
- The ECDC successfully inherited a part of the Public Health Programme from DG SANCO including the Disease Specific Networks (DSN), *the EPIET* training programme and the scientific journal *Eurosurveillance*. Most of these activities have been evaluated and gradually integrated into ECDC. Financing of these programmes is more sustainable now that they are hosted by the ECDC.
- Since the set up of the ECDC, the European coordination of communicable diseases has been established (e.g., scientific advice on avian influenza).
- Successful recruitment of high level staff

Surveillance

- The European surveillance system is moving away from a project approach to an integrated approach now that the DSNs are (partially) moved into the ECDC and the development of the European surveillance system TESSy has been set up. This is a major step forward in improving the comparability of data, data sharing, analysis and decision making.
- First Annual Epidemiological Report for data on 2005 was published in June 2007 following the analysis of 10 years of data (general 10 year-trends) and providing a comprehensive overview of the EU status quo.
- Revision of case definitions, which was a good consensus development exercise with the Member States.

Scientific advice

- The Centre is building a reputation of scientific credibility by high quality of its scientific advice and timely answers to requests from the MS and the EC.

Epidemic intelligence

- The ECDC has the early detection capacity in place (risk assessments, signalling health threats (EOC) and responding to health threats) to adequately respond to and prevent possible future communicable disease outbreaks.
- Coordination of the exchange of outbreak capacity at a European level.
- Integration and operation of the EWRS function from the EC.
- Creating a novel method of evaluating countries pandemic preparedness and successfully assisting all 30 EU/EEA countries to self assess with no refusals.

External communication

- Converting *Eurosurveillance* from a middle order publication to one of the most widely read communicable disease journals.
- ECDC has generated significant media coverage for its activities, while also building (jointly with SANCO) a network of health communicators in the Member States.

External relations

- Building of trust with the MS, which is of key importance to identifying areas where the ECDC can add value,
- Finding solutions for balancing demands from the smaller and larger MS and for facilitating exchange of experiences and pooling of resources,
- Increasing recognition as a credible partner by international public health organisations and the MS.

Use and or promotion of the ECDC information and results by stakeholders

EU institutions and agencies

The majority of respondents states that they are using and promoting information from the ECDC. How actively information is being used and promoted depends on the respondent's relation and involvement with the Centre. Also, more than half of the respondents reported to exchange information and expertise with the ECDC. However,

most of the respondents were less aware to what extent other stakeholders are using and promoting ECDC's information.

A few respondents expressed the following concerns regarding the uptake of information:

- It is unclear what the impact of the knowledge production is.
- Uncertainty about the uptake/ use of information in the MS because there are obstacles observed in the distribution of information. It is feared that important information only remains with experts.
- The general public remains poorly informed about the Centre's activities. Both the ECDC and MS share responsibility for disseminating the information to the general public and should both find ways to improve the situation (e.g., channelling of the most relevant information through public health awareness events).

International organisations

All respondents are regularly to frequently using the information produced by the ECDC including information related to the DSNs (e.g., influenza, vaccine-preventable diseases), *Eurosurveillance* and training modules for public health professionals.

Overall, the respondents share the impression that the information is also used by other stakeholders. The majority of the respondents feel that the main stakeholders interested in ECDC output are public health professionals. MS and international public health organisations are also mentioned, albeit less frequently. With regard to its target audiences, a respondent questions the utility and interest of PR documents that the ECDC keeps producing after ECDC's initial start-up phase.

National health ministries

Most of the respondents use the information but the degree of uptake varies and seems to depend on its relevance and usefulness but also on the respondent's involvement with the ECDC. Information and outputs are, for example, being used for public health policy making, identifying trends, as a European benchmark and for discussion with public health professionals. Several NHM reported to have a systematic approach to disseminating relevant information to a wider public health audience in their MS.

About half of the respondents expressed the impression that other stakeholders are also using the ECDC information.

Frequently-mentioned examples of information and output uptake include risk assessments, the first Annual Epidemiological Report, *Eurosurveillance*, weekly epidemiological reports, capacity building for dealing with pandemic influenza, information exchange by EWRS, Pre-pandemic influenza report, Position Documents, TB Action Plan, capacity building with pandemic influenza, joint assessment of influenza, surveillance data from the DSNs etc.

Several respondents ventured an opinion on the ECDC's trainings in a broad range of areas, which where either attended by themselves or other representatives from the NHM.

Generally, they are very appreciative of the ECDC's support in this area of capacity building.

With regard to the ECDC's provision of information, several comments were made on areas for improvement, which include:

- Confusion persists concerning the various roles and functions of the ECDC's bodies (e.g., MB, AF). This needs to be sorted out in the near future so that the quality of ECDC outputs does not suffer from this confusion.
- Information is not yet distributed and shared widely enough.
- Topics for training 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).
- Training can be further refined by more specifically targeting participants.
- The number of meetings and trainings that the ECDC proposes sometimes puts pressure on the MS with resource constraints.
- Use of a more effective strategy for collecting accurate surveillance data. It is expected that the development of the TESSy database and integration of DSNs will resolve this issue.

National surveillance institutes

Most NSI reported that they use most information extensively and integrate it into their national policies. ECDC information is disseminated in many national CD websites according to the stakeholders and in addition in newsletters in some countries.

It was suggested to follow the use of the training information more in order to establish how useful the info is in each country. It was also asked if the training programme could have fewer overlaps. Similar training sessions should be more evenly distributed during the year. At the moment much similar trainings are held in the same period, which can lead to selecting to participate only in few, while they would like to attend all.

EU disease surveillance networks

The majority of respondents are increasingly using information from the ECDC, particularly related to surveillance (e.g., *Eurosurveillance*).

One respondent has had no reason yet to make use of ECDC information, as they have not produced scientific opinions, delivered training or collected data specific to the disease area of the surveillance network.

ECDC

The majority of the respondents share the impression that public health officials are increasingly using the information and outputs from the ECDC. This impression is mainly based on positive feedback from the professional public health community in Europe. The need to focus on dissemination to the appropriate target groups is stressed

several times, as information from the ECDC will only be used if perceived useful and of immediate need.

A few respondents observe a discrepancy in the level of uptake of information between the larger and smaller MS. The largest MS at times want to limit ECDC's role in production of information, as they see it as a duplication of their effort and to limit the risk that it conflicts with the information they produce. At the same time the medium and small MS welcome this information to a higher extent because of limited internal capacity and expertise.

Several respondents found it difficult to have a well-founded opinion on the uptake of information because measuring the uptake of information is still relatively new. The ECDC conducts systematic monitoring of media coverage (both in the general and scientific press). This monitoring shows that in 2007, media articles about ECDC reached a potential total audience of over 85 million Europeans. However, systematic monitoring of the uptake of ECDC information by official bodies in MS is not yet in place. Pilot projects to develop workable (and affordable) systems are under development.

Good statistics on the use of the Centre's website are not available yet, but this is expected to change by the introduction of the Portal and multilingual website in 2008, which main target group will be public health officials. However, the Founding Regulation also mandates the ECDC to communicate with all interested parties including the general public: but how do you communicate with 500 million people? The related discussion on language policy was highlighted several times during the interviews with dispersed opinions on whether information should only be delivered in English or all EU languages. It is believed that the national health ministries and national surveillance institutes have a potentially important role to reach the general public. The recently adopted language policy on external communication states that all communications to scientific/technical stakeholders should be in English only and that information for a general audience should be provided in all 23 official EU languages plus Norwegian and Icelandic.

Contribution of the ECDC to improving the efficiency of exchanges and activities in the field of public health and disease surveillance

EU institutions and agencies

Most of the respondents believe that the ECDC is improving the efficiency of exchanges and activities in the field of public health and disease surveillance. The ECDC has already contributed to more comprehensive control and improved response to health threats posed by communicable diseases in Europe. It has also improved the data collection workflows, as prior to its establishment data had to be collected at MS level. On a national level, activities of the ECDC have resulted in more knowledge on CD and a more systematic approach in actively regulating and controlling CD.

International organisations

One respondent noted that the ECDC fills a critical vacuum that existed before its creation. The Centre adds unique value by collecting surveillance data from its MS, analyzing and contextualizing it and then sharing the information on its website, through its weekly epidemiologic report and in seminars and conferences that it conducts.

National health ministries

The majority of respondents reported that the ECDC has improved the exchange of information in the field of CD both in Europe and with other public health organisations. More specifically, examples include:

- Secondment of national experts to the ECDC provides opportunity to take back experience in the MS
- Although the process of information exchange was started before the ECDC, the establishment of the organisation has improved the quality of information exchange.
- Integration of the DSNs
- Integration of EWRS
- Capacity building (e.g., EPIET and short training courses)
- Pandemic preparedness planning

National surveillance institutes

According to NSI respondents, the efficiency of exchanges has improved. Much insistence is placed on the more efficient data collection that the ECDC undertakes.

EU disease surveillance networks

The importance of transferring most of the DSNs to the ECDC is acknowledged by most of the respondents. A European and coordinated approach will enable greater impacts in terms of increasing the mass of evidence, enabling interchange of ideas and training and enhancing knowledge of the general public about specific CD. Also, integration of the DSNs will ultimately create more stability and sustainability of these networks' activities, according to most of the respondents. However, these integration processes can be complicated and may be accompanied by friction.

ECDC

Most of the respondents feel that the ECDC has improved the exchange of information and activities in the field of communicable diseases. The Centre plays a very important role in the systematic coordination of prevention and control of communicable diseases in Europe as well as in providing support to the MS.

C. Independence and quality of the ECDC's scientific advice

Quality and appropriateness of the ECDC's scientific advice

EU institutions and agencies

Most of the respondents felt in the position to assess the quality and appropriateness of the ECDC's scientific advice. The majority are appreciative of both its quality and appropriateness. The ECDC is providing both scientific opinions and scientific advice on the basis of sound evidence.

However, special notes that are important to mention were made on the following aspects:

- The extent to which the ECDC delivers scientific advice in the fields of its mission is still under development.
- Providing scientific advice should not be the only task of the ECDC. The Centre should also "translate" to ensure a successful uptake of the information into actual use of the information and behaviour change. The impression is that the ECDC has quite a way to go in translating scientific advice into activities that have an impact on Community level.
- The ECDC, as other EU agencies, should avoid producing conflicting opinions with other EU agencies. This issue has been discussed at the annual meeting of the chairs of the scientific committees of the EU agencies.

International organisations

All respondents positively assess the quality and appropriateness of the ECDC's scientific output, which is related to its mandate. However, one respondent notes that ECDC's scientific advice is sometimes too technical for policy makers.

National health ministries

Generally, all respondents are positive about the quality and appropriateness of the ECDC's scientific advice.

With regard to the process of delivering advice, one respondent reported that the ECDC gave quick follow-up to requests and that the advice was useful.

Concerning the recent discussion in the MB on whether the ECDC should provide scientific advice or scientific recommendations, respondents expressed diverging opinions. Some respondents feel that the ECDC should assess on a case-by-case basis what the most appropriate approach is. Other respondents believe that the ECDC should produce guidelines, with the Competent Bodies in the MS being responsible for adapting them to the national policy context.

The following suggestions for improving the ECDC's scientific advice function were made:

- Think more carefully about the added value the scientific advice can bring at a European level.
- Improve transparency on basic issues such as: "What is the question?"; "Who asked it?"; "Why was it chosen to get an answer?" and "Who answered it?"

- Improve appropriateness by attuning the ECDC's priorities to the priorities of the MS.

National surveillance institutes

Respondents from NSI find the quality of ECDC's scientific advice appropriate. One respondent mentioned that at the beginning of ECDC's activities, timeliness was an issue but that has been resolved in the meantime. Another respondent had doubts about the scientific advice in terms of relevance, as he believed the WHO already produced very high quality papers/analyses. The appropriateness of some specific pieces of advice has also been called into question based on the extent to which it encroached on MS prerogatives through bold recommendations, on the fact that they duplicated work already undertaken in the MS or on the basis of them being released too soon.

EU disease surveillance networks

Overall, the quality and appropriateness of the scientific advice is assessed as sufficient to very good by the respondents. Some respondents feel it would be appropriate for the Centre to give more advice related to the area of their DSN. It is noted that support and guidelines are particularly important for smaller MS that may not have the necessary internal capacity or expertise.

ECDC

In general, the quality of scientific advice is assessed as appropriate and of good quality. A few respondents underline that the ECDC should develop scientific advice in areas that are currently not yet being addressed, particularly in the field of emerging diseases. This requires a more proactive approach, which is for example already observed in the field of antimicrobial resistance (AMR).

Several respondents pointed out that the ECDC cannot afford to be too prescriptive in providing scientific advice to the MS. It is observed that especially the larger MS prefer to be independent because the advice leaves not enough room for interpretation and adaptation to the national policy context. Conversely, the smaller MS have a keen interest in receiving recommendations, mainly due to limited resource capacity.

Level of independence of the ECDC's scientific advice

EU institutions and agencies

Most of the respondents assessed the independence of the scientific advice, which is overall positively rated. Also, the scientific advice is deemed rigorous. One respondent noted that the ECDC's ability to maintain a high degree of independence in an environment saturated with pressures of all kinds is commendable.

However, a few concerns were expressed by some of the respondents:

- It is important to have the procedures in place to avoid a conflict of interest, although it might be difficult to find highly-qualified scientists with no conflict of interest.

- Data that the ECDC collects from registries and research should be better translated into scientific advice.
- More assertiveness of the ECDC would be welcomed. As a technical agency, the ECDC is called to make its own judgement calls in its area of expertise rather than allowing the EC to treat it more like a bureau of its own than like a fully fledged agency.

International organisations

All respondents positively assess the independence of the ECDC's scientific advice.

National health ministries

Most of the respondents believe the scientific advice is independent. The ECDC is the operational arm of a political entity, the EC. As such, it operates in a political environment. Although most respondents do not see this as a barrier to delivering rigorous and independent scientific advice, the ECDC should be sensitive to this political context and be prepared to provide scientific advice in an open and transparent way.

Generally, most respondents believe that the ECDC is making significant efforts to ensure no conflict of interest – i.e.,, the ECDC has appropriate procedures for disclosure and conflict of interest in place to minimize the risks to independence.

Calls were heard from some respondents that the ECDC should take a more proactive approach to scientific advice in the near future.

National surveillance institutes

Many respondents limited themselves to either stating that they perceived the advice as independent or to informing that they were not in a position to pass a judgment on the issue. Those, fewer in number, who had some doubts, also provide some arguments/ examples in support of their suspicion. The advice on the rotavirus was brought into question. However, three respondents have also pointed out that the outcome of the situation was satisfactory, hence proving that the heated debate in the AF and the mechanisms in place are already functional and effective. Calls were heard from among the respondents for a clearer, stricter and more transparent set of rules with respect to conflict of interest.

EU disease surveillance networks

Most respondents have no reason to doubt the independence of the ECDC's scientific advice.

ECDC

Overall, all respondents perceive the scientific advice as independent. However, several comments were made with regard to the procedures to ensure independence of the advice.

The ECDC made a slip once by accepting scientific advice of non-independent experts on vaccines but has put a standard operating procedure in place to avoid any future conflict of interest. However, some respondents feel that the new procedure is too prescriptive, leaving little room for flexibility, as the best scientific experts often have ties with the pharmaceutical industry. The ECDC might have to limit itself too much if it was a requirement for experts to have no industry relations at all.

With regard to the above, several respondents therefore express the need for better guidelines on the declaration of interest for external experts. Furthermore, transparency on the different pools of scientific experts should be improved. It sometimes takes too much time and effort to find the right external experts to answer a request for advice. The ECDC can either issue a call for expression of interest for experts to work with the ECDC (and the ECDC can then select from the experts that have showed interest) or the ECDC can approach the Competent Bodies and ask them for advice and /or nomination of specific experts.

Another comment relates to the fact that ECDC should strike a balance between a proactive and reactive approach in providing scientific advice. A proactive approach will help to anticipate upcoming questions from policymakers. This will, from a strategic point of view, give the ECDC the opportunity to influence the policy agenda. From an operational point of view the ECDC will be able to better respond to requests and allocate the required resources.

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

EU institutions and agencies

Most respondents are not aware of non-scientific factors having an influence on ECDC's scientific advice. It is underlined that the ECDC needs the appropriate procedures in place to avoid any conflict of interest of experts, as the risk is always present, as for any organisation.

International organisations

According to all respondents the scientific advice is not influenced by non-scientific factors. However, the Centre should be aware that there is always a risk and it should protect itself by building in firewalls in its procedures.

National health ministries

Although the ECDC is operating in the European political arena, the vast majority of respondents have no impression that political or pharmaceutical industry factors are influencing the scientific advice.

National surveillance institutes

Among the isolated mentions of influence of the non-scientific factors on the ECDC, the political factors were mentioned most often, whether referring to the EC or the MS.

Industry was also mentioned but without more explanation or supporting evidence. A point was made that the top level experts in particular do have a lot of affiliations and interests. Rather than excluding them from the elaboration of advice on topics in which they *do* have a lot of knowledge, a suggestion was that ECDC staff work along with the specialist to ensure the adequacy of the scientific answer provided by them.

EU disease surveillance networks

Most respondents believe that the scientific advice is not influenced by non-scientific factors. However, the ECDC should be very careful for such influence, especially in areas such as recommendations on vaccines and drugs use. Also, politics may play a role in the way in which data is presented and interpreted, but compiling the figures remains a fundamentally technical exercise. One respondent feels that the choice of topics is heavily influenced by political considerations.

ECDC

The ECDC is a technical institute which has to manoeuvre in a political environment between the Council, the EC, the EP and the MS. Although the respondents feel that these political factors do not directly affect the scientific advice, the Centre has to be aware it is working in a political environment with political agendas. This requires caution to ensure that these political factors do not endanger the independence of its scientific advice. Besides awareness of the political context, it was also noted that the ECDC should be aware of the socio-economic implications of its advice.

D. Efficiency of the ECDC and its activities

Adequacy of the ECDC's budget taking into account its mandate

EU institutions and agencies

Overall, the majority of respondents deem the current budget to be sufficient in relation to activities performed by the ECDC. One respondent assesses the budget as relatively tight, but also mentioned that the ECDC is well managing its resources. Another respondent assesses the budget as substantial and expects that the ECDC will increase the coverage of CD reporting in the coming years with the available budget.

It is very important that activities are properly funded, that there is transparency of the expenditure of the Centre and that money is spent in a cost effective way. The impression is that the planning of financial resources is realistic and financial management sound.

It is pointed out that the ECDC is in a critical phase and the question is how the ECDC will evolve in the coming years. If the Centre will take up more activities the budget should grow correspondingly. In relation to this, one respondent pointed out that if the budget of the ECDC will be expanded it will also mean more work for the MS as the ECDC depends on contributions from the individual MS (e.g., expert advice, attending

meetings). It is observed that some of the MS, even large ones, indicated to have difficulties in performing extra activities for the ECDC in addition to their own activities.

International organisations

Most of the respondents do not feel familiar enough with the budget to assess its adequacy. According to two respondents the Centre is adequately financed.

National health ministries

Most of the respondents deem the financing to be adequate for its current mandate. However, in light of the foreseen expansion in activities more budget will be needed in the nest years. For as far can be judged, in line with the activities stated in the annual work plan.

National surveillance institutes

All NSI respondents who venture an opinion on this issue believe the financing of the ECDC is adequate. Even those who are not directly acquainted with the finances of the Centre feel comfortable advancing this hypothesis, based on the fact that the ECDC is still expanding

EU disease surveillance networks

Most of the respondents feel that the ECDC is endowed with sufficient financial resources for its current mandate. However, a problem is observed with the distribution of those resources to various activities. One of the respondents has the perception that some activities receive more resources than others.

ECDC

The vast majority of respondents believe the budget envisaged in the Financial Perspectives for 2007-2013 is sufficient in relation to the ECDC's present mandate. To date the stepwise annual budget increases have had no limitations for organisational growth. A few respondents noted that more budget could have meant more activities but the Centre would have been limited in absorption capacity (i.e., staff) to digest more budget.

Several respondents, although a minority, expressed their doubts about the adequacy of financing as they observe competition for resources (i.e., staff and finance) between the functional units. In addition, one respondent pointed out there is a lack of flexibility in the budget to deal with certain ad-hoc requests for scientific advice for which now resources from the current budget are being used. Larger contingencies within the budgets are probably needed in the future to cope with this issue. It is noted that the Director can currently shift the budget up to 10%, which has been sufficient so far to meet unexpected needs and to respond to unexpected developments.

An issue of concern is the budget reservation for public health crises, which currently does not exist except for a small reservation. It remains to be tested if this is the most workable solution in terms of speed and action, when an emergency situation would develop. If larger contingencies are required the Director can shift the budget up to 10%.

Most of the respondents feel that the agreed budget envelopes with DG SANCO in the context of the Financial Perspectives 2007-2013 (up to EURO 60 million in 2010) should be enough for ECDC to carry out its activities in the coming years to comply with all the requirements in the mandate. However, a few respondents express their concern that progressive growth might be needed to meet all these requirements

With regard to budget planning a few respondents mention that multi-annual budgeting would be an advantage for the ECDC in terms of predictability. Although annual budgets should be part of a larger multi-annual perspective, they believe it would be difficult to implement in a growing organisation like the ECDC where predictions cannot be made easily.

Adequacy of the quality and number of staff to performing the ECDC's activities

EU institutions and agencies

Most of the respondents assess the quality and number of the ECDC staff as adequate to perform its activities. Also, it was noted that the planning of staff is realistic.

International organisations

Half of the respondents have assessed the quality of the ECDC staff, which is deemed of good to high quality. However, more senior staff is needed to perform the Centre's activities compared to the number of staff at junior and medium level. In addition, it is observed that the Centre needs more staff with specialized skills in epidemiology, information technology, health economics and health communication.

National health ministries

The quality of ECDC staff is positively rated by most of the respondents. However, calls were heard several times that the ECDC should attract experts with more knowledge of and experience with the European political system and national public health systems.

The majority of respondents have the impression that the number of staff has developed according to the work programmes. However, a few respondents do not feel that the number of staffing is adequate given several signals about the high workload. It is recognized by all respondents that more staff will be needed as the Centre expands its activities.

With regard to recruitment of experts a concern is shared by several respondents. As the field of infectious epidemiology is relatively small there is not a multitude of specialists available. The further recruitment of experts by the ECDC might negatively impact on the availability of experts for, especially the smaller MS.

National surveillance institutes

The number of staff at the ECDC is considered adequate and the quality excellent. This last statement is often based either on the quality of outputs/ results or on the quality of relationships between respondents and/ or their colleagues and ECDC staff. One comment was made that, comparing to earlier periods in the "history" of ECDC, a good balance between scientific and auxiliary staff has been reached. However, a respondent pointed out that the balance between epidemiologists and microbiologists is still far from being reached.

Recruitment
Concerning recruitment, an interesting idea put forward by two respondents was that care should be taken not to "leach" all good public health experts away from their original MS towards Stockholm, as it is important that these experts remain close to the field. Regardless, it was noted that the number of good available public experts is limited and barriers to them joining the Stockholm team- high. One respondent mentioned that salaries of seconded staff, hired as contract agents, are lower than those of temporary agents. The location also constitutes a barrier as might the lack of lab facilities for attracting microbiologist.

EU disease surveillance networks

The majority respondents are (very) positive and confident about the ECDC's quality of staff.

However, more than half of the respondents put forward that the number of staff is not sufficient and not well distributed across the ECDC, which needs to be changed. Capacity is not distributed based on workload priorities whereas it should be. For instance, the Surveillance Unit is overloaded with work and transferring the networks has taken a huge amount of time. In addition, the ECDC needs a greater number of staff, especially at this stage as the units are further building up the infrastructure. One respondent doubts whether the ECDC has enough capacity set aside to deal with new or emerging CD health threats.

One responded observed that staff is often not very familiar with the various European health systems upon taking up positions with the ECDC. However, he is appreciative of the people's willingness and capacity to learn.

ECDC

All respondents are satisfied with the quality of staff. The ECDC has managed to bring together different European national cultures and a diversity of professional backgrounds. However, more senior staff is needed to perform the Centre's activities as predominance is observed with staff at junior and medium level. In addition, several respondents noted the need for specialists for the horizontal disease programmes and DSN (e.g., microbiological expert).

The majority of respondents assess the balance between technical and support staff as appropriate. A proportionate growth in administrative staff in line with the growth in technical staff will still be needed when the ECDC further expands. Two respondents believe that there is an imbalance in favour of administrative staff that needs to be mitigated.

A few respondents highlighted the issue of high workload particularly among professional staff. As an example the complex and demanding role of horizontal disease programme coordinators is mentioned. The work pressure should get more attention at management level. Two respondents feel that professional staff has to be self-motivating and self-starting to feel at home within the ECDC. The organisation does not provide much support and the dynamics of this fast growing organisation put much responsibility at the individual expert level. Some difficulties are observed to cope with this culture. A few respondents believe that the high workload in combination with the practical problems in Sweden and the culture within ECDC may become a reason for people to leave ECDC.

Recruitment
Recruitment has been very intense over the first years and procedures as defined in the staff regulations are rather long, on average taking about nine months both for temporary and contract agents. Taking into account the anticipated growth of the ECDC this will continue to be an important activity in the near future and recruitment plans are in place.

Most respondents share the view that the ECDC is an attractive employer for experts in the field of communicable diseases. 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 avoiding in taking up a position at the ECDC in the first years of its establishment.

However, respondents also reported several difficulties and barriers regarding the recruitment of staff, including:

- From the beginning there has been little support from the counterparts ((Ministry of Public Health, Ministry of Finance) in host country Sweden. The problems arising from the inflexibility of the Swedish administrative system were unforeseen. Only recently the access to primary health care for ECDC staff has been solved on an interim basis. The personal identification number, to get access to usual services of everyday life, is still an open issue and a problem to staff. A first interim step is expected later in the year and in which ECDC staff will be included in the Swedish public register. A final solution is promised by the Swedish authorities and where ECDC staff would receive a full valid registration number giving them access to relevant and authorised services. The date for the latter is not yet committed. Despite pressure by the ECDC and lobbying at the Swedish Parliament it is expected that some of these hurdles (e.g., access to healthcare) will remain in place for another few years.
- The practical difficulties of working in Sweden including the cost of living, location, climate, and expensive schooling.
- Limited support from the ECDC for staff moving to Stockholm, which might be an important factor for staff to become unsatisfied in their job. Retaining of staff might

become an issue because of this. However, it should be noted that the ECDC has recently improved this process. New staff can get support from Relocation Services to integrate through on-entry briefing, training, services to find a flat in order to integrate into society.

- Conditions for epidemiological and other specialized senior staff make it more difficult to convince them to join the ECDC.
- The responsibilities and required expertise of horizontal programme coordinators is somehow unclear. As the horizontal programmes developed in 2007 the need was felt for an international competition to select the best experts for these positions. As part of a recent review of the composition of the horizontal programmes also the position of the programme coordinators has been reassessed.

Assessment of internal and external management procedures of the ECDC

EU institutions and agencies

Several respondents reported on the management procedures of the ECDC. The following statements were made by the individual respondents:

- Although the MB works efficiently more representatives with a pubic health background instead of a public policy background would be welcomed regarding the (future) mandate of the ECDC. This category is currently underrepresented.
- With regard to the procedures and functioning of the various bodies of the ECDC, there is a certain degree of confusion about their roles. There is some surprise to see that reporting on the activities of the Centre was just as heavy as in the AF meeting as it was in the MB meeting. The AF should be a forum where experts from different backgrounds can exchange ideas and brainstorm on individual basis (instead of representing their country). This implies that reporting and meetings should be kept "light" and that there is no need for each MS to be represented.
- External management and communication processes run smoothly, pointing out in particular the very professional approach of the Director.

National health ministries

Mostly the respondents with a higher involvement in the ECDC reported on the Centre's management procedures. In most cases the individual respondents expressed concerns and areas for improvement on several issues, which are outline below:

- The high turnover of membership in the MB hinders efficient working. The MS should respect the 4-year mandate of the MB.
- There is discrepancy observed in the levels of participation between the MB members.
- There is not enough transparency on the roles and responsibilities of the different bodies. Clear roles and responsibilities should be ensured for the different bodies.
- The fast decision making of the MB on case definitions did not allow for sufficient time to carefully consider other aspects such as the feasibility of implementing these case definitions in practice or a cost analysis to estimate the impact in introducing them in MS.

- There is not enough exchange of information between the MB and AF. It is recommended to have an elected AF chairman participating in MB meetings to ensure the exchange of information between the MB and AF.
- The AF should focus more on scientific policy and the transparency, independence and usefulness of the scientific work of the ECDC.
- There is not enough transparency on the selection of experts for the AF and scientific panels.

National surveillance institutes

Few respondents felt qualified to answer this question. The ones who did, were able to bring their contribution more often based on other roles they may play at the ECDC, for example members of the AF and often only tackled the issue if they had a concern. Such is the case of a respondent who pointed out that with the expansion of the Centre, it will become important for the top management to increasingly delegate powers.

EU disease surveillance networks

One respondent ventured his opinion and sees significant problems regarding the internal management. The tasks between the different units are not well defined, which is quite disturbing. Also, the ECDC should take more care of staff, which requires good management.

ECDC

The Centre is governed by the Management Board (MB), the Advisory Forum (AF) and the Director and her staff. Currently, a major topic of discussion is the common approach on the future governance of European Agencies. This might also affect the governance of the ECDC.

The respondents expressed various concerns of very different nature with regard to the governance of the ECDC:

- The remit and responsibility of the MB is questioned as the tendency of the MB is to focus on operational issues, while to a lesser extent on more strategic matters and decisions.
- The MB needs to adequately address the priority setting of the ECDC's longer term future which requires further improvement of the outcome indicators as set in the Strategic multiannual work programme 2007-2013.
- The ECDC is expected by the MB to be outcome orientated (i.e., impacting on specific diseases) in areas where there is no EU policy. This is difficult as it means that ECDC is asked to go beyond its mandate (e.g., seasonal influenza and increasing the use of vaccine). It would be helpful if there were more EU policies set by the Health Council that ECDC could then help to implement.
- Due to the different backgrounds of its members the MB is a difficult interplay of forces manoeuvring between the different objectives of MS, DG SANCO and the European Parliament (EP).

- The input of especially the new MS representatives in the MB meetings is less than expected, which might follow from a few MB representatives dominating the meetings.
- The ongoing governance discussions within the EC and the EP. The EP is studying the development of the EU agencies and the EC installed a moratorium on setting up new agencies. The EP is concerned about the growth in number and size of agencies which has budgetary implications. The outcome of the study and ensuing discussions may have an impact on the growth and functioning of the ECDC as well.
- The organisation of meetings of the MB and the AF put a large administrative and logistic burden on the ECDC.

Assessment of internal and external reporting procedures of the ECDC

EU institutions and agencies

Reporting procedures were explicitly assessed by one respondent. This person is appreciative of both the internal and external reporting procedures. Internal documents for meetings are provided in time. With regard to external reporting, the Centre lives up to the heavy reporting obligations that are controlled by the general Community structures.

National health ministries

About half of the respondents reported on the external reporting procedures, which are overall assessed as satisfactory. The ECDC provides a good flow of information. Also, quick written follow-up is given to meetings. This is illustrated by the following comments from individual respondents. One respondent pointed out that the materials received for the various meetings are well thought out and always accompanied by a summary sheet indicating the topic of discussion and the background to the issues on the agenda. Another respondent finds that the ECDC been productive in the number of documents they have produced and that the reports and outputs have been of high quality and user friendly.

Respondents also made several suggestions for improving external reporting procedures. A few respondents noted that the ECDC should increase its understanding of appropriate channels of communication in NHM. Another suggestion was made with regard to improving the standardisation of reporting, which could also include providing guidance to the MS on priorities for reporting.

National surveillance institutes

Only one comment was recorded on reporting procedures to suggest that more feedback is given to the AF on ways in which their advice was taken into account (or why not).

Assessment of the efficiency of working processes of the ECDC

EU institutions and agencies

Overall, the respondents share the impression that the structure and approach of the ECDC are appropriate to support the activities. Working procedures are generally clear and efficient but it improvements still need to be made. Individual respondents reported the following statements:

Internal organisation

- The ECDC does not always respond to requests for data, which might be caused by the faster than expected growth of the organisation and insufficient capacity.
- Resources are overall well used with the exception of translation services in the MB. Beyond a certain point, this is a waste of resources and it creates even more discrimination rather than inclusion since this service is provided for some but not all official EU languages.
- ECDC is an organisation that is designed to move quickly in the event of a crisis. Having a limited membership of relatively similar countries, it is not slowed down by having to constantly take into account global considerations like other organisations.

External communication

- The flow of information from the ECDC to the MS focal points functions properly.
- The systematic approach of producing guidelines

International organisations

An assessment was made by half of the respondents, which felt familiar enough with the working processes to make a judgment. In general, these processes are positively appreciated (e.g., fast in clearance of especially PR documents and dissemination of information) but as ECDC is a growing organisation there is still room for improvement.

National health ministries

The majority of respondents reported on the efficiency of working processes. Other respondents felt not enough involved with the ECDC to make an assessment. In general most of the respondents assess the efficiency of working processes as positive taking into account the infancy and growth stage of the ECDC. It is understood that the ECDC had to invest large in setting up its basic infrastructure in the first years of existence. There are several areas in which the ECDC could improve the efficiency of its procedures, which are categorized below:

Internal organisation

- Matrix structure might conflict with different approaches to CD in MS.

External communication

- The ECDC has developed good two way channels of information.
- The ECDC should respect the conventional European diplomacy channels for institutional communication (e.g., designation of Competent Bodies) but that, in the interest of efficiency, technical communication can proceed more informally.
- The ECDC should establish key contact persons in the MS.

External collaboration

- No clarity in the roles of partners (it would be advisable to have one strategic focal point per MS – not necessary a scientist, but a person capable of quickly and appropriately dispatching information.
- Insufficient knowledge about the public health systems of the MS. Knowledge is needed to ensure that the best experts are being used in the EU.
- Problems observed with the way data and information is collected by the ECDC, mainly due to a lack of standardized reporting of CD's in all MS.
- The ECDC has been very effective in building networks and using expertise from within MS.

National surveillance institutes

Whether measured in terms of speed of reaction to requests, preparation and follow up to meetings or in comparison with other organisations, the working processes are considered, by and large efficient and appropriate. The processes at the ECDC are considered by one respondent as less bureaucratic than at WHO. The aspect that respondents are most familiar with, data collection was considered by many respondents as efficient. There were also a couple of dissenting voices pointing out that using the new system required a lot of adaptation in the way they were used to doing things. There was also an NSI interlocutor that informed the evaluation team that considerably more clarity is needed on what data is collected for what disease and most importantly WHY, before the process can be truly defined as efficient.

Internal organisation

Due to the nature and position of this stakeholders' group, opinions on the internal organisation of the ECDC were also relatively rare. One concern was expressed on the appropriateness of the unit structure as opposed to a disease-specific approach. Another respondent pointed out that an apparent lack of communication between various units at the ECDC can increase the confusion among NSI staff.

External communication

External communication- that is communication between the Centre and other stakeholders was the object of split appreciation. Some 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. One respondent goes as far as explaining that if the ECDC does not utilise the usual EU-system communication channels it takes the risk that the message does not reach the intended addressee, hence giving rise to significant inefficiencies. Other stakeholders limit themselves to pointing out the advantages of the ECDC reducing the number of interlocutors it requires from MS, in order to avoid unnecessary confusion and misrepresentation of MS positions.

Process of DSN transfer

The process of DSN integration stirs mixed reactions among respondents. Whereas some thought the process was carried out smoothly for the most part and it is in the interest of long term efficiency and sustainability, other argue that the process might have been

counter productive as institutionalization may have reduced the enthusiasm and willingness to contribute of some experts that were part of these networks.

EU disease surveillance networks

The majority of respondents reported on the efficiency of working respondents. A few respondents noted it is too early in their involvement with the ECDC to comment on any working processes.

Respondents expressed their views and concerns on the work processes, particularly on the transfer of DSNs to the ECDC which is an ongoing process. It has become clear from the interviews that some of the (planned) transfers are considered more successful than others. More detailed statements regarding the transfer of DSNs and other working processes are outlined below:

DSN transfer and collaboration

- Transfer of responsibility for the coordination of the network was a success. The positive approach form the DSN hosting organisation was nurtured by the ECDC through the provision of a constant flow of information and regular consultations to address the concerns about the coverage and quality of the new system.
- The relationship developed between the DSN hosting organisation with the Centre is positive, with representatives from the ECDC maintaining constant communication and attending the network's meetings. This was a positive development with respect to the previous situation.
- Until now there was a certain level of complementarity between the ECDC and DSN, as the EDC had left all the technical aspects under the responsibility of the DSN, who achieved good cooperation between professionals from different fields. However, with the takeover of activities, it is feared that this *savoir-faire* will be lost, particularly because from the coordination team only few were formally invited to join the ECDC (both declined the offer).
- Transfer of surveillance networks has not always been an easy task:
  - The mandate of the ECDC - which is geographically restricted to the EU 27 MS, 3 candidates and 3 EEA countries - is a challenge that needs to be overcome in the integration process of the DSNs with a wider geographic scope than the EU and EEA countries. Agreements were negotiated and signed to ensure that coverage – fundamental to the effectiveness of the network – would not be reduced as a consequence of the transition.
  - The transition period was lengthy taking most of 2007.
- Transfer of some of the DSNs requires the ECDC to build on new competencies (e.g., AMC and microbiology) and lab facilities.
- There is a concern regarding the extent to which bureaucracy will be an issue in terms of integration of the network. Were the network to become too formal and bureaucratic, then the sense of cohesion may be lost and the network may falter.
- ECDC's working style can be top-down and is sometimes heavy-handed. With respect to the transfer of responsibility from the DSN to the current coordination team to the ECDC, it was felt that the outcome of the ECDC evaluation of the network was known even before the exercise started. The coordination hub of a network was naturally placed in the country organisation where the level of expertise and interest

was highest; hence moving it would be counterproductive. It is felt that the initiative to move forward the transition process successfully and constructively has often come from the DSN.
- There is a lack of clarity about the future of one of the DSNs. The ECDC should better inform on how things will be taken forward.
- The transfer of responsibility of the DSN to the ECDC should not constitute a significant additional burden for the reporting MS; the Centre keeps the same structure for data collection and data providers were trained to use the database.

Internal organisation
- The organisation is well structured and willing to support new ideas.
- Procedures are slightly too formal and top down for the effective functioning of the organisation.
- The procedure for selecting the various focal points, representatives and experts serving on different committees, groups, organs of the ECDC is political and not very transparent. This may lead to investing responsibility in experts who are only partially appropriate for the job (e.g., nomination of focal points in each MS for various infectious diseases).
- The matrix structure has both advantages and disadvantages. Whereas the exchange of information between specialists working on the same disease specific topics beneficial, interpersonal aspects need to be carefully managed when bringing together people from different teams. On the issue of overlap between the functions/activities of various units improvements are already seen with respect to the "early days" of the organisation, both from the point of view of external stakeholders and of the units themselves.

Internal communication
- Communication and contact channels between the ECDC and MS are not always consistent and it is not clear who is, and who should be, communicating with whom.

ECDC

The ECDC has come a long way in establishing efficient working processes. The standard operating procedures are positively contributing to the efficiency. Nonetheless there is certainly 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, as one respondent explicitly noted: there seems to be a good balance between flexibility in operations and controlling procedures.

Internal organisation
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.

The matrix structure, distinguishing between vertical functional units and horizontal disease specific programmes, provides flexibility in that any priority can be taken on

board either horizontally or vertically. Some respondents see this as an advantage while other respondents point towards the lack of clarity this flexibility creates.

More than half of the respondents express that the ECDC is facing the challenge of making the matrix structure work. It could work if responsibilities, budget authority and project plans are defined clearly. The management of the horizontal disease programmes requires a systematic approach and appropriate systems to manage financing and human resources.

At the moment priorities and reporting structures for the horizontal programmes are not always sufficiently clear but the ECDC has finalized the process of formally appointing programme coordinators in May 2008. Regarding the planning of the annual work programmes, the four functional units first express their needs and the horizontal disease programmes are following at a later stage, which is derived from the Founding Regulation. These processes should preferably be executed in parallel, in particular as the balance moves in the future from building internal capacity to applying it against specific output oriented targets. It is further noted that the horizontal disease programmes do not have permanent representation in the Executive Committee which makes it difficult to balance the needs of the different programmes against those of the functional units when it comes to resource allocation such as new staff. In terms of staff allocation several respondents mentioned that the pressure of the functional unit naturally tends to win out at present for staff that is part-time designated to the horizontal programme. This issue has recently been discussed within the Executive Committee with the coordinators of the disease-specific programmes. It was decided that the distribution of staff time with regard to vertical and/or horizontal programmers will be included in the personal objectives of individual staff.

It was pointed out that the Centre will need to decide what it does with the horizontal programmes and especially how it will tackle two problems:

- The Centre needs to gain respect of the MS for what it is doing in key specialist areas, which are addressed by the seven horizontal disease specific programmes. This is happening in a so far rather haphazard way at present with variable expertise across the programmes. There needs to be more focus in the next two years in attracting more specialist staff into the core (cross-cutting) roles of the programmes but at the same time the programme core should be kept slim, allowing flexibility for project approaches.
- It is unclear to most of the staff which part of the ECDC supports the MS in implementing health policy in their national programmes. There are for example units of the ECDC dealing with surveillance, scientific opinions or communications but there is no focal point for the horizontal disease programmes. This is seen for areas like vaccine coverage or sexual health prevention where different units argue whose business this is.

Internal communication

An inherent risk of a fast growing organisation is that it becomes less well able to share knowledge and information internally resulting in fragmentation. Several respondents feel that the overall internal communication can be improved. With regard to the internal communication procedures the respondents show varied views. A few respondents note

that the monthly staff general staff meetings are not efficient to share information in an organisation the size of the ECDC. In addition, minutes are lacking. An important tool could be the introduction of a well-functioning ECDC intranet, an opportunity which is currently being addressed.

Another issue noted is the tendency to have too many meetings and working groups in the organisation, which are quite time consuming if one would attend them all.

Monitoring
The Centre should build on a management information system (e.g.,, customized activity-based management system), project management systems and supporting work flow tools to monitor the efficiency of working processes and to measure impact of its activities based on set of long term indicators.

Impact on stakeholders' organisation due to the existence/activities of the ECDC

EU institutions and agencies

The majority of the respondents observed no direct impact on their organisation due to the existence and activities of the ECDC. One of the respondents points out that the profile of organisational units have changed by a shift in activities (from content-specific to policy making activities) and division of responsibilities. Another respondent observed an increased workload for staff in the field of CD due to requests for information from the ECDC.

International organisations

Most of the respondents feel that the activities of the ECDC did not have a large impact on their organisation. Only in one case it was mentioned that decisions taken by the ECDC have led to an increased workload due to mechanisms of coordination (e.g., adoption database systems).

National health ministries

Several respondents reported that the ECDC has brought about changes their organisation. A recurrent comment concerned the increased workload has emanated from the collaboration with the ECDC. 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) are of will be outweighing the increased workload. One respondent illustrates the ECDC has organised a new system of surveillance for all the institutes in the different MS to feed in to, with a new set of regulations. This has meant that national public health authorities had to change how they provide information, the flow of data and the types of data submitted. Further, a few respondent noted that the ECDC's country visits and preparedness assessments are of useful support in strengthening of the national public health system.

Although not directly related to a change in their organisation, but interesting to note, is that quite a few respondents feel that the activities of the ECDC have raised awareness for emerging health threats within their organisation. In this respect the ECDC is supporting in setting national health priorities.

National surveillance institutes

Almost all NSI have noticed an increase in their workload due to the emergence of the ECDC. Most did not have to reorganize their activity, but some have requested an increase in staff or in resources allocated to international cooperation activity. Some organisations had to change some aspects of the way in which they worked, often for the better. One respondent noticed that since the ECDC is creating more opportunities for exchange, the NSI has become more aware of issues happening further away in Europe and has become more open and collaborative in general.

EU disease surveillance networks

According to two respondents the activities of the ECDC are having an impact on their organisation. One of the respondent put forward that the DSN workload has somewhat increased since the creation of the ECDC, which is not necessarily a positive development. Another respondent mentions that the surveillance reporting system in the organisation had to be altered to comply with the ECDC system, which did not result in any problems.

E. Relevance and acceptability of the ECDC

Level to which the ECDC addresses the needs of stakeholders

EU institutions and agencies

Most of the respondents feel that the ECDC is increasingly addressing their needs. For example, by joining forces with the experts of the ECDC, relevance and quality of own products can be improved. Several respondents, however, find it harder to assess whether the needs of other stakeholders are met. One respondent pointed out that it is necessary for the ECDC to be more proactive in informing citizens about its activities. Good performance, while necessary, is not sufficient to ensure goodwill towards the Centre.

International organisations

All respondents feel that the ECDC is increasingly responding to their needs. In relation to this the respondents provided the following individual statements:

- The ECDC is a trusted and respected partner.
- The Centre's contribution to global health has been outstanding.
- The coming into existence of the ECDC has brought a gain of efficiency in the networking aspect of transatlantic relationships in the field of communicable diseases.
- The Centre is a focal point for access and exchange with EU authorities.

- Given the overlap in activities the ECDC represents a chance for further rationalizing resources, provided that it abides by its mandate.

National health ministries

The vast majority of the respondents are very appreciative of the support received from the ECDC, which is increasingly addressing their needs. Generally, the ECDC responds to the overarching need for a central organisation in Europe to coordinate and govern information and provide a platform for exchange in the field of CD. However, it is not reasonable to expect the ECDC to fulfil all stakeholder needs yet, due to its infancy.

Some of the examples of specific needs that the ECDC is addressing include:

- A strong European central voice in CD, which is more important than many local voices.
- ECDC has served to ensure CD is more firmly on the national policy agenda.
- Getting a clear picture on surveillance at a European level.
- Trainings organized by the ECDC answer need to develop more in-depth expertise in certain fields
- Support in pandemic preparedness planning.
- Emerging infectious diseases and outbreak response support.
- Facilitation of networking and information exchange with other MS.
- Advice on issues such as vaccines in such a way that it can be taken on board by countries.
- Support in building up surveillance systems, which is fairly week in some MS, including the setting up of case definitions and assistance in developing more comprehensive reporting.

The ECDC seems to have some difficulties to balance the needs and different expectations of the different MS. There is particularly a difference observed between the more resource-constrained MS and the MS with well established surveillance systems and a higher frequency on reporting on CD. Several respondents feel that the ECDC plays a more important role for the more resource-constrained MS as they rely to a greater extent on the ECDC than The ECDC can genuinely help them establish their own CD systems, whether for surveillance, planning or emergency intervention.

A few respondents from the NHM also observe a difference between their needs and those of the national surveillance institutes. The NHM seem to have a more vested interest in more policy oriented information.

Two important concerns in relation to addressing stakeholder needs were addressed. One respondent pointed out that the main drawback for the ECDC in terms of relevance has to do with the fact that it is still learning how the public health systems work in the various MS. As a result, still significant confusion surrounds the notion of “Competent Body” as stated in the Centre’s mandate. Another respondent pointed out that the ECDC perhaps does not have enough power to do what is written in the Founding Regulation.

Several respondents made some interesting suggestions, of which some are more general and other more specific. These are presented below:

- It would be useful if the ECDC were able to provide politicians with information of a more practical nature. Sometimes politicians are not aware of the work and findings of the ECDC, but it is really important they are. This would help to increase the priority given to public health and CD by politicians and may also serve to increase the budget provided.
- The ECDC should be asking countries what their needs are, what their baseline is, what projects are going on and what the ECDC can provide in support, on a more regular basis. Information about country needs should then be distributed around relevant stakeholders across Europe – so MS can learn more about other countries.
- It would be beneficial for MS if the ECDC would take a more proactive approach towards emerging issues.
- It would be helpful if the ECDC tried to facilitate and push further the links between NHM and public health institutes in the MS.
- The ECDC should develop lab and diagnostics capacities.
- The Centre should develop a more coherent approach to immunization schedules and try to make them more uniform.
- The ECDC should provide more support to MS in the field of epidemiology, particularly for smaller MS where there are not many experts working in the epidemiological field.
- It would be useful if the ECDC could develop a system that enabled MS to let the ECDC know about their needs. This would help to improve sharing of information.

National surveillance institutes

Overall, NSI representative believe that the ECDC addresses the needs of its specific target groups, including those of their own organisation to a large extent. Some respondents nuanced this positive endorsement by highlighting the specific areas in which the ECDC best meets their needs. Some examples include: dealing with international outbreaks, assessing new and emerging threats, identifying relevant experts in Europe, rationalizing the transfer of surveillance data on various diseases, improving pandemic preparedness etc. No stakeholder felt that the ECDC made no contribution or a very limited one to addressing their needs.

EU disease surveillance networks

About half of the respondents acknowledge that the ECDC is addressing the needs in the areas in which support is wanted. Other respondents did not express comments on this matter. However, one respondent finds that the ECDC has not yet appropriately met the needs of the public health community in Europe. The Centre has been overly focused on political and policy issues when in fact is should concentrate on technical/scientific matters, for example the burden of disease, forecasting, outbreak investigation, priority setting and writing technical guidelines.

ECDC

Nearly half of the respondents refrained from passing judgment on this matter as it is considered to be upon the judgment of the external stakeholders.

Those who did respond believe that the ECDC is addressing the needs of the public health audience in Europe quite well for which the Centre is increasing being acknowledged by the external stakeholders. Several respondents emphasize the ECDC is still building up capacity in this field and that the main challenges will be to manage the expectations of the different stakeholders. Often the ECDC is balancing between the needs of the EC and EP on the one hand and the MS on the other hand.

In this respect a few respondents point out two important issues. It is observed that the larger (or with more resources-capacity) MS feel the ECDC is clearly adding value in niche areas but they accept to a lesser extent interference of the ECDC in their activities as compared to the smaller MS and MS with less resources-capacity MS, who 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 MS, which particularly puts a burden on the smaller MS that often lack the capacity to comply with these demands.

Level to which the ECDC focuses on relevant stakeholder groups

EU institutions and agencies

The ECDC is targeting the most important stakeholder groups, which are the health professionals and public health authorities according to the majority of the respondents.

With regard to the general public there is the impression that they are particularly unaware of the existence of the Centre. One respondent comments that national public health institutes will remain the major source of information on health threats at the national level for the general public. Each Member State is and should be responsible for organizing the health system and carrying out risk management. In this area, the ECDC should play a role by facilitating cooperation and information sharing between Member States and sharing best practices.

International organisations

According to most of the respondents the ECDC is focusing on the relevant stakeholder groups. Targeting the general public, is however, questioned by one respondent.

National health ministries

Although the majority of respondents answered, several stakeholders felt not qualified to answer this question. Most of the respondents share the general impression that the ECDC is focusing on the relevant target groups (e.g., national health ministries, national public health institutes, international public health organisations).

The ECDC is considered a relevant organisation that is reaching key people in the public health sector. One respondent thought it might be useful for the ECDC to send a periodical newsletter on recent developments and important findings in the field of CD to a mailing list of experts (e.g.,, general practitioners, doctors and other health professionals).

A few diverging views were observed with regard to what extent the ECDC should inform and address the needs of the general public. Two respondents pointed out that the ECDC correctly does not attempt to target groups such as the general public. According to them this should remain the responsibility of the MS, as appropriate language and understanding the social context is vital (i.e., public awareness and public information is very culturally specific). Another respondent commented that the ECDC should take a more aggressive approach in informing the general public and make their information available in all the languages of the MS.

National surveillance institutes

The majority of NSI respondents also believe that the ECDC is focusing on the right target groups. There is some uneasiness emanating from a few respondents in this group with respect to the role and relation that the ECDC should have with the general public. These respondents stressed that communication with the public should be left to the MS, as should the adaptation of information and advice, which needs to be rendered appropriate for each context. Two respondents went so far as to suggest that the main target groups of the ECDC should be themselves (the NSIs) or, more broadly pt, the policy makers and the field specialists.

EU disease surveillance networks

According to the majority of the respondents the ECDC is focusing on the appropriate target groups, notably the national public health institutes and health professionals. One of the respondents pointed out that the ECDC is ultimately meant to benefit the EU population at large. However, for the moment the ECDC rightly focuses on a narrower target group.

ECDC

About half of the respondents feel that the ECDC is increasingly focusing on relevant target groups but this is still considered work in progress. One respondent points out that engaging a lot of different stakeholders is a political and complex task, which requires a step by step approach. The ECDC should engage more stakeholders from the European research field and communication with healthcare providers could be improved as they are in the frontline of fighting against communicable diseases. In addition, a stakeholder gap is observed in the field of travel medicine and vector surveillance and control. Relations in these fields should be established.

Another important issue, as earlier discussed, concerns the extent to which the general public should be engaged as the Founding Regulation mandates the ECDC to also communicate with them. Several respondents consider this a task of the Centre while others feel this is primarily a task of the national public health institutes in the MS. These other respondents feel the ECDC should primarily address the public health professionals in the MS.

Level to which stakeholders have benefited from the existence of the ECDC's activities

EU institutions and agencies

Most of the stakeholders share the opinion that stakeholders are increasingly benefiting from the ECDC's existence and activities, especially the public health authorities and professionals in the smaller and resource-constraint MS benefit more organisations in MS with better established public health systems. Often the smaller and resource-strapped countries do not have sufficient internal capacity and access to expertise. Another reason why some MS might have benefited more is that the communication link with the Centre may function better. Sometimes the MS do not relay the information, or do in such a way that makes it inaccessible to different stakeholder groups.

Respondents mentioned several examples of how their and other organisations are or may be benefiting from the ECDC's activities. These benefits include:

- Integrated DSN surveillance activities.
- The opportunity to learn about good practices for all stakeholder groups.
- The focus on the core task of policy making as the ECDC has taken over routine tasks.
- ECDC's support in preparedness planning.
- A central resource for training European health professional on a variety of issues.
- Access to an important centre of expertise.

With regard to the future two important comments were made. It would be important to learn how to measure the effectiveness and success of the ECDC's activities. Second, it would be interesting to look at cross fertilization, i.e., how is knowledge gained by experts involved in the ECDC being brought back to MS and does knowledge sharing between MS exist?

International organisations

Two organisations responded to this question, of which one believes that stakeholders are benefiting in several ways, namely sharing of information, sharing of staff in outbreak activities, training of staff and research activities in collaboration with the MS. The other respondent, however, believes that the ECDC should provide returns on investment to organisations that have supported the ECDC in the start up phase.

National health ministries

Most of the respondents share the overall impression that stakeholders are increasingly benefiting from the ECDC's activities.
Some of the benefits mentioned include:

- Public health authorities in the MS are pushed to improve the coordination of CD.
- Upgrading of the national surveillance system.
- Information from the ECDC is used in national reporting, which can be powerful tools to influence health policy making and priority setting.

However, one concern that was frequently addressed refers to the increased workload for national public health authorities, particularly impacting on smaller and resource-constrained MS which often lack staff, expertise and resources to meet all the ECDC

demands. MS hope to see some concrete support from the ECDC in return, which is It is expected that the benefits that are derived form the activity of the ECDC justify the investment of time and energy it requires.

Several respondents highlighted that the ECDC is demanding support from the MS in providing data and information in a new and appropriate way, but that these countries would like to see some concrete support from the ECDC in return in the near future.

National surveillance institutes

Whereas no stakeholder found the activity of ECDC counterproductive for his/ her own organisation, none has elaborated extensively on the benefits they have derived from it either. This is not to say there were not. On the contrary, the benefits were often identified through pointing out the sort of needs the ECDC fills and the value added it brings. Nonetheless, on several instances, comments were made that in its first years of existence the ECDC has taken more than it has given back to NSI. All of the stakeholders making such remarks showed that they understood why that was, but expressed a strong wish that the ECDC does not lose of sight the fact that it is supposed to serve MS rather than expect MS to serve it.

EU disease surveillance networks

Overall, the respondents believe that the ECDC has made a good start but improvements are needed to increase the level to which stakeholders are benefiting from their activities.

It is observed that stakeholders in smaller and resource-strapped MS benefit more from the activities of the ECDC than organisations MS with better established public health systems as these have more internal capacity and expertise.

Several respondents noted that until now the ECDC is demanding more from the MS than it gives back. The limited level of outputs and relatively high demands for data are considered understandable and normal as the ECDC is still a young organisation. In addition, producing solid scientific advice can take a long time, especially in such a complex environment where previous mapping exercises were limited. Now that the larger part of the organisational issues is settled the ECDC is expected to start delivering more.

ECDC

Overall the respondents feel that stakeholders are benefiting from the existence of the ECDC's activities. However, a few respondents mention that the growth of the ECDC is imposing increasing demands for scientific data and information on the national public health institutes in the MS. Particularly the smaller MS have capacity problems to meet these demands.

Overall opinion of the quality and usefulness of the ECDC's activities

EU institutions and agencies

Only two respondents report on this matter. Both assessed the quality of the ECDC's activities as high and consider them of relevance.

International organisations

The two respondents assess the quality and usefulness of the ECDC's activities as moderate to positive. Improvements can be made because the Centre addresses some areas that are already covered (e.g., case definitions).

National health ministries

A minority of the respondents expressed an opinion on the quality and usefulness of ECDC data. Overall they are appreciative. One respondent highlights that this is the result of the ECDC's consultation procedures through which MS can express their needs. However, one respondent pointed out that the ECDC should be more focused in its activities and assess for each activity if it will create added value.

National surveillance institutes

The feeling derived from most interviews with NSI respondents was succinctly formulated by one of them who described the organisations as "good, useful and needed".

Views on additional areas that the ECDC should cover

EU institutions and agencies

Most of the respondents feel that the ECDC should provisionally stick to their current mandate, focus on their core tasks and activities and consolidate ('better walk before you run'). In addition, it is noted that the ECDC still needs to work on creating and strengthening its relations with MS. Any further extension of the scope of the Centre must be thoroughly explored. In any case, the possible extension should not jeopardize the current activities and mandate of the ECDC. According to several respondents the ECDC should be allowed to grow naturally and take up activities in the areas of non CD as the needs and opportunities arise as there is no other institute for non CD on EU level. It would seem unnecessary to set up another EU agency for communicable diseases.

Concerning an extension beyond the field of CDs, there are several advantages to think about:

- Capitalization on the methods and systems already put in place.
- Cost effectiveness.
- The fact that using existing structures is more logical than setting up new ones, provided that the existing structures are adequate or can be easily adjusted.

When assessing an expansion of the ECDC's scope of activities the following aspects should be taken into consideration:

- How many activities are the MS 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 within the current mandate (e.g., issues related to IHR such as chemical agents and nuclear issues, microbiology including labs)
- 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 and to address, for example, the psychological impacts of CDs such as AIDS)

However, expanding the mandate to other areas of public health raises the following concerns and implications:

- It may lead to reduce the focus and expertise in the field of CD.
- Non CD areas may require a different structure and approach.
- It will require a substantial increase in the budget and staff.

According to one of the respondents it would be possible to widen the geographical scope without a substantial increase in the budget, particularly by working with other EU policies such as that on development or neighbourhood policies, for example.

International organisations

According to half of the respondents the ECDC should consolidate and preferably deepen its activities before expanding its mandate to cover non communicable disease (e.g., chronic disease, information technology, impact of climate change on health and the environment). This process should be cone carefully and over time.

National health ministries

Most of the respondents feel that, at this point in time, extension of the ECDC mandate in the field of non CD is a not major priority and may be a bit premature. 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 new MS.

There should be no expansion of the mandate in the near future (at least 3-5 years). This is not considered desirable because there is a risk of overstretching already scarce resources. Also, in terms of demand it will put more pressure on MS, particularly the resource-constrained MS

As examples of new areas of activity within the current mandate respondents mentioned hospital-associated infections and communicable diseases with low incidence in Europe that are being “imported” by immigrants (e.g., TB).

Should the mandate be broadened in terms of content possible areas to move into could be forecasting of public heath crises and trends, development of laboratory and

diagnostics capacities and immunisation (e.g., guidelines on childhood immunization/surveillance of AEFI).

Most stakeholders agree that the ECDC must remain very aware of what is happening in other parts of the world. Therefore it is important to exchange information and maintain good relations with non EU countries. The majority of respondents underline that the ECDC should seek for collaboration and complementarity of with other international and national public health organisations if it decides to expand the geographical area of work. In this respect one respondent highlighted that the ECDC should make available all its already-existing scientific advice to interested parties, but it might not have enough resources to dedicate to answering specific request originating outside the EU. Therefore cooperation with WHO might be a more appropriate solution to serve these countries' needs.

National surveillance institutes

As useful, good and needed the activities of the ECDC may be, the NSI respondents had a host of ideas on additional areas in which the ECDC should expand or deepen its expertise. The consensus is that deepening or consolidating existing expertise and activities is more valuable than extending to other areas. The field of non-communicable and chronic diseases was mentioned as an option, but only for later in the future. However, it was felt that advances should be made on:

- harmonization of standards and increasing the comparability of national information
- shedding light on the political will/ priorities at EU level
- helping MS develop communication strategies and crisis management skills

The most recurrent item among those mentioned remained doubtlessly that of 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.

EU disease surveillance networks

The majority of respondents feel that the ECDC has a considerable remit and concentrate on consolidating the areas in which it is already active. In addition, the Centre needs another few years to embed its current systems before assessing the possibilities to broaden the scope of its mandate in terms of content and geographically. An extension in the field of non CD is premature and would be more sensible in a 5 year horizon.

Even then, if the remit will be expanded to the area of non CD the following should be taken into consideration:

- CD systems are not transferable to non CD.
- The value added of ECDC's involvement in the non-CD field is hard to discern and although the idea of a coordination Centre may be good, it will take a long time to put in place.
- On the topic of a geographical expansion a clear line should be drawn at some point, not least because the ECDC functions with EU funds, hence it should spend its resources on EU countries. Extending activities to Russia or Central Asia would

significantly alter the balance, as the systems in place in these regions have very little to do with European ones.

With regard to expanding activities within the current mandate the ECDC could, for example, do more in the field of surveillance. Activities are currently dealing with routine data, but this could increase to including mortality rates and hospital data. Also, in the field of HIV alone there is scope to scale up activities on HIV resistance, prevalence rates, etc.

ECDC

Nearly all respondents feel the ECDC needs another five years to consolidate to ensure scientific credibility and further build upon its current activities in communicable diseases before assessing the opportunities for expanding the ECDC's mandate to other public health areas. It is underlined that a mandate expansion requires adequate additional funding. One respondent highlights that broadening the mandate most certainly would also involve substantial cultural changes as control and prevention of non communicable diseases have quite different professional traditions and cultures.

Respondents mentioned the following communicable disease areas for expansion within the current mandate: hospital-associated infections, biological agents, travel medicine, bioterrorism (forensic epidemiology), microbiology, new trainings (e.g., expansion of EPIET, distance learning), food poisonings due to other than biological agents, prevention of communicable diseases by promoting behaviour.

Broadening of the mandate can be realized in two ways, notably in terms of content and geographical area. Several respondents noted that the ECDC should expand its scope of action to the EU's neighbouring countries (e.g., through funding mechanisms). Hesitance is observed regarding expansion to Africa.

Moving into the field of non communicable diseases might be a logical step but should be taken into consideration in mid term, according to a vast majority of the respondents. The border between communicable and non communicable diseases is becoming thinner and it would be useful to have one European technical institute covering both areas. Examples of areas for expansion mentioned include the implementation of IHR, public health monitoring and stronger focus on cancer screening and prevention including health determinants. Additionally, the ECDC may play a role in rare diseases, which require a pan European approach.

F. Consistency and complementarity with organisations in the field of public health

Level of interaction of the ECDC with other EC, national or international organisations in public health

EU institutions and agencies

All respondents are well aware of the public health organisations the ECDC has established collaboration with. The respondents 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. The ECDC is seen as a complementary agency with whom a lot of synergies can be developed. However, respondents also acknowledge that the ECDC is a young organisation that needs to strengthen its relationship with other public health institutes:

- Sometimes the interaction of the ECDC with other organisations in the field of public health is not always clear. Concerning the cooperation between the ECDC and DG SANCO the distinction between risk assessment and risk management is not always clear, particularly to the MS.
- The relation with WHO, particularly WHO Europe, is seen as slightly difficult because of overlaps in work areas and mandates. Several respondents share the impression that the ECDC has taken a proactive approach in building its relation with WHO Europe (e.g., in the field of surveillance activities, IHR and alerts) and that resources are pooled in a more efficient way.

International organisations

Overall the respondents agree that the ECDC is establishing good (technical) working relationships with their organisations, which in some cases will be further established within the framework of a Memorandum of Understanding (MoU). Some of the respondents have more frequent interaction with the ECDC than others depending on the nature of their relationship. Examples of areas of collaboration include pandemic influenza, avian influenza and public health training.

It is also observed that the Centre has a solid working relationship with the other agencies of the EC and the Ministries of Health in the MS. However, regarding the collaboration with DG SANCO the distinction between risk assessment and risk management activities is not always clearly delineated.

National health ministries

Most respondents share the overall impression that the ECDC's interaction with national public health organisations (including NHM and NSI) and international public health organisations is well. It has to be noted that some respondents were more aware of the details of these collaborations than others.

The ECDC is seeking for active interaction with other organisations in the field of public health. It is acknowledged by the respondents that building up activities with these public health institutes is a step by step process, which requires good communication (especially in a public health crisis situation). The practice of exchange between the EC, WHO Europe and the ECDC helps to build bridges and knowledge about how others are working.

A few respondents put forward that the technical cooperation with the MS and interaction with other organisations in public health has not always been clear such as the overlapping mandate with WHO Europe.

Regarding the collaboration with WHO Europe respondents have the impression that both organisations are strengthening their relationship and observe good collaboration in the fields such as TB, HIV (inherited from the previous EuroHIV and EuroRB networks), pandemic influenza, outbreak response and pandemic preparedness. However, there remain some issues to be improved such as the two way flow of information - i.e., MS have to send the surveillance data both to WHO Europe and the ECDC, which are both using different algorithms of risk evaluation. Also, it is not always clear what the different roles and responsibilities of both organisations are.

Several respondents observe one issue regarding the ECDC's interaction with the EC. The distinction between risk assessment (ECDC) and risk management is not always clear in practice. However, the respondents are aware that the ECDC and EC are in the process of clarifying the division between these tasks.

With regard to international collaboration most respondents feel that the ECDC should aim for good contacts with public health institutes the EU neighbouring countries and the US, Canada, China and Africa.

National surveillance institutes

The majority of respondents from various NSI believe that the interactions and relationships between the ECDC and other national, European or international organisations, are good. None of the respondents felt that stakeholders are ignored or marginalized, but a number of them suggested that relations could be further nurtured and strengthened, particularly with organisations working on related topics (EFSA, EMEA)

EU disease surveillance networks

Most respondents are to a large extent aware of the interaction of the ECDC with other public health organisations. Overall, the ECDC collaborates well with the EC and with national public health institutes. The relation with WHO Euro is particularly challenging. The ECDC is a new institution that came up in the middle of there are of work, taking some functions from the EC and covering a significant part of the WHO Euro's geographic area. It is very important that ECDC ensure good collaborations with WHO Euro

Most of the respondents see the creation of the ECDC, despite the increased workload, as a positive development in terms of networking perspective. The relationship that the ENIVD managed to develop with the Centre is positive, with representatives from the ECDC maintaining constant communication and attending the network's meetings. This was a positive development with respect to the previous situation.

ECDC

Overall the respondents agree that the ECDC has established good working relationships with the EC and other international organisations in public health. However, as the ECDC is still building on these relationships several comments were made on how collaboration could be further improved.

WHO Headquarters
The role and responsibilities regarding the implementation of International Health Regulations should be further clarified.

WHO/Europe
The aim of ECDC and WHO/Europe is to set up collaboration and joint activities in all communicable disease areas relevant to the European context. Compared to the ECDC WHO/Europe has a strong policy mandate while the ECDC has more financial resources to tackle communicable disease issues in Europe.

Despite these complementarities the collaboration used to be of more competitive nature because of overlap in the mandate and tasks (e.g., scientific advice). According to most respondents cooperation has improved to date and most issues have been clarified or are in the process of being resolved (e.g., reconciliation of the surveillance database on a European level). Currently, it is discussed how resources of the organisations can be efficiently dedicated and how any further duplication in the future can be prevented.

DG SANCO
Most respondents mention that the relation between ECDC and DG SANCO, particularly with unit C3 (health threats), has improved. However, several respondents noted that there should be more clarity on the delineation between risk management (mainly MS, and EC) and risk assessment (ECDC) tasks. In general the delineation is clearly understood at a senior management level but more difficulties are observed at a more technical level. It is artificial but reflects the EU and MS competencies. One respondent questions whether there should be a distinction at all between risk management and risk assessment when it comes to outbreaks and incidents with EU implications. A more natural split would be between policy and legal issues (EC) and operations (ECDC).

DG Research
The ECDC might eventually manage on behalf of DG Research projects and studies that aim at a medium term time frame (e.g., 3 months – 1 year) and which does not fit in the context of long term research as implemented by DG Research.

Health Security Committee
The ECDC mandate is not clear enough regarding collaboration with the Health Security Committee. There used to be, for example, discussion on the tasks to be performed by the ECDC (e.g., case definitions). However, the ECDC is in a mature dialogue with the Health Security Committee to resolve these grey areas.

ENVI
A few respondents call for more technical collaboration with the EP's ENVI Committee.

International partner organisations
Increased connections with US CDC and China CDC are observed by most of the respondents. However, one respondent expresses the need for a more proactive collaboration with US CDC.

Identification of areas and activities where the activities of the ECDC may compete with activities and/or policies of other organisations

EU institutions and agencies

Most of the respondents have not observed or are not aware of an overlap or duplication of work. There are mechanisms in place to avoid duplications but according to some respondents some duplication of work seems to be inevitable. In this case the ECDC should act to minimize it. One respondent pointed out that there may be a risk of duplication when the ECDC goes beyond their mandate.

International organisations

The majority of respondents note that the ECDC's aim is to develop activities that are complementary to those of other organisation. However, some duplication has been observed in a few overlapping areas of activity but relationships are carefully managed and respective roles and responsibilities are being clarified.

In relation to WHO EURO there is still work to be done in operationalisation of its mandate, as confusion intervenes when it is put into practice. A concern on the positioning of the ECDC is that in practice its role is not defined well-enough (nor exercised so), even though it is clearly restricted to technical and scientific areas in the FR.

National health ministries

Most of the respondents observe that the ECDC aims for complementarity when collaborating with national or international public health institutes. However, some duplication/overlaps are observed with WHO Europe (e.g., HIV/AIDS, collection of infectious disease morbidity data). Also, a few respondents noted that the ECDC sometimes duplicates activities undertaken in MS with more established health systems (e.g., guidelines).

One respondent expressed concern that, in Europe, public health is becoming a "triple system" where DG SANCO, WHO Europe and the ECDC are active in the same field. Constant vigilance is needed to avoid duplication of tasks to ensure bureaucracy does not get in the way of efficiency.

National surveillance institutes

Overall, the NSI were of the opinion that the extent of ECDC competition with other bodies, including the WHO, was limited and bound to be solved as the ECDC consolidated its position. Some of those who did see some instances of duplication

between ECDC's work and that of other bodies (ECDC and MS) provided some more concrete examples:

- ECDC is considering producing a number of publications and even tools specifically for Europe when the WHO already has material on the topics.
- The need to report to both the ECDC and the WHO (or the EFSA) on similar issues
- The work undertaken on HPV vaccination, when national instances were already working on the issue

Several respondents also highlighted areas in which the cooperation between the ECDC and the WHO has given very good results, for example avian influenza, TB and the integration of some DSN (EuroHIV and EuroTB)

EU disease surveillance networks

One respondent sees potential overlaps with national systems. It is observed that some of the MS do not have a full comprehension from MS as to what the role of the ECDC is, and how they should relate to these potential overlaps.

ECDC

Overall the respondents feel that the ECDC strongly aims for complementarity of work with other organisations but it is noted a few times that duplication of work sometimes is inevitable.

Awareness of any (potential) barriers or stimulating factors to improve synergies with activities and/or policies of other organisations

EU institutions and agencies

Potential barriers should be avoided also by political action and commitments. No barriers observed that might negatively impact on cooperation with other organisations. However, one respondent concedes some confusion regarding reporting of WHO Europe and the ECDC, i.e., for which issues is WHO Europe or the ECDC the main counterpart.

International organisations

The respondents mention several barriers that hinder closer collaboration with their and other organisations in the field of public health. These are individual statements which may or may not be shared by the other respondents:

- The bureaucracy of the EC.
- The roles and responsibilities between the ECDC and other EC agencies are sometimes unclear, particularly related to food borne diseases and interface with human and animal health.
- The European focus of the ECDC, as enshrined in its mandate, hinders global collaboration during communicable diseases outbreaks.
- Confusion about overlapping areas creates a dangerous situation that can backfire in the case of a serious public health crisis.

- The ECDC's eagerness to carve a visible place for itself is a barrier to tighter cooperation. Issues of (public) communication are at the centre of this debate.

National health ministries

According to several respondents important facilitators to improve synergies with activities and/or policies of other organisations in public health include the visibility of ECDC's activities and collaboration with MS that have good health intelligence systems. One respondent explained that it is important for the ECDC to be imaginative and find a way of taking advantage of these institutions, rather than duplicating what they are already doing so.

Potential barriers that might prevent synergies with other public health organisations in non EU countries are political issues and the unwillingness to share information.

National surveillance institutes

The major stumbling block that has been identified by some stakeholders was the relatively loose definition of ECDC's mandate and the unclear division of tasks between national authorities and the Centre on one hand and the Centre and WHO on the other hand. The confusion persisting between the definition of closely related concepts (e.g., risk assessment vs. risk management) as well as the pressure put by various (power) stakeholders on the Centre (for it to undertake additional activities) was also mentioned.

One respondent mentioned the experience and former ties of the Director with the WHO as one of the explanatory factors for the relatively good cooperation between the two organisations.

EU disease surveillance networks

As observed by a one of the respondents a barrier to good collaboration with the EC include unclarity as to where different roles begin and end regarding risk assessment and risk management. There is a danger that the ECDC is taking over too many tasks from the EC.

ECDC

Overall, no barriers are observed as all institutes see the importance of cooperation. Activities are of complementary nature but some improvements can be made.

Views on whether the ECDC's activities bring something new to the field of public health and disease surveillance in Europe

EU institutions and agencies

Overall, there is a very positive appreciation of the ECDC. 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. Further, setting up the ECDC is an intelligent move to solve a capacity problem for the field of public health where general EC staff regulations imposed constructive limits. To conclude it was noted that ECDC has added value and contributes to better information, preparedness and response to health threats.

International organisations

Most of the respondents note that the ECDC brings something new and highly valued to the field of public health in Europe. The ECDC is particularly adding value in filling the gap in communicable diseases surveillance in Europe and by its activities in the field of preparedness and outbreak control.

National health ministries

Most stakeholders are very appreciative of the ECDC and certainly do not feel that the ECDC is redundant. The following statements were made by some of the individual respondents:

- ECDC brings stability at a national level.
- 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".
- The ECDC comes as a welcome addition as plausible interlocutor for better off European countries.
- Emphasis on surveillance and hoping it will be taken forward in providing clear case definitions and support to MS.
- The ECDC has brought together experts in the field of public health and disease surveillance in Europe, to collaborate and enhance surveillance and threat detection in Europe, sharing of best practices and ways of dealing with preparedness and response (e.g., software for mapping communicable diseases).

However, in terms of activities it is in most cases too early to tell what their impact on public health and disease surveillance in Europe is.

National surveillance institutes

The stakeholders who expressed a point of view on the issue identified the following areas/ issues on which the ECDC makes a positive difference at European level:

- "Filling a gap" in the area of coordination of various CD-related activities, by centralizing and standardizing approaches and information.
- Providing a European perspective on relevant issues and diseases.
- Rationalizing surveillance (through the takeover of most DSNs) and other activities, hence laying the foundations of a "one stop shop" for issues concerning public health in Europe.
- Rendering scientific evidence easily and speedily available.
- Stand-by for emergency support to countries who need it.
- Stimulating the development of national systems in the field of CD in MS who needed such an impulse.

EU disease surveillance networks

One respondent underlines that the ECDC plays an important role in facilitating networking between experts across Europe. Networking is in fact an important stepping stone in moving towards consensus, as sometimes the positions and concerns of MS are very different.

According to one respondent the ECDC is facing limitations of cooperation in the field of microbiology because it does not have own capacity to harvest and analyze highly infectious emerging (exotic) pathogens. For this reason European experts are obliged to wait until results from other organisations become available.

ECDC

The Centre is playing an important role in bringing European communicable disease prevention and surveillance to a common standard. Also the emergency response capacity at European level came into existence with the establishment of the ECDC. All respondents believe that the ECDC has brought a coordinated approach to communicable diseases and disease surveillance in Europe. Prior to the establishment of the ECDC activities in the field of communicable diseases were scattered throughout Europe.

General suggestions that would improve the performance of the ECDC

Overall, most of stakeholders are satisfied with the evolution of the ECDC and feel that the Centre is on a good track. As the Centre is still growing it is acknowledged that there is more to be done in the future to enhance its added value. Therefore the respondents provided a listing of suggestions for improvement, which are interesting and important to mention. These suggestions, which are categorized below by stakeholder group, are in nature individual statements that may or may not be shared by more respondents:

EU institutions and agencies

Strategy and focus

- Although the ECDC started off well, there is a more to be done and a need for continued focus on priorities.
- The current discussion on the policy to revise EU agencies should be monitored. The climate has clearly changed now the Council and the European Parliament are less interested in setting up new EU agencies. This might impact on the future of the ECDC.

Broadening of activities

- The ECDC should focus on its current mandate and first consolidate its core activities to gain confidence of the public and all MS, before assessing the opportunities to expand its mandate content wise and/or geographically.

Stakeholder needs

- The ECDC should be assessing surveillance systems in the country, identifying gaps an providing support (e.g., technical support, support in applications) to better meet the MS needs in surveillance.

Internal organisation

- It would be desirable to equip the Centre with own labs so that, among others, it could undertake work on standardization. The ongoing current debate about the need for the ECDC to develop its own laboratory capacity illustrates the complexity of the ECDC's position, which is not a lab, but it is not a mere "talking group" either.

Working procedures

- The ECDC should focus on achieving results and think about what success and effectiveness actually means and how this can be measured.
- The ECDC needs to establish a mechanism to learn from existing activities.
- Increase knowledge about health care systems in general, but also knowledge on ethical and legal issues that are relevant to the working field.
- Shorter presentations at AF meetings and printed hand-outs of the presentation so participants All materials of the AF meetings, including presentations could be distributed to participants by the end of the meetings in CD format. .

External communication

- The relations with the media are very important and special attention should be paid to build further on these relations. It is recognized nonetheless that it takes time and energy to connect to journalists in all of the 27 MS. However, being more visible in the media could help with proving to citizens in which concrete ways the EU can make a difference in their lives.
- Clarification on whether the ECDC is providing technical advice versus representing the EU.
- More efforts need to be done to ensure that politicians and the general public (who cannot read highly specialized scientific documents) have a way of benefiting directly from the outputs of the ECDC.
- The ECDC should consider and discuss the different options in disseminating information (use of languages, target audiences). It is mentioned that ECDC translations of scientific information are not always appropriate and should be reviewed by national specialists. The US CDC could be taken as an example as it provides information on important diseases in several languages.

External collaboration

- Guidance on prioritization to help the less experienced MS along.
- More assistance (e.g., seminar) in preparing semi-scientific papers for the Eurosurveillance journal as the PHA's staff is not so experienced in publishing in international scientific papers.
- With regard to the flow of information the ECDC should put some pressure on its counterparts in order to ensure the entire mechanism functions properly.
- ECDC should strengthen its network of Competent Bodies in the MS.

General observations from individual respondents regarding the future of the ECDC

- It is questioned how far the ECDC should grow in terms of capacity – i.e., what is the optimal capacity and what are sufficient resources to run an efficient scientific institute in the field of CD?
- At this stage it is hard to assess whether the ECDC when the ECDC should consolidate and slow down to what can be considered a "cruising speed".
- It would be interesting to look at cross fertilization, i.e., how is knowledge gained by experts involved in the ECDC being brought back to MS and does knowledge sharing between MS exist?

International organisations

The respondents have provided suggestions for improvement, which are outlined below:

- The ECDC should build in a network of national reference laboratories as resources allocated to public health are not sufficient to set up separate labs.
- The ECDC should keep engaging in a mature dialogue with other public health organisations as until now, which includes the clear identification, normalization and resolving of issues of collaboration.
- The ECDC should make clear which data can and should be shared with other organisations to avoid overlapping and gaps.
- The ECDC should focus less on PR and more on their core business issues as laid down in the Founding Regulation.

National health ministries

Strategy and focus

- The ECDC should become a strong voice in public health for Europe but this is a process that takes time.
- The ECDC should take on more risk management tasks in a public health crisis situation.
- The ECDC should concentrate on areas where they are not going to risk duplicating with other organisations

Governance

- Change the structure and mandate of the MB: establish, next to the MB, a bureau (composed of designates from the MB) that should focus on more day-to-day management issues.
- Changes in the structure and mandate of the AF.
- Decrease and simplify reading materials as input for the MB meetings to make sure that they are understandable and can all be read in time. This might increase the level of MS participation in the MB meetings.
- Stimulate more active participation of all MB members during meetings by providing the opportunity to express themselves in their own language.
- Decision making process in the MB can be more vigorous with regard to setting priorities and shaping focus for the ECDC
- Improve transparency on the representation of the AF as the ECDC is trying to establish contacts with the MS on different levels.
- Concise the size of reports that serve as input for the MB.

Stakeholder needs

- The ECDC must ensure that they continue to assist MS, and do not attempt to take on a leading role. If they try to take charge, problems are expected to arise.
- Scientific assessment at aggregate European level where MS cannot do it themselves.
- Providing epidemic advice based on state of the art monitoring, particularly during crises.
- Providing scientific advice in on CD's with low incidence in Europe that are being imported by immigrants.
- Further development of scientific advice/opinions (e.g., more visible presentation of requests for scientific advice on website).
- The ECDC should make sure not pose too many demands on the MS for information, especially those MS that are resource-constraint.
- The ECDC should start undertaking country visits, to places where there are particular problems and where the ECDC can help. This would enable the ECDC to improve self initiatives, when they see first hand what MS need. Moreover it would also be of real benefit to MS to have such in depth and tailored support.
- The ECDC produces really good general guidelines, but it should be more country orientated and offer concrete support, especially to smaller MS.
- The ECDC needs to slow down growth and find the right balance between stakeholder needs and its resources.
- Adding value should be the ECDC's philosophy. In this respect the AF can play an important role in making an inventory of the MS needs (e.g., emerging infectious diseases, TB, AMR).
- More focus on cost-effectiveness in risk assessment, which is an important element in national policy decisions.
- Develop standards for communicable disease modelling.

Internal organisation

- Increase the number of staff.

Working procedures

- Speeding up and finishing the integration of DSNs.
- Improving the data quality and compatibility for surveillance.
- Consolidating internal capacity to face a public health crises.
- Improve transparency and clarity of scientific advice.
- Improve transparency on which experts are involved in the scientific committees.
- ECDC should be less dependent on national administrative bodies for their scientific advice. The ECDC should become a more central organisation with employees and MS representatives that are recruited for their scientific knowledge and less for their nationality.

External communication

- More clarity concerning roles of different bodies and partners.
- Make the position papers and documents more widely available (as the Eurosurveillance currently is). This could be through a regular newsletter to a wide range of health professionals.
- More clarification as regards the formal contact towards the MS.

- Development of a tool on the ECDC website that facilitates virtual meetings with the Competent Bodies.

External collaboration

- The ECDC might eventually manage on behalf of DG Research projects and studies that aim at medium term time frame (e.g., 3 months – 1 year) and which does not fit in the context of long term research as implemented by DG Research.
- The ECDC could gain in effectiveness if it would pay more attention to the political context it is operating in.
- Networking scientists in Europe for quick response.
- Providing more services to MS (e.g., training)
- Strengthen articulation with the other public health actors, especially WHO Europe.
- Avoid duplication of work and build on information and expertise that is already available in the MS.
- More efforts need to be made to clarify the nature and frequency of information exchanges with the MS (e.g., reporting requirements for different disease are not yet consolidated, creating some confusion and sub-optimal cooperation.
- ECDC should take advantage of MS who may have one area of CD particularly well managed and use these as best practice examples or models.

National surveillance institutes

The respondents from NSI were unanimous in stressing that the ECDC should first consolidate the activities in which it is already involved, before moving into other regions and thematic areas. Under this broad consensus, a number of specific ideas on how to improve activities were made:

Strategy and focus

Several stakeholders pointed out the need for the ECDC to further develop its microbiology capacity by sorting out, among others, the issue of reference laboratories. The following suggestions were made by one stakeholder (each):

- The ECDC should become *the* centre of knowledge concerning CDs in Europe and develop methodologies that bodies MS can use to elaborate their own positions/ recommendations on various topics
- The ECDC should choose the topics that are relevant in the field of CDs at European level in a more proactively manner.
- The ECDC should focus on areas of value added such as risk assessment in *emerging* threats and other issues on which there is no expertise within at European level.

Broadening of activities

As mentioned above (section E), most NSI representatives do not think the ECDC should extend its activities to new areas or outside its current geographical boundaries. They estimate that the risk of the ECDC losing its focus is too great. Concerning a potential geographical extension, they think close cooperation with the WHO (which has a worldwide mandate) would suffice to keep abreast developments outside the EU area.

One respondent approached the question of ECDC's extension from a different point of view. Whereas in principle this should not occur, at least for the moment, expanding the

functions of the ECDC to other areas in which the tools and procedures developed could be applied is a more desirable course of action than setting up a completely new body at European level.

Governance
One NSI respondent felt that in the future, the programme of the AF should have a slightly different balance of activities, with less time dedicated to updates and more to in depth scientific discussions.

Stakeholder needs
Many NSIs felt that since the first building up phase of the ECDC should near completion, the ECDC should invest more efforts in serving the needs of the MS (e.g., assist by drafting documents, public statements; organisations of workshops; intensifying the frequency of "practice exercises" etc.).

Internal organisation
One NSI respondent commented that more transparency concerning the selection and contribution of Competent Bodies would improve the trust and loyalty from MS.

External collaboration
For the future improvement of external cooperation, the following suggestions were made:

- The ECDC should continue consolidating its position as coordination centre (rather than trying to centralize all activities) (several respondents)
- Clarify mandates, boundaries of areas of main responsibility and distribution of tasks in collaboration relationships (several respondents)
- Reassess appropriateness of communication approaches in PH crises (one respondent)
- Cooperate more with relevant organisations not necessarily directly involved in PH such as IATA (on the topic of TB on planes) (one respondent)

EU disease surveillance networks

Strategy and focus

- The ECDC has an important niche to occupy in the constellation of public health bodies, if it keeps its focus and continue the coordination and harmonization processes that were launched at European level.
- The ECDC should focus more on diseases that are not tackled yet at national level (e.g., imported viral diseases).

Stakeholder needs

- Now that the ECDC has proven it exists, it needs to move rather quickly to proving why it exists – i.e., delivering advice/value added to its stakeholders.
- More careful and active listening on the side of the ECDC, to pick up the valuable parts of the advice provided by stakeholders in the field (e.g., clinicians, virologists).

Internal organisation

- The ECDC should improve internal management to integrate new activities and staff..

- A better location for the ECDC in order to attract qualified staff more easily.

External collaboration
- The EC could produce a framework contract for the ECDC outlining exactly what they expect from the ECDC.
- The ECDC and WHO Europe need to continue working closely together to build trust.

ECDC

Strategy and focus
- A balance should now be struck between the short term interest of establishing the name of ECDC (i.e., building identity) and the more long term interest of establishing a sound scientific reputation and providing service to the MS.
- Growth of the organisation will slow but it would be considered a pity if the ECDC would lose its pioneering spirit from the early days.
- In the next two years the ECDC's focus needs to move to how the basic capacities (preparedness & epidemic intelligence, surveillance, scientific capacity and communications) will be applied to prevent and control specific diseases. Although recognized in the future intentions it is unclear how this will actually happen.
- The ECDC could benefit if a more clear vision would also be reflected in the priorities of the annual work programmes.

Broadening of activities
- The Centre should consolidate and build on existing activities and new areas within the remit of its mandate and in time assess the opportunities for expanding into new areas outside of the scope of its current mandate.

Governance
- There is a need to assess the composition of the MB with regard to whether the input from all members (especially the MS) is well balanced, and the ambiguous role of the EC and EP members. A benchmark should be made with governance models of other EU Agencies.

Stakeholder needs
- ECDC cannot afford to be too prescriptive in providing scientific advice. Particularly, those MS with more resources in communicable disease prevention and control do not want to have their policies prescribed to them and prefer to be independent. The advice should leave room for interpretation and adaptation to the national policy context.

Internal organisation
- Coordination between the functional units and horizontal disease specific programmes should be based on a more cohesive approach:
  - The management of the disease specific horizontal programmes requires a systematic approach and appropriate systems to manage financing and human resources.

- Plans need to be made how to get commitment and operationalise activities related to specific diseases from 2010 onwards. This will probably mean a review of how the horizontal programmes function, increasing their core capacity and the recruitment of a limited number of specialists (e.g., microbiologist).
- It should be clarified which functional unit in the ECDC can be contacted for the specific disease control programmes in Member States (outside of the specific areas: surveillance, communications, emergencies and scientific advice).
- Each horizontal programme needs a core minimum of staff and specialist expertise. The contribution and percentage input form the part-time horizontal programme staff needs to be more clearly defined.
- A separate unit to administer the disease specific programmes should be set-up, which was noted by once.

Working procedures

- Internal communication:
  - Introduce short daily meeting for senior experts chaired by Head of Unit or Director to share information on infectious diseases (e.g., developments in infectious diseases, long term work and political developments).
  - Complete the intranet as an urgent requirement along with more investments in the Centre's IT infrastructure.
- The Strategic multiannual programme 2007-2013 is an important document that could be further improved by making long term outcome indicators more SMART.
- Monitoring of the ECDC's activities and performance need more attention, which requires the development of a management information system.
- The Centre should reserve some financial capacity to be able to deal with unforeseen requests for advice on policy and other issues.
- There is a need for a limited number of standing scientific committees, which are composed by the ECDC and the MS. These committees should contribute to the ECDC's scientific advice in a more cohesive and efficient manner.
- The number of AF meetings (from 4 to 2-3 per year) and MB meetings (from 3 to 2 per year as laid down in the Founding Regulation) should be reduced.
- The number of channels in which vacancies are being published should be increased. In addition, vacancies should be better planned to avoid internal competition for staff with the same kind of expertise.
- A proactive approach to requests for scientific advice will help to anticipate upcoming questions from policymakers. This will, from a strategic point of view, give the ECDC the opportunity to influence the policy agenda. From an operational point of view the ECDC will be able to better respond to requests and allocate the required resources.

External collaboration

- The Centre needs to build further on the cooperation with the Competent Bodies in the MS, which are relevant sources of independent scientific advice, assistance and expertise.
- The integration of the DSNs is calling for expertise in microbiology and laboratory capacity. As laboratory services are not within the remit of the ECDC's mandate the Centre should build up links with networks of reference laboratories.

- Reinforcing networking and collaboration between ECDC, the Commission and Member States on risk communication.
- The ECDC and the EC should share mission reports to increase transparency of information.
- There should be a distinction between operations and policy/legal issues for dealing with incidents and outbreaks rather than the current, confusing distinction between risk assessment and risk management.
- Clearer EU policies (Council Recommendations) on specific communicable diseases would help the ECDC to prioritise and focus its work.
- A formal relationship should be developed with the Public Health Executive Agency and the ECDC with a view to determining how they can work together.
- Support the MS more in exchanging capacity and sharing of information.
- The ECDC should develop training that is not only focused on intervention epidemiology but also on communicable disease prevention.
- The ECDC might eventually manage on behalf of DG Research projects and studies that aim at medium term time frame (e.g.,, 3 months – 1 year) and which does not fit in the context of long term research as implemented by DG Research.
- The ECDC could gain in effectiveness if it would pay more attention to the political context it is operating in.