ECDC **CORPORATE**

Evaluation of ECDC Ebola deployment in Guinea

Final report

October 2017

ECDC TECHNICAL DOCUMENT

Evaluation of ECDC Ebola deployment in Guinea

Final report

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Abbreviations

DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG SANTE	Directorate General for Health and Food Safety
ECDC	European Centre for Disease Prevention and Control
EPIET	European Programme for Intervention Epidemiology Training
EUPHEM	European Programme for Public Health Microbiology Training
GOARN	Global Outbreak Alert and Response Network
FTE	Full Time Equivalent
MSF	Médicins sans Frontières
NGO	Non-Governmental Organisation
PHE	Public Health Event
SoP	Standard Operating Procedures
ToR	Terms of References
US CDC	Centers for Disease Control and Prevention
Weekly SitRep	Weekly Situation Report
WHO	World Health Organization

Executive summary

Following a request from the US Centers for Disease Control and Prevention (US CDC) and the World Health Organization Regional Office for Europe, the European Centre for Disease Prevention and Control (ECDC) made its first major contribution to outbreak response activities in the field in 2014–2015, with a total of 62[1] experts mobilised by ECDC and deployed through WHO/Global Outbreak Alert and Response Network (GOARN) to support the international Ebola response in Guinea. The initiative lasted from 27 November 2014 to 23 October 2015[2] and upon completion in November 2015, ECDC's Senior Management Team requested the International Relations Section to carry out a comprehensive internal evaluation of this activity.

The aim of the evaluation was to review the implementation, determine the lessons learnt and formulate recommendations to strengthen ECDC's capacity to mobilise experts for field deployment to support future outbreak response initiatives, both in and outside the EU. The evaluation looked at all the key stages of expert mobilisation and deployment (i.e. pre-deployment, deployment and post deployment). It relied on a qualitative methodology involving a review of ECDC's internal plans and procedures, one-to-one semi-structured interviews with key internal and external stakeholders and an on-line survey of the experts mobilised by ECDC for deployment in Guinea.

A team of eight ECDC evaluators carried out 21 semi-structured interviews with ECDC staff involved in the preparation and implementation of this deployment; 14 interviews with external stakeholders (e.g. the European Commission Directorate General for Health and Food Safety – DG SANTE; the European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations - DG ECHO; US CDC; WHO/GOARN and NGOs) and 53 deployed experts participated in the online survey. In total, 89 people were consulted for the evaluation, with an average of 90% response rate across all stakeholder groups. The high response rate, along with the review of ECDC's internal plans and relevant documents, allowed the evaluation team to compile a comprehensive list of lessons learnt.

It emerged from the evaluation that even though ECDC was not set up to support field operations of this type over such a long period of time, the mobilisation of experts by ECDC for deployment in the field proved both successful and valuable to the international response against the Ebola outbreak in Guinea. In all, 87% of stakeholders agreed or strongly agreed that the activities of the expert teams mobilised by ECDC offered added value, and 100% of the external stakeholders stressed that ECDC's intervention was in line with the actual needs and the situation in the field. This view was supported by a broad consensus among all stakeholders. The positive feedback was further strengthened by qualitative remarks from the respondents, identifying specific examples of the important role played by the deployed experts in supporting the international response in Guinea.

Given the lack of prior institutional experience at ECDC and the complexity of the outbreak and situation in the field, the positive perception of ECDC's intervention is particularly noteworthy as it contributes to raising ECDC's profile among EU and international partners. By filling a gap in terms of support response, thanks to its specific expertise and capacity to mobilise experts beyond its actual resources, ECDC was perceived by 86% of the respondents as a relevant actor to support outbreak response in the field. This view was strongest among the stakeholders who declared that they would request ECDC assistance in the event of a future outbreak, with 100% of the external stakeholders perceiving ECDC as a relevant actor.

However, should ECDC decide to build upon this experience, before establishing itself as a relevant actor in the area of outbreak response support, it will need to carefully address the various shortcomings identified and lessons learnt from this evaluation. Interviews and reviews of internal documents highlighted issues in relation to each phase of the mobilisation and deployment of experts. This included some critical challenges in terms of preparedness and institutional capacity, selection of experts, logistical and administrative preparation for the mission, staff well-being, ECDC visibility in the field, interaction and coordination with partners and impact on ECDC's work programme and regular activities. In addition, the lack of resources at ECDC was mentioned, along with the need to prioritise requests for assistance.

Such issues were to be expected. Although this was ECDC's first major contribution to an international outbreak response in the field, it was a complex outbreak that represented a challenge for all the organisations involved, including those with solid field experience. Nevertheless, the shortcomings identified should be addressed to increase the added-value and effectiveness of potential future interventions. As one stakeholder pointed out: 'to be a relevant actor, ECDC needs to be prepared'.

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[1] During this deployment phase, sixty-nine rotations were completed, taking into account the experts deployed in Guinea more than once.

[2] The last team deployed completed its rotation in December 2015, and no new teams were mobilised or deployed after 23 October 2015.

Based on the findings and the lessons learnt, the evaluation team identified a set of recommendations to address shortcomings – summarised below and detailed in Section 8. These focused on the following key areas:

1. Strategic decision on ECDC's role in supporting outbreak response in the field (including any other activity requiring field deployment)
   As a result of its first experience in Guinea, ECDC might increasingly be asked to contribute to similar outbreak response activities in the future. The Agency needs to develop a strategic vision, formalising its approach to such requests.
2. Partnership with relevant organisations
   Based on this strategy setting out the direction and scope of its support for outbreak response activities in the field, ECDC should develop partnerships with organisations that have relevant logistical capacity and expertise in supporting the deployment of field experts, rather than duplicating existing capacity and mechanisms.
3. Implementing administrative procedures and a framework to support deployment operations
   Based on the final strategy, ECDC should develop the necessary administrative procedures to support the organisation and implementation of such deployment.
4. Strengthening ECDC institutional capacity
   ECDC should aim to develop and maintain institutional capacity corresponding to the direction, scope, priorities and methods set out in the strategy for supporting outbreak response activities. As one ECDC expert explained: 'The only way to keep it sustainable is to keep practising [and] find mechanisms to keep our expertise alive and learn from our deployment'.
5. Mechanisms to mitigate impact on ECDC regular activities
   ECDC should aim to find mechanisms to ensure a proper balance between emergency and regular core activities, thereby mitigating the impact of any potential involvement in the field on its work programme.

Summary of recommendations*

Strategic decision on ECDC's role in supporting outbreak response in the field (including any other activity requiring field deployment)	
1.1	Develop a strategic vision setting out the direction, scope, priorities and methods for ECDC's support of outbreak response activities in the field
1.2	Discuss this strategy with ECDC governing bodies and key stakeholders
Partnership with relevant organisations	
2.1	Develop formal partnership with organisations specifically designed to support the logistical deployment of experts in the field
2.2	Clarify in advance all key and necessary arrangements for such missions (e.g. legal, health, security, visibility).
2.3	Ensure systematic coordination between the activities of the deployed experts and the EU response or EU teams present in the field.
Implement the administrative procedures and a framework to support deployment operations	
3.1	Develop mechanisms and decision-making procedures to address and process requests for assistance involving deployment of experts.
3.2	Set up pre-defined selection procedures for the identification of ECDC staff and external experts to be mobilised and deployed.
3.3	Define standard operating procedures detailing the step-by-step approach to be systematically and consistently implemented by ECDC in coordination with its partners for each deployment
Strengthening ECDC institutional capacity	
4.1	Set up dedicated functions in ECDC with the responsibility to develop, maintain and improve ECDC's capacity to mobilise experts for deployment in the field, and implement, support and monitor the mobilisation of experts for deployment.
4.2	Review the human resources recruitment procedures and consider whether prior field and deployment experience should be integrated into the selection criteria for staff assigned to the above functions.
4.3	Establish rosters to identify in advance ECDC staff, Member State experts and fellows with the appropriate skills and expertise for potential deployment.
4.4	ECDC – in coordination with its potential partners where relevant - to organise training for experts listed on the rosters and support function staff on internal procedures and tools to support the mobilisation of experts and their deployment.
4.5	Strengthen the overall level of preparedness by organising simulation exercises.
4.6	Identify best practices from other organisations.
Mechanisms to mitigate impact on ECDC regular activities	
5.1	Review business continuity and back-up procedures.
5.2	Establish a business continuity coordinator function.
5.3	Revise the prioritisation of activities in the work programme to identify in advance activities that could be cancelled and funds that could be reallocated in case of an emergency.
5.4	Facilitate internal reallocation of resources in the event of deployments to both address public emergency needs and support routine activities impacted by deployment in the field.

*See Section 8 for detailed list.

1. Introduction

Scope

Following a request from the US CDC and WHO Europe, ECDC initiated its first major international field operation, with a total of 62 experts mobilised by ECDC and deployed through WHO/GOARN to support the international Ebola response in Guinea. This deployment ran from 27 November 2014 to 23 October 2015 and, upon completion in November 2015, ECDC's Senior Management Team asked the International Relations Section to carry out a comprehensive internal evaluation of the activity.

Objective

The aim of this evaluation was to review the implementation, determine the lessons learnt and formulate recommendations to strengthen ECDC's capacity to mobilise experts for field deployment to support future outbreak response initiatives, both in and outside the EU. The evaluation looked at all the key stages of deployment operations (i.e. pre-deployment; during deployment and post deployment) in order to assess:

- preparation, appropriateness and implementation of ECDC plans, procedures, structures and tools to supporting this action;
- relevance, appropriateness, efficiency and effectiveness of the field activities;
- impact of this deployment on ECDC work programme.

In accordance with the above objectives, the evaluation focused on the following elements:

- Pre-deployment: selection procedures; ToR, distribution of roles and responsibilities; information (e.g. medical, security); briefings; logistical preparation; interaction with WHO/GOARN and administrative matters (e.g. human resources, business continuity).
- During deployment: communication with/reporting to ECDC; deployment under GOARN mechanism; coordination with the European Commission; activities in the field (e.g. impact, relevance, appropriateness and effectiveness); security; health , including stress management, both for ECDC staff deployed in the field and the staff in Stockholm supporting deployment operations, and working conditions.
- Post deployment: debriefing; medical follow-up and administrative matters such as recuperation.

Limitation

The scope of this evaluation is limited to the activities carried out in the field by the teams of ECDC-mobilised experts. The evaluation therefore does not address the overall international response to the Ebola outbreak in Guinea. Moreover, the activities carried out by the experts mobilised by ECDC were fully integrated into WHO/GOARN operations in the field, in accordance with the request for assistance. External stakeholders (including the local Guinean authorities) were selected for interview on the basis of their ability to clearly identify the activities carried out by the ECDC teams under the WHO umbrella.

2. Background

In November 2014, as Guinea was still experiencing a significant number of local Ebola outbreaks, the US CDC and the World Health Organization asked ECDC to support surveillance and control activities in Guinea by deploying French-speaking experts. Both organisations were facing a shortage of experienced, senior French-speaking staff to ensure an effective response in Guinea and the surrounding French-speaking countries. In this context, the requests for assistance called for ECDC to provide senior experts for deployment under GOARN to support Ebola response operations in Guinea and Mali for four-to-six-week rotations over a period of three to six months.

Based on this request and a preliminary ECDC mission to review the situation in the field and assess the needs and activities of relevant partners, ECDC initiated its first major mobilisation of experts in December 2014. These experts were deployed under GOARN in Guinea, in close collaboration with the European Commission.

The overall objective of the deployment was to support control activities through outbreak investigations, follow-up of contacts, and activities to engage communities in designated areas. The experts mobilised by ECDC and deployed under GOARN were grouped into teams comprising, as a minimum, one senior expert and one expert in epidemiology. Those deployed were ECDC staff members and other experts (e.g. fellows from the ECDC European Programme for Intervention Epidemiology Training – EPIET – and European Programme for Public Health Microbiology Training - EUPHEM, and experts from the Member States).

The deployment mission was officially completed on 23 October 2015[2] by which time ECDC had mobilised and deployed a total of 62[1] experts in Guinea.

As part of the overall evaluation of the Public Health Event (PHE) relating to Ebola, preliminary findings indicated that around 66% of ECDC staff having participated in the PHE field deployment had a positive perception of the experience. However, even though this evaluation was carried out during the early phase of the deployment, it identified several issues and recommended a more thorough evaluation of ECDC's activities in Guinea.

Therefore in November 2015, the Senior Management Team asked ECDC's International Relations Section to carry out a comprehensive evaluation of ECDC's mobilisation and deployment of experts under GOARN in Guinea between 27 November 2014 and 23 October 2015[2].

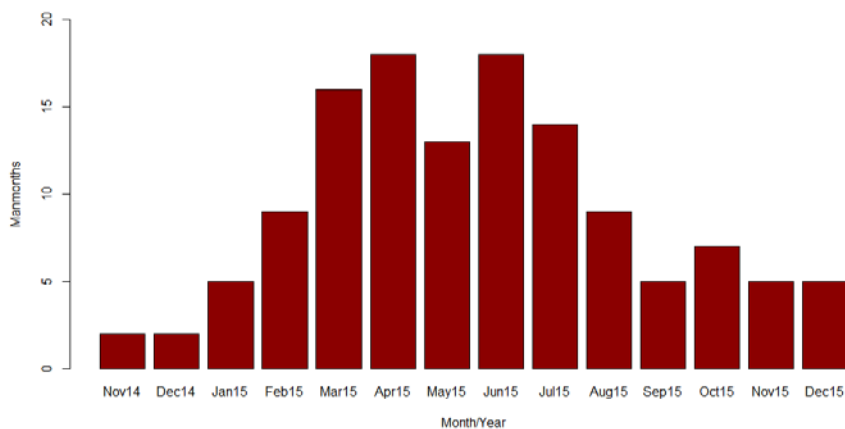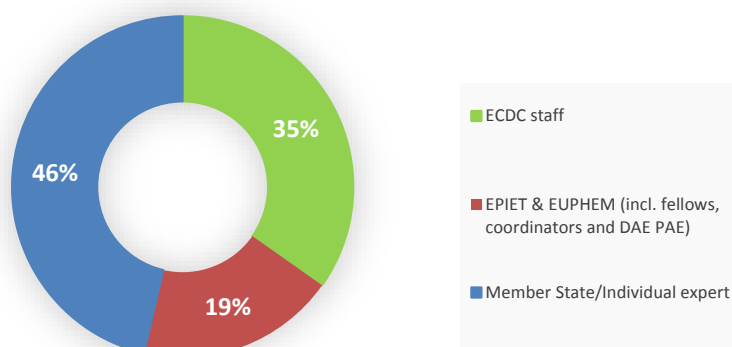**Figure 1.** **Deployment timeline**

Figure 2. **Field deployment, breakdown by affiliation**

3. Evaluation questions

Table 1. Evaluation questions and possible areas for research

Main evaluation questions	Possible research questions[3]
Relevance: to what extent are the objectives appropriate, in terms of the activities performed meeting the needs identified?	To what extent were the needs identified by WHO and US CDC in their request for assistance in line with the needs in the field? To what extent were the activities carried out by the deployed experts in line with the needs in the field and the epidemiological situation? Was ECDC capacity sufficient to support deployment operations and in line with the objectives identified?
Coherence: to what extent does the activity counteract other activities, internal or external to the Centre, with similar objectives?	To what extent were the deployment activities aligned with the EU and international response objectives in Guinea? To what extent were the deployment activities well-coordinated with the EU institutions?
Effectiveness: were the specific objectives attained and were the intended results achieved?	To what extent were the needs identified by the requesting authorities addressed? To what extent have the objectives been met? Where expectations have not been met, what factors have hindered their achievement? How effective were ECDC internal plans, procedures and tools to support these deployment activities?
Efficiency: How well have the inputs (resources) been converted into outputs, results and impacts? Were the expected effects obtained at a reasonable cost?	What was the impact of the deployment activities on ECDC's work programme? What were the financial and HR costs incurred by ECDC for this deployment and were the costs reasonable in terms of the results achieved? Could the same results have been achieved with less impact on ECDC's work programme?
EU added value: were the impacts achieved perceived as positive by the different Member States and other EU institutions?	What is the added value resulting from ECDC coordinating such a deployment compared to what could be achieved by Member States through existing mechanisms (e.g. GOARN)?
Optional criteria	
Usefulness: Do the results achieved by intervention correspond to the needs identified and the problems to be solved?	See above
Sustainability: Will the effect achieved last in the medium or long term – i.e. after the activity has stopped?	To what extent are ECDC plans, procedures and tools to support deployment activities sustainable in the long term? How can the sustainability of ECDC capacity to support such deployment activities be ensured?

Due to limitations in terms of times and resources:

- Certain aspects of the deployment will not be covered in this evaluation but should be considered at a later date. This includes decision-making related to the strategic decision to initiate the deployment or the impact in terms of EU visibility for ECDC-deployed teams embedded into WHO operations.
- Feedback concerning the back-up arrangements and the impact of the deployment on staff covering the activities of ECDC-deployed staff will be given through line managers and heads of ECDC Disease Programmes rather than through a general staff consultation.
- The activities carried out by the experts mobilised by ECDC for deployment were fully integrated into WHO/GOARN operations in the field. The external stakeholders to be interviewed (including local Guinean authorities) will be selected in terms of their capacity to clearly identify the activities of the ECDC-deployed teams under the WHO umbrella.

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[3] Proposal to be taken into account by the Evaluation team in the preparation of the final version of the evaluation questions, which will be included in the evaluation plan.

4. Method/process followed

In accordance with the evaluation questions and areas for research mentioned in Section 3, the evaluation relied on a qualitative methodology in line with the ECDC Internal Procedure on internal evaluation. This included:

• a review of ECDC's internal plans and procedures for the mobilisation of experts to be deployed under GOARN;
• one-to-one semi-structured interviews and on-line consultation with stakeholders within and outside of ECDC involved in the organisation, implementation and follow-up of this activity.

Table 2. Stakeholders consulted during the evaluation

Stakeholder name	Stakeholder	Information to be collected	Methodology
EVA_1	Deployed experts (ECDC, Member States and fellows)	Relevance of ECDC field deployments and experts' satisfaction in relation to mission support.	On-line survey
EVA_2	ECDC internal support functions (e.g. coordinators and support staff dealing with the deployment, logistical, administrative and legal support)	Feedback on ECDC support capacities and the impact of the Ebola field deployments on individual workload.	Semi-structured interviews
EVA_3	ECDC line managers and heads of disease programmes [4]	Impact of the Ebola field deployments on implementation of work programme.	Semi-structured interviews
EVA_4	External stakeholders (e.g. WHO/GOARN, US CDC, DG SANTE, DG ECHO, NGOs and national authorities in Guinea)	Relevance, appropriateness and effectiveness of the field deployment activities.	Semi-structured interviews

In order to ensure that the evaluation findings are in line with the initial evaluation objectives, the development of the survey questionnaires, the actual data collection and the data analysis was based on:

• a logical framework linking the objectives of the evaluation, the indicators/metric, the mandatory evaluation questions, the target group and the information to be collected;

• the main evaluation questions and possible research questions, as identified in the evaluation mandate.

In addition, data was transformed into information and findings on the basis of triangulation. This involved reviewing the feedback collected throughout the evaluation against the planning and support documents concerning the deployment (i.e. request for assistance, Action Plan, ToR, standard operating procedures, etc.)

Following an internal call for volunteers published on the ECDC intranet, an evaluation team was formed with pairs of evaluators assigned to each stakeholder group. These pairs were composed of an evaluator with prior knowledge and experience of the Ebola deployment and an evaluator who was not directly involved in the deployment. This decision was taken to mitigate the risks of bias related to evaluators involved in the initiative while ensuring that the evaluation was based on a sound understanding of and familiarity with the deployment operations.

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[4] The line managers and heads of disease programmes to be consulted were identified based on the affiliation of the ECDC staff deployed, in accordance with the ECDC Work Programmes 2014 and 2015.

Table 3. Evaluation team

Stakeholder name	Stakeholder	Information to be collected	Methodology
EVA_1	Deployed experts (ECDC, Member States and fellows)	Relevance of ECDC field deployments and experts' satisfaction relating to mission support.	On-line survey
EVA_2	ECDC internal support functions (e.g. coordinators and support staff dealing with the deployment, and logistical, administrative and legal support)	Feedback on ECDC support capacities and the impact of the Ebola field deployments on individual workload.	Semi-structured interviews
EVA_3	ECDC line managers and heads of disease programmes[5]	Impact of Ebola field deployments on the implementation of the work programme.	Semi-structured interviews
EVA_4	External stakeholders (e.g. WHO/GOARN, US CDC, DG SANTE, DG ECHO, NGOs and national authorities in Guinea).	Relevance, appropriateness and effectiveness of the field deployment activities.	Semi-structured interviews

Table 4. Evaluation groups

Stakeholder name	Purpose	Evaluators in charge
EVA_1	Assess relevance of ECDC field deployments in Guinea and the experts' satisfaction with mission support.	A. Friaux & G. Alexe
EVA_2	Assess the impact of the Ebola field deployments on individual workload and evaluate ECDC support capacities.	I. Ljungqvist & N. Safrany
EVA_3	Assess the impact of Ebola field deployments on work programme achievement.	J. Mannheim & N. Safrany
EVA_4	Assess relevance, appropriateness and effectiveness of ECDC activities.	K. Edwards & K. Johansen

This evaluation was implemented in four phases:

- Phase I – Development and testing of questionnaire (January – March 2016)
- Phase II – Data collection (March – April 2016)
- Phase III – Data Analysis (April – June 2016)
- Phase IV – Final report writings (June – September 2016)

Four questionnaires were prepared for the stakeholder consultation and these were tested by means of mock-up interviews Each questionnaire was designed for a dedicated stakeholder group with specific questions.

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[5] See footnote 4.

Table 5. Evaluation questionnaire

Study group	Main areas covered	Type of questions	Communication channels
EVA_1	Profile of the deployed expert; preparation before departure; activities and support during mission; return from mission, and ECDC in Guinea	Qualitative and quantitative	On line survey using EU Survey tool
EVA_2	Role during deployment; impact on ECDC work programme and ECDC capacity	Qualitative and quantitative	Semi structured face to face interviews
EVA_3	Impact on ECDC work programme and sustainability of the deployment operations and support	Qualitative and quantitative	Semi structured face to face interviews
EVA_4	Relationship with ECDC; added value of ECDC deployment; ECDC collaboration; ECDC capacity, and ECDC's role for future deployments.	Qualitative and quantitative	Semi structured face to face and phone interviews

Common core questions were included in all four questionnaires to enable comparisons across all stakeholder groups on the following key issues:

- Added value of ECDC activities in Guinea
- ECDC operational capacity to deploy experts
- Relevance of ECDC as an actor supporting outbreak response in the field – in the event of future outbreaks.

The evaluation team also identified and sourced the relevant ECDC internal plans and procedures related to this deployment to review as part of the evaluation.

5. Results

In accordance with the evaluation questions and methodology described in Sections 3 and 4, the evaluation team finalised its data collection and analysis in June 2016, having conducted 21 semi-structured interviews with ECDC staff involved in the preparation and implementation of this deployment; 14 interviews with external stakeholders (e.g. DG SANTE, DG ECHO, US CDC, WHO/GOARN, NGOs) and received responses from 53 deployed experts who participated in an online survey. This brought the overall number of people consulted for this evaluation to 89, with an average of 90% response rate across all stakeholder groups.

With the exception of the local authorities in Guinea (see page 17), all stakeholders identified contributed to the evaluation, including:

- deployed experts
- ECDC internal support functions
- ECDC line managers and heads of Disease Programmes
- requesting authorities: US CDC and WHO
- other external stakeholders: DG SANTE; DG ECHO and NGOs.

Table 6. Stakeholder consultation response rate

Study Name	Target number of stakeholders to be consulted	Actual number of interviews completed/replies collected	Response rate
EVA_1	62	53	86%
EVA_2	13	13	100%
EVA_3	9[4]	9	100%
EVA_4	15	14	93%
TOTAL	**99**	**89**	**90%**

The data and information collected were then analysed applying a triangulation method involving:

- the research questions and objectives agreed upon for this evaluation
- the transcripts and/or data collected as part of the data collection
- technical and supporting documents from ECDC relating to the Ebola deployment.

As a result of this process, lessons learnt in relation to each deployment phase were identified along with findings related to the overall relevance, coherence, added-value, efficacy and effectiveness of the initiative.

Added-value of ECDC's mobilisation of experts for deployment in Guinea through WHO/GOARN

Stakeholders were very positive regarding the added value offered by ECDC's mobilisation of experts and deployment in Guinea through WHO/GOARN. In all, 87% of the respondents agreed and strongly agreed that ECDC activities in the field were of added-value.

Figure 3. All stakeholders - Common core questions: ECDC added-value
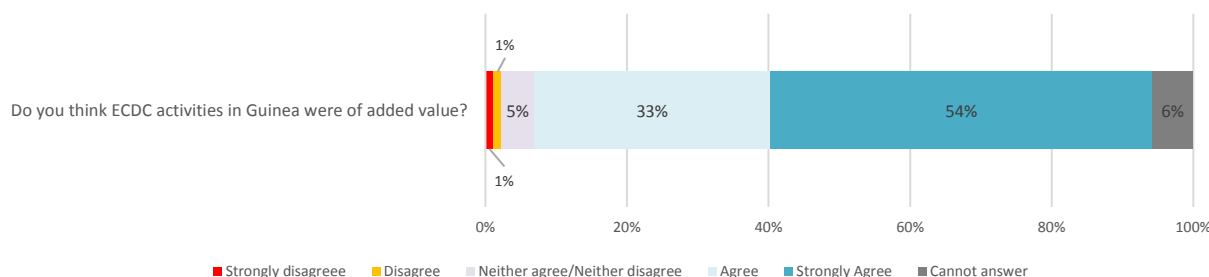
This positive view relied on a broad consensus among all stakeholder groups with the majority of each group agreeing and strongly agreeing that ECDC's initiative offered added value.

Figure 4. All stakeholders – breakdown common core question: ECDC added-value

Do you think ECDC activities in Guinea were of added value?
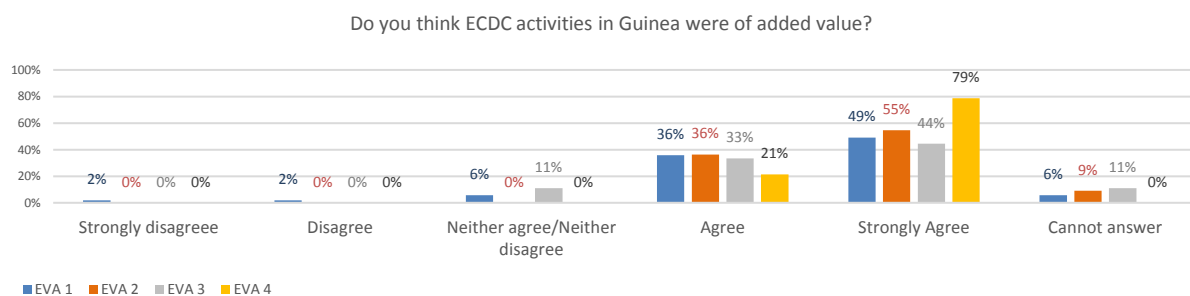
Of particular note is the high percentage (79% strongly agreeing) of external stakeholders directly involved in the field who supported the notion that ECDC activities in the field were of added value. While the lack of comments from the local Guinean authorities could have limited the assessment of this added value, the high satisfaction rate among the external stakeholders stressed the positive perception of ECDC's activities by the two organisations that requested ECDC assistance (US CDC and WHO Europe) and other partners actively involved in the field (e.g. DG ECHO and NGOs).

Although the Member States were not consulted for this evaluation, discussions during ECDC Advisory Forum meeting No. 41 and within its working group on the European response to Ebola have also shown that the Advisory Forum representatives considered ECDC's mobilisation of experts for deployment through GOARN to be a valid and effective approach to the Ebola outbreak in Guinea.

Relevance of ECDC's mobilisation of experts for deployment in Guinea through WHO/GOARN

The positive view of the added value offered by ECDC's mobilisation and deployment of experts in Guinea through GOARN is based on/features positive comments from the stakeholders regarding the relevance of ECDC's initiative. 'The ECDC experts really contributed to the success of the response [...] in Guinea'.

For example, references were made to epidemic intelligence outputs, dissemination of good epidemic intelligence practices, the setting up a database, training and protocols developed by ECDC that were picked up by WHO, replicated in other regions and were still in place at the time of this evaluation.

While a few stakeholders indicated that the deployment could have occurred earlier, 79% of the deployed experts found that their work was relevant to the situation and 58% agreed and strongly agreed that ECDC's strategy was appropriate. The latter view was somehow nuanced by a large proportion of 'neither agree nor disagree' responses (31%) and some comments indicating a lack of strategy for regions outside N'Zerekore, the initial focus of the deployment. Nonetheless, 100% of the external stakeholders agreed and strongly agreed that ECDC's intervention was in line with the actual needs and situation in the field.

Figure 5. EVA_4: ECDC intervention adapted to needs in the field

Do you think that ECDC's intervention was in line with the actual needs & situation in the field?
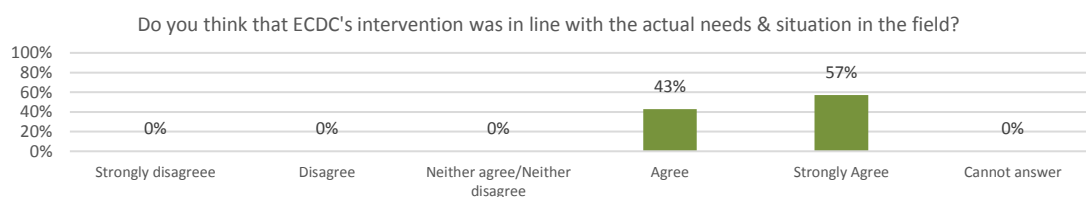
Benefits to ECDC and its staff

This evaluation has also demonstrated that the perceived added value of this initiative went beyond the situation in the field. Several respondents among the ECDC support functions and line managers/heads of disease programme stressed that this initiative had also been beneficial to ECDC as an institution. It had proved that ECDC 'has the capacity to provide support [for such operations] even if our resources are limited' and that 'ECDC is now well recognised for its intervention'.

Several line managers and heads of disease programme further stressed that the operation had been of added value for ECDC's staff too. 'The knowledge acquired by the colleagues during their deployment had a positive outcome on [ECDC] activities due to the intense experience gained in a short-time'. This is confirmed by an 83% satisfaction rate among the deployed experts regarding their mission (92% among ECDC staff members).

ECDC as a relevant actor to support outbreak response in the field

Building on this positive feedback, 86% of the respondents agreed and strongly agreed that in the event of future outbreaks, ECDC would be a relevant actor to support outbreak response in the field.
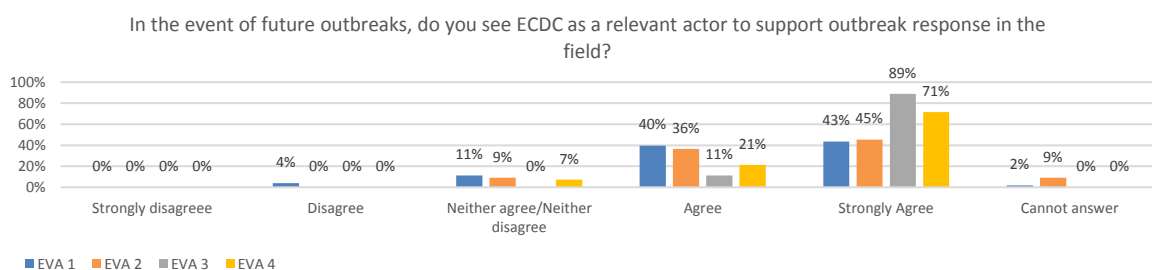
Figure 6. Common core question: ECDC relevance in the field
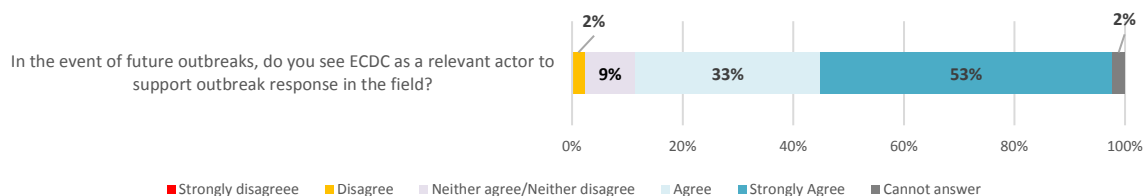
This view was based on a relatively broad consensus among all stakeholders, with external stakeholders (71% strongly agreeing) and the line managers and heads of disease programme (89% strongly agreeing) being the most positive.

Figure 7. Breakdown common core question: ECDC relevance in the field

ECDC does appear to be filling a gap in terms of response support. As one of the respondents noted: 'ECDC provides a service and contribution that is not easily available. Typically surgeons, paediatricians and rescue workers are already well organised for deployment in the field to support the response [...], whereas epidemiologists and people who can quickly assess the situation in the field and plan for the future are not available in a similar way and ECDC has a niche there'.

While various deployment mechanisms exist at international and EU level, ECDC's capacity to identify and mobilise experts with different backgrounds and language skills through its staff, the fellowship programmes and the Member States is relatively unique and therefore of particular added value. For example, for the deployment in Guinea, ECDC leveraged resources beyond its internal capacity: 65% of the mobilised experts were not ECDC staff members. ECDC therefore operated as a one-stop shop for WHO/GOARN in identifying experts across Europe for deployment.

This was further confirmed by Member State representatives in the Advisory Forum. During the 41st Advisory Forum meeting in February 2015, representatives of the Working Group on the European response to Ebola reviewed ECDC support to the outbreak response in Guinea. They confirmed the value of ECDC coordination as a 'broker for field response and deployment' (i.e. mobilising experts for deployment through GOARN.)

This added value is not limited to epidemic intelligence. Several respondents pointed out how useful it could also be to provide experts in laboratory and vaccines issues and experts in communication and social mobilisation – other fields where ECDC can mobilise European experts through its staff, fellowship programmes and networks.

ECDC operational capacity to deploy field experts

The majority of the respondents (62%) agreed and strongly agreed that ECDC has the operational capacity to deploy experts in the field. Positive elements mentioned included the direct support provided by ECDC staff in Stockholm which was perceived as responsive by 80% of the deployed experts. This positive view from the respondents referred to administrative and technical expertise and the following terms were repeatedly used to describe the support provided: available; helpful; ready; reachable; supportive; vigilant, and reliable. As one respondent put it: 'ECDC was very supportive both for safety/sickness and professionally when I was asking about methods to map and identify areas of transmission to relate to active surveillance efforts.' In particular, the day-to-day contact between ECDC support staff and those deployed to monitor their well-being was praised by the deployed experts. As one expert explained: 'it was a mental relief and very helpful to have a reliable back-up at ECDC premises.'

Figure 8. **Common core question: operational capacity**

Figure 9. **Deployment locations**
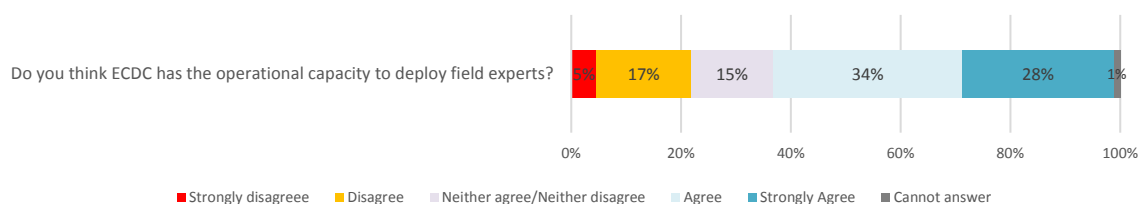
Early strategic and planning decisions taken by ECDC regarding the specificities of this deployment also received positive feedback. The pairing of junior and senior experts as described in the ECDC Action Plan was highlighted as beneficial by the deployed experts, support staff and external stakeholders. As one respondent explained: 'The pairing of senior and junior experts (often EPIET fellows) worked well. It was most helpful that ECDC organized these teams on their own, saving me a lot of work'. Such an arrangement was considered an effective allocation of resources, with the senior expert focusing on key epidemiological issues while the junior expert provided support. The decision to focus on and to take 'responsibility' for a key regional area in coordination with WHO was also positively received by several respondents. One respondent remarked: 'The pairing of senior and junior staff worked well, as well as the delegation of teams to one geographical area. ECDC did send a few extremely skilled staff that truly made a difference in the outbreak response through defining and taking the responsibility for the work'.

Figure 9. **Deployment locations**

ECDC. Map produced on 29 Mar 2016. Administrative boundaries: ©EuroGeographics, ©UN-FAO
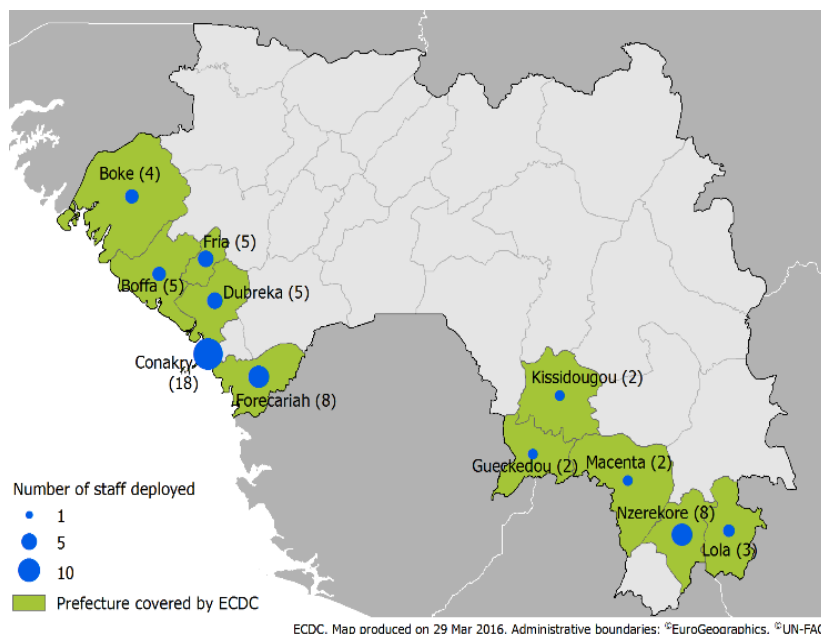
However, these positive comments have to be nuanced. In all, 36% of ECDC's support function group and 43% of the external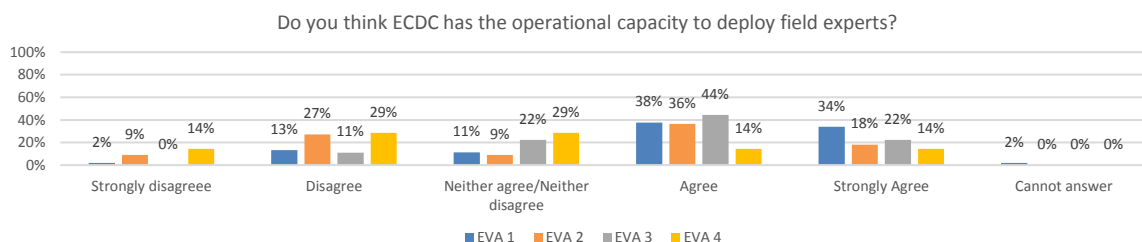 stakeholders – two groups directly involved in the planning and implementation of the deployment – disagreed and strongly disagreed with the statement that ECDC has the operational capacity to deployed field experts.

Figure 10. **Breakdown common core question: operational capacity**

Comments were also made to point out that ECDC did not actually deploy experts, but rather mobilised experts for deployment through GOARN: 'ECDC had to rely heavily on the GOARN mechanism and WHO mechanisms to deploy experts'. 'ECDC is capable of sending experts but does not have the capacity for all the logistics needed'. 'When it comes to contracts, insurance, medical evacuation, communication on site, logistics on site, it was really WHO and GOARN'. It is true that ECDC's support for the mobilisation of experts was complemented by the logistical expertise of other partners. In fact, this arrangement is in line with the measures set in the request for assistance and the Action Plan. However, it does place the assessment of ECDC's operational capacity in a different context.

The issue of ECDC capacity was further contrasted by comments from all stakeholder groups in response to the open-ended questions on ECDC capacity[6]. Several problems and concerns were raised regarding the various preparatory phases of the deployment and cross-cutting issues, such as the scope of ECDC's role in the field.

Although problems were not unexpected, given the complexity of the outbreak, the situation in the field and the fact that this was ECDC's first major contribution to outbreak response, these comments demonstrate that improvements are possible for every phase of the expert mobilisation and deployment.

Prior to deployment

Preparedness

Acknowledging that this outbreak 'was not something you could really prepare for in advance', several respondents identified a certain degree of improvisation as being necessary for the intervention. 'ECDC is not designed as an organisation prepared to deploy experts in the field'. Although ECDC's Founding Regulation (Article 9) actually refers to the possibility for ECDC to provide such technical assistance, the Agency is not structured to support outbreak response in the field, and the lack of strategy left gaps in terms of the definition of roles and procedures. Respondents stressed that many of these gaps had to be addressed 'on the fly' and by adopting a 'learning by doing' approach. Key issues identified by respondents included:

- Lack of terms of reference (ToR), standard operating procedures (SoPs) and internal procedures or guidelines on how to organise the mobilisation and deployment of experts.
- Lack of procedures on security and safety.
- Uncertain administrative arrangements concerning the participation of ECDC staff in a mission under WHO's responsibility. Several administrative issues were flagged up by both the deployed experts and ECDC's support staff. The administrative arrangement for the deployment under WHO/GOARN's umbrella called for deployed experts to sign a contract as WHO consultants. Experts were asked to sign this document as independent contractors in a personal capacity although most of them were employed elsewhere, with contractual obligations to their actual employer. This led to legal uncertainties on key aspects of the contract and implementation of the deployment. For instance, for ECDC staff, a review of the WHO consultant contract, the ECDC contract and the EU Staff Regulations has highlighted the existence of potential legal contradictions and conflicting provisions. An example of such conflict is the potential contradictions between Article 11, Title II of the EU Staff Regulations and the 1st and 2nd article of the WHO consultant contract. While ECDC staff are expected to carry out their duties with the sole interest of the EU in mind and not to take any instructions from any other organisation, the WHO contract calls on the consultants to perform their duties in accordance with WHO's interests, neither seeking nor accepting instructions from other organisations. There were similar uncertainties relating to liability, confidentiality, and health coverage arrangements. Although no issues arose during the deployment as a result of these legal contradictions, it is clear that there would have been potential implications from such legal uncertainties, should an adverse event have occurred.

Staff regulations of officials of the European Communities

Title II – Article 11

An official shall carry out his duties and conduct himself solely with the interest of the Union in mind. He shall neither seek nor take instruction from any government, authority, organisation or person outside his institution. He shall carry out the duties assigned to him objectively, impartially and in keeping with his duty of loyalty to the Union.

[Applying by analogy to temporary staff and contract agents]

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[6] Differences between answers provided to open-ended questions and rating scale (or quantitative) questions have been well documented through literature. Rating scale questions may introduce an acquiescence bias, with respondents overstating their positive opinion or responding positively to items irrespective of content.

WHO Consultant contract

Article 1 - The Consultant shall perform the work under this contract as an independent contractor in a personal capacity, and not as a representative of any entity or authority.

Article 2 - The Consultant agrees to respect the impartiality and independence of WHO and shall neither seek nor accept instructions regarding the work to be performed under this contract from any Government or from any authority external to WHO. During the period of this contract, the Consultant shall refrain from any conduct that may adversely reflect on WHO and shall not engage in any activity that is incompatible with the aims and objectives of the Organization.

Individual vs institutional capacity

In addition, ECDC's level of preparedness is limited by the fact that ECDC capacity relies more on a set of individual skills rather than an institutional capacity. ECDC 'heavily relies on the fact that many of the experts are coming from NGOs or were involved in the development cooperation field. This is the reason why we have been able to do it. [...] We rely on skills that were acquired before ECDC rather than on skills gained through ECDC'.

Needs assessment

The lack of preparedness was further complicated by a perceived lack of needs assessment prior to the intervention. A preliminary mission was organised to Guinea in November 2014 to review the situation. This mission resulted in an Action Plan and various other planning decisions which were seen in a positive light by the stakeholders (e.g. pairing of experts, geographical localisation.)

Nonetheless, respondents from the deployed experts and support function group stressed the need for a more detailed analysis to be completed 'identifying the conditions in which the work had to be done' and 'explor[ing] community needs and action opportunities prior to the start of the ECDC missions' along with the logistical needs and arrangements. While acknowledging that some of those aspects were the responsibility of WHO in accordance with the request for assistance, several members of the support function group indicated that the deployment of a logistician at the onset of the operation, or more information on the situation in the field and logistical arrangements would have been beneficial for understanding the type and scope of support needed for this operation.

As a result, 64% of the support function group reported that they did not receive clear and sufficient information about what was expected from them in terms of support for the deployment. In addition, 45% of this same group could not tell whether the support provided was in line with needs, due to the lack of understanding of the actual needs in the field.

Figure 11. EVA_2 Deployment support

Was ECDC support to deployment operations in Guinea in line with the needs in the field?
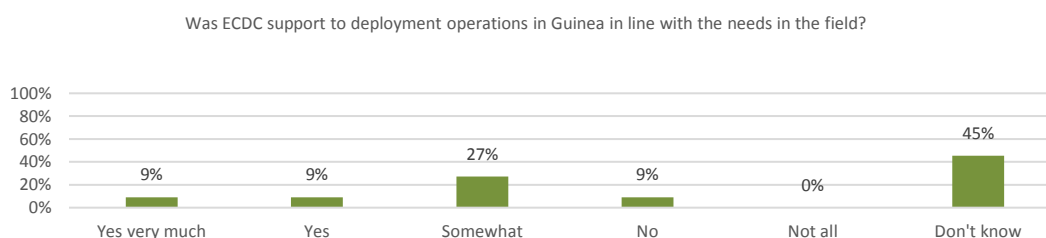
Selection process

The process for selecting experts for deployment was criticised throughout the consultation, with comments indicating that the procedure was not clear. The selection criteria were not considered to be transparent and relied too much on self-assessment, notably with regard to the language skills. As one respondent explained: 'We have deployed many people with no clear view as to what it means to be deployed for an Ebola mission [...]. There was a huge gap in terms of how we identify those experts to be deployed. Not only with regard to the skills [but also] your personal skills, how do you cope with the situation [etc.]'. The lack of tools and/or protocols to assess the applicants, both in terms of expertise and linguistic capabilities, were highlighted as problematic by several respondents in the support function groups. This resulted in some mishaps in terms of recruitment, with some external stakeholders confirming that 'a few [deployed experts] expected too much guidance. [...] Not all recruitments worked well.'

In addition, while supportive of the mobilisation of experts and their deployment in the field, the majority of the line managers and heads of disease programme also raised the issue of 'not being involved in the decision-making process [related to the deployment of one of their staff members]'. While acknowledging that due to the nature of the mission and the situation in the field, decisions had to be taken rapidly, line managers and heads of disease programme stressed that their lack of involvement led to delays in mitigating the impact of the deployment on their work programme. Several of the respondents only 'learn[ed] that a staff member would go about two weeks before the actual deployment.' This increased the burden on the sections and programmes concerned and the staff and interims replacing the deployed ECDC experts. The few line managers and heads of disease programme that were involved and/or informed of the selection and upcoming deployment of their staff in good time indicated that they could successfully mitigate the impact of this deployment and plan accordingly.

Pre-departure briefing

Although the deployed experts rated the pre-departure briefing positively in the multiple-choice questions (57%), concerns were expressed in the open-ended questions. The pre-deployment briefing was considered by several respondents as a weak point in the support provided. The majority of the comments stated that the pre-departure briefing was 'inadequate', 'unstructured' and took place 'too late'. The ECDC support function group expressed similar views: 'The support provided was very light and weak with, for instance, only a one-hour briefing on security and behaviour in the field'. The majority of experts deployed indicated having not received information about health and safety protocols in the event of being infected with the Ebola virus. As one respondent explained: 'Most of us developed symptoms of disease suspicion, but there was neither a clear protocol to follow nor close medical support'. 'Regarding how to behave in case of risk of contact or developing symptoms, we had some issues in the field, I think it was a weakness in the briefing and the documentation provided by ECDC and GOARN'.

Figure 12. Information about Ebola infection protocol

Before my departure, I was provided with information on how to behave if…			
	Yes	**No**	**Cannot remember**
I have been in high-risk contact with an Ebola case	37%	49%	13%
I have Ebola symptoms	38%	48%	13%
One of my team member has Ebola symptoms	29%	54%	17%
I have been infected by the Ebola virus	33%	52%	15%

There was also some dissatisfaction among the deployed experts regarding the lack of specific Ebola epidemiology training (SOPs, epidemiological methods and strategies, etc.) prior to departure. At least two of the respondents confessed to having privately taken MSF trainings before departure.

Finally, 43% of deployed experts reported that they did not receive any information on the objectives of their deployment at the beginning of their mission. Terms of reference were identified prior to the mobilisation of experts but they were considered too generic. ECDC staff members were the most critical (67%). In addition, 45% of the respondents disagreed and strongly disagreed that the content of the mission was known before departure. 'Actually I received hardly any information from ECDC before my mission [...]. Not all deployed experts were well informed about the mission, their tasks and the Ebola context'.

Figure 13. EVA_2 information on role and responsibilities

Did you receive clear and sufficient information about what was expected from you?
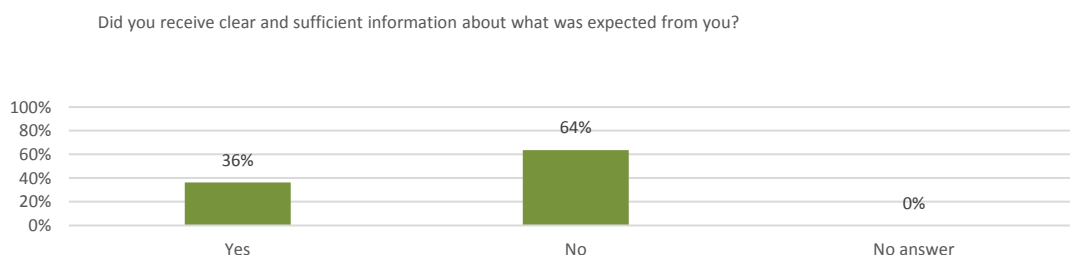
Arguably the responsibility for briefing experts on such matters prior to their departure for the field should have been with WHO. ECDC mobilised experts were to be deployed under GOARN and, in accordance with the standard GOARN operating procedures, they could have attended the GOARN training and briefing sessions organised in Geneva prior to departure. However, ECDC mobilised experts were instead invited to attend an ECDC-led pre-departure briefing.

During the deployment

Role and partnership with WHO and other partners

The main issues expressed by the stakeholders relating to field deployment essentially concerned the partnership between ECDC, the deployed teams, WHO and other partners.

In all, 56% of the deployed experts considered that the roles of ECDC and WHO were not clear. Their feedback stressed that there were difficulties in understanding boundaries between the roles and responsibilities of ECDC and WHO. This confusion is also highlighted in the answers to the open-ended questions.

Figure 14. EVA_1 Satisfaction rates
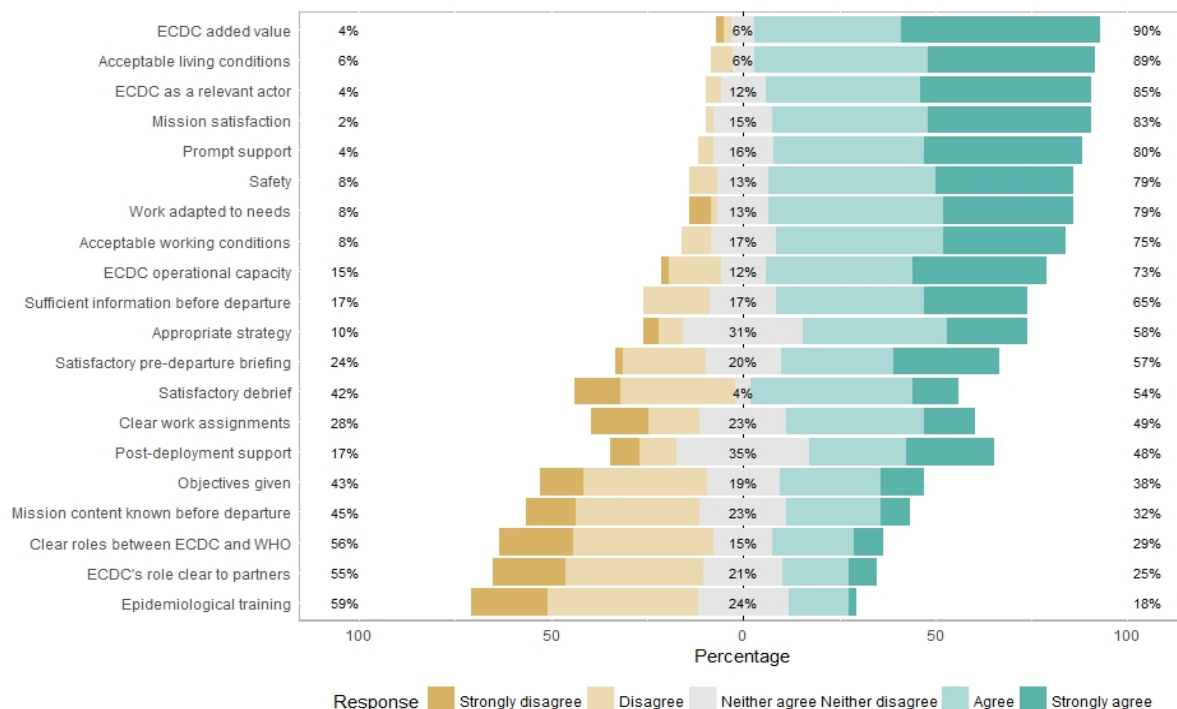
This was confirmed by the ECDC support function group, with several respondents highlighting that the ECDC/WHO partnership could be improved: 'Weekly contact with WHO in Conakry did not work [...]'. It was also stated that there was 'quite a lot of miscommunication'.

Additionally, 55% of the deployed experts and several respondents from the external stakeholder group expressed similar views regarding ECDC's cooperation with other partners, notably the EU. While acknowledging the added value of the weekly SitRep communicated to the Commission services throughout the deployment, coordination between EU services in the field was described as comparatively weaker. For example: 'Communication [with] ECHO expert in the field boiled down to a couple of personal contacts [...] there was not a strong consistent link between ECDC staff and the ECHO representative'.

While cooperation with WHO/GOARN was an essential component of this mission and the coordination with the EU services present in the field was stressed in the action plan, these two aspects were associated with the most negative perceptions from the deployed experts in the evaluation.

Coordination and continuity

The feedback on ECDC coordination in the field was quite divided, with recurrent criticism of the absence of a permanent coordinator in Conakry. The experts mobilised by ECDC for deployment were fully embedded into WHO teams. Nonetheless, the added value of such a position was mentioned in the action plan: 'one senior epidemiologist from ECDC should be mobilised/deployed to ensure a liaison function across the teams and with WHO, US CDC and other stakeholders at national level. This ECDC expert could be positioned within the EU delegation in Conakry for support.' In addition to their activities in the field, senior ECDC staff members deployed in Guinea took responsibility for coordination (for instance in preparing the weekly SitRep). However, this was not done consistently throughout the deployment, and there were periods with no senior ECDC staff deployed. According to the deployed experts, this led to issues in terms of continuity as handovers were not systematically organised, preventing a smooth transition between those experts leaving and those arriving.

Visibility

In their comments, deployed experts consistently raised the lack of ECDC visibility in the field. This was also mentioned by both EU and non-EU external stakeholders. 'ECDC staff had some difficulty in marking out their identity within the WHO team. They were sort of lost in the sea of WHO'. ECDC's mobilised experts were meant to be fully embedded into WHO's response, as per the request for assistance. Nonetheless, there was a legitimate expectation that ECDC would benefit from this initiative in terms of visibility, as acknowledged by the international partners: 'One of the problems with ECDC-deployed staff being deployed through the GOARN mechanism was to keep the visibility of ECDC/EC and not only the GOARN branding. There is a legitimate requirement for visibility [...].' The impact of this limited visibility could be seen in the evaluation team's attempts to consult local authorities in Guinea. Only a few Guinean representatives were identified as potentially being able to have a good overview of the role played by ECDC and none of them replied to our requests for interview, highlighting the perception and visibility issue.

This is important, as limited visibility brings into question the perceived added value of the initiative for ECDC and its recognition as a relevant actor in the field, as expressed by stakeholders and developed above. Visibility was also described as an essential element by the Advisory Forum representatives during the 41st Advisory Forum meeting.

After deployment

Debriefing

The deployed experts and ECDC support function groups were critical of the post-deployment debriefing. Post-deployment debriefing was of significant importance, notably for the support staff in order to update their understanding of the situation in the field and the needs of the ECDC mobilised experts in terms of support. The SOPs for post deployment therefore required the organisation of post-deployment debriefing.

Nevertheless, there was a 'lack of systematic approach about the return from the field for MS/ECDC/fellows. Some experts were invited to come to ECDC, meet the Director, etc. while others just got debriefed [over] the phone, if debriefed at all'. 'We debriefed colleagues returning from the field but their inputs were not always captured and nobody was assigned the task to follow-up and implement operational changes and apply the lessons learnt'.

As a result, 46% of the respondents in the ECDC support function group identified the post-deployment debriefing as an area needing improvement.

Staff reintegration

Critical comments were made by line managers and heads of disease programme regarding the reintegration of ECDC staff after their deployment. For example: '...people coming back and receiving little feedback or appreciation after their deployment [...]. Being in Africa is physically and psychologically challenging and, after coming back, you may have this anti-climax and feel somewhat depressed, and nobody cares and you are just asked to return to your desk'. One deployed expert indicated that 'the reception at ECDC and the interest for the work done during the mission was the most negative experience of the whole mission'.

Medical follow-up

Similar critical comments were made concerning the medical follow-up upon return from the field, in particular the psychological support. Even though ECDC arranged for such support to be available, 'colleagues returning from the field did not always have access to psychological support'. 'ECDC had no mechanism to debrief with a psychologist'. This raises questions on the quality of the psychological support provided by ECDC or the level of awareness regarding the availability of such support.

Cross-cutting issues

Strategy

As illustrated above, findings show a fairly positive perception of ECDC strategy, with several strategic decisions set out in the initial action plan praised by stakeholders (e.g. pairing of experts, location). However, the lack of consistent approach regarding the post deployment debriefing and continuation during deployment limited the possibility to use feedback from the field to revise and update the ECDC action plan and strategy throughout deployment. Several respondents from the ECDC support group stressed that this type of post-deployment input would have been valuable to:

- better understand the needs in the country and the added value of the support provided;
- develop a better overview on the situation in the field; and to
- revise the ECDC action plan and support provided accordingly, where necessary.

This could explain comments from deployed experts indicating the existence of a proper strategy implemented in N'Zerekore - the initial prefecture that was targeted by ECDC mobilised teams in Guinea Forest Region, whereas later on the strategy for the other locations covered by the teams was assessed more cautiously.
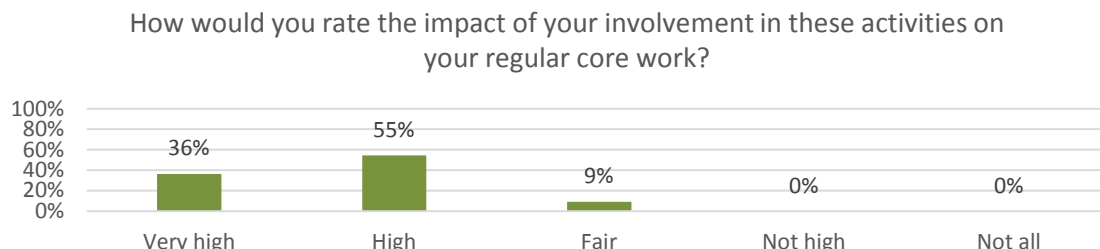
Impact on WP

With regard to the impact of this initiative on ECDC's work plan, a review of qualitative and quantitative data shows a contrasting picture.

Throughout the Ebola crisis, evaluations were made and discussed within the Management Board regarding the impact of the Public Health Emergency and the Guinea missions on ECDC's work programme. In November 2015, 10 activities and tasks were reported to ECDC's Management Board as having been postponed or cancelled as a result of the operations, with EUR 141 129.8[7] and 8.98 FTEs channelled into supporting Ebola operations[8]. This cost included EUR 110 629.8 mobilised for the recruitment of interims to support the ECDC contribution and replace staff deployed in Guinea. This is less than the EUR 690 000 initially budgeted the ECDC action plan. In addition, the presentation to the Management Board on the implementation of the 2015 work programme in November 2015 showed that 76% of the work programme activities had been fully implemented or were on schedule, while only 7% of activities were delayed, postponed or cancelled and 2% not started[9].

However, qualitative feedback identified the impact of the deployment on ECDC's work programme as high and very high by 67% of the line managers and heads of disease programme. This impact resulted notably from the duration of the deployment. In addition to the six-week deployment 'you have to add at least two weeks before and two weeks after for the briefing, the medical check and compensation time, etc.' 'This means [...], he/she is actually away for nine to ten weeks'. This resulted in a high or very high impact for some programmes. Similarly, 91% of the ECDC staff involved in support for the deployment indicated that it had a high or very high impact on their activities and the work programme.

The apparent discrepancy between the perceived impact and the reporting to the Management Board was acknowledged by respondents, with several line managers and heads of disease programme stressing that this impact 'was actually difficult to identify then as we were trying to cope with the situation and do everything [...].' This had a strong impact on the ECDC staff filling in for deployed staff members. Nonetheless 'at the end you do realise however, even today, that there were tasks that should have been done but were not'.

Figure 15. EVA_2 Impact on your core work

How would you rate the impact of your involvement in these activities on your regular core work?

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[7] This included: EUR 110 629.8 in relation to interims recruited to support the coordination of the deployment and fill the gaps left by staff deployed and EUR 30 500 covering the initial missions before ECDC engagement, ICT equipment and personal equipment of teams, medical examinations and vaccinations of ECDC staff, psychological counselling, transport of goods, ECDC visual identity, satellite phone telecommunication; the cost of the ECDC staff's missions was directly covered by WHO.
[8] Data based on the implementation of ECDC's Work Programme for 2015 (MB 35/07), November 2015 and estimates provided by RMC HR Section.
[9] An additional 17% were not monitored (fixed permanent work in the areas of human resources, finance, management activities and administrative support).

Figure 16. EVA_3 Impact on WP

How would you assess the impact of this deployment on your activities and WP?

	Very high	High	Fair	Not high	Don't know
	11%	56%	33%	0%	0%
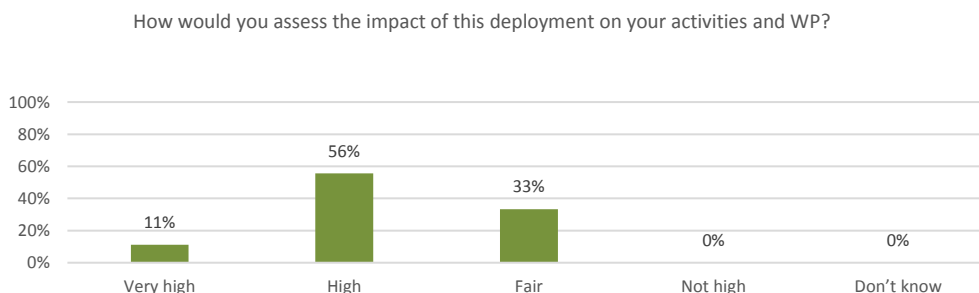
Business continuity

The lack of proper back up procedure to ensure business continuity and mitigate the impact of this deployment stands out as an important issue. In all, 67% of the line managers and heads of disease programme indicated that no back-up systems were put in place during the deployment. Where back-up procedures were in place, 50% of the respondents described them as somewhat poor. In general, several line managers and heads of disease programme expressed concerns regarding the level of implementation and attention paid to business continuity at ECDC, stressing that this lack of business continuity system further exacerbated the impact of ECDC's support for the outbreak response in Guinea.

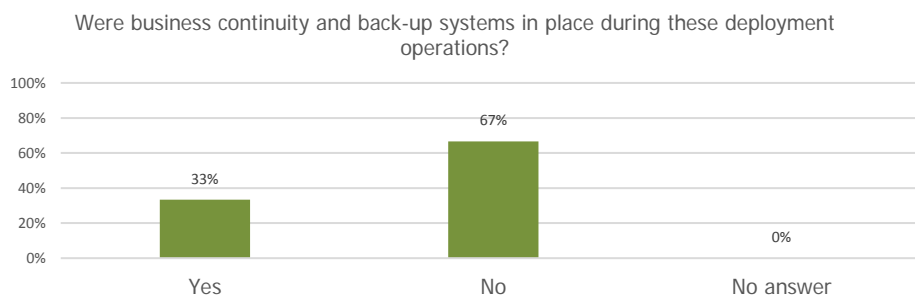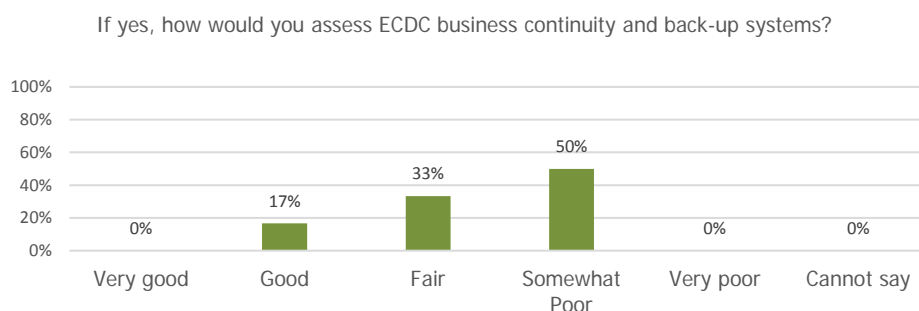**Figure 17. EVA_3 Business continuity -1**

Were business continuity and back-up systems in place during these deployment operations?

	Yes	No	No answer
	33%	67%	0%

Figure 18. EVA_3 Business continuity - 2

If yes, how would you assess ECDC business continuity and back-up systems?

	Very good	Good	Fair	Somewhat Poor	Very poor	Cannot say
	0%	17%	33%	50%	0%	0%

Disproportionate burden on ECDC

Several respondents stressed that this deployment could have been less resource-intensive for the agency. As one explained: 'During the Ebola outbreak, we took a disproportionally large burden of the missions'. Respondents in the ECDC support function group mentioned that 'ECDC should have been more trustworthy of the support that could have been provided by other organisations such as MSF and WHO during the pre-deployment'. References were made to ECDC's decision to organise its own pre-departure briefings even though WHO organised similar briefings for experts deployed under GOARN. In addition, while the majority of the experts deployed were already non-ECDC staff members (65%), respondents in the ECDC support function groups stressed that even more Member State experts and fellows should have been mobilised.

Limited resources and prioritisation

Several concerns were expressed, notably by line managers and heads of disease programme, regarding the availability of staff resources in ECDC. For example: 'We are limited in terms of staff while we keep receiving more and more requests from the Commission – not only in relation to acute threats but also other core activities'. Even if back-up systems and other business continuity measures were put in place, some sections only have small teams 'with limited resources and specific skills. [...] You can't simply assign a new person to fill the gap'.

Therefore line managers and heads of disease programme stressed that requests for assistance should:

- Be prioritised: one factor which could complicate any mobilisation, as pointed out by some external stakeholders, would be simultaneous events at different locations, or two events taking place at the same time, one in Europe and one in another part of the world. Hence, the real challenge for ECDC is to ensure that any crisis in an 'intra-EU' setting remains its primary field of operation and that a crisis in an 'extra-EU' setting does not undermine ECDC's capacity to deal with 'intra-EU' outbreaks.
- Consider the scope of the activities against the scarcity of the staff available at ECDC and the expected added value. As one respondent explained: 'You don't have an unlimited number of staff or unlimited budget [...]. ECDC is not a service provider and I think it is important that these things are prioritised properly'. 'Unless you fundamentally change your structure [...] you cannot afford to have staff bogged down for ages. If you stay relatively small compared to US CDC, I am not sure that it would be appropriate to deploy actual ECDC staff for several months on end.'

Partnership & future mechanisms for expert deployment

Respondents from the external stakeholder group called on ECDC to channel its contribution to outbreak response through existing and new crisis management structures. 'Clearly ECDC is not going to create a parallel world or parallel system'. However, there were important conflicting views regarding the appropriate crisis management structure through which ECDC should channel its contribution: 'I think ECDC should be part of an EU response team'. 'ECDC should aim to truly become embedded and operate when possible within the EU mechanism'. 'It would be a profound mistake if, in the post-Ebola world, the EU developed an independent international response capacity along with the US'.

Mandate

There are conflicting views regarding ECDC's mandate. Respondents among line managers and heads of disease programme considered deployment to be a part of ECDC's current mandate. However, several respondents among the ECDC support functions and external groups called for this new role in outbreak response to be formalised in the ECDC mandate. 'It should be part of the EDCD mandate that staff can be deployed outside the EU borders'. 'ECDC mandate ought to be extended to PH emergency of international concern'.

6. Answers to the evaluation questions

Main evaluation questions	Evaluation findings
Relevance	
To what extent were the needs identified by WHO and US CDC in their request for assistance in line with the needs in the field?	100% of the external stakeholders – including US CDC and WHO – agreed and strongly agreed.
To what extent were the activities carried out by the deployed experts in line with the needs in the field and the epidemiological situation?	Consensus among the deployed experts (79%) and the stakeholders present in the field (100%), incl. the requesting authority, supporting the idea that the activities of the experts mobilised by ECDC and deployed through GOARN were in line with the needs and the situation in the field. Similarly, broad consensus among all the stakeholder groups regarding the added value of the initiative, with 87% of the respondents agreeing and strongly agreeing that this activity offered added value.
Was ECDC capacity to support deployment operations sufficient and in line with the identified objectives?	In all, 62% of the respondents agreed and strongly agreed that ECDC has the operational capacity to deploy experts in the field, with positive comments made on the support provided by ECDC and planning decisions taken. However, • several key stakeholders stressed that ECDC did not actually deploy experts but rather mobilised experts for deployment through GOARN; • a number of key factors were highlighted for further improvement in the mobilisation and deployment cycle (pre-deployment, during deployment and after deployment); • the perceived lack of detailed logistical needs assessment prior to the deployment limited the possibility to fully assess the adequacy of the support provided against needs in the field (45% of the support staff could not tell whether the ECDC support provided was in line with the needs in the field).
Coherence	
To what extent were the deployment activities aligned with the EU and international response objectives in Guinea?	As stated above, this evaluation has demonstrated that the ECDC support to the outbreak response activities in the field was well aligned with the needs. As the teams were embedded within and deployed under WHO, their activities were well aligned with the international response.
To what extent were the deployment activities well-coordinated with the EU institutions?	However field coordination and cooperation with EU services and WHO in Guinea throughout this deployment recorded the most negative perceptions from the deployed experts due to: • confusion regarding ECDC/WHO roles and responsibilities, and • lack of consistent link between the ECDC mobilised experts and the EU services in the field.
Effectiveness	
To what extent were the needs identified by the requesting authorities addressed?	100% of the external stakeholders – including the requesting authorities – confirmed that the activities of the experts mobilised by ECDC and deployed through GOARN were in line with needs (as summarised in the request for assistance) and the situation in the field.
To what extent have the objectives been met?	
Where expectations have not been met, what factors have hindered their achievement?	N/A
How effective were ECDC internal plans, procedures and tools in supporting the deployment activities?	The lack of pre-established plans to support operations of this type was raised as a significant issue, with gaps addressed 'on the fly' and a lot of learning by doing at the beginning of the mobilisation and deployment. While many of those gaps were eventually tackled, some issues relating to business continuity persisted and worsened the impact on the work programme.
Efficiency	
What was the impact of the deployment activities on the ECDC work programme?	In November 2015, 10 activities and tasks were reported to the Management Board as postponed/cancelled in relation to the deployment operation, with EUR 141 129.8[7] and 8.98 FTEs mobilised to this effect.

Main evaluation questions	Evaluation findings
What were the financial and HR costs incurred by ECDC for this deployment and were the results achieved at a reasonable financial and HR cost?	As of 2 November 2015, 76% of the work programme activities had been fully implemented or were on schedule, while only 7% of the activities were delayed, postponed or cancelled and 2% not started. Nonetheless, the impact of the deployment on ECDC's work programme was identified as high and very high by 67% of the line managers and heads of disease programme. Similarly, the support which ECDC's support function had to provide was described as having had a high and very high impact on their activities and the work programme by 91% the respondents
Could the same results have been achieved with less impact on the ECDC work programme?	Yes. Earlier involvement of the line managers and heads of disease programme in the selection and decision-making process for the deployment of ECDC staff could have contributed to a reduced impact on the work programme, as demonstrated during the interviews. The majority of the respondents stressed they had not been involved in the process and reported a high/very high impact on their work programme. Those line managers and heads of disease programme who indicated that they had successfully managed to mitigate the impact of the deployment on their work programme were those that were informed and involved in the decision to deploy staff well in advance. Further reliance on the partners for the preparation and implementation of the deployments would also have contributed to a reduced burden for ECDC (e.g. pre-deployment briefing).
EU added-value	
What is the added value resulting from ECDC coordinating such a deployment compared to what could be achieved by Member States through existing mechanisms (e.g. GOARN)?	ECDC is filling a gap in terms of support to response. While various deployment mechanisms exist at international, EU and national levels, ECDC's capacity to identify and mobilise experts with different backgrounds and language skills through its staff, its fellowship programmes and the Member States is relatively unique. It allows ECDC to leverage resources beyond its internal capacity and operate as a one-stop shop for partners such WHO/GOARN in identifying and mobilising experts.
Sustainability	
To what extent are ECDC plans, procedures and tools to support deployment activities sustainable in the long term?	The lack of pre-established plans to support such operations was essentially addressed. However, the capacity to tackle those gaps and develop the necessary plans, procedures and tools to support deployment activities relied on the individual capacity of a limited pool of ECDC staff with prior professional experience in the field rather than institutional. This reliance on individual experience represents a challenge in terms of sustainability over long periods.
How can we ensure the sustainability of ECDC capacity to support such deployment activities?	See recommendations.

7. Conclusions

Between November 2014 and October 2015, ECDC was involved in its first major support operation for outbreak response in the field, mobilising 62 experts for deployment through GOARN in Guinea. Even though ECDC was not structured to support such operations in the field for such a long period of time, the initiative proved successful in terms of the initial objectives, identified both by the requesting authority and by ECDC in its Action Plan, being achieved. This is confirmed by the feedback collected in this evaluation, with 87% of the stakeholders agreeing and strongly agreeing that the activities of the expert teams mobilised by ECDC for deployment in the field were of added value, and 100% of the external stakeholders – including the requesting authorities – stressing that ECDC intervention was in line with the actual needs and the situation in the field. This positive feedback is further strengthened by qualitative remarks from the respondents, identifying examples of the added value of ECDC's contribution and the important role played by its teams of experts in supporting he international response in Guinea.

Given the lack of prior experience at ECDC and the complexity of the outbreak and situation in the field, this success is of particular note. Relying on the dedication of the deployed experts, the staff that coordinated the operation and the ECDC staff and interims ensuring the continuity of ECDC regular activities, this successful operation contributed to raising the profile of ECDC among the EU and international partners. By filling a gap in terms of response support due to its specific expertise and networks of experts, ECDC was perceived by 86% of the respondents as a relevant actor to support outbreak response in the field. This view was expressed most strongly by those stakeholders likely to request ECDC assistance in the event of a future outbreak, with 100% of the external stakeholders perceiving ECDC as a relevant actor.

As a result, it is legitimate to speculate that ECDC might be increasingly called upon by the EU and international partners to provide similar assistance in the field for future public health emergencies related to communicable diseases. Through the setting up of the European Medical Corps, DG ECHO has already expressed its interest in developing more active cooperation with ECDC to address such threats.

In this context, and based on the lessons learnt during involvement in Guinea, it is essential that ECDC formulates a strategic vision, defining its role in such situations and addressing the shortfalls identified in this evaluation.

While the overall perception of ECDC's involvement and intervention in support of the international response in Guinea was very positive, this evaluation has nonetheless identified various shortcomings in the deployment cycle. These issues have influenced the overall effectiveness of the operation and its burden on ECDC.

After such complex and unprecedented activity, the identification of certain shortcomings is to be expected. However, in order to be a relevant actor and support outbreak response in the field, it is critical that these challenges are addressed in order to improve ECDC's capacity to provide effective response support.

8. Recommendations

This internal evaluation has demonstrated that ECDC can be a relevant actor in the field and offer added value in the international response to a communicable disease outbreak. However, it has also highlighted several areas for improvement, should ECDC decide to take similar initiatives in the future. As a result of the success of the mobilisation, and the launch of recent initiatives in the wake of the lessons learnt from the Ebola outbreak (i.e. European Medical Corps), EU and international partners may be able to build on this positive experience to ask ECDC for assistance and support in the field on a more regular basis. It is therefore critical to tackle the areas identified for improvement.

Based on the evaluation findings and lessons learnt, the evaluation team identified the following recommendations:

- strengthen ECDC capacity to support outbreak response in the field;
- mitigate the impact of such activities on ECDC's regular work.

List of recommendations:

1. Strategic decision on ECDC's role and support for outbreak response in the field (including any other activity requiring field deployment)

Relying on this first experience in Guinea, ECDC may increasingly be asked to contribute to similar outbreak response activities. ECDC needs to develop a strategic vision formalising its approach to such requests.

1.1.   Develop a strategic vision setting out the direction, scope, priorities and ways in which ECDC could support outbreak response activities in the field, taking into consideration its mandate and resources.

1.2.   This formalised strategic vision should be discussed with ECDC's governing bodies and key stakeholders to ensure that ECDC's role and possible contribution are based on broad political support and consensus, both in terms of mandate and resources.

2. Partnership with relevant organisations

Based on this strategy, ECDC should develop partnerships with organisations that have relevant logistical capacities and expertise in supporting the deployment of experts in the field rather than duplicating existing capacities and mechanisms.

2.1   ECDC should develop formal partnerships with organisations specifically designed to provide logistical support for the deployment of field experts. 'We have the capacity to identify and help with the recruitment of experts for specific events. But we do not have the capacity, understanding of the context, the distribution of responsibilities in the field, etc. To coordinate a deployment, we have to be in the field and work with the authorities to prepare the work, access clearance, know who to contact, how to get there, how to prepare contracts etc. We need an external partner and should rely on partnership rather than duplicating this [capacity]'.

2.2   Through such partnerships, ECDC should clarify in advance all key and necessary logistics, legal issues, insurance, health, role distribution, communication channels, briefings, visibility, security and safety arrangements for such missions.

2.3   For deployment outside existing EU mechanisms (i.e. through GOARN or other partners), ensure systematic coordination between the activities of the deployed experts and the EU response or EU services in the field.

3. Put in place an administrative framework and procedures to support deployment operations

Based on the strategy and partnerships, ECDC should develop the necessary administrative procedures to support the organisation and implementation of any future deployment. This includes the following:

3.1   Developing mechanisms and decision-making procedures to address and process requests for assistance involving the deployment of experts in the field with SOPs, guidelines and/or ECDC Internal Procedures detailing the step-by-step approach to such requests.

3.2   Setting up pre-defined selection procedures for the identification of ECDC staff and external experts who can be mobilised and deployed, ensuring:

–   more transparent and clearly defined selection criteria;
–   for ECDC staff - earlier involvement of the line managers and heads of disease programme.

3.3   Defining standard operating procedures, detailing a step-by-step approach which can be systematically and consistently implemented by ECDC in coordination with its partners for each deployment:

–   Before deployment (e.g. organisation of a field assessment mission to asses both technical and logistical needs and context; ensuring communication of comprehensive technical, administrative, security and medical information to the deployed experts regarding their assignment);
–   During deployment (e.g. monitoring of the deployment and status of the deployed experts; reporting from the deployed experts to ECDC and, where relevant, coordination by ECDC of their activities; clear

communication channels and distribution of roles and responsibilities between the requesting authorities and ECDC; coordination with other EU and international partners in the field);

– Post-deployment (e.g. systematic medical check-up, post deployment debriefing and follow-up on the reintegration of the staff returning from the field).

4. Strengthen ECDC institutional capacity

Based on the direction, scope, priorities and methods for supporting outbreak response activities in the field, as set out in the strategic vision, ECDC should aim to develop and maintain an institutional capacity. 'The only way to keep it sustainable is to keep practising [and] find mechanisms to keep our expertise alive and learn from our deployment'.

4.1 Based on the remote desk model used by field NGOs, set up dedicated functions at ECDC with the responsibility for:

– developing, maintaining and improving ECDC's capacity to mobilise experts for deployment in the field (e.g. through training, simulations);

– implementing, supporting and monitoring the mobilisation of experts for deployment upon receipt of a request for assistance and positive decision by ECDC.

These functions could be incorporated into existing positions and should be performed by senior experts with relevant field expertise, supported by administrative and corporate staff to address technical, operational and administrative issues.

4.2 For positions affecting staff assigned to the above-mentioned functions, review the human resources recruitment procedures to consider whether prior field and deployment experience should be integrated into the selection criteria.

4.3 Establish rosters identifying ECDC staff, Member State experts and fellows with the appropriate skills and expertise in advance (e.g. in epidemiology, microbiology and other relevant fields, in accordance with ECDC's mandate) for potential deployment. This would help to:

– define ECDC's capacity to address requests for assistance;

– improve the capacity to mobilise experts quickly on short notice;

– mitigate the impact of the deployment. Without such rosters, there would always be a risk of relying on the same experts for such operations. Rosters would increase the pool of experts that could be mobilised and spread the burden of the deployment.

4.4 ECDC – in coordination with its potential partners, where relevant - to organise training for:

– experts listed on the rosters, both in relation to the technical tasks expected to be carried out in the field during deployment (e.g. epidemic intelligence, risk assessment) and the necessary preparation for deployment;

– support function staff on internal procedures, processes and tools to support the mobilisation of experts and their deployment.

4.5 Strengthen the overall level of preparedness through the organisation of simulation exercises.

4.6 Identify best practices from other organisations, both in relation to regular activities and international outbreak response in the field.

5. Mechanisms to mitigate the impact on ECDC's regular activities

ECDC should develop mechanisms to mitigate the impact of any field involvement on its work programme.

5.1 Review business continuity and back-up procedures in light of the lessons learnt and further strengthen to ensure consistency in the event of future deployments.

5.2 Establish a business continuity coordinator function in order to:

– ensure that business continuity and back-up procedures are implemented in the event of deployment in the field;

– pro-actively interact with and support those sections and disease programmes affected by the deployment (this role should be fulfilled by someone familiar with staffing and planning issues).

5.2 To facilitate prompt review and update of the ECDC work programme in the event of a major deployment in the field, the prioritisation of activities in the WP could be revised to identify in advance activities and funds that could be cancelled in case of an emergency.

5.3 Flexibility in allocation of extra-resources – facilitate internal reallocation of resources (e.g. through allocation of interims or additional budget for recruitment of consultants) to both address public emergency needs and support routine activities impacted by deployment in the field.

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