REPORT ON THE STATE PUBLIC HEALTH AGENCY

PROPOSAL FROM THE SPANISH PUBLIC HEALTH AND HEALTH ADMINISTRATION SOCIETY (SESPAS) FOR ITS DESIGN AND OPERATION.

SESPAS and School of Public Health of Menorca, Lazareto del Puerto de Maó, September 2021

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Summary

The Government of Spain, in application of the General Public Health Law 33/2011 and stimulated by the current health crisis, has decided to promote the creation of a state public health institution within the framework of the reform of the public health system and described in component 18 of the Recovery, Transformation and Resilience Plan (Government of Spain, 2021). The Plan indicates that it should be configured as a centre of excellence with functions in two main areas: Public health surveillance, risk assessments and analysis of the health situation of the Spanish population; and, Preparing and coordinating the health system in the face of threats to public health, mainly of an epidemic nature, but also in the face of other health crises resulting, for example, from climate change (increased temperatures, floods, etc.). It states that it should also monitor and evaluate the Public Health Strategy, and provide technical and scientific skills to the design and evaluation of health policies and the improvement of public health services and their actions. The Spanish Society of Public Health and Health Administration (SESPAS), whose aims include the promotion of good health governance and the effective development of health policies, considers that the creation of a State Agency for Public Health (AESP, for its acronym in Spanish) is an opportunity to transform health policies and improve the health of the Spanish population in addition to being a key element in the National Long Term Strategy (Spain 2050). For this reason, and from the perspective of service to society, it decided to contribute to its creation process by drafting this report, which aims to collect proposals that facilitate decisions on the configuration of this new institution from a scientific, technical and independent perspective, and based on the values and ideas that underpin public health.

To this end, SESPAS set up a broad working group with experts from various fields related to public health and its ten federated scientific societies. This working group has reviewed the legal and institutional framework at national and international level for similar organisations, collecting and selecting the most relevant scientific and technical contributions for the configuration of an organisation that is able to lead and coordinate state public health. The final document aims not only at making recommendations on the best institutional and functional

design of the Agency, but also at initiating and catalysing a dialogue that deepens them.

The social, ecological, health and economic crisis exacerbated by COVID-19 is a challenge of extraordinary magnitude for Spanish public health. Not only because of the weaknesses inherent in the latter, but also because of the magnitude, complexity and imminence of the challenges facing population health around the world, challenges whose response requires coherent institutions. For this reason, those countries with better health policies have already undertaken major changes in their agencies and other public health organisations. There is therefore no doubt about the opportunity to create a body in Spain that will contribute to designing a comprehensive health policy, ensuring health security and addressing current and future challenges to public health in a solvent manner. This body must have sufficient capacities and resources to exercise the leadership and coordination of a network of centres, as well as a human, scientific and technological force that will bring added value to institutions that influence and are involved in population health, including citizens and political actors. Reciprocity will be a fundamental element of this network, and for such reciprocity to exist, it is essential that the new institution be accompanied by an improvement of the public health system, since, together with the creation of the AESP, other budgetary efforts must be made, both state, regional and municipal, to be committed to public health and health security. The creation of the State Agency together with the strengthening of the public health system will undoubtedly have human, social and economic benefits; respond to the historical needs of this area; and it will seize the window of opportunity that the great health and social crisis experienced has created.

The future Agency is required to have a high level of science and professionalism in its mandated public health actions and good governance so that it can exercise the power conferred on it in a socially effective, competent, full, fair, transparent and accountable manner. In addition, it must adhere to the policy principles laid down by regulations for health administrations: equity, health in all policies, relevance, caution, evaluation, transparency, comprehensiveness and safety. In order to achieve scientific and technical excellence and to adhere to the principles of good administration, this report provides for a consistent organizational structure. An institutional design that provides for formulas for the endowment of the governing bodies that give priority to excellence, as well as bodies that guarantee good governance.

The optimal legal form for the new institution, according to the legal context and the functions envisaged, is that of "agency", since this form has the capacity to exercise administrative powers and is characterised by autonomy, agility and flexibility in management, transparency, accountability and evaluation by results. The AESP attached to the Ministry of Health, through the State Secretariat for Health, can assume direct management responsibilities. Both those foreseen in the above-mentioned Recovery, Transformation and Resilience Plan, and generating and transferring knowledge to the different levels of management; to the General State Administration itself, the Autonomous Communities and the local authorities.

The AESP should adopt a networked structure, which will require a coordinating node, 17 regional nodes and a number of thematic and technical nodes for its operation. It will also include a network of experts. The EMSA co-ordinating node will not be a central or central node that assumes all tasks, but will energise the network to ensure the implementation of the lines of action agreed in its collegiate governing bodies, ensuring alignment of available resources and services. It is a question of articulating a network of institutions that, having all the capacities — state, of the Autonomous Communities, and any supra-State — will stimulate national and international public health intelligence. Such intelligence should be placed at the service of public administrations, social entities and organisations of all kinds, businesses and society as a whole.

On its functional organisation, the agency should have a number of cross-cutting areas and other thematic areas. The cross-cutting areas will concentrate human resources and specialised materials, which will work at the service of the thematic areas, and provide the means for them to carry out their objectives. The cross-cutting areas considered include: Epidemiology and data sciences, information systems, and foresight; Identification and analysis of policies and interventions; Data visualisation and communication strategy; Skills training and human capital development/retention; e, Innovation in public health. The thematic areas would be the main axes in which AESP would provide strategic value, assuming a revulsive in the way public health is done. Thus, the aim would be to turn the public health challenges of the 21st century into specific lines of development of the knowledge and action of the AESP, updating the customary scheme of disciplines or functions of public health. Among the thematic areas we consider at least the following four key areas: Public health surveillance and health information; Health and equity

in health in all policies and “one health”; Public health policies and interventions; Evaluation of health policies.

As regards the tasks, an essential task of AESP should be to advise on public health, as well as to support the initiatives, actions or changes required to improve the health of the population. The public health authorities and other administrations (e.g. the environment, work, education, food, consumption, equality or science), state, regional and local authorities will be among the beneficiaries of the advisory and support functions of the AESP. And, similarly, the voice of the AESP should be a reference for governments and parliaments, for productive and service sectors (such as food or tourism), for social and citizen entities, for companies and workers, for professionals and researchers from the wide variety of disciplines related to public health, as well as for citizens.

It will also be strategic to have public health professionals with high scientific and technical skills. Therefore, one of the cross-cutting functions of the AESP should be skills training, promotion of job well-being and the consequent retention of human capital, interacting with the administrations and institutions concerned in order to achieve, as soon as possible, a professional force in public health with the necessary volume and quality.

The scope of the direct-managed public health functions to be assumed by AESP would depend on the competences of the General State Administration would assigned to the Agency. These may include the following: strategic State public health planning, including health security (preparing for threats and responding to health crises); prioritisation of public health policies and communication strategies; the assessment of the health status of the population and its social conditions; the cross-cutting and horizontal nature of health policies (health and equity in health in all State policies); and the verticality of these policies (to serve as an enriching nexus between the level of the European Union and the administrations of the autonomous and local communities). There are other tasks that it could also assume, always after assessing the Agency’s efficiency in managing them.

Finally, this report contains a number of concrete recommendations on the main elements to be taken into account in the establishment of the future AESP, which are set out below.

Recommendations

The main recommendations resulting from the collective process of drafting, evaluating and deliberating this report, which culminated on 24 September 2021, are described below at the virtual meeting "The future State Centre for Public Health" organised by the Spanish Society of Public Health and Health Administration within the framework of the School of Public Health of Menorca.

1. The model of institutional structure proposed for the State Public Health Center is the **"agency" model.** In doing so, the State Agency for Public Health (AESP) is given technical independence under a framework contract which defines its responsibilities. In addition, this model allows for the execution of direct management functions, as well as the influence of the AESP on public health policies, with the latter retaining its **prestige**. Prestige that would be achieved through **good governance**, **scientific and technical rigour** in its actions, the exercise of **territorial coordination** prioritising **equity** and an aesthetic of its own that takes care of the setting of the scene and its discourse on health, through a **communication strategy**.

2. The AESP should be a key part of **the National Long Term Strategy (Spain 2050)** in order to achieve **a more sustainable, healthy and competitive Spain** than the current one with the joint benefit of all citizens. That is why the AESP should be established as an institution that contributes decisively to the sustainability of the National Health System, to prepare our welfare state for a longer-lived society, and to establish synergies with other government policies that facilitate the ecological transition.

3. The AESP will **strengthen the collective intelligence of public health in Spain**. The main objective is to **lead and coordinate the qualitative and quantitative improvement of the essential public health functions assigned to it and the catalytic support for those implemented throughout the Spanish public health system (see recommendation 6).** It is not just about gathering centres now dispersed to avoid dispersion and

duplication, which is desirable, but to set up an Agency capable of contributing to the National Long Term Strategy by maximising the efficiency and innovative and common orientation in the performance of state public health actions, as well as its coordination and efficiency with supranational agencies and with the functions of regional and local administrations in the field of public health.

4. The historical, political and social context in Spain, as well as the tasks envisaged for the AESP, mean that **its structure must necessarily be a network**. The AESP would have the best public health resources available in Spain, as well as the collective intelligence of the different components of the network, including structures of the different **administrations** and other **centres and resources of excellence in public health** of diverse nature. In turn, such resources and intelligence should circulate through this network, providing the best capabilities of the whole where needed and solving problems of territorial inequalities. Thus, the structure of the AESP would be an **umbrella** for regional nodes, without the transfer of powers or re-centralisation of these nodes. The regional nodes would be organised as each Autonomous Community determines to achieve maximum efficiency.

5. AESP would act as an interdependent institution in a network of public health services, as well as in centres of excellence, experts and even other sectors of government. The **prestige** of the institution would be a fundamental instrumental value for it to have a real influence on its inductive work. This prestige is achieved, inter alia, **through good governance, ensuring the independence of appointments of single-person positions, technical independence (from the framework contract with the Ministry of Health)** and the ability to **attract and retain talent with attractive and flexible personnel policies,** in line with these purposes.

6. The functions on which the AESP would base its coordination and, sometimes, implementation work, are listed below. The first 7 are direct management functions ('what the AESP does'), while the last 4 are advisory and support functions, eminently catalysing the action of the various actors ('which makes it easier for the AESP to do'):

   6.1. Health **surveillance understood as a comprehensive surveillance** that includes from the proximal determinants of health to the most distal ones — related to community assets and public and private policies that affect people's health — including inexcusably the social determinants of health. This role should therefore include the leadership and coordination of the Public Health Surveillance Network (RENAVE), which should be fully integrated into the AESP, which in turn is coordinated with the relevant supranational bodies.

   6.2. The **preparation of the health system for warnings and threats to public health**, those relating to communicable diseases, and any other type of alerts (e.g. natural disasters or industrial accidents), and the coordination of responses thereto. These responses should be based on **institutional recognition of the key role of public health services and centres of excellence** in such crises, as well as the **creation and strengthening of pre-built common intersectoral spaces** (not only within, but also outside the administration, with other key actors for public health, such as the third sector).

   6.3. **The support, coordination, monitoring and evaluation of strategies related to public health**, including the monitoring and evaluation of the **Public Health Strategy**, pillar of the application of the principle of **Health in All Policies** and of the **One Health** approach establishing coordination mechanisms with other areas of government.

6.4. **Interaction and coordination with supranational public health bodies**. Verticality in their institutional relations should also benefit the infra-State levels (autonomic and local) that participate and contribute to this interaction.

6.5. **Evaluation of policies and programmes with an impact on public health**. Designated and prioritised role of the AESP. Because of its organizational structure as a network, its multidisciplinary and cross-sectoral nature, the AESP would carry out the evaluation of policies and programmes with an impact on health, proposed or implemented from any sector.

6.6. **Participation in the functioning of the Public Health Commission and the Public Health-related Papers of the Interterritorial Council of the National Health System (SNS, for its Spanish acronym)**. As the Commission and key actors for political decision-making in the field of health and public health, the AESP would be involved in the planning and monitoring of its agenda with its scientific technical input. Thus, among other issues, the AESP would be involved in the review and updating of the **Public Health Services Portfolio of the SNS.**

6.7. Advice and **funding to facilitate innovative action in public health through programmes and interventions that can be carried out by regional and local administrations or their allied entities/collectives in society**, and their progressive improvement under scientific criteria.

6.8. Support and advice for **communication strategy and response to demands or information needs in administrations and in society**. The AESP should position itself on issues of importance to population health (from the use of masks — when, how, where — to recommendations on other health determinants with media impact.

6.9. Support and advice for the **development of basic legislation with an impact on public health**, as well as the **transposition of European legislation** in this regard. To this end, the AESP would make available to the administrations the most effective legal formulas with the best regulatory quality for health gain.

6.10. Development **of training policies and priorities** (professional skills), **development** (professional career) and **public health research.**

6.11. Support and advice for decision **-making** that affect public health, determining deliberative, participatory and participatory processes, structured, transparent, documented and evaluated.

7. Among its mandates, the State Agency for Public Health would have **to comply with and enforce article 4 of the General Public Health Law on the right to information on public health of citizens**. This should be established as a purpose in the data collected, processed, analysed, disseminated or communicated by the Authority. Similarly, this purpose should be established by all those institutions that cooperate with the AESP, as regards the transfer or access to the data they manage and which are incorporated into the information that, in the field of public health, is managed by the AESP in order to carry out its tasks.

8. With regard to **developing health data-lake,** the AESP should be in that process in order to advise and evaluate public health policies and programmes. It is also a requirement for the vertical integration of AESP with international bodies.

9. The AESP would have two lines: **preparing the lake of health data (which should be "health data lake",** and also preparing its future use and exploitation based on existing knowledge) in addition **to continuing with the maintenance (and even assembly) of existing (not just sanitary) health information systems, preparing them for different use and better access.** With regard to the latter line, the objective of the AESP should be the **use of local information systems, not the expropriation of local information** systems (the logic of non-interference). This is achieved by making it clear that the real objective of AESP would be to achieve a **common data model structure, rather than identical information systems**. The data must be questionable at any time.

10. **Innovation** in EPP, also since its very creation as an Agency, would require the **participation of generations of young professionals linked to public health in its multiple facets**, as they are the ones who would face the challenges of the future. Similarly, AESP needs to build on, and maintain, **strong links with the society to which it provides its services,** establishing direct avenues of participation and collaboration to know its needs and assets, perceptions and expectations related to health.

11. In the field of research, the formation of the Agency should adopt **a model that allows its professionals to interact constantly with academia and research centres.**

1. Introduction and purpose of the report

The COVID-19 pandemic has highlighted the importance of public health, not only as a whole of scientific and professional disciplines1, but also as an essential institution for the proper governance of2societies, and goes beyond what is meant by public health. 3

Gro Harlem Brutland, on the SARS epidemic in 2003 and in developing his responsibilities as Director-General of WHO, explicitly warned of the eventuality of new pandemics and strongly recommended countries to strengthen and improve their public health devices, both qualitatively and quantitatively4. This recommendation has unfortunately not been addressed in almost any country.

This has recently been recalled by the Deputy Director-General of WHO, Zsuzsanna Jakab, who identifies four reasons that should incentivise all countries to invest in public health and strengthen their institutions: (1) transparency and trust; (2) socio-economic benefits; (3) the protection of collective health; and, (4) knowledge sharing and equity5.

As Alfredo Moravia has pointed out, a need is justified6by the specificity of the knowledge, skills and even attitudes that should characterise the professional exercise of persons engaged in public health. Knowledge, skills, and attitudes that provide the appropriate expertise and criteria to deal with these types of problems. And that, obviously, require training and experience in public health that, unlike clinical work, focuses on population health. An essential vision to recognise, identify, analyse, understand as far as possible and try to positively modify collective health problems.

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1 In the sense of the definition of *the Institute of Medicine,* as "everything we do from society to maintain and improve the health of the population"

2 In the sense of the promulgation of the *Public Health Act in 1848. Available at:* Calm K. The Public Health Act and its relevance to improving public health in England now. BMJ 1998; 317: 596-8.

3 Porta M, Greenland S, Hernán M, dos Santos Silva I, Last M, eds. A dictionary of epidemiology. 6th edition. New York: Oxford University Press; 2014. http://cort.as/-AkDz

4 Brundtland G H. Press release. WHO. 5 July 2003. Accessible at: https://www.who.int/mediacentre/news/releases/2003/pr56/es/

5 Jakab Z, Selbie D, Squires N, Mustafa S, Saikat S. Building the evidence base for global health policy: the need to strengthen institutional networks, geographical representation and global collaboration. BMJ Glob Health. 2021 Aug;6(8):e006852 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8362694/

6 Editor of the American public health magazine and who has denounced the lack of health leadership. Moravia A. The Public Health we need. Am J Public Health 2020; 110: 923-4.

These characteristics of public health can dampen the confusion and uneasiness of citizens that inevitably occur in situations of uncertainty. Even more so, when the avalanche of data of uncertain meaning bombards us daily and the relevant information is diluted in a sea of ambiguities and contradictions.

Training and experience that can be provided from **institutions that, in addition to impartial and equitable, are prestigious, accredited and credible by citizens, with competent and solvent professionals**. Also, able to report rigorously from the evidence available at all times and after their critical evaluation, in an understandable and timely manner, having adequate resources to carry out their functions, publicly accountable, justifying their decisions and permanently incorporating the improvements pointed to by the periodic evaluations. Both institutions and experts must have a European perspective, overcoming the limitations of a narrow view from the Spanish perspective. Without forgetting that an important part of the different actions carried out between different neighbouring countries — and the statements made by different experts — have led to contradictions, making it difficult for the population to understand the measures implemented in each place. Institutions that, in addition to respecting existing laws, are able to promote the application, from the perspective of scientific evidence and ethics, of considerations that, on the one hand, facilitate coexistence among the communities, groups and individuals that constitute Spanish citizenship and, on the other hand, contribute to the better understanding and communication of health decisions for the protection of community health.

The need for this type of institution has been evident from the experience of the pandemic, which is also an opportunity for its promotion and development as various bodies demand7. Therefore, an initiative which is, at least partially, intended to be catalysed by the present proposal, which is in the nature of a working document, is required.

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7 See, for example, the eighth recommendation of the paper on paternalism and freedom of the annual meeting of the Ethics and Public Health group which literally reads: "Although the last word on the legitimacy of public health measures is held by citizens through their democratically elected representatives, it is desirable that there be Public Health Agencies composed of renowned experts, ideologically independent and stable over time, to help make scientifically well-trained decisions." Segura A, Puyol A (compilers) Public Health and Covid-19. Notebook 58. Barcelona: Grífols Foundation. Accessible at: https://www.fundacioqrifols.org/es/web/fundacio/-/58-salud- public-and-covid or

The main purpose of this report is to promote and contribute to the process of setting up the State Agency for Public Health, and to encourage the participation of institutions and personalities who know, want and can improve their approaches in order, ultimately, to achieve the Agency's realisation within a reasonably short time8. Efforts have been made to ensure that the proposals and recommendations contained in the document are open in the form of suggestions addressed to all actors involved in the Agency's configuration, providing arguments on the advantages and disadvantages of the various options on its design and operation.

With this general purpose, the objective of this report is to explore, from a technical-scientific perspective and ideological diversity, the challenges posed by the formation of a future State Center for Public Health, as reflected in component 18 of the Plan for Renewal, Transformation and Resilience. In particular, analyses and interpretations are shared on the following aspects:

- The need for a State Public Health Agency.
- The national and international framework within which this future Agency would be framed, and what references can be taken for design.
- The agency's defining legal, structural and organisational bases.
- Institutional design.
- The possible functions of the agency.

The report includes recommendations based on previous analysis.

The good intentions of the authors of the document do not guarantee their quality or usefulness at all, so in addition to possible conflicts of interest and involuntary and unconscious cognitive biases we publicly assume our status as public health professionals and, therefore, personally interested in the promotion and development of institutions, academic subjects and disciplines, and jobs related to public health, so that we declare ourselves exposed to a bias of corporatism that could modulate, in the sense of distorting, our views and recommendations.

2. Methodology for the preparation of the report

SESPAS set up a broad working group with two coordinators, a drafting group (8 persons including coordinators) and a consulting group (20 people) which has also been optionally involved in drafting (Annex I). The drafting project has been led by the coordination (Ildefonso Hernández Aguado and Daniel G. Abiétar), and has divided its task into two groups:

The work has been carried out in 4 phases:

1. In a first phase, the Coordinators designed 2 questionnaires to collect ideas regarding: the appropriate content structure/script of the document (questionnaire 1, for drafting group only); and, b) the objectives, priority areas for action, the basic organisational configuration and the governance and dependency model (questionnaire 2, both for drafting group and discussion). On the basis of the critical reading of the replies, two draft documents were prepared: I) the script for the report on the future State Agency for Public Health (ii) a summary table of the priority areas for action, based on the saturation of the discourse in the responses (Annex II).

2. In the second phase, on the basis of the work of the questionnaire responses and the experience of the drafting group, the script of the document was finalised. After briefly discussing aspects related to the coherence and cohesion of the text, as well as key ideas for the centre model (governance model, institutional unit, executive and advisory functions), the different sections of the document were divided among the components of the drafting group, and a discussion and integration work was initiated in order to give more cohesion to the final text, through 5 regular meetings (Friday June and July). The preparation of the first draft of the report was sent to the discussion group on 17 July, requesting individual contributions to the draft.

3. In the third phase (17 July to 30 August) these contributions were included and discussed, forming a second final draft.

4. In the fourth phase (30 August to 23 September), key issues emerged during the revisions of the third phase were discussed with the drafting group, the draft was shortened

and an executive summary of the draft was prepared in parallel.

5. In the fifth and final phase (from 24 September onwards), the third final draft was discussed at the Menorca Public Health Meeting, through a discussion moderated by the project coordinators, which will aim to identify the most problematic aspects of the document or that require the presentation of various options. On the basis of this dialogue at the meeting and the contributions received, the final report on the State Agency for Public Health has been drawn up.

3. Background

3.1. Legal framework and institutional context.

General Law 33/2011 on Public Health (Article 47) provides for the establishment of a State Centre for Public Health, although the corresponding Royal Decree has not yet been promulgated. The original idea of this body, developed in the preliminary draft of the law, was the articulation of a network of institutions that, having all the capacities of the state and the autonomous communities, could **coordinate public9 health intelligence to put it at the service of public administrations, social entities and organisations of all kinds, companies and society as a whole**. The social, ecological, health and economic crisis accentuated by the Covid-19 has highlighted the urgent need for this type of organisation, with broad consensus among the various political and institutional actors1011.

Given the progressively federal system of governance that characterises us, it is necessary to create **an institution with strong scientific and technical capabilities, decentralised and innovative in nature**. Their flexibility is essential to synergistically glimpse skills, knowledge and resources in the multi-level vertical dimension (from European to local level) and in the horizontal dimension, with the different ministries and centres that depend on them. In other words, be able to use efficiently the technical scientific flow of public health from the international spheres together with that available at the regional and local levels, avoiding overlaps, favoring its contextualisation to each concrete reality and seeking synergies with other institutions and state policies. To do this, it must be able to coordinate with institutions and experts that contribute the variety of knowledge and capacities of different sectors (including

9 According to WHO, public health intelligence describes the process of moving from data to action in public health through their analysis, interpretation and synthesis. In other words, the analysis of the data should have the specific objective of finding, at an early stage, possible effective responses to the problems identified. Available at: https://www.who.int/initiatives/eios/global-technical-meeting- 2019/presentations/public-health-intelligence-in-practice

10 Opinion Commission for Social and Economic Reconstruction. Available at: https://www.congreso.es/public/L14/CONG/BOCG/D/BOCG-14-D-123.PDF

11 The global one. The future State Public Health Center may be a National Agency. Available at: https://elglobal.es/politica/el-futuro-centro-estatal-de-salud-publica-podra-ser-una-agencia-nacional/

health care) in order to provide a health and equity approach to health in all policies. A key issue in the proposal of the State Agency made in this document.

This trans-sectoral collaboration would seek, on the one hand, to obtain "complete" information systems, improving the cross-accessibility of all data of public interest that allows to speak rigorously about health and its social determinants. On the other hand, the wealth of scientific and technical contributions from diverse disciplines would be used organically to solve the challenges of public health today.

The Ministry of Health frames the creation of the State Centre for Public Health (CESP) as part of a reform of the public health system that is based on three pillars: the Centre itself, the Public Health Strategy — also included in Law 33/2011 — and the promotion of the Public Health Surveillance Network established in the Public Health Surveillance Strategy. The framework for this reform of the public health system is described in component 18 of the Recovery, Transformation and Resilience Plan12.

With regard to the State Centre, the document points to the need to unify in a single institution the functions of monitoring and surveillance in public health, risk assessment, early detection, preparedness for health threats and coordination of response to public health emergencies. Indicates that it should be configured as a centre of excellence with functions in two main areas: public health surveillance, risk assessments and analysis of the health situation of the Spanish population; and (b) Preparing and coordinating the health system in the face of threats to public health, mainly of an epidemic nature, but also in the face of other health crises resulting, for example, from climate change (increased temperatures, floods, etc.). In addition, it is said that it should monitor and evaluate the Public Health Strategy, and provide technical and scientific skills to the design and evaluation of health policies and the improvement of public health services and their actions. However, the involvement of public health in the so-called 'Data-lake-health' is not specified13. Given biomedical hegemony, it is common that these

12Government of Spain. Recovery, Transformation and Resilience Plan 2021. Component 18, Renewal and expansion of the capacities of the National Health System, pp: 18-22. Available at: https://www.lamoncloa.gob.es/temas/fondos-recuperacion/Documents/05052021-Componente18.pdf

13Data -*lake* are repositories of a large amount of data, which allow a common source of information for different agents. To date, there has not been full access to similar systems coordinated by the Ministry of Health, so

initiatives are inclined to give priority to clinical care, forgetting to provide valid information also for public health policies. For this reason, it seems essential to influence the future State Center to have a relevant participation in all matters related to health information, but also to data, information and knowledge about social and environmental factors conditioning health, since they are not only key to population orientation, disease prevention and health promotion, but also to strengthen the sustainability of the health system itself.

On its insertion into the government structure, CESP is conceived with functional autonomy, although linked to the Ministry of Health. Their competences could be both direct management — for example in the preparation and coordination of emergency response -, analysis and study, technical advice, or proposing measures to health authorities and other decision-makers and actors with influence on population health.

Since the ESC would ensure and strengthen operational coordination with the public health institutions of the Autonomous Communities, they would be represented in their governing bodies. Further on, we elaborate on the fundamental role of the ACs in the mission of the future Agency.

The Ministry attributes to the State Centre liaison with European and international centres and institutions (World Health Organisation and other actors in global health), as part of the reform of the *European Center for Disease Prevention and Control* (ECDC) and the new regulation on serious cross-border threats to health14. For this reason, the ESC will host a Public Health Emergency Operations Unit (now the Health Alert and Emergency Coordination Centre) which, in addition to coordinating the new Public Health Surveillance Network in Spain, will be responsible for epidemic intelligence activities and will coordinate with other national and international networks and agencies.

With regard to the Public Health Surveillance Network,15the Ministry is working together with the Autonomous Communities on a strategy that assumes that its coordination centre must

the establishment of such an agency could be an opportunity to do so.

14Pansio Commission presents proposals for exn of ECDC mandate. Available at: https://www.ecdc.europa.eu/en/news-events/commission-presents-proposals-expansion-ecdc-mandate

Public Health Surveillance15 Strategy. Responding to the challenges of surveillance in Spain: shaping the future. 2021. Draft not available.

have technical independence, transparency and information to the public, even if it is dependent on the unit of the Ministry of Health competent for public health. It is interpreted, in any case and as mentioned above, that it would be an integral part of the State Centre. The document on the Surveillance Strategy highlights the need for a structure that coordinates not only the surveillance of public health processes and diseases, but also comprehensive surveillance, including from the proximal determinants, related to behavior, attitude or knowledge, to the most distal, related to community assets and public and private policies that affect people's health. This entails integrating the social determinants of health into this monitoring function, as provided for in Law 33/2011. The Monitoring Strategy paper also mentions a number of possible models, such as the Robert Koch Institutes (Germany), *Public Health England (England*), *Agence Nationale de Santé Publique* (France), the *Centers for Disease Control and Prevention* (United States), or at the supranational level the *European Centre for Disease Control* (European Union).

Until now, the Carlos III Institute of Health (ISCIII) has been the institution that has managed the National Epidemiological Surveillance Network (RENAVE), focused on communicable diseases, but has not succeeded in developing a system of coordination of public health surveillance in a broad sense, that is, covering all health problems and their social determinants as well as health inequalities or the measurement of internal pollutants (health surveys with biological samples) and external16. Its development is essential. ISCIII as an increasingly research-oriented institution (CIBER of Epidemiology and Public Health, Cohorte Impact), must play a very important supporting role for the operation of the centre.

Noteworthy is the suggestion in the draft document on the Surveillance Strategy that each AC should have a coordination node similar to that of the State, which coordinates surveillance activities at regional level. However, the current draft (2021) does not mention the need for the state node to network or coordinate with other scientific and technical bodies in the ACs, as well as with state bodies (particularly institutions, centres of excellence and research groups throughout the state) that can strengthen public health surveillance. Network operation

16 Recently, a unit focused on research, training on Climate Change, Health and the Urban Environment has been established (https://elglobal.es/politica/la-creciente-relevancia-del-cambio- climate - driven-creation-of-work-un-unit-in-the-isciii/)=

should go beyond the state, regional and local levels to also integrate the European and global level, as has also occurred in a limited but positive way during the COVID-19 pandemic.

3.2. Reference public health institutions.

It is not the subject of this background to make an extensive analysis of the public health agencies that could serve as a reference, although there are some potentially useful features that can be highlighted and that we will try to identify. As a first example, it is common for most public health agencies or similar institutions to have, at a level close to the management of the organisation, teams and people responsible for communication, something unusual in our environment, at least with the intensity and staff available for adequate strategic communication in public health.

Several countries are reformulating their institutions to better adapt to public health threats. In the area of public health in the UK, a far-reaching organisational transformation is planned that will transfer public health competences related to surveillance, leadership, preparedness and collaborative, rapid and effective response to infectious health crises and other external health threats, from the current *Public Health England (PHE)* to a new health security agency, the *UK Health Security Agency* (UKHSA)17. UKHSA itself will have a *Center for Pandemic Preparadness18 that*, a priori, will incorporate a look at inequalities19. The remaining public health competencies will have a new location in the health system, including the *creation of the Office for Health Improvement and Disparities within* the *Department of Health and Social Care20 and* will assume most of *Public Health England's* current health promotion functions.

17 Letter from Lord Bethell to Dr Jenny Harries, UKHSA chief executive. 13 July 2021- Available at: https://www.gov.uk/government/publications/ukhsa-priorities-in-2021-to-2022/letter-from-lord-bethell-to-dr-jenny-harries-ukhsa-chief-executive

18 The concept 'Preparadness' refers to one of the main characteristics of public health organisations, and refers to the baseline situation of financing, development, equipment

19 Information available at: https://www.gov.uk/government/news/uk-and-us-agree-new-partnership- to-fight-future-pandemics-and-tackle-health-inequalities

20Department of Health and Social Care, UK, Policy paper 2021. Transforming the public health system: reforming the public health system for the challenges of our times. Available at: https://www.gov.uk/govemment/organisations/office-for-health-improvement-and-disparities/about

These changes have been critically reviewed by the *British Medical Association* 21 and the *Faculty of Public Health222324.* Although it is early to know what the final configuration will look like, the project raises concern, as the transformation of *Public Health England* is believed to be a scapegoat for the political mismanagement of the pandemic, and could reduce health promotion capacities[23,24].

There is a general tendency to rethink the configuration of public health agencies or at least to renew their goals and spectrum of action. A process that has undoubtedly been stimulated by the pandemic we are experiencing. For example, and in line with these institutional thinking processes, the Robert Koch Institute in Germany poses several challenges and targets for 2025 that are worth considering25. Among others, it recognises the challenge posed by new health threats (the effects of social determinants, population ageing, the health protection risks associated with globalisation, the effects that climate change will have on people's health, etc.), the lack of qualified public health personnel or the need for continued adaptation to technological innovation. Because of its scientific component, in its public information, it devotes much space to the research field. The following goals are highlighted: the advancement and development of capacities in digital epidemiology; the creation of strong networks of all German public health actors; strengthened attention to networks integrating

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https://www.gov.uk/govemment/publications/transforming-the-public-health-system/transforming-the-public- health-system-reforming-the-public-health-system-for-the-challenges-of-our-times

21British Medical Association. BMA response-Transforming the public health system: reforming the public health system for the challenges of our times. Available at: https://www.bma.org.uk/media/4051/bma-dhsc-consultation-on-transforming-the-public-health-system-april-2021.pdf

22Faculty of Public Health. Fph response to the Government policy paper: Transforming the public health system: reforming the public health system for the challenges of our times (April 2021). Available at: https://www.fph.org.uk/media/3223/fph-response-to-ph-system-reforms-april-2021.pdf

23Iacobucci G. Public Health England is axed in favor of new health protection agency. BMJ 2020;370:m3257. Available at: http://dx.doi.org/101136/bmj.m3257

24Scally G. A new public health body for the UK. "Local first" approach dropped in favor of industrial and security oriented agency. BMJ 2021;373:n875. Available at: http://dx.doi.org/10.1136/bmj.n875

25Robert Koch Institute 2025 (RKI 2025). https://www.rki.de/EN/Content/Institute/RKI2025/RKI 2025 strategy.html

veterinary and environmental health with the “One Health” perspective; taking on more responsibilities in the area of global health; the circulation of knowledge and the opening up and access to new data sources; the Institute ' s website provides a description of organisation and activities 26.27,[although] it is not easy to locate information on its institutional architecture and governance.

Along the same lines as reference bodies, the *Barcelona Public Salut Agency* (ASPB) is an autonomous body of a consorcy nature, with its own legal personality and independent assets. Despite the fact that it was created in 2003 on the basis of an agreement between the City of Barcelona and the Generalitat of Catalonia, the public health competences of the city of Barcelona are more than a century old and were developed by different bodies that converged in the ASPB. The objectives of the ASPB are the management and management of the public health services of the city being responsible for the portfolio of public health services, from monitoring and surveillance of health to the promotion and protection of health, including the public health laboratory. The ASPB follows the general guidelines of its Governing Board composed of persons from the Barcelona City Council and the Generalitat de Catalunya and its funding comes from these institutions (60 % from the City Council and 40 % from the Generalitat). It is important to highlight the importance of research and teaching as areas that complement the daily practice of evidence-based public health. Also relevant is accountability and quality assurance having obtained the EFQM 400+ seal and ISO 9001 (ASPB in general) and 17025 (laboratory) and OHSAS 18001 certifications. Similarly, the inertia of greater 26 27 intersectoral collaboration between ASPB and the public administration, as well as with other entities in the third sector, is noteworthy.

For its part, and as a model of a confederal agency, the European Centre for Disease Control (ECDC) has a regulation that establishes its relationship with the countries of the Union28. With regard to its form of governance, the composition, functioning and powers of the

[26] Organisation Chart of the Robert Koch Institute. Available at: https://www.rki.de/EN/Content/Institute/DepartmentsUnits/OrganisationChart.pdf? blob=publicationFile

[27] Robert Koch Institute. https://www.rki.de/EN/Content/Institute/institute node.html

[28] Regulation (EC) No 851/2004 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 21 April

Board of Directors have generally shown some advantages over other institutional forms. Maintaining the independence of the Centre, a regular monitoring mechanism is established to facilitate accountability29. If we look at the functional organisation of the U.S. Centers for Disease Control and Prevention (CDC) we will see that it is not very different from the ECDC30. What is perhaps unique to the latter agency is its ability to promote public health action through grants to public administrations. More than 85 % of its annual budget is allocated to these grants. The two aspects mentioned of the ECDC and the CDC would be recommended for the configuration of the State Agency in our country, adding two issues that can facilitate its contextualisation in Spain. One would be the location of the centre, which like the ECDC and the CDC is appropriate to move away from the metropolitan centrality in line with the territorial policies of the future that aim to decongest areas of high population density, and facilitate social and economic distribution throughout the territory. Secondly, the organisational form should take into account that there may be parts of the State Agency's network coordinating actions and being a reference for the package through finalistic funding of programmes as the CDC do. In any case, and despite its previous model and reputation, the CDC has played an erratic role in managing the pandemic in the US, highlighting the ability of the Administration (President Trump) to limit its autonomy and independence.

There are also interesting lessons to learn from the management of the Covid-19 pandemic by Asian public health agencies that can be consulted31.

From other international institutions, we highlight the *National Institue for Health and Care Exellence (NICE) for its governance model (because it* is not an eminently public health

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2004 establishing a European Centre for disease prevention and control. https://www.ecdc.europa.eu/sites/portal/files/media/en/aboutus/Key%20Documents/0404_KD_Regulation_establishesing_ECDC.pdf

29ECDC's governance. https://www.ecdc.europa.eu/en/about-us/ecdcs-governance

30Organisation of the CDC. Available at: https://www.cdc.gov/spanish/acercacdc/organizacion.html

OR 1

What Is a Zero-COVID Strategy and How Can It Help Us Minimise the Impact of the Pandemic? Available at: https://www.isglobal.org/en GB/-/-that-is-a-covid-strategy-zero-and-as-can-help-to-minimise-the-impact-of-pandemic-

institution). Since its inception in 199932, it has had a history of undoubted interest in its good governance practices and its development of functions. Although it began focusing solely on clinical excellence, it expanded its role and competence to include evidence reviews on public health and social care, which is reflected in its current denomination (including *Health).* It is seen as an example of adequate organisational separation of both the national and local political spheres, as an example also in the area of accountability, having successfully passed audits by the appropriate bodies and by the UK House of Commons. The European Observatory of Health Systems and Policies considers it a reference for good governance in its work *Strengthening the governance of the health system33.*

Another key issue in the design of public bodies or agencies is their independence. However, the meaning of this term alone is ambiguous as regards the institutions that aspire to be independent. The key lies in its functional autonomy defined in its creation rule and which concerns funding, appointments, etc.

Sometimes independence can be a mere euphemism used to designate agencies that are not in the public interest and are not accountable34. The development of the functions that will be appropriate to the future state public health agency in Spain will require combining management autonomy and interdependence with the various public health agents, as well as having procedures that ensure the performance of their task with strictness, competence and honesty, taking the scientific method of reference, and integrating objectivity and subjectivity. This will require not only a highly qualified interdisciplinary workforce and internal democracy mechanisms, but also mechanisms that prevent the capture of its work by factual powers and allow it to exercise counter-power against social, economic and political interests that seek to

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32History of NICE. Available at: https://www.nice.org.uk/about/who-we-are/history-of-nice

33Greer SL, Wismar M, Figueras J. Strengthening Health System Governance. Better policies stronger performance. Open University Press, (2016) pp. 22-42. Available at: https://www.euro.who.int/ data/assets/pdf file/0004/307939/Strengthening-health-system-governance- better-policies-stronger- performance.pdf Chapter 2 also describes a matter of particular interest, such as the involvement of other stakeholders and the population.

34Salwa J, Robertson C. Designing an Independent Public Health Agency. · Engl J Med. 2021;384(18):1684-1687.

influence its task outside the institutional channels. The credibility and legitimacy of the institution will depend on these mechanisms and on the institution's ability to be consistent with its own values and scientific practice, as well as on time to act. Some agencies may be tempted to intervene in public affairs by recommending concrete policy actions. It may therefore be appropriate to limit the scope of a public health agency to: the synthesis of scientific knowledge to guide decision-making; collection and contribution to the generation of health and health-related information to guide decision-making; the design and evaluation of public health strategies and interventions; and (iv) the ability to influence (communication, alliances, prestige). In any case, the independence that underpins credibility requires in addition to good regulation, a time of action and experience that demonstrates it by its scientific and technical prestige and by the public credibility of its actions. In turn, there should be adequate supervision and control through its board of directors, to which it is accountable on a regular basis.

At the institutional level, as a generator and manager of knowledge, the State Agency for Public Health (AESP) should be an agency working on the three dimensions that support health policies, the evaluation of the best evidence *(assessment),* the valorisation of evidence or suitability to the specific case *(appraisal)* that allows to establish conclusions or recommendations, guidelines, guidelines, protocols adapted to the context of action and, finally, the basis of the decision or the ability to offer alternatives to the final decision-maker (deliberative processes). The role of an agency in these three instances of information management and its use should be active in the first two, initially with a technical premise in the analysis and critique of information (evidence or evidence) or *assessment,* with a role of sustaining participatory debate in the elaboration of conclusions or recommendations or *appraisal, and* in a proactive methodological reflection role to establish participatory and participatory deliberative frameworks (substantially incorporating the stakeholders involved) that support the alternatives for the final *decision (* see Figure 1).

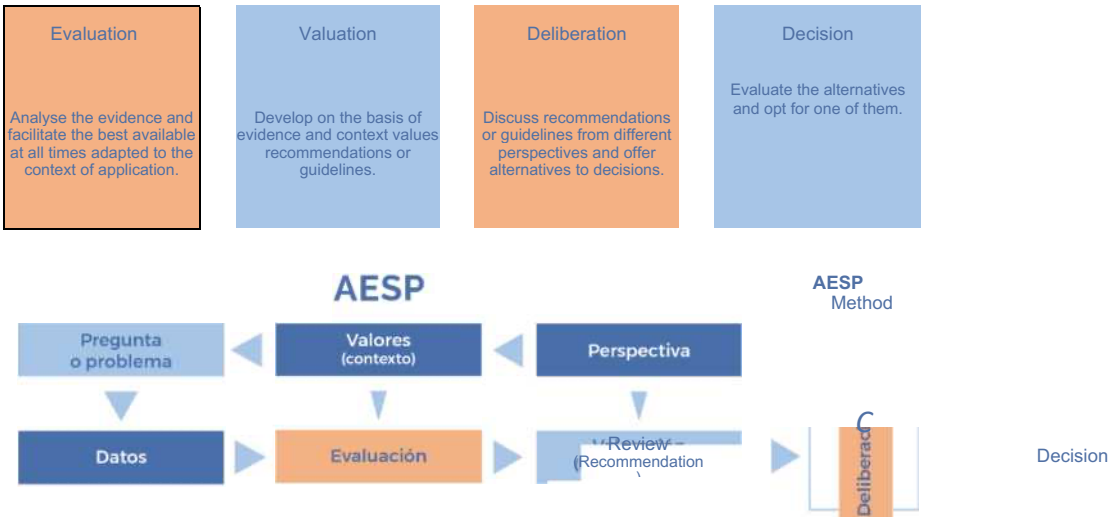

Figure 1. Dimensions of action of the ESPA in relation to the management of knowledge and information for decision-making.

These more transversal or higher functions are interwoven in all specific or operational functions, providing them with recognised, transparent and auditable processes in all cases.

U.S. federal health-related agencies have been the subject of critical attention for some years, renewed by the pandemic. Concern for the independence of these agencies increased

after President Donald Trump's various actions undermined it35. CDC has had a high credit as a prestigious public health agency worldwide. Cuellar analysed the positive characteristics of this agency, which facilitated its performance as an accredited and publicly valued institution on public health issues, and which allowed it to influence policies and regulation36. Cuellar argues that CDC's low level of conflicts of interest has so far allowed him to resist external pressures and act independently. He also points out that government public health agencies leave with a reserve of legitimacy that reflects the public's partnership between modern health policy and scientific capacity, and hence their importance in legitimising state health policy innovations. Unfortunately, the recent decline in CDC funding has compromised its credibility and has been pointed out as being influenced by the health industries that finance its foundation and some of its actions37.

Not only political interference or funding are at the root of the lack of independence. In the European Union, the European Food Safety Agency (AESP) has been found to be one of the most cited agencies when talking about regulatory capture and conflicts of interest. Robinson et al. have described the presence of obvious conflicts in several senior agency officials and in various expert groups advising her, as well as several cases of revolving doors that have affected

35See note 16.

36Cuellar MF. Coalitions, Autonomy & Regulatory Bargains in Public Health Law. In: Carpenter D, Moss DA eds. Preventing Regulatory Capture Special Interest Influence and How to Limit it. The Tobin Project. New York: Cambridge University Press, 2014: 326-62. Available at: https://papers.ssrn.com/sol3/papers.cfm7abstract id=1974690

37Lenzer J. Centers for Disease Control and Prevention: protecting the private good? BMJ. 2015;350:h2362. doi: 10.1136/bmj.h2362.

even the president of the agency's board of directors3839404142. The situation necessitated the intervention of the European Ombudsman and prompted the European Parliament to postpone the approval of the agency's budget because of its lack of diligence in monitoring conflicts of interest and the independence of its offices[39,40,41,42]. Proper regulation of good governance is therefore essential for a state public health agency.

The institutional design and procedures for appointing individuals at the various levels of an agency underlie part of its independence and the quality of its functioning. The Canadian Public Health Agency, which is a good example of structure, mission, vision, values and functioning[43.44], has a simple regulation on the appointments of the chairpersons and vice president of the agency, as well as the figure of the head or commissioner of public health, the highest professional person in the government of Canada434445. The selection procedures are

38Robinson 1, Holland N, Leloup D, Muilerman H. Conflicts of interest at the European Food Safety Authority erode public confidence. J Epidemiol Community Health. 2013;67(9):717-20.

39Then C. European Ombudsman demands EFSA admit failure: TestBioTech. 2011. Available at: http://www.testbiotech.org/en/node/591

40Diamandouros PN. Draft recommendations of the European Ombudsman in his inquiry into complaint 775/2010/ANA against the European Food Safety Authority. 2011. Available at: http://www.ombudsman.europa.eu/en/cases/recommendation.faces/en/11089/html.bookmark

41Macovei M. Discharge postponed for three agencies —correct management of conflict of interests on EP agenda [press release]: EPP Group in the European Parliament. 2012. Available at:http://www.eppgroup.eu/press-release/Discharge-postponed-for-three-Agencies

42European Parliament. Decision of 10 May 2012 on discharge in respect of the implementation of the budget of the European Food Safety Authority for the financial year 2010 (C7-0286/2011-2011/2226(DEC)). 2012. Available at: http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&reference=A7-2012-0299&language=EN

43Public Health Agency of Canada's organizational structure. Available at: https://www.canada.ca/en/public-health/corporate/organizational-structure.html

44Public Health Agency of Canada. About the Agency. Available at: https://www.canada.ca/en/public-health/corporate/mandate/about-agency.html

45Public Health Agency of Canada Act. S.C. 2006, c. 5. 2016. Available at: https://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html

well described and can be a good starting point46. In particular, we understand that the figure of the person responsible for public health is key in public health policy, precisely because of his professional profile that contributes to credibility and confidence in communication on health issues. A figure that could be considered in Spain and which would be a complement of interest to the new state public health institution.

For another good example in appointment policy you can turn to NICE and, generally speaking, the United Kingdom, which has a regulated and transparent appointment policy for public bodies47. It has a code of good governance for this task and an independent commissioner whose role is to ensure that appointments by ministries to the boards of directors of public bodies are made in accordance with the principles of public appointments and the code before
mentioned[48,49]. Their actions are regulated in an order together with the list of bodies and offices that fall within their competence484950.

3.3. The opportunity of a State Public Health Agency.

The Spanish public health system requires not only the creation of a State Public Health

46Governor in Council appointments. Open, transparent, and merit-based selection processes. Available at: https://www.canada.ca/en/privy-council/programs/appointments/governor-council-appointments/general-information/appointments.html

47HM Government Public Appointments. Available at: https://publicappointments.cabinetoffice.gov.uk/about-appointments/

48Cabinet Office. UK. 2016. Governance Code on Public Appointments. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/578498/governance code on public appointments 16 12 2016.pdf

49The Commissioner for Public Appointments. Available at: https://publicappointmentscommissioner.independent.gov.uk/regulating-appointments/

50The Public Appointments Order in Council 2019 ("the 2019 Order"). Available at: https://publicappointments.cabinetoffice.gov.uk/wp-content/uploads/2019/11/Public-Appointments-No.-2-Order-in-Council-2019.pdf

Centre by mobilising **specific and reasonable resources** - which we will now call exclusively as the State Agency for Public Health (AESP), since later on the desirability of its institutional design being that of a state agency — but also of **integrating the various criticisms** that have emerged during the COVID-19 crisis, since not all of them are of a conjunctural nature.

There is a need for a body that could bring together public health services — an issue under discussion -51but above all that is able to create synergies between all the resources available in the State to articulate a **comprehensive health policy**, ensure health security and address current and future challenges to public health in a solvent manner. To this end, a body with sufficient capacity to exercise **leadership is needed to coordinate a network of centres and people with the faculty and potential that bring added value to the administrations concerned, to the public and to the political actors**, while also providing an added benefit of returning all the actors of the network.

In the design of future public health agencies, it is agreed to point out some of the **weaknesses** in public health systems that are common to all countries. For example, the lack **of data infrastructure**, stating that Google knows more about our personal and collective health than public health surveillance and health information systems52. This lack necessitates a commitment to public health surveillance systems that incorporate the new technologies continuously, and that monitor the **social determinants of health**, as well as threats and risks to health security, maintaining a connection with state, supranational and national bodies providing relevant public health data and information.

Another shortcoming lies in the quantitative and partly qualitative magnitude of public health resources. There is certainly an urgent need **to financially strengthen public health** and

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51 There are quite a few people who are committed to an agency specialised in the evaluation, management and communication of the most relevant health risks, leaving for Ministries and ACs the functions of policies, strategies and planning, in addition to the executive management of the corresponding services. From this perspective, the key function should be essentially "translational": generate/select evidence and its application in support of public policies.

52Gee RE, Khan AS. Leading the World Again: Creating a 21st-Century Public Health Agency. Am J Public Health. 2021;111(4):594-5. Available at: https://ajph.aphapublications.org/doi/10.2105/AJPH.2021.306187https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7958017/

provide the Agency with sufficient resources to harmonise actions at all levels: from the promotion of experimental promotion, protection and prevention programmes to the promotion of scientific training and development of public health. **Public health funding has so far been very low in Spain, as it is wrongly considered53to be non-priority. The creation of the AESP must be accompanied by the commitment to Public Health in terms of investment and action, as the impact on the population in the short- and long term has proven to be efficient and is what society needs** at **present. Failure to do so would cause indelible harm after the great health crisis experienced, since the commitment to public health and health security is a priority rather than cosmetic issue, an exercise of responsibility for its social and economic benefits54.** High investment in healthcare technology without investing in the problems that lead the population to need it, as is done by Public Health, makes the system inefficient and contributes to increasing health debt55.

The institutional health structures of our country reflect this lack of **strategic planning in the investment of resources**, but also a mistake of concept. At present, in health administrations, public health is a minor part of the health policy and system. This model, which **prioritises care to the detriment of the preventive and salutogenic model,** and which **equates health improvement with better care of the disease**, is maintained despite the evidence that health services contribute only 11 % to the overall population health,56 compared to the demonstrated health impact of policies from different sectors, health plans, etc.

The lack of preparation of public health services reflects different weaknesses in the health system in Spain, but also reveals some opportunities. In this sense, we are at a key

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53Trapero-Bertran M, Lobo F. Public spending on prevention and public health services in Spain before the COVID-19. National data. Economic Information Notebooks 2021; 280:59-71. Available at: https://www.funcas.es/articulos/el-gasto-publico-en-servicios-de-prevencion-y-salud-publica-en-espana-antes-de-la-covid-19-the-data-nationals/

54Masters R et al. Return on investment of public health interventions: a systematic review. J Epidemiol Community Health. 2017;71(8):827-34. Available at: https://jech.bmj.Com/content/jech/71/8/827.full.pdf

55Who's Euro. The case for investing in public health. Available at: http://apps.who.int/iris/bitstream/handle/10665/170471/Case-Investing-Public-Health.pdf?sequence=1&isAllowed=and

56Determinants of Health Visualised [Internet] [cited 6 July 2021]. Available at: https://www.goinvo.com/vision/determinants-of-health/

moment for the strong and immediate funding of public health organisations are prepared for the response to crises, but also to the health challenges of our century, such as improving risk communication and strategic communication in public health and advice **on health policies and public policies that influence health from non-health sectors.**57 The response of the regional public health surveillance services has highlighted: the need to improve anticipatory capacity in the development of their functions (e.g. by cutting transmission chains, not just by describing them); the need to develop extensive data management and exploitation capacities (facilitating the use of the skills of public health professionals in their real areas of expertise); the scope for improvement in data generation and geolocation; risk management and the final issuance of technical-scientific recommendations resulting from the interpretation of such data; and, v) communication at both professional and citizenship level. However, this reality is not limited to services for the epidemiology of communicable diseases. The technical work of public health surveillance is currently limited to descriptive work and methodological development, but it is necessary to go one step further and integrate the conceptual reflections of "why, for what and for whom" data are wanted,58advancing the challenge of changing the "biomedical look" to a focus on the social determinants of health.

Both issues reflect the need to increase intersectoral work and to diversify the training foundations of public health professionals through disciplines such as law, anthropology, sociology, communication, philosophy or political science. Similarly, the growing presence and integration of public health organisations in existing municipal, regional and state governance spaces and typical of other sectors points to a dynamic to strengthen and systematise, since traditionally these spaces did not include the vision of health, or was replaced by clinical-care (i.e., joint municipal management of communication during the COVID-19 crisis in the city of Barcelona59).

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57 Independent Panel for Pandemic Preparedness and Response 2021. COVID-19: Make it the Last Pandemic. Available at: https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the- Last-Pandemic final.pdf (in English: https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-SpanishFinal.pdf).

58Hernández-Aguado I, Parker LA. Intelligence for Health Governance: Innovation in the Monitoring of Health and Well-Being. In: Kickbusch I, editor. Policy Innovation for Health [Internet]. New York, NY: Springer; 2009 [cited 5 July 2021]. p. 23-66. Available at: https://doi.org/10.1007/978-0-387-79876-9 2

59 La governança de l'emergency complexa: the Covid-19. Performances, organizational adaptation and

In the same vein, the reflections on the need for autonomy of public health services and the depoliticisation of partisan areas for drawing up recommendations, especially the Interterritorial Council of the SNS, have reflected the difficulties of territorial coordination and of reconciling ethics, science and politics (which usually measure and judge actions in public health only from a utilitarian ethic that values the media impact of the measures as the sole aim, and not to resolve, for example, the always difficult dialogue between economy and health). Beyond the difficulties and the exclusively biomedical perspective, state public **health needs a body to coordinate territorial efforts to improve collective health, in order to achieve a synergy of these. Not only because of the inescapable connection and interdependence of health between territories, but also the firm belief in collective intelligence.**

Inter-territorial cooperation would improve public health services and anticipate the detection of threats by having interoperable systems and sharing mistakes and learning in the development of different plans and programmes. For example, there is a clear opportunity for **collective municipal learning** around the experience of action in intersectoral health that constitutes the *Pla de Barris* in Barcelona, a pioneering plan in the attempt to reduce health inequities at urban level 60. Similarly, it is necessary, for example, to monitor progress in the use of laws and other regulations as a tool for health gain, examining and evaluating international, state, regional or local experiences, and producing reports on the opportunity to reproduce and apply them in each context. A State Agency for Public Health could not only monitor the use of legal standards for the advancement of the population's health and improve the standards of preparedness and response to health emergencies, but could also offer administrations the most effective legal texts with the best regulatory quality, one of the public health challenges of the 21st century from the local level to the global level[61.62]. Precisely, to put the well-being of people and the planet at the centre of government efforts, **comprehensive legislative changes will be needed to protect and promote the values set out in the Sustainable Development Goals, to create a system of governance that seeks to create healthy people in healthy**

Innovations de l'Ajuntament de Barcelona. Municipal management of Barcelona City Council. Report. December 2020.

60Dan F, Pasarín MI, Borrell C, Artazcoz L, Pérez A, Fernández A, et al. Barcelona Salut als Barris: Twelve years' experience of tackling social health inequalities through community-based interventions. GAC Sanit. 1 May 2021;35(3):282-8.

communities and in a healthy world616263.

In other areas, such as those related to other **current pandemics such as smoking, sedentary lifestyle, obesity or diabetes**, it is imperative to establish and evaluate innovative interventions. The key lies in addressing the social determinants of these problems, which requires strengthening organizational structures that favor the practical application of the health principle in all policies, and the development of health impact and equity assessments of all public policies relevant to well-being. In addition, the availability of finalistic funding from the Agency, together with the evaluation capacities, would provide all administrative actors and third parties with efficient practice models to reduce the social impact of these health problems and to align with agencies and services that are already doing so.

With regard to **disease prevention,** the needs of health administrations are constant. This is the case for the analysis of new vaccines and their opportunity cost, or for recommendations on **population screenings**. For these interventions, the availability of a State Agency to facilitate evaluations, to provide an authoritative voice on which preventive benefits are efficient and relevant for inclusion in the public health service portfolio and to provide authoritative scientific information, among other functions, is undoubtedly timely.

An intricate problem faced by administrations is how to design and implement interventions to reduce **social health inequalities** both through actions within the health system and in non-health areas. The work of the State Agency in this task can be key by gathering the best international and state experiences to contribute to the design of policies and interventions that can be easily incorporated in different areas and administrative levels.

Earlier we mentioned the need for **communication in public health**. There is little development within the public health profession in Spain on health communication actions. The

61Salamero Teixidó L (coordinator) Challenges of the right to health and public health of the 21st century. Thomson Reuters Aranzadi, 2020.

62Duff JH et al. A global public health convention for the 21st centmy. Lancet Public Health. 2021 Jun;6(6):e428-e433. doi: 10.1016/S2468-2667(21)00070-0. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8099565/

63Hancock T. Governance for a healthy, just and sustainable future. CMAJ. 2018 May 22; 190(20): E634. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5962401/pdf/190e634.pdf

pandemic is showing the risks of misinformation and bullying, also of false dichotomies646566. Although they have a long history and some proposals have been made to counter them[65.66], there is concern about the erosion of the old institutional bulwarks against disinformation, and the lack of awareness about the potential extent of the vulnerability of individuals, institutions and society to malicious agents67. Beyond creating timely safeguards against information and misinformation through proper communication and other tools, it is imperative that health policy be accompanied by **high quality, solid and aesthetically solvent public health communication** that generates windows of opportunity for institutions to be leaders in the framework effect and agenda of communicative events in health, without forgetting that communication is a different concept from that of dissemination.

A concrete aspect of the health communication to consider is the generation of a discourse and practices around health that, on the one hand, allow citizens and social agents to regain sovereignty over their health, currently given to health services and understood as absence of disease. And, on the other hand, public health practices that resign **health as an autonomous, full and supportive individual and collective** life, as written in the preamble to the General Law on Public Health. This will require an analysis of the root causes that determine health inequities, and the design of actions based on the social determinants of health. Only from this perspective of determinants would the intersectoral action necessary for good population health, based on social justice and respect for the environment, be immediately enabled, the two major challenges of the millennium68.

Finally, we must not forget the impetus **that AESP can give to the training of future public health professionals and to the consolidation of stable research groups and lines, an urgent and strategic issue in line with the perspective of the most accredited international**

64 Escandón K, Rasmussen AL, Bogoch II, Murray EJ, Popescu SV, et al. COVID-19 false dichotomies and a comprehensive review of the evidence regarding public health, COVID-19 Symptomatology, SARS-CoV-2 transmission, mask wearing, and reinfection. BMC Infect Dis. 27 July 2021;21(1):710.

65Nature (film). How fake news about coronavirus became a second pandemic. Available at: https://www.nature.com/articles/d41586-020-01409-2

66Chou WS et al. Addressing health-related misinformation on social media. JAMA 2018;320:2417-8.

67Lazer DMJ et al. The science of fake news. Science 2018,359, 6380:1094-6.

68 This does not mean that EFSA bears the weight of cross-sectoral policies, but its most important role is to facilitate them, to be an instrument that facilitates policy capacity, i.e. the ability to transform knowledge and evidence into action.

public health agencies. The institution could facilitate consensus on research priorities through multi-annual plans, as well as define the basic competences that public health professionals should possess at the beginning of their professional careers. It is a priority that public health be more relevant in the curriculum of the faculties of health sciences, and that the human resources from which the structures in the public health administration are fed are remunerated according to their specialisation, thus enabling an adequate staffing of professionals.

4. Mission, vision and values.

Mission

The AESP shall ensure the health of the population in Spain by:

- Monitoring and awareness of the health status of the population and its inequalities, as well as the factors that determine them, including the social determinants of health.
- Planning, designing and evaluating policies to maintain and improve the health of the population.
- The practice of public health informed in the best available science and socially contextualised.
- Assessment of the health impact of public policies
- Promoting health and equity in health in all policies
- The promotion of networking and the use of collective intelligence in public health.

Vision

- The vision for the future of ESP is to be a reference and independent organisation in strategic public health planning, based on evidence and innovation, with a recognised virtue, leading to leadership in the field of health. It aspires to excellence in its services, promoting good practice in public health through research, evaluation and quality.

Values

Excellence in the actions of AESP shall be achieved by embracing and defending the following values:

- Transparency and participation.

- Courageous action based on evidence, evaluation and accountability.

- Efficiency and wisdom in the use of the resources entrusted to it, through strategic planning.
- Reflexivity on the praxis itself, its particular objectives, benefits and harms.
- The foundation in science and scientific knowledge.
- The qualification and professional growth of its staff, both from an individual and a group point of view.
- Interaction and cooperation with other institutions and entities involved in population health.
- The defence of equity (as a reflection of justice), social cohesion, inclusion and coexistence.
- The contribution to a sustainable environmental and social environment, understanding human health as indissociable from that of the rest of the planet's beings.
- Proportionality in their actions.
- Agility, clarity, public service commitment, co-creation and kindness. In situations of public health crisis: serenity, temperance and prudent action *(phronein).*

5. Guiding principles and good practice of AESP

The future State Agency for Public Health (AESP) should require a high level of professionalism in its mandated actions. Its practice should be guided not only by specific and specific determinations of legal norms that directly affect it, but also by the principles and rules that inform the administrative legal order and which form the general principles of current public law; general principles and rules designed to guide relations with citizens and to achieve a modern, democratic administration at the service of the citizenry.

At present, any administrative structure or body established for the purpose of public actions to give effect to the general interest must be presided over by the principles of 'good governance' or 'good administration' and therefore be required to ensure that it adapts and fully respects the rules necessary to achieve good governance69. The Charter of Fundamental Rights of the European Union enshrined in Article 41 the right of citizens to 'good administration', and good administration requires the administrative body to exercise the power conferred on it in an effective, competent, complete, fair, transparent and accountable manner, objectively70serving the general interests, acting in accordance with the legal order, in a manner that respects human rights, and which is subject to internal and external control.

Descending into our legal system, Article 3 of Law 40/2015 of 1 October 2015 on the Public Sector Legal System lists the principles that the administrative bodies of any public administration or entity must respect in their actions. For its part, Law 33/2011, of 4 October, General Public Health, establishes that

Public health administrations, in their public health and collective health activities, should be subject to the following principles: equity, health in all policies, relevance, caution, evaluation, transparency, integrality and safety71.

69The concept of "good governance" goes far beyond law enforcement, good results or the absence of corruption, mismanagement or nepotism. It also requires that the decision-making process conform to a set of agreed rules of democratic participation, transparency, accountability, accountability and obedience to codes of conduct. These rules, in turn, are based on ethical values and civic virtues (taken from AES, Good governance of health care. Available at: http://www.aes.es/Publicaciones/SNS-Capitulo IV.pdf)

70Pagden 1998: pp. 9-17

71The principles named represent legal proposals or directives, which normally do not have a normative

It seems essential to identify the principles which must govern the conduct of the ESPA in order to be expressly listed in its Statutes. Some would simply be counsellors and others would have the nature of a mandatory legal standard. The legal nature of these principles depends on their normative, disciplinary or merely guiding value.

Guiding principles of public health organisation and actions: defence of collective health and equity in health, cross-cutting health, collective intelligence72; your Excellence73; health in all policies; solidarity; research and applied innovations in public health and rigour.

Principles of good governance which must be complied with: independence; integrality, equity; universality; strategic planning; relevance; caution; proportionality; transparency; evaluation and accountability; participation; security.

It is important that the Statutes of AESP provide for mechanisms to ensure compliance with the principles. These mechanisms can be:

- Adoption of **Codes of Conduct** that contribute to adapting individual and collective behaviours and decisions to good practices and ethical standards and to promoting a culture of integrity and transparency.
- Existence of a collegiate body (possibly the **Control Committee**)74responsible for monitoring, monitoring and control, which regularly produces reports assessing compliance with the principles and, where appropriate, propose improvements.
- Existence of internal and external mechanisms (boxes) that allow **complaints** to be made for non-compliance with any or some of the principles that the reporting person or entity

development, so the principle is rather a criterion in itself. Some principles are indicative in nature and their forecasts cannot be invoked vis-à-vis the public administration as mandatory. Others are recognised as normative and may be enforceable. We have the fundamental principles, which are the basis of the system, which are located in the Constitution, as well as in supranational sources, and institutional principles, derived from a given institution based on its organizational idea.

When the principles are included in a legal rule, their nature as a legal norm may be established, since the principles, like the rules, are legal institutions which are binding on the public authorities and must be observed; they confer rights and impose obligations. The principles have the virtuality that, if the rules are not sufficient to find a solution to a particular case, the application of the principle makes it possible to reach a solution.

72Shared or group intelligence that emerges from the collaboration, collective efforts and competence of many individuals and territorial units and translates into decision-making by consensus. Knowledge management requires that employees of an organisation contribute the value of their knowledge to the organisation. The organisation should have a system of incentives so that the knowledge of the people and the agents that compose it flows, is explicit, disseminated, exploited in the organisation and also leads to the creation of new knowledge.

73Total quality in the management of AESP and in all its actions.

74See the organisational structure of the AESP.

has been able to establish during the process of drawing up or implementing public health programmes or actions.

- Have mechanisms to facilitate and ensure good compliance and establishment of a **sanctioning regime for non-compliance** with the principles of good governance, so that the infringement or manifest breach of any principle is defined as a breach of good governance (must be done by law, not by regulation)

6. Defining elements of the State Agency for Public Health75

6.1. Legal form

Article 47 of the General Law on Public Health established the State Centre for Public Health (CESP)76, but refraining from indicating the legal form to be adopted. The institution to be set up must necessarily adopt one of the legal forms provided for in Law 40/2015 of 1 October 2015 on the legal regime of the public sector for the entities that make up the institutional public sector. The arrangements for entities referred to in Law 40/2015 are set out in Annex I to this report.

In view of the functions, economic regime, etc. that correspond to each of the institutional entities regulated by this Law, it seems that the optimal form for the ESC is that of "Agency".

The State Agency77 is a public-law body governed by administrative law, with public legal

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75The RECOVERY, TRANSFORMATION AND RESILIENCE PLAN, in COMPONENT 18: "Renewal and expansion of the capacities of the National Health System", with respect to the State Center for Public Health, outlines some of its functions as described in paragraph 2.1. Legal framework and institutional context of this document.

76Article 47 State Centre for Public Health

1. The State Centre for Public Health is attached to the Ministry of Health, Social Policy and Equality, acting under the guidelines of the governing centre responsible for public health. Its functions shall be laid down in the corresponding Royal Decree of organizational structure.

2. The objective of the State Centre for Public Health is to provide technical advice in the field of public health and to evaluate public health interventions in the context of the General State Administration. It will also carry out technical and scientific advice and evaluation of public health interventions in the field of other administrations.

3. The State Centre for Public Health will monitor and evaluate the Public Health Strategy and coordinate the actions carried out by the national public health centres.

77It welcomes a model that is close *to the* United Kingdom Executive Agencies, designed as a form of separation from the general administration because they assume the tasks that correspond to the bodies within the ministerial department to which they belong. The *Executive Agencies*, however, have a close relationship with the

personality, assets and management autonomy; has the ability to exercise of administrative powers; it is characterised by autonomy, agility and flexibility in management, transparency and accountability and evaluation by results. An Agency is created by the Government through Royal Decree78 and has the capacity to mobilise intersectoral and inter-administrative cooperation and to maximise community alliances. It may accommodate professionals other than civil servants and establish a more favourable remuneration regime than the general system for retaining highly qualified staff.

It must have full organizational and functional autonomy (as stated in its statutes) and operate in its daily and extraordinary work, with the application of the principles of good governance that avoid capture for interests outside the health of the population. Neither the governing bodies of the Authority nor its staff may accept or seek specific instructions from any public body — beyond those laid down in its establishment — or private. It is worth recalling the capacity of the Ministry of Health and the Interterritorial Council of the National Health System to supervise the AESP through the multi-annual management contract and always in agreement with the Governing Council comprising the Autonomous Communities and other institutions or governing bodies that may be established. Therefore, the degree of independence of the AESP is formally high, but not complete as the government controls it through the management contract. The Public Health Institution, in the form it adopts, must have full independence in its proposals and technical decisions, but there is broad consensus that this independence, as well as the ability to influence political decisions, must be gained on the basis of the prestige it achieves, rather than on the basis of a specific regulatory regime. And the prestige of the entity necessarily goes through its high professional qualifications, the scientific nature of its actions and the mechanisms for selecting and appointing staff in managerial positions, transparently competitive and meritocratic.

A State Agency and an Administrative Self-Governmental Agency are similar figures in terms of their duties as they carry out strictly administrative activities and are therefore subject

department to which they are attached. Due to its similarity to the *management contract*, its relationship is implemented by means of a *Framework Agreement* between the Agency and the Department which sets its budget, objectives, controls and responsibilities that the agency assumes.

78If a PSE with a different structure and functions that are not fit within the frameworks established by Article 47 LGSP and Article 108 LRJSP is finally proposed, it would have to be created by law.

to administrative law. The biggest difference in the assumption of competence and functions is that the Autonomous Bodies have limited themselves to managing a particular public service and, on the contrary, the Agency has a broader perspective in its design, since it would be given the functions of generating and transferring knowledge to the management levels, both of the General State Administration and the ACs, regardless of whether it might assume some direct management functions. In addition, the Agency can be configured as an entity with more real independence and may have a greater degree of management autonomy than the traditional self-governing body can provide in its current regulation.

The choice of the legal form of "State Agency" conditions to some extent the structure and legal regime of the same since this entity is quite regulated in Law 40/2015 of 1 October 2015 on the Legal Regime of the Public Sector: Article 108b: governing bodies and multi-annual management contract and annual action plan; Article 108c: legal status of staff; Article 8d: economic, financial and procurement arrangements; Article 108e: budgetary regime, accounting and financial economic control (the same applies to all other instrumental entities: autonomous bodies, independent administrative authorities, public undertakings, etc.). However, to deal with these matters in some detail, with more intensity than the other entities regulated by this law, the regulation is flexible enough to be able to design statutes of the Agency adapted to its functions and needs.

6.2. Programming of the agency's objectives

It must act through **multi-annual management contracts**79, which are translated into a programming of means and objectives by means of an annual action plan. The contract allows for some independence from the political and legislative cycle (however, the contract confirms

79In the opinion of Cosculluela Montaner (Las Agencias Estatales, 2007), the management contract is preceded by the so-called programme contract established in the Law on the Organisation and Functioning of the General State Administration for the other public bodies. And the nature of this management contract is closer to the Action Plan provided for in Article 62(2) of the LOFAGE for public bodies than to a contract itself. The nature of these management contracts is similar to that of agreements between public administrations: in this case, the State Administration and the State Agencies, which are also directly linked according to the principle of instrumentality between them. It can therefore be concluded that the legal nature of the management contract can be assimilated to that of a contract-action plan in which there is no clear will to contractually bind and submit to an independent body of jurisdiction to resolve potential disputes between the parties. In any event, it is a contractual figure concluded between two different legal persons and the existing link is the guardianship function and therefore the contractual form and form is the one that best meets the need to establish obligations for both parties, **bearing in mind that the possibility of using the power to give binding instructions or orders inherent in a hierarchy relationship is excluded**.

the instrumental relationship with the Government). The contract must set out, as a minimum and for the duration of the contract, the following points:

a) The objectives to be pursued, the results to be achieved and, in general, the management to be developed.

b) The plans needed to achieve the objectives.

c) The personal, material and budgetary resources to be provided for the achievement of the objectives.

d) The effects associated with the degree of compliance with established objectives and financial control procedures, their effects and management.

e) The procedure for the introduction of any appropriate annual amendments or adaptations.

The management contract shall determine the mechanisms to allow liability for non-compliance with objectives.

The proposal for an initial management contract should be approved by the Governing Board of the AESP within three months of its establishment, and the subsequent ones in the last quarter of the previous one.

The management contract is approved by Joint Order of the Ministries of Health, Finance and Territorial Policy and the Civil Service.

6.3. Secondment

Some voices have proposed that the AESP be attached to the Cortes Generales through the Senate80. Others have proposed that they be attached to the Interterritorial Council of the National Health System81. However, in view of the requirement of Article 85 of Law 40/2015,

80The Cortes Generales are assigned to control and supervise public administrations such as the Court of Auditors or the Ombudsman. On the other hand, it does not make any legal-constitutional sense to assign to it an entity which exercises functions and powers specific to the General State Administration.

81The CISNS, according to the Supreme Court Order of 30 September 2020 is a Sectoral Conference, which can take two kinds of decisions: agreements and recommendations. Where the decision takes the form of an agreement, in the event that the General Administration of the State exercises coordination functions, it is binding on all the public administrations that are members of the conference regardless of the direction of their vote. According to Article 69 of the LCCSNS, "the permanent body for the coordination, cooperation, communication and information of the health

the AESP must necessarily be attached to the Ministry of Health, through the Ministry of Health, through the State Secretariat for Health. This does not prevent other forms such as the Consortiums of Administrations and some others from being considered.

7. Structure

7.1. Organizational structure

Governing bodies82:

a) The Governing Board is the highest collegiate governing body of the AESP; it lays down the general guidelines for action and exercises superior control over its management. It will function in plenary and in the Standing Committee.

The Standing Committee may, by consensus, adopt agreements on matters which, for reasons of urgency, cannot be delayed in convening a plenary session, as well as those which have been delegated to it by the plenary session, reporting them to the next plenary session.

The Governing Council must include representation from the Ministry of Health, the Autonomous Communities, Local Authorities (EELL), scientific societies and representatives of citizens' and social organisations83. The appointment of its members may be made by the

services, among them and with the State Administration, which aims to promote the cohesion of the National Health System through the effective guarantee of the rights of citizens throughout the territory of the State". The list of tasks to be performed by the Council, as set out in Article 71 thereof, is classified by the legislature into four groups: essential functions in the configuration of the NHS; advisory, planning and evaluation functions in the SNS; coordination functions of the NHS; and (d) functions of cooperation between the State and the Autonomous Communities. What the LCCSNS does not solve is how and with what scope the CISNS has to function in the exercise of each of its competences. It follows from that scheme that its decisions are not binding. There is, therefore, a contradiction between the TS Car and the LCCSNS.

The secondment of the AESP to the Ministry of Health through this collegiate body with coordination functions does not seem to be very correct, since the CISNS is in permanent crisis, inter alia, due to the lack of consensus on the binding or non-binding scope of its agreements, and because they have always given priority in their decisions to political rather than technical criteria. As the most authoritative voices point out (Sánchez Morón 2018: pp. 37 et seq.) its operationality to achieve the cohesion of the SNS is very relative. In short, it does not appear that the CISNS, due to its excessive politicisation, can better guarantee the independence and quality of the actions of the AESP, which would not prevent it from being entrusted with the appointment of the members of the Governing Board.

82This specific proposal, which is presented here, is made with the idea of submitting for consideration certain facets that the governing bodies must bring together. The experts participating in the document have made a number of alternative proposals of interest, such as a Governing Board (meeting together the responsible persons of the Agency), a Governing Committee (relevant consensual persons meeting about three times a year) and a Governing Board (a "senado" type that meets once a year).

83The ECDC has a representative of the European Parliament, the presence of the person chairing the Congress Health Committee with an express mandate from the House could be considered for the Agency. On the other hand, it could also be considered as having a representative of the ECDC which would facilitate coordination.

Interterritorial Council of the SNS on the basis of a proposal made by a professional selection body set up *ad hoc.* Professionalism should take precedence in the appointment of members. It can be assessed whether each vote has the same value or the weighted vote (different value to the votes according to the representation) has to be established. In our view, the weighted vote should not be introduced.

Article 108(b) provides that a Supervisory Board is to be set up within the Governing Council, with the task of reporting to the Council on the implementation of the management contract and, in general, on all aspects relating to economic and financial management. This collegiate body can also be given the role of dynamising and facilitating group work and evaluating compliance with the principles of good governance.

b) The Directorate, which shall take over the ordinary management of the AESP, is to be occupied by a person appointed and separated by the Governing Council on a proposal from the chairmanship of that body from among persons who possess the necessary qualifications for the post, as determined by the Statutes which must consider professionalism as a matter of priority (Article 108c.11)

c) The General Secretariat, which shall be responsible for the area of administration and services.

d) Functional Area Addresses or Subdirections; etc.

In accordance with the staff legal regime laid down in Article 108c, the senior management positions of the AESP are not reserved for officials and may be filled by employment staff through senior management contracts. It also provides, but does not require, that the process of providing management staff, including the Directorate, should not be strictly freely appointed, and may be carried out in accordance with the prescribed formula applied in Portugal: a specialised staff selection body which makes a reasoned proposal to the Governing Council, presenting three persons — a number that could be expanded — for each post to be filled. Since a body similar to that of Portugal and other countries has not been established here, an *ad hoc selection body should be designed in the Statutes.* Reference has been made in the background to models of appointments of managers that can be consulted.

It is recommended that the term of office of the members of the collegiate and single-member governing bodies exceeds the political cycle and that it can only be renewable after prior evaluation (five or six years).

They shall make a declaration of conflicts of interest, which shall be assessed and controlled by the relevant *ad hoc body.*

e) Management Committee. It shall be composed of the head of the Directorate and the holders of the established sub-directorates. It shall be the coordinating and monitoring body for the activities of the AESP, with the aim of ensuring a comprehensive and cohesive action in the Agency's own activity and efficient management of its resources.

Advisory and advisory bodies:

a) Scientific Advisory Committee on Public Health: advisory body on the technical and scientific aspects of public health. It shall be made up of experts of recognised public health solvency whose appointment procedure shall be laid down in the Statutes of the AESP.

b) Network of Centres[84] and Experts in Public Health[85]: it would bring together the best possible intelligence and experience in public health, for scientific advice in the field of public health, as well as for carrying out the studies and research necessary in this field. A description of how the network of centres could be configured is given below. The network must have representation of the different areas of knowledge and experience necessary to undertake the functions of scientific and technical advice, research, evaluation and planned studies, so that the experts of the Network would have two profiles: academic and scientist of excellence and accredited professional. The appointment procedure and, where appropriate, any allowances or compensation for the services rendered shall be detailed in the Statutes of the AESP.

The organisation and operation of the Network shall be detailed in the Statutes of the

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[84] See, for example, Order PCI/1381/2018 of 18 December 2018 regulating the "Re-Lab" Biological Alert Laboratory Network.

[85] The networks of centres and experts are very underdeveloped in the field of public health. However, you begin to experiment with them. For example, see Order of 4 December 2015 of the Ministry of Health of Castile-La Mancha regulating the structure, organisation and operation of the networks of experts and professionals of the health system of Castilla-La Mancha. It provides that the Network of Health Experts and Professionals shall be referred to as the functional unit without legal personality, of an advisory nature and multidisciplinary composition established for the definition of homogeneous criteria in the management of the different health policies, as well as for the assessment and decision-making that affect the organisation as a whole.

AESP.

c) Committees of Expert Persons, appointed for their high specialisation in a particular subject.

Within the Network, the AESP may set up temporary Expert/Advisors Committees on the basis of specific emergencies composed of highly qualified professionals, who will provide scientific and technical advice in the areas required.

The establishment and functioning of these Committees, as collegiate bodies, shall be in accordance with the provisions of Articles 19 to 22 of Law 40/2015 of 1 October 2015 on the Legal Regime of the Public Sector.

A **specific budget item should be available to ESP to finance this type of relationship**[86].

Participation bodies:

a) Council of Participation. It shall be the body of active participation which performs functions of citizen participation, advice, consultation and follow-up on issues relating to public health and health in general. Other administrations, scientific societies and civil organisations that promote the health of the population must be present. Its composition shall be detailed in the Statutes of the AESP.

7.2. Functional structure

The design of the functional structure of the AESP is subject to **direct management, advisory and support functions.**

Article 47 of the General Law on Public Health assigns it only functions of technical advice and evaluation of interventions and states that it will act under the guidelines of the governing centre responsible for public health. The fourth additional provision of that law provides that *the establishment of the State Centre for Public Health, provided for in Article 47, is to be carried out by restructuring the existing units referred to in the Royal Decree implementing the basic*

[86] According to the judgment of the Supreme Court of 1 July 2020, since the advisory relationship of these experts with the AESP would not be usual but sporadic, the legal relationship between them would in any event be civil, not employment. The usable contractual figure may possibly be a commercial contract for the provision of advisory or consultancy services for professionals who are consulted on a regular basis. It is advisable to formalise a contract if the collaboration is going to be continuous, although interrupted in time.

organizational structure of the Ministry of Health, Social Policy and Equality, without increasing budgetary appropriations. It also establishes *that this centre will coordinate its activities with the national centres of Epidemiology, Microbiology, Environmental Health, Tropical Medicine, National School of Health and National School of Occupational Medicine, and other units, centers and agencies owned by the State that have among their competences the development of functions in the field of public health in connection with the development of research activities.*87

However, the Government's forecasts, according to the Recovery, Transformation and Resilience Plan, are more ambitious. In the light of these forecasts, the first question to be asked is whether the AESP should be an entity with functions exclusively of technical and scientific advice and evaluation of public health interventions, attached and under the Ministry of Health and linked to the Interterritorial Council of the National Health System. The Ministry would retain some or all of its executive management functions (the plan states that the AESP will exercise powers of analysis and study, of technical advice, of proposing measures to health authorities and also of direct management,88 especially in the field of preparedness and coordination of response to emergencies, but not only these). In any case, an ex-ante assessment can be made as to whether there are functions, in addition to advisory and proposal functions, that could be assumed by the AESP. Many of the opinions expressed are inclined to take on advice and management, although the scope of management is more or less limited. For example, there would be more consensus on taking public health surveillance. It does seem clear that the Ministry of Health sets out health strategies and policies within the scope of its competences, with the technical and scientific assistance of the AESP, public health strategies

87 The current context resulting from the Covid-19 pandemic suggests setting up the new institution in a way different from that initially considered at times of serious economic crisis and, above all, with the idea that it is not a question of making changes so that everything remains the same, but of setting up an institution useful to Spanish society in the 21st century.

88For example, external health care has the responsibility to:

a) To organise and ensure the provision and quality of services carried out at border inspection posts and health checks carried out at Spanish borders, international means of transport, as well as the international transit of passengers and the improvement of international vaccination services provided by the General State Administration.

b) To prevent, in accordance with the provisions of the International Health Regulations and the International Convention on the Harmonisation of Frontier Controls of Goods, the international spread of diseases, to protect against, control and respond proportionately and restricted to risks to public health while avoiding unnecessary interference with international traffic and trade.

c) Establish an external health surveillance network as provided for in Article 49 of the LGSP.

and policies that are coordinated and implemented by the Interterritorial Health Council.

The Public Health Surveillance Network, without prejudice to its technical autonomy, should be fully integrated into the AESP, with a structure that coordinates not only disease surveillance but also comprehensive surveillance and social determinants of health, as provided for in the General Law on Public Health and the Public Health Surveillance Strategy document.

It must **bring together responsibilities and functions dispersed in various State bodies and entities** (the Plan speaks of agglutination of dispersed materials). For example, updates to the portfolio of public health benefits currently under the responsibility of the Directorate-General for the Common Portfolio of Services of the SNS. And other functions, currently dispersed in centers such as the National Centre for Epidemiology, the National89Centre for Microbiology and the National Center for Environmental Health, all of which are part of the Carlos III Institute of Health; the Health Alert and Emergency Coordination Centre; etc. Perhaps also the National School of Health. However, careful analysis is needed to avoid duplication and maximise efficiency.

AESP should be structured as a **Network Centre** consisting of a number of nodes: a coordinating node, regional nodes (public health centres or bodies of regional and local administrations) and thematic nodes (excellent scientific bodies, universities, research centres, etc.) so that the participation of the ACs, local authorities, academic and research centres of excellence is fully guaranteed.90 Effective networking makes it possible to optimise the resources available throughout the territory by generating an added value that exceeds the sum of the parts and which has a fundamental basis in the interaction of the subjects that make up

89The Fourth Additional Provision LGSP provides for the continuity of the National Epidemiology Centre by providing that the ESCB shall coordinate with that Centre.

90Ildefonso Hernandez and Andreu Segura, "Public Health in Spain, X-ray situation after Covid-19", 2020, write that "the future State Public Health Center provided for in the LGSP must be a network organisation that brings together in layers all scientific and technical capabilities potentially useful for public health and that, in addition to its routine activity to support the nuclear activities of public health, could be activated to serve any activity that is needed in any territory. It should be adapted to the two-dimensional state structure of public health with a fluid connection with agencies directly or indirectly related to health in the European Union and, in turn, to institutions, universities and research centres throughout the country. At the State level, stable connections with public and private information-generating agencies, such as the National Institute of Statistics, would be necessary. It should be able to carry out various tasks, such as scientifically and technically guiding public health policies at any level, to have identified scientists and health professionals who could quickly compose on-site or remote action groups, both for the health impact assessment of a regional mobility plan, and for investigating an emerging disease, whether at national or international level."

the network and in the information flows that circulate on the network. For networking, EMPA should generate vertical and horizontal inter-institutional collaboration mechanisms, as well as legal links (mainly through agreements) based on global guidelines shared between all nodes and their members, which would provide cooperative solutions in which everyone is involved. The general assumption of the principles outlined above that are to preside over the actions of the AESP and a mutual collaboration in the search for consensus can make members considered a 'all', even if they are dispersed and dedicated to different tasks.

Taking into account the management, advisory, evaluators, research promotion functions, etc., which are ultimately assigned to it and which it is responsible for, it must be structured into functional areas or units, on the one hand, for the exercise of the State functions that it assumes, and on the other hand, for the exercise of the advisory, advocacy and evaluation functions assigned to it.

8. Exercise of their powers

Within the scope of its powers, the AESP shall exercise the administrative powers necessary for the performance of its purposes, in accordance with the terms laid down in its Statutes, and in accordance with the applicable legislation, with the exception of expropriatory power (Article 89(2)).

It could perform its functions in the following ways:

1. Through the organs and units that make up it.
2. By contracts or agreements, subject to the rules governing public sector contracts
3. By any of the other forms of management admitted to law.

The governing and management bodies of the AESP shall exercise their powers and functions subject to Law 39/2015, its statutes and the other rules of general and special administrative law applicable to them, shall issue the necessary acts and decisions, which may take the following forms:

a) Resolutions of the Governing Council.

b) Decisions, instructions and procedures for action by the Director.

These two types of acts issued in the exercise of their powers or by delegation or

invocation, shall exhaust the administrative remedy and may be challenged directly before the administrative courts (therefore the non-hierarchical subordination with the Ministry of Health is reinforced. Some instrumental entities require an appeal to be lodged with the relevant Minister).

Claims prior to the civil or labour courts must be resolved by the Director of the AESP, who will also be responsible for the resolution of the financial liability proceedings arising from the actions of the Agency in accordance with Law 40/2015 of 1 October 2015 on the Legal Regime of the Public Sector.

Any other acts and decisions issued by those responsible for the units in which the AESP is structured shall be subject to appeal to the Director.

9. Financial resources

Article 108d provides for the financial resources from which the Agencies may be financed. Among these, the following are applicable to the AESP:

a) Transfers entered in the General State Budget.

b) Own income which it receives as consideration for activities which it may perform under contracts, agreements or legal provisions, for other public, private or natural persons; as well as revenues from public fees and prices which may be due to it under the law in force.

c) Income received from natural or legal persons as a result of the production of knowledge transfer or sponsorship of activities or facilities.

d) Revenues under public or private law (e.g. grants and contributions granted to them from funds from national or international public or private bodies, the European Union, or others).

e) Any other remedy that could be attributed to them by statute, such as revenue from administrative sanctions and judicial decisions.

9.1. Legal status of staff in accordance with Article 108c of Law 40/2015.

See Annex III.

10. Institutional design

"An agency that brings together the capacities of the whole state in an articulated and efficient way to put the best of the country at the service of the whole, i.e. the local, regional or national public administration that needs it, as well as to act internationally competitively given the available technical and scientific capabilities"91

The AESP is a network-organised distributed structure that requires a coordinating node (NC-AESP), 17 regional nodes (NA-AESP) and thematic N nodes (NT-AESP) to enable it to perform its functions. It also includes a network of experts.

The co-ordinating node of the AESP is not a central or central node that does everything, but its function is to orchestrate the Network to ensure the implementation of the lines of action agreed in its collegiate governing bodies, taking care of aligning the resources and services available in the AESP. This harmonising and facilitator node supports NA-AESP nodes to contribute with their share. The result would be a Network that works for all nodes and nodes for the Network, in a clearly expanded exchange of knowledge and knowledge, which allows each node to better respond to its own challenges and fosters collective intelligence. As part of the exchange, working groups will be set up on the basis of the Network of Experts with duration according to the intended function, groups that efficiently contribute to the whole network the technical scientific knowledge needed to solve specific issues92. The mirror in which it could be reflected could be the ECDC. ECDC's functions include supporting member

91 Component 18 of the Renewal Plan, "modified" to include the local government dimension.

92 Who has established procedures for the selection and functioning of expert groups that deserve to be considered: https://www.who.int/publications/m/item/terms-of-reference-for-strategic-advisory- group-of-experts-on-in-vitro-diagnostics-(sage-ivd)

https://www.who.int/news-room/events/detail/2021/06/21/default-calendar/23rd-expert-committee-on-selection-and-use-of-essential-medicines

https://www.who.int/groups/strategic-advisory-group-of-experts-on-immunization/https://cdn.who.int/media/docs/default-source/immunisation/sage/callforexperts sageroster july2021.pdf?sfvrsn=19cfe509 7

https://www.who.int/about/partnerships/expert-advisory-panels-and-committees

states in achieving medium-term public health priorities.

Following this example, the ESPA governed by a system of governance where decisions are collegiate, would work in such a way that all regional nodes receive through the coordinator node training, support and technical and technological services (from the whole Network) to maintain and improve the capacities of their local systems and their specialised human capital.

The coordinating node also serves as a unique liaison point for external demands (national, regional and international) and channels the initiatives of the collegiate bodies that lead the AESP to mobilise the network's nodes (autonomic and thematic) according to the needs.

NC-AESP would assume the functions corresponding to those currently assigned to existing structures/bodies at the state level (those coined as "dispersed responsibilities" in the texts of the law and component 18), involving, inter alia, the DGSP of the Ministry of Health (e.g. the CCAES, the Public Health Surveillance Network or the Equity and Social Determinants of Health Network). to certain ISCIII centres (such as CNE, CNM, CNSA, enMt or ENS), state observatories (health, women's health, health and climate change, drugs and addictions, working conditions, etc.) or other health-related monitoring structures, for example, the State Food Safety and Nutrition Agency (such as the National Food Centre) or the National Institute for Safety and Health at Work (such as the National Centre for Working Conditions). Integration or coordination with various centres should be considered in accordance with the expected tasks of the AESP and the capabilities of the new Agency. However, there are some issues that should be established at the time of its creation, such as the methodology for access

https://www.who.int/about/partnerships/advisory-groups shared to mortality and complementary data managed by the National Institute of Statistics.

10.1. Requirements for the start-up of the AESP

- Definition of the basic services and capabilities required to integrate into the network

according to role and functional area where each node is located. It is important to recall the need to ensure competences and capacities in support of the preparation and response to acute, sub-objective or chronic public health crises, which implies, in addition to the basic tasks, the provision of strategic reserves of materials and collaborations with the private sector for these purposes.

- Funded plan for the development of these services in each of the nodes (investment 3 component 18 to start "2.- New Information System of the Public Health Surveillance Network. EUR 27 400 000"), allowing nodes to specialise in high-value functions in which they can bring excellence to become a reference for the whole network, above that basic package.

NA-AESPs shall be organised by each counseling according to local context. Ideally, they should have differentiated structure and resources from the Directorates-General for Public Health on which they would depend, but other forms can be adopted. What was stated above for the state level would also apply to the ACs, and NA-AESPs should depend on the Subdirectorates-General or Vice-Consejerías, as the case may be. It would have the responsibility of organising local actors in an operational functional ecosystem according to the peculiarities of each environment.

NT-AESPs are already established scientific, technical or support centres or bodies or networks with a strong track record and high technical-scientific competence in one of the areas falling within the remit of the AESP93. Their “attachment” or collaboration with EPSA is stable through agreements (subject to regular performance reviews), but their mobilisation and the intensity of their contribution will depend on the priorities and strategic lines that are currently occupied by AESP, and will generally be mediated by projects with specific products and activities with specific funding (in line with the multi-annual management contracts the annual action plans set out in section 6.1).

The following (non-exhaustive or prioritised list) could be mentioned among the various state centres that could participate in the Network: Carlos III Health Institute; National Statistical

CJT In this regard, account should be taken of the experience of the Reference Centres of the National System of Health care.

Institute; National Institute for Occupational Safety and Health; Spanish Agency for Medicines and Health Products; Network Biomedical Research Centres (especially Cybersp); Spanish Network of Healthy Cities of WHO-EURO; National Geographical Institute; Sociological Research Centre (CIS); National Institute of Bioinformatics; Spanish Supercomputing Network (RES); CSIC Centres of Excellence (e.g. Doñana Biological Station can collaborate to control the Nile virus outbreak). Among the regional centres that could be involved, we list some examples (note that there are many research institutes in the Autonomous Community. Aragonese Institute of Health Sciences; Andalusian School of Public Health (EASP); Health Observatory of Asturias; Barcelona Public Health Agency (ASPB); Barcelona Institute of Global Health (ISGlobal); Foundation for the Promotion of Health and Biomedical Research in the Valencian Community (Fisabio); related university institutions; etc. The legal nature of the link between the AESP and these centres of excellence should not condition the full participation of these centres in the network.

AESP should proactively seek institutions of interest for its tasks and establish procedures for incorporation in accordance with the mandated tasks. In the above list there may be obvious omissions of bodies which, due to their characteristics, must necessarily be on the aforementioned network. On the other hand, we do not consider it essential in this report to establish which criteria should be used for the inclusion of centres. We do understand that some nodes could take on management activities. We also understand that, because of the very nature of the Agency, which is set up as a network of institutions or centres, we believe that it should be accepted that certain centres of certain characteristics should have a broader scope than their territorial dependence with appropriate administrative and financial coordination.

10.2. Functional areas of the AESP

It is about creating a state network of public health nodes, capillary in terms of territory and well organised in functional operational areas.

The functional organisation of this distributed AESP would follow the following logic:

CROSS-SECTIONAL AREAS:

They concentrate highly specialised human and material resources that work at the

service of the thematic areas and provide the means for them to carry out their objectives. Together with the thematic areas, they address the action dimensions mentioned in Figure 1 (page 26). They represent lines of work force perpendicular to those developed by the thematic areas, but in close interaction with them. Their relationship with these is, in this sense, instrumental. Its own objectives are to keep continuously updated to the state of the art in their respective fields and to continuously improve their ability to serve the thematic areas. Five areas are proposed below as an example to illustrate the purpose of these cross-cutting actions, which could be expanded or clarified (Figure 2).

1. **Epidemiology and data sciences, information systems, and foresight**. Epidemiological methodology; modelling tools, e-(Public)Health, managing mass data structured or not, artificial intelligence applications and natural language exploitation. Information systems, data quality, semantic, technological and legal interoperability, governance. Participation in the national data-lake. Integration of information systems of different administrations (Ecologic Transition and Demographic Challenge, Education, Development, Employment, Economic Affairs and Digital Transformation, etc.) that favor establishing the health strategy in All Policies. Foresight, anticipation of trends and scenarios 5-10 years from public health surveillance with monitoring social and environmental determinants of health, identification of behavioral factors, social, economic and technological expectations that converge to shape new needs or challenges of public health.

2. **Identification and analysis of policies and interventions**. Monitoring of innovations at the global level of efficient interventions in population health gain; sciences of implementation in public health policies in different contexts; monitoring the use of laws and regulations as an instrument for improving the health of the population; innovations in social sciences and policies applied to intersectoral policies that influence health; etc.

3. **Data visualisation and communicative strategy** including mobilisation of knowledge and influence in the public sphere in defence of health; science of listening and monitoring of social discourses relevant to collective health (tools and studies of analysis of social needs and opportunities, living conditions, perception of risks and utility of public health measures, listening to citizen proposals, promotion and maintenance of frameworks of cross-knowledge

between technical and lay knowledge, etc.)94.

4. **Competence training and promotion/retention of human capital** aimed at flexible and versatile modular programmes in terms of the variety of subjects, which allow building competences on organised itineraries, rather than obtaining degrees and degrees.

94 If it is questionable for some that the definition of epidemiology can be limited to "data science", in the case of public health, and public health surveillance, this simplistic reference to the data in its definition is even more questionable. It is therefore necessary to put at an operational level (cross-cutting organisation) the invoked interdisciplinary nature of the AESP.

5. **Innovation in public health**: Financing and evaluation of innovative interventions, aimed at incentivising scalable innovation in public health (funding mechanisms for programmes similar to the CDC).

Figure 2. Outline of the cross-cutting nuclear areas and the services and instruments to be provided to the thematic areas of the AESP.

THEMATIC AREAS95:

They are conceived as the main axes in which AESP can bring strategic value to transform the way public health is done. It does not respond to the customary scheme of disciplines or functions of public health (although these would be considered in daily work), but seeks to highlight the challenges of public health in the 21st century in order to turn them into specific

95The contents included in Thematic Areas are incomplete, some lines are included as an example.

lines of development of the knowledge and action of the AESP. The contents of the areas are not deliberately detailed, as it will depend to a large extent on the capabilities finally available and the administrative design.

1. Public health surveillance and health information.

The components of health surveillance and its causes are established in the General Public Health Act. The Public Health Surveillance Strategy document already envisages that the challenges of surveillance go beyond its tasks and the scope of its contents. In addition to the new Public Health Surveillance Network, this area manages the coordination of health alerts and emergencies at state level and links with European and multilateral counterparts (ECDC, WHO, etc.). The public health information system referred to in Chapter IX of the General Law on Public Health is also managed and coordination with the health information system and other information systems relevant to the health of the population will be coordinated.

2. Health and equity in health in all policies and "one health".

The aim is to incorporate the principles of public health into all the actions of the various sectors of government, as well as the Agency, articulating the interdependence of all these areas in the actions of the AESP, with the aim of changing the biomedical perspective to a view of social determinants of health

3. Public health policies and actions.

This area includes public health strategies which, with variations, respond to the designations **of health promotion, health protection and prevention**. But the idea is that in addition to the coordination functions of these strategies, support should be given to healthy and sustainable policies and programs developed through the State Public Health Strategy, through intersectoral coordination. AESP would actively contribute to stimulating innovation in public health, from scientific and technical support to decisions on the public health service portfolio, to keep it up to date and of high quality.

4. Evaluation of public policies and health policies

As established by law, it would be up to the Agency to evaluate the State Public Health Strategy, but its evaluation tasks would be broader. The idea is that this area promotes the

evaluation of policies and the evaluation of the impact on health and health equity of public policies. Some of these initiatives are already developed in some autonomous communities and through the Agency's network can facilitate and support their implementation in other territories

These areas feed the ultimate function of the AESP and generate a final action vector of its entire workforce (Figure 3): monitor and make recommendations to keep the Public Health Services Portfolio up to date.

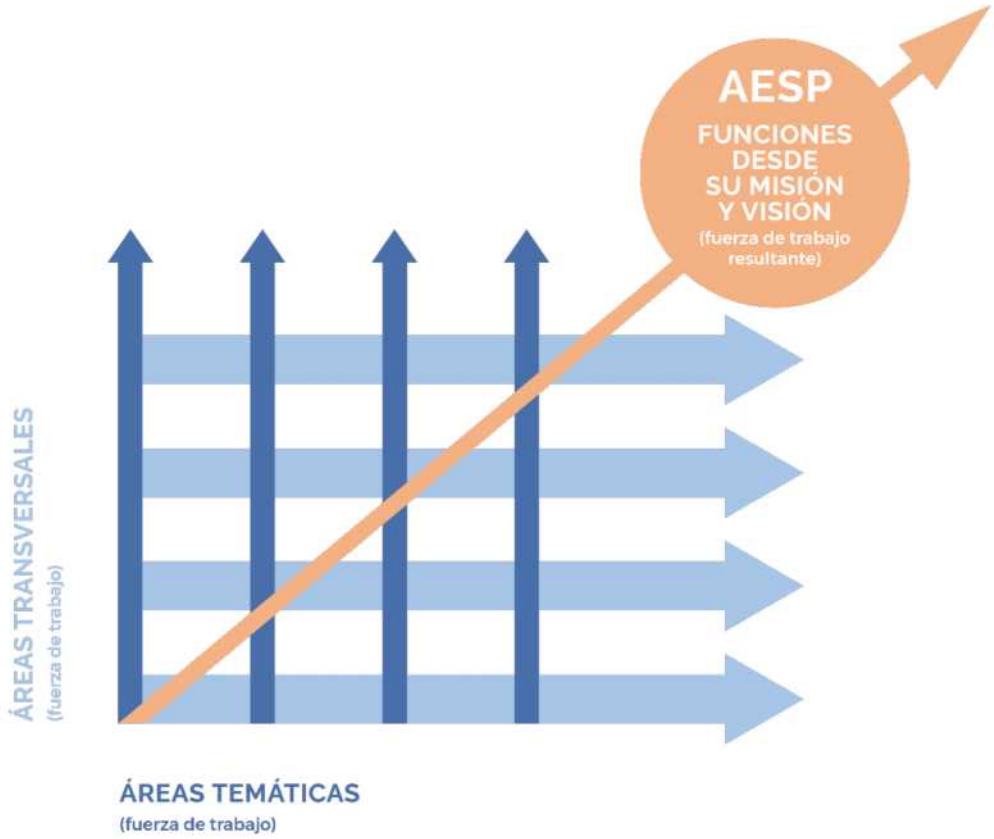

Figure 3. If we symbolise the workforce from different angles and in different directions (different thematic areas, but also with different pillars central to the work of the AESP), we could illustrate a resulting workforce that would illustrate the public health action of the Spanish Public Health Agency.

Regarding the orchestrated network of the AESP it is useful to establish a typology of roles organised in the following matrix to visualise the flows of demand and provision of knowledge. Obviously the roles are not univocal and most nodes will behave both as “suppliers” and “users” of the AESP.

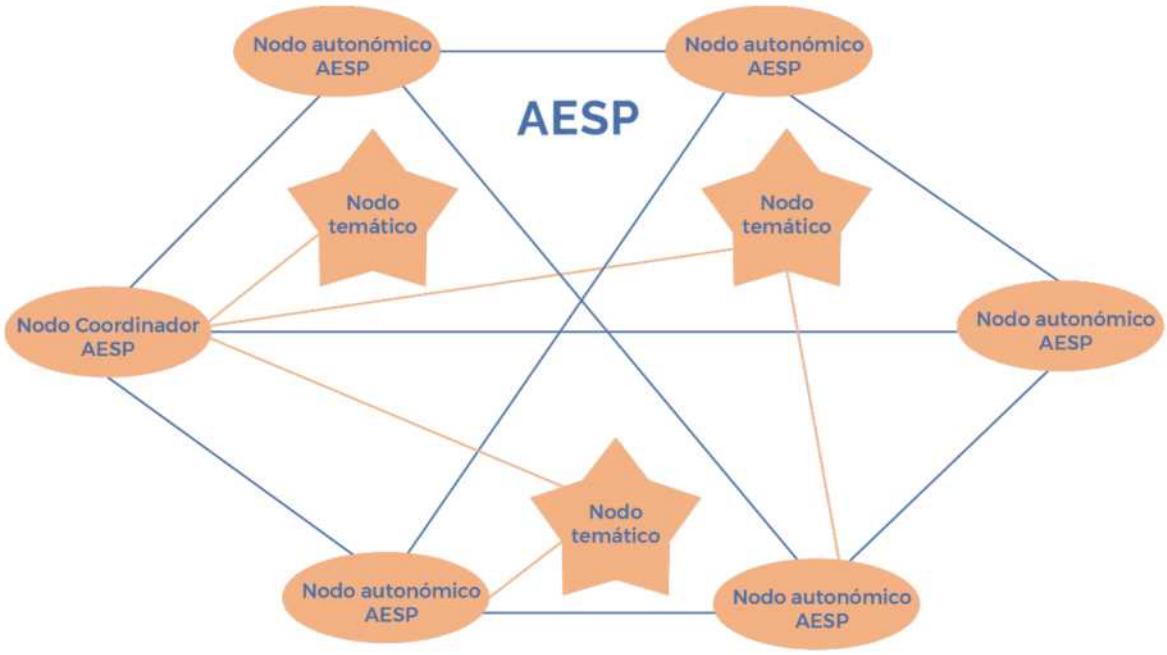

Figure 4. Approach to the design network of the State Agency for Public Health.

11. Functions of the State Agency for Public Health.

The previous sections have already outlined some of the main functions that could be assumed by AESP as well as a possible structure. There is a part of the functions that correspond to the Public Health Services Portfolio developed by the General State Administration that could be coordinated from or supported by the AESP, and another more innovative part that responds to the needs of the provision of scientific and technical guidelines in public health and of anticipation and resolution of problems of the whole of Spanish society. We address both facets below.

11.1. Direct management of essential public health functions at the state level96

The background on the categorisation of public health services in the different administrations in Spain was reviewed and described the essential functions and services of public health and associated activities in the General Administration of the State97. Writing about the future prospects, on the one hand, the General State Administration's important activity in the field of public health, despite the transfers to the ACs, and the existence of a significant institutional fragmentation of their public health services, were noted, both between different structures of the ministry responsible for health and other ministries or autonomous bodies. While accepting that part of this fragmentation is inevitable because of the very intersectoral nature of public health, they pointed out that there could be scale advantages in a more compact organisation, for example by concentrating part of these activities in a single administrative entity.

We consider that there are quite a few functions on which it is easy to agree that, should

96 It should be stressed that the functions considered here are for the benefit of analysis of the options. As mentioned above, the scope of functions of the future State Agency for Public Health in an issue that has various implications and impacts that need to be carefully assessed.

97 Villalbí JR et al. The portfolio of public health services in the National Health System: the contribution of the General State Administration. Rev Esp Public Health 2010;84(3):247-54. Available at: https://scielo.isciii.es/scielo.php?script=sci arttext&pid=S1135-57272010000300003

this option be chosen, they could be carried out in the AESP98. For example, collaborate in strategic state public health planning including health security (preparing for threats and response in health crises), prioritising public health policies and communication strategies. Within this function, it could carry out, as the ECDC does, the assessment of the level of preparedness of the State and the ACs in the face of future health threats and crises. The degree or meaning we give to the term collaboration will depend in each case on the relationship between the AESP and the Ministry of Health. Ideally, AESP should provide the basis of knowledge for decision-making. For example, it may establish various procedures for formulating priorities and describe the rationale behind the prioritisation process, but it is up to the Ministry to formulate State health priorities definitively.

In the same vein, Epi could contribute decisively to the assessment of the health status of the population and its social conditions. To this end, it **must develop state public health surveillance, coordinate with supranational bodies (ECDC, WHO, OECD, etc.), manage the information needed for preparedness and response to health emergencies, coordinate the different health information systems, make periodic health reports (social determinants, situation, threats, risks, assets, etc.), assess the health and equity impacts of interventions by public administrations and other actors, the article by Villalbí et al., referred to above, provides** a fairly exhaustive account of all these functions and identifies the structures of the General State Administration where they are carried out, both in different units of the Ministry of Health, at the Carlos III Institute of Health or in other departments. Depending on the scope to be granted to the AESP, more or less of these units will be integrated, while others can be linked through agreements to form part of the Network of Collaborating Centres.

The AESP could also **manage the transversality and horizontality of health policies (health** and equity in health in all state policies) **and verticality (to** serve as an enriching nexus

98 It will be necessary to resolve as soon as possible which executive or direct functions should be carried out by AESP and how it should do so. It must be considered that, in order to coordinate entities with executive functions, such executive functions must also be recognised. If the AESP is limited to an advisory body in general terms, but assumes the execution of the State Public Health Surveillance, it must coordinate the corresponding Technical Paper of the CISNS. If it assumes more powers, it could coordinate the Public Health Committee. In order to manage transversality and realise the principle of Health in All Policies, it could be established by regulation and by creating coordination bodies to do so, or it should have a high executive capacity, given the difficulties of articulating compartments of political action under different departments. It is not a simple matter, which should not be an obstacle to trying.

between the level of the European Union and the administrations of the autonomous and local communities). It also involves identifying and collaborating with the social sectors strategic for the health gain of the population. After all, and in accordance with the General Law on Public Health, it should be entrusted with the evaluation of the State Public Health Strategy, which aims to ensure that health and equity in health are considered in all public policies, facilitating intersectoral action in this area. It also seems advisable that the Agency support the design of the Strategy and provide methodological support to the working groups and coordinating bodies to be established.

Other nuclear functions of the AESP may be, as mentioned in the institutional design section, the coordination of actions for health promotion, prevention and health protection (food, environmental and occupational safety); coordination of the Public Health Commission and of the presentations and public health working groups under the Interterritorial Council of the National Health System; coordination of the minimum public health service portfolio; evaluation of public health policies and programmes; and support for the development of basic legislation and the development and transposition of European Union legislation99.

There are currently a number of services provided by the Directorate-General for Public Health — such as the health control of chemicals or the health surveillance and control of health risks arising from international trafficking in persons and goods — which, because of their unique characteristics, can be considered as to their most convenient location. We understand that it would not be appropriate to separate services from a Subdirectorate-General such as Environmental Health and External Health, which is fundamental in preparedness and response to health crises. It would therefore seem appropriate for them to be located in the AESPs. However, some of the actions of the Ministry of Health are coordinated by the Ministry of Health functionally but organically under the Ministry of Territorial Policy and the Civil Service, through the Government Delegations. It is not an obstacle to the functional dependence of health personnel in ports and airports on the AESP, but this should be considered in the creation rule.

99For a description of public health actions within the competence of the State, reference may be made to the General Law on Public Health, which is detailed in Title II thereof. Available at: https://www.boe.es/buscar/pdf/2011/BOE- A-2011-15623-consolidated.pdf

There are essential services that belong to other ministries, such as the public health laboratory located at the Carlos III Institute of Health, which would be desirable for it to have the same dependency as the surveillance services, i.e. in the AESP.

Some other services such as the edition of the Spanish Journal of Public Health and other publications, reports and technical studies or the edition of the Weekly Epidemiological Bulletin and the Microbiological Bulletin (the latter carried out at the Carlos III Institute of Health) seem to be actions that would fit perfectly within the AESP. It is also recommended that the AESP promote public health training and research policies, this could be facilitated if the National Health School were to join the Agency and in addition the ISCIII research centres were to be set up as nodes of the network described above. The CIBER of Epidemiology and Public Health is currently the largest public health research infrastructure in Spain, coordinating and financing (EUR 2/3 million per year) some 50 consolidated research groups, located interchangeably in universities and research centres, as well as in public administrations, for example, the Navarro Institute of Public Health or the Barcelona Public Health Agency. Thus, there would be no need to change the dependence of CIBERESP on the Carlos III Institute of Health, but the AESP can guide public health research priorities, being able to establish complementary funding to promote these priorities.

Similarly, the AESP can establish a core of professional competences that can guide the training activity carried out in the Master's programmes in public health taught in Spain and the Diploma in Health/Health courses.

Public100, as suggested in a later section. It could also have an influence on the competency training of degrees and other professional and higher qualifications relevant to public health.

11.2. Advisory and support functions

An essential part of the activities of AESP should be to advise on the whole spectrum of public health issues, as well as to support the initiatives, actions or changes required to improve health in the population. To this end, within the framework of its competences, AESP needs to

100 Mireia Llimós, Carmen Vives-Cases, M. Carmen Davó-Blanes, Pilar Carrasco-Garrido, Olatz Garin, Elena Ronda, Fernando G. Benavides. Characteristics and contents of master's degree programs in public health in Spain. GAC Sanit. 2020; S0213-9111(20)30082-0.

have sufficient capacity, skills and recognition to be able to influence all those actors involved in actions or omissions with an impact on public health, be they policies, plans, strategies, regulations, programmes, recommendations, interventions, resource management and structures, research priorities or training needs. For example, the recipients of the AESP's advisory and support functions will undoubtedly include the health administration, but also others (such as the environment, work, education, food, consumption, equality or science), both at state, regional and local level. And similarly, the voice of the AESP should be a reference for governments and parliaments, for productive and service sectors (such as food or tourism), for social and citizen entities, for companies and workers, for professionals and researchers from the wide variety of disciplines related to public health, as well as for the general public.

In order to cater for this wide range of relationships, AESP must be able to develop innovative and effective tools and strategies. As mentioned above, the ability of AESP to gather public health intelligence across the country and put it at the service of all its partners will be key. It also coordinates with other national and international networks and agencies. Thus, for example, in the face of a specific and localised public health problem (such as a toxic escape as a result of an industrial accident or an outbreak of food toxiinfection), decision makers and the affected population will be given the best advice to address the problem by the AESP, which will gather the best evidence and information from the best specialists on the problem and transfer this information in the appropriate way for decision-making and communication with the population. In situations such as those of these examples (as in most of the care that requires public health care), the information needed for the action will not only be of a health nature, so the capacity for cross-sectoral work that should characterise EPSA will be equally essential.

It can therefore be understood the **advisory** function from the AESP as the ability to provide useful information for decision-making and inducing positive changes for health surveillance, health promotion, prevention and health protection in the community and in the population.

In this respect, such information can be generated and re-provided, taking into account specific demands of the interlocutors, as may be the case in the previous example; but also in relation to more substantive actions, such as the development of a regulation, an autonomous

health plan, the implementation of health promotion programs in companies or schools or the identification and mobilisation of health assets at the local level. The advice can also be proactive, as a permanent activity of the AESP, seeking changes and improvements in actions with an impact on the health of the population that can be carried out by the different actors. In this case, the AESP would also be acting as a lawyer, seeking alliance or reaction from relevant stakeholders in order to achieve the desirable objectives for public health.

The advice provided by AESP should be based on the best available scientific evidence on the situation or topic to be addressed, always appropriate to the circumstances of its use, including on the best availability of data and information on it. At the same time, it should always be accompanied by clear indications for the necessary actions of change in relation to the subject matter, also based on the information and evidence available and considering the environment for the implementation of these actions. Health messages accompanied by economic and impact assessments, especially in relation to 'non-action', often have a greater impact on partners. And to present the information in the most accessible, attractive and useful way for each partner, using innovative communication strategies, and to disseminate this information also through the channels that best guarantee its application, developing or also leveraging innovative communication strategies. AESP should also have in place the strategies and structures, permanent or appropriate for each action, that allow communication to be bidirectional, incorporating the experiences and knowledge of its partners throughout the process. As part of the good practice and the necessary accountability that should characterise AESP, all advisory actions should be recorded and subjected to systematic process and outcome evaluation processes. With this in mind, the AESP will accumulate knowledge and experience in order to continuously improve its work in its environment.

A second category of functions related to the principles and objectives of the **AESP** will be the supporting functions, understood as the capacity to facilitate actions for health surveillance, health promotion, prevention and health protection in the community that are intended or already being implemented. Such actions may be policies, regulations, regulations, projects, programmes, campaigns or community interventions of different kinds, whether by public, local or regional institutions, or by private organisations, whether companies or non-

governmental organisations.

A third category of functions related to the principles and objectives of AESP will be functions **to support public health decision-making** by identifying participatory, participatory, structured, transparent, documented and evaluated deliberative processes. These processes should be based on international best practices and on the basis of the incorporation of all stakeholders (hence participatory and involved). It should also ensure that the values underpinning it are included in its value analysis proposals and that this process is iterative, including the discovery of the characteristics of the implementation context and the adaptation as far as possible of the best available evidence and data that responds to the problem of demand. It is not only about evaluating the actions, but also about creating participatory and documented decision-making culture that supports public accountability processes.

In order to carry out these support functions, AESP may develop own resources, or leverage and transfer resources available in its collaborative network, including evidence-based tools and action guides adapted to the contexts of its implementation. In order to carry out these support functions, it will also be necessary to connect the different actors in their network to meet the specific needs, to promote the necessary training and training of the actors involved, to provide information that may be relevant and to contribute to the development of enabling regulations and regulations. As in the case of advice, all support actions should include recording, monitoring and impact assessment.

As stated at the beginning of this section, through its advisory and support actions, the AESP finally seeks to exert its influence, understood as the ability to promote or change the orientation of policies, regulations, regulations, projects, programmes, campaigns or Community interventions with an impact on public health. To do this, as has also been mentioned, it is necessary that the AESP has the necessary prestige and institutional, media and population recognition, in addition to giving itself certain administrative powers. The influence capacity of AESP should also be regularly assessed. As with the rest of its activity, AESP should be regularly accountable for its advisory and support functions, including the assessment of its impact in terms of health, economic and social processes and outcomes.

12. The AESP and the data lake

The creation of the health data lake foreseen in investment C18.I6 of component 18 of the Recovery, Transformation and Resilience Plan is a unique opportunity to lay the foundations for an updated system of continuous information generation that supports sound decision-making, research, public health innovation, evaluation and continuous monitoring of population health and the factors that determine it. In this regard**, the role of AESP as a user of the data lake and its involvement in the design and governance of this secondary health data infrastructure are critical elements for its functioning.**

Public health information needs of the 21st century include timely information with **up-to-date data** at the time the question is asked; **relevant** data, covering the **full spectrum** of the issue analysed and the entire population; **granulars** allowing degrees of flexibility to modulate analyses focusing on specific territorial environments and population types; and to keep track **of changes over time** (forwards and backwards). The response to these needs is clearly a resource such as the data lake, which allows overcoming the limitations of "ad hoc" data collection, providing a single entry point to access all relevant data sources, continuously updated at source, and already prepared for cross-examination.

As a platform and data infrastructure for secondary use, the data lake will have to be fed from all the101 primary information systems in place at all times, allowing **by design the semantic and legal interoperability of data from different sources** under the data protection regulation. Thus, on the basis of a common data model — aggregating the peculiarities of the primary information systems from which they are extracted — it is possible to trace on an individual level all sources of information that feed the lake at all times, maintaining anonymity.

The technology already available both for **obtaining data in real time from primary**

101 We understand "primary information systems" as all those developed at the local, regional or state level related to health and its determinants, whatever their primary function: database of users of the system (BDU), epidemiological surveillance, activity at any level of care, prescription and billing, registration of diseases including work, EDO, integrated or specific electronic clinical history of any of the levels of care, vaccination, laboratories (biochemistry, microbiology, pathological anatomy, genomics), imaging, geolocalised risk records/environmental exposure to specific agents or circumstances, geolocalised records of living conditions, income, educational level and employment, community assets, zoonoses and vector records, cause mortality records, etc.

sources and for their **joint exploitation** in this environment of "data lake" **with tools of "big data" and Artificial Intelligence** that operate in a federated architecture, makes possible the qualitative leap in the generation of knowledge in public health, the assessment of the impact of health policies and programs, and the intelligent management of the determinants of the population's health.

Having this asset is also a **prerequisite for the vertical integration of AESP with international organisations**, which are already preparing the conditions for the use and governance of the future *European Health Data Space 2 EHDS2102,103)* with ECDC and other international health agencies strongly involved in its development and piloting.

This vision of interoperability and reuse for knowledge generation should also be incorporated into the design and implementation of the new epidemiological information systems (referred to in investment 3 component 18 "2.- New Information System of the Public Health Surveillance Network"), to be coordinated by the AESP to support their appropriate regional and local deployment. This would facilitate its integration as primary sources feeding the lake with health data.

In the institutional organisation of the AESP proposed in this report, this responsibility would **fall under thematic area 1 "Public health surveillance and health information"** (page 65) with the support of transversal area 1 "Epidemiology and data sciences, information systems, and foresight" (pages 62-62).

[102] Source: https://ec.europa.eu/health/ehealth/dataspace is

[103] Source: https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12663-Digital-health-data-and-services-the-European-health-data-space in

In this regard, it should be the task of AESP to provide services and support to information systems (existing or newly created) at different administrative levels to ensure the elements of quality, interoperability (common data model), accessibility and interrogability that allow re-use on the data lake platform.

The link to the data lake and the development of reliable methodology and valid models and tools for its exploitation for public health would fall in **the EASP cross-section 1**

“Epidemiology and data sciences, information systems, and foresight” (p. 62-63).

Finally, it should also be the essential work of the AESP, within the governance of the health lake data, **to ensure that the platform integrates or is in a position to interoperate with all the primary sources of non-health information** necessary to support the needs for analysis of health determinants and the “one health” and “health and equity” approach in all its own policies.

13. The professionals of the AESP

The main resource of the AESP is its professionals. Professionals who must not only be properly trained from the outset, but throughout their entire career in the AESP. This means defining the basic professional competences for their entry, as well as homogeneous professional categories where they fit professional profiles of varied disciplines. The categories must attend the training (degree, diploma, bachelor's degree, master's degree, doctorate), experience and functions, along with those that must be achieved throughout their professional career at the institution.

Similarly, it will be important to develop the type of professional career needed to progress in these professional categories, thus enabling the full intellectual, academic and labor development of health workers. To this end, continuing training will be essential, which will make it possible to strengthen competences already acquired in the degrees and master's degrees, but also to acquire new ones, characteristics of the daily exercise of public health.

With regard to professional competences, the last unifying effort is to be found in a list of professional competences defined by experts convened by the ESS and SESPAS in meetings during 2001 and 2002 and articulated around three major public health functions: assessing the health needs of the population, which means understanding and measuring the determinants, health and well-being problems of human populations in their social, political and ecological contexts; B) develop health policies, which means contributing to the construction of social responses to maintain, protect and promote health, and c) ensure the delivery of health services, which means providing guarantees of efficiency, sustainability, subsidiarity, safety, equity and parity in health policies, programmes and services. These professional competences have served to define the current programme of the specialty of Preventive Medicine and Public Health (MPySP), approved in 2005. They have also been useful in evaluating and proposing the contents of public health in different official degrees taught at Spanish universities, such as medicine, pharmacy, nursing, human and dietary nutrition, optics and optometry, veterinary, social work, labor sciences and human resources, teaching and environmental sciences104.

104 A process promoted by the Forum of University Professors of Public Health since 2009.

After almost 20 years, this catalogue of professional competences in public health needs to be revised to improve it and adapt it to the changes that have occurred in public health during the 21st century. A review to be promoted by the AESP, as the state reference institution in the recruitment of public health professionals, considering that effective public health for our century is necessarily multidisciplinary. The definition of professional competences should determine the content of vocational training programmes. In Spain, this training is currently being developed mainly through the Master's in Public Health programmes, which are offered at 11 Spanish universities. Such professional competences should be a preferential merit for the recruitment of future public health professionals by the AESP. Obviously, the postgraduate training offer is very broad and covers areas or areas with undeniable relation to public health (such as Food Safety or Environmental Health). However, we defend a public health professional with a holistic view of discipline, flexible and multi-purpose, which can be guaranteed in more generalist master's degree programmes or public health diplomas (which are included in specialised health training in our field, for example).

For its part, the definition of the different careers for each professional category should take account of these different activity profiles, depending on the area of specialisation and level of responsibility. **The development of continuing training programmes will require collaboration between AESP and universities**, especially those with a master's degree in public health.

Professionals in political science, geography, philosophy, anthropology, sociology, social work, social education, socio-cultural mediation, communication, economics, pedagogy, urbanism, health engineering or the environment, among others, must be a central part of the health ecosystem, from which they have historically been displaced by the health professions (which, however, does not remove the need for them to be also present).
Thus, the training to be established should start and focus on this plurality, establishing the necessary mechanisms for a specialisation in regulated public health.

ANNEX I

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ANNEX II

Legal forms provided for in Law 40/2015 of 1 October 2015 on the legal regime of the public sector, for entities that make up the institutional public sector

public bodies linked or subordinate to the General Administration of the State (those created for the performance of administrative activities, whether for the promotion, provision or management of public services or the production of goods of public interest for consideration; activities with economic content reserved for public administrations; as well as the supervision or regulation of economic sectors, the characteristics of which justify their organisation under functional decentralisation or independence (art. 88). The types of public bodies are as follows:

- **Autonomous bodies** (they are bodies governed by public law, with their own legal personality, treasury and assets and management autonomy, which carry out activities specific to the public administration: activities of promotion, provision, management of public services or the production of goods of public interest, eligible for consideration, as separate and dependent instrumental organisations. They are under the responsibility of the General State Administration, which is responsible for their strategic direction, the evaluation of the results of their activities and the monitoring of effectiveness (art. 98). Its creation is merely instrumental in the provision of public services, it lacks independence and its management autonomy is limited105.

- **Public business** entities (they are bodies governed by public law, with their own legal personality, own assets and autonomy in their management, which are financed by market revenues, and which together with the exercise of administrative powers carry out activities of provision, management of services or the production of goods of public interest, eligible for consideration — Article 103).

105 Most of the regional health services are autonomous bodies.

— **State agencies** (they are entities governed by public law, with public legal personality, own assets and autonomy in their management, empowered to exercise administrative powers, which are created by the Government to comply with the programmes corresponding to the public policies developed by the General State Administration within the scope of its competences. They are equipped with the mechanisms of functional autonomy, responsibility for the management and control of results established in Law 40/2015 (art. 108 bis). The agencies are newly born figures (created in 2006) 106 with the aim of increasing the autonomy and flexibility of the autonomous bodies that had been limited by the LOFAGE, and also to enable a more efficient management model, oriented to the achievement of results and subject to professional direction and evaluation of results (Sánchez Morón, 2018: 207). Its rebirth by the Budget Act for 2021 pursues the same objectives.

independent administrative authorities (they are entities governed by public law which, linked to the General State Administration and with their own legal personality, have external regulatory or supervisory functions over specific economic sectors or activities, because they require their performance of functional independence or special autonomy from the General State Administration (art. 109). Really, they don't seem to be instrumental entities of the state. His birth is also recent and was determined by the necessary application of EU law. However, some of the existing ones have the name of the Agency (Tax Agency or Spanish Data Protection Agency).

c) **State-owned commercial** companies (these are commercial enterprises subject to private law over which the State exercises control — art. 111).

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106 Notes Caries Remió (Cathedrator of Political Science and Administration at the UPF, who participated in the drafting of the 2006 Law) that the agency system is based on two elements: the agency (which must be autonomous, with some independence from political power, professionalised and of a purely executive nature) and the principal (in this case the ministries that have to plan, decide, monitor and evaluate what the agencies perform through a programme contract, or as announced by this law, a management contract). The substantive problem of the 2006 Act (for which agencies were abolished in 2015) is that it was concerned about the first element (autonomy and flexibility of the agencies) and was totally concerned about empowering the principal in its planning, decision-making and controlling role. The result was that, from the outset, it was found that the first agencies in place were not merely implementing but also policy decision-makers and were beyond the control of ministries.

The raison d'être of its rebirth in 2021 is found in the Explanatory Memorandum to Royal Decree-Law 36/2020, which states that state agencies are "...an organisational formula with a higher level of autonomy and flexibility in management, with effective control mechanisms, and which promotes a culture of accountability for results. A model that has an organisational and functional approach and an underlying management philosophy aimed at achieving objectives that have previously been set in a concrete and evaluable way"

d)) **Consortia** (they are entities governed by public law, with their own and distinct legal personality, created by several public administrations or entities forming part of the institutional public sector, either with each other or with the participation of private entities, for the development of activities of common interest to all of them within the scope of their competences. They carry out activities for the promotion, provision or common management of public services and any other activities provided for in the law (art. 118).

public Foundations (activities of State public sector foundations are activities carried out, on a non-profit basis, for the purposes of the general interest, irrespective of whether the service is provided free of charge or in consideration (art. 128).

ANNEX III

1. Typology of staff by source.

The ESPA may opt for the personnel policy that is most in line with its objectives. For example, all staff could be re-created through employment contracts for positions to be filled through selection procedures that will ensure the principles of equality, merit and capacity. This could facilitate the ability of AESP to attract and retain talent.

Another alternative would be to combine staff from different backgrounds with the difficulty of contractual and wage heterogeneity. The forms could be:

A. Staff who are occupying posts in services who are integrated into the AESP at the time of their establishment.

B. Personnel who are incorporated into the EPSA from any public administration in accordance with the corresponding procedures for the provision of posts provided for by law.

These staff maintain the status of civil, statutory or working staff of origin, in accordance with the applicable legislation. The mobility of officials seconded to the ESPA may be subject to the condition of prior authorisation under the conditions and time limits laid down in their statutes and in accordance with civil service regulations.

C. The staff selected by the AESP, by means of selective tests called for for that purpose in accordance with the terms laid down in the Law.

The selection of staff by the AESP itself shall be carried out through a public call and in accordance with the principles of equality, merit and capacity, as well as access to public employment for persons with disabilities. To this end, and during the period provided for in the management contract, the AESP shall determine its staffing needs to be covered by selective testing. The staffing needs to be met shall be determined subject to the replenishment rate, if any, laid down in the Law on the General Budget of the

Status for the relevant financial year. The staffing needs forecast is incorporated into the annual employment offer of the relevant state agency, which is integrated into the state public

employment offer, in accordance with the provisions of the Annual Law on the General State Budget.

The AESP draws up, convenes and, on a proposal from specialised staff selection bodies, decides on the relevant calls for the filling of posts for civil servants, in accordance with the general principles and provisioning procedures laid down in the civil service rules.

D. The management staff.

The senior management positions of the AESP are not reserved for officials and may be filled by employment staff through senior management contracts. It also provides, but does not require, that the process of providing management may be carried out in accordance with the prescribed formula applied in Portugal: a specialised staff selection body making a reasoned proposal to the Governing Council submitting three candidates for each post to be filled

2. Remuneration system

The remuneration concepts for civil servants and statutory staff of the AESP are those laid down in the public service regulations of the General State Administration and their amounts shall be determined in accordance with the provisions of the General State Budget Laws.

The remuneration conditions of employees are those laid down in the applicable collective agreement and in the respective employment contract.

The amount of the wage bill intended for the productivity supplement, or equivalent concept of working staff, is in any event linked to the degree of compliance with the objectives set out in the management contract.