

Coordinating Competent Bodies: structures, interactions and terms of reference

<p>Summary:</p>	<p>In order to efficiently work with the EU/EEA Member States the ECDC Management Board has adopted a “One Coordinating Competent Body” approach (MB20) and Terms of Reference for the Competent Bodies (MB21). For each EU/EEA Member State, one Coordinating Competent Body and one National Coordinator, acting as the main entry point for interactions between the country and ECDC, have been identified.</p> <p>This document provides key information on the structures, terms of reference and interactions necessary for the implementation of the one Coordinating Competent Body approach. The document will be updated annually and discussed and agreed with the Coordinating Competent Bodies.</p>
<p>Action:</p>	<p>For discussion and agreement.</p>
<p>Background:</p>	<p>Document AF28/7 Rev.1 – One national Coordinating Competent Body: Structures and terms of reference Document MB 23/16 – One Competent Body for ECDC: Structures and terms of reference Document MB21/10 - Terms of Reference for the Competent Bodies Document MB20/13 Rev.1 - ECDC Work with EU Member States Document MB19/12 - ECDC Work with EU Member States Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004</p>

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Background

1. Based on the ECDC Founding Regulation, the main focus of ECDC's collaboration with the EU/EEA Member States (hereafter referred to as Member States) is through Competent Bodies (CBs), their respective Director's office and their nominated experts. The main mode for ECDC to interact on scientific and technical work with the Member States is within networks and working groups with members being nominated by their respective CB.
2. Over the last years, several initiatives and consultations have pointed out the increasing complexity that developed in the first-years coordination between Member States and ECDC as the Agency grew and its relations with countries intensified.
3. In September 2010, in response to this need for a more streamlined cooperation with the Member States, a Working Group was tasked by the ECDC Director to "develop a clear approach for efficient customer relationships with Member States via Competent Bodies".
4. The conclusions of this Working Group led to the designation of one coordinating competent body (CCB) per Member State, with one National Coordinator, to serve as the point of contact for all communication between ECDC and the Member State on technical and scientific issues. This proposal was endorsed by the ECDC Management Board in November 2010, and followed by the adoption of Terms of Reference (ToRs) for the CCBs in March 2011.
5. In order to reflect this change in all levels of ECDC interactions with countries, additional initiatives were proposed and approved by the Management Board:
 - a. To move from the current structure of networks based on ECDC internal areas of work to an approach based on groups of diseases, while preserving a few networks for generic or transversal public health functions.
 - b. To define a clear chain of nominations for experts participating in the networks that can always be traced back to the CCBs (and could eventually be managed online by them).
6. In 2011, an ECDC-led Working Group with representatives of eight CCBs was set up to further guide the implementation of the new system. The Working Group developed a draft implementation document, detailing the structures, terms of reference and interactions for the ECDC work with the CCBs and also emphasising the need for simplicity and a step-wise approach in the initial implementation of the system, not to burden the Member States.
7. The draft implementation document was discussed in depth at the ECDC Joint Strategy Meeting in September 2012, and updated according to the input from the Directors and National Coordinators present.

The Coordinating Competent Body structure

Disease work and public health functions

8. The CCB shall be able to address requests for interactions regarding specific communicable disease issues as well as public health functions, therefore resulting in a matrix structure with two dimensions.
9. The disease groups are as follows (grouped by the ECDC Disease Programme):
 - a. Antimicrobial resistance (ARHAI Programme)
 - b. Antimicrobial consumption (ARHAI Programme)
 - c. Healthcare-associated infections (ARHAI Programme)
 - d. Emerging and vector-borne diseases (EVD Programme)
 - e. Influenza and other respiratory diseases (FLU Programme)
 - f. Food- and waterborne diseases and Zoonoses¹ (FWD Programme)
 - g. Legionellosis (FWD Programme)
 - h. Transmissible spongiform encephalopathy (TSE) (FWD Programme)
 - i. HIV/AIDS, STI and Hepatitis B/C (HASH Programme)
 - j. Tuberculosis (TB Programme)
 - k. Vaccine preventable diseases (VPD Programme)
10. The grouping of public health functions reflects the work of ECDC and its interactions with the Member States, as follows:
 - a. Communication
 - b. Microbiology
 - c. Preparedness and Response
 - d. Public Health Training
 - e. Scientific Advice Coordination
 - f. Surveillance
 - g. Threat Detection, EWRS and IHR.

National Coordinator, National Focal Points, and Operational Contact Points

11. The overall coordination of the interactions between in the Member State and ECDC is done by the **National Coordinator (NC)** of the national CCB.
12. ECDC will interact closely with the NC on all issues related to the full implementation of the CCB structure. A **NC Coordination Committee**, chaired by ECDC, will advise on and overview the implementation process. The former CCB Working Group will be dissolved.
13. The NC Coordination Committee is selected by the NCs for a period of three years and will work according to specific terms of reference.
14. The NC may identify individuals in the CBs or from other institutions of the Member States as delegated representatives for disease groups, called **Disease Group National Focal Points**

¹ With wildlife zoonoses covered at ECDC mostly under the EVD Programme

- (NFPs), and public health functions, called **Public Health Functions NFPs**. The Public health Functions NFPs are meant to cover generic issues, cutting across all the disease areas.
15. The NFPs will play a strategic and coordinating role within their respective area in close collaboration with the NC.
 16. The NC, supported and advised by the NFPs, may further identify **Operational Contact Points (OCPs)** with special expertise.
 17. The OCPs should meet cooperation needs of a permanent nature, and the number of OCPs should be kept to the minimum level necessary for an efficient cooperation between ECDC and the Member State.
 18. Within each disease group there will be specific OCPs for Epidemiology, Microbiology, TESSy Interactions and Response, as appropriate. In the disease groups covering many diseases, there may be a need for several Microbiology and Epidemiology OCPs. Other types of OCPs may be nominated (e.g. Training, Prevention, Monitoring and Evaluation, Entomology), if deemed necessary for an efficient work (see "Nominations" below). It is envisaged that many Member States will appoint the same person for several of the OCPs.
 19. For the public health functions, there may not need to be specific OCPs or the number of OCPs in each area is anticipated to be less than for the disease groups. Some OCPs already identified, include OCPs for EPIET and EUPHEM, respectively, under the National Training Focal Point within the training domain, and OCPs for Media and Public Health Campaigns, respectively, within the communication domain.
 20. If there is a need to bring in additional Member State expertise on issues that are not permanent in nature, the NC could be asked to nominate a Member State expert for a specific meeting or a time-limited *ad hoc* expert group. This expert would in that capacity not be an OCP.
 21. The roles and responsibilities of the NC, the NFPs and the OCPs, as well as of ECDC, will be detailed in specific terms of reference (ToR).
 22. ECDC will identify a single contact point and the unit/section/group in the Centre responsible for working with each NFP/OCP.
 23. The roles and functions described above (NC, NFP, OCP, and Member State experts) refer to the role of the CCBs representing their Member States for technical and scientific interactions with ECDC.

However, experts from the Member States could be involved in the work of ECDC under two additional mechanisms.

 - a. For specific scientific tasks, such as participation in the *ad hoc* Scientific Panels mentioned in the ECDC Regulation, ECDC will select individual experts according to their scientific knowledge, not according to country representation. Whilst the national CCBs may be asked to suggest such experts, those will – if selected – serve in their individual capacity, not as Member State representatives.²
 - b. Specific activities in the ECDC work programme may be outsourced through public procurement (calls for tender or calls for proposal) to public health institutions (or consortia of such institutions) in the Member States, and carried out by experts in these institutions. The ECDC relationship with these experts will be entirely based on the signed contracts, and they will not be regarded as Member State representatives.
 24. The National Coordinator should be informed whenever an expert from a CB is working with ECDC in any of the above capacities.

² Minutes of the Twelfth Meeting of ECDC Management Board, Stockholm, 18–19 March 2008, paragraph 40.

Nominations

25. Within the Member States, the tasks and responsibilities are cascading down from the NC to the NFPs and further to the OCPs.
26. The nominations of NFPs and OCPs are the responsibility of the NC, and the NC will always have the possibility to change the nominations, for example if the delegation of tasks is not working out in a satisfactory way or the responsibilities of a nominated individual changes. It is anticipated that in many smaller Member States several NFP and/or OCP functions may be delegated to the same person.
27. It is not necessary for all roles of NFPs and OCPs to be nominated. Neither does the NC need to appoint different people for all the roles.
28. If the lower levels have not been appointed (or are unavailable), the responsibility to ensure that the tasks are carried out rest with the upper level (NC for NFP responsibilities and NFP for OCP responsibilities). There is always a possibility for the NC to appoint an alternate for an NFP or OCP.
29. When a need arises to have a new type of OCP in a network, the Network Coordination Committee makes a proposal, including draft ToR and envisaged interactions. The proposal will be discussed in the NC Coordination Committee, and if approved, ECDC will ask the NCs to nominate the requested OCPs. The ToRs should as much as possible be generic to fit more than one network.
30. Once a person has been nominated, additional personal information needed from that person (e.g. declaration of interest, signature of confidentiality forms) will be addressed directly by ECDC to the nominated person and not channelled via the NC.

ECDC Disease and Public Health Networks

31. The Disease Group NFPs and OCPs constitute the **ECDC Disease Networks**, and the Public Health Functions NFPs and OCPs constitute the **ECDC Public Health Networks**.
32. The ECDC Networks will progressively cover all aspects of ECDC work within their respective area. The disease networks will thus have several functions beyond surveillance, with OCPs for Epidemiology, Microbiology, TESSy Interactions and Response, as appropriate.
33. To reflect the matrix structure, the Microbiology Network will consist of the NFPs for Microbiology and the OCPs for Microbiology in all the Disease Networks, likewise the Surveillance Network will consist of the NFPs for surveillance and the OCPs for epidemiology microbiology (when appropriate, e.g. for laboratory based surveillance) and TESSy interactions in all the disease networks.
34. For each network there will be a smaller (maximum 10 members) **Network Coordination Committee** (currently called Coordination Group) from among the network members (NFPs and/or OCPs), mirroring both the broad scope of expertise in the network and its geographic diversity.
35. The Network Coordination Committee is elected by its member for a period of three years.
36. The Network Coordination Committee will appoint a chair among its members and work closely with Centre in between the full network meetings, advice on urgent matters and contribute to the agenda of the regular network meetings.
37. Depending on the nature of work (and for the Disease Networks the number of diseases covered), the architecture of the networks will differ in its details between the networks.
38. The network members may organise themselves in **permanent or ad hoc working groups, task forces** and **sub-networks** as best fitting the needs within the network.
39. The frequency of meetings with the full networks and working groups, task forces and sub-networks within the networks will be decided by ECDC based on needs and economic

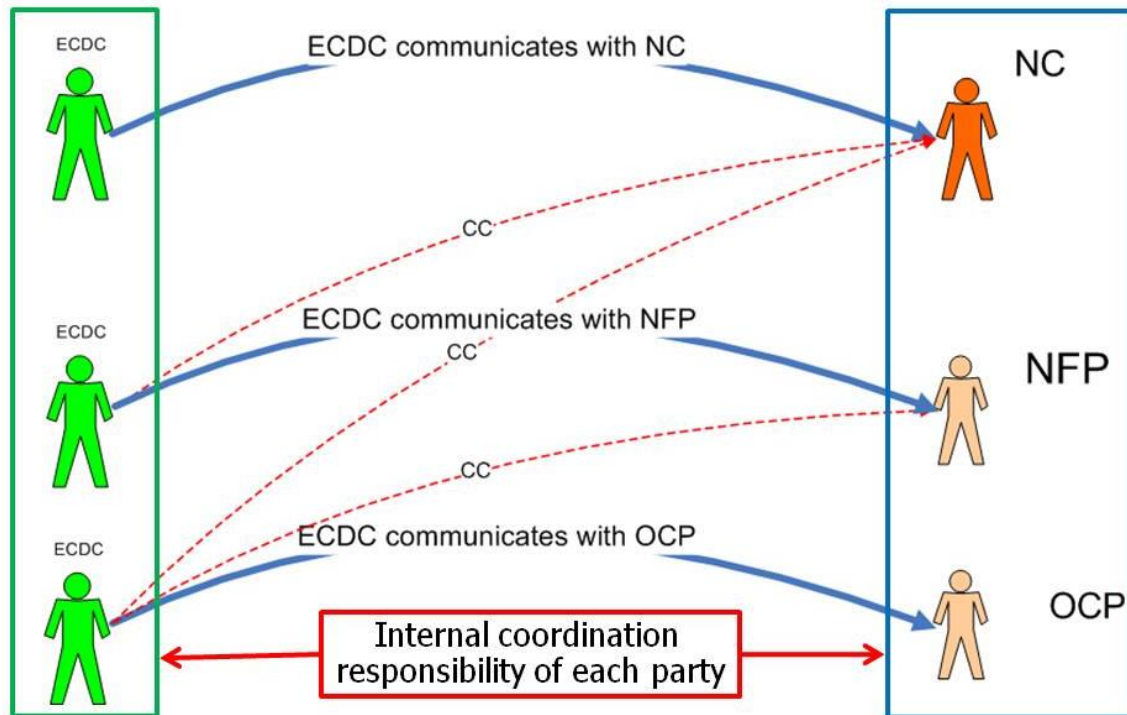
constraints. ECDC and the Network Coordination Committee could decide to invite observers to these meetings as best meeting the network needs.

Coordination within the Member States

40. To ensure a smooth coordination of work, the NFPs and OCPs within a Member State will need to liaise closely with the NC and other relevant NFPs and OCPs, but the exact nature of this coordination is left to each country to decide.

Interactions between ECDC and the Coordinating Competent Bodies

41. Interactions between ECDC and the CCBs will principally be at three levels, corresponding to the nomination levels described above:
 - a. **High-level relational and coordination interactions** between ECDC and the CCBs will be at the level of the **NC**, following necessary and appropriate consultation in the country.
 - b. **Strategic and overarching interactions** related to a specific disease group or public health function will be at the level of the **NFPs**, following necessary and appropriate consultation in the country.
 - c. **Technical and operational interactions** related to specific area within the domains of a disease group or public health function will be at the level of the **OCP**, following necessary and appropriate consultation in the country.
42. By delegating roles and responsibilities (to NFPs and OCPs), the NC also delegates the interactions with ECDC that follow with these roles and responsibilities.
43. All interactions will be based on the ToR for specific functions in the structure (NC/NFP/OCP).
44. In all interactions, ECDC will define at the beginning of the email who (NC/NFP/OCP) is the recipient of a specific message.
45. To facilitate coordination within the Member States, the NC will always be copied in the interactions between ECDC and NFPs/OCPs in the Member States and the NFPs will always be copied in the interactions between the ECDC and the OCPs within his/her domain.
46. Further to this, it will be the responsibility of the Member State to decide on how the consultation processes within their country will be organised.
47. ECDC will set up a similar internal system to ensure the corresponding coordination within the Centre. When this is in place, only those that have been appointed within ECDC to communicate with the CCBs at the three levels will be allowed to do it.
48. In specific areas, notably concerning data exchange and clearance related to ECDC surveillance activities (mainly related to TESSy), the interactions are more complex and are gradually being developed as needed. In the ongoing implementation of the new CCB structure they will be critically revised and simplified whenever possible as to fit the general structure of interactions as much as possible.
49. To provide a full overview, ECDC is gradually compiling a list of the interactions needed to efficiently work with the Member States through the CCBs.



Principles for main interactions between ECDC and the CCBs.

Supporting information systems

50. To support the nomination process and the interactions between ECDC and the CCBs, ECDC is now further developing an on-line tool (CRM), which will include details on all institutions, persons and roles within the CCB structure, as well as the interactions linked to these roles.
51. Through the CRM, the NCs will also have full access to all nominations from his/her country and be responsible for keeping the list of nominations updated.
52. The CRM will automatically ensure that messages between ECDC and the CCBs reach the right person, with appropriate other persons copied. The system will also keep a record of all interactions.
53. The CRM will fully support the grouping of nominated persons (NC/NFP/OCP) in networks, sub-networks, working groups and task forces as needed.
54. To support the day-to-day technical communications between the ECDC and the NCs/NFPs/OCPs, a specific extranet will be set up for each network. Subsections of these extranets may be reserved for the work of the various working groups and sub-networks within that domain.
55. Access to the extranets and other ECDC information systems, e.g. EPIS and TESSy will be linked to specific roles within the CCB structure. Once a named person has been assigned a specific role (NC, NFP or OCP) in the CRM, the system will ensure that this person will also get access to all relevant ECDC information systems and extranets, linked to that function.
56. In the beginning the system will include a limited set of interactions. New interactions will gradually be implemented in the system as needed.

Governance and terms of references

57. The details governing the implementation of the structure of ECDC relations with the CCBs (this document with annexes) will be updated on a regular basis and the changes agreed with the CCBs in annual meetings.
58. In between these meetings, the NC Coordination Committee will make interim decisions on structures and terms of references under this framework.
59. The NC Coordination Committee will further decide on the detailed interactions, and facilitate a smooth implementation of the system, including guiding the development of CRM.
60. Terms of reference have been developed for the NC and the NFPs, detailing the responsibilities of these functions and ECDC, respectively. The ToRs for the NFPs consist of a generic part common for all NFPs and a part, specific for each NFP. Gradually ToRs will also be developed for the OCPs.
61. Any request from ECDC for an OCP in a new area should first be discussed in the NC Coordination Committee and the need and ToR agreed before ECDC could ask for nominations. If the NC Coordination Committee disagrees with ECDC, all NCs will be consulted.
62. Generic ToRs have also been developed for the Network Coordination Committees, and specific ToRs will be developed for any working group and sub-network within the disease and public health networks.
63. All agreed ToRs are annexed to this implementation document.

Implementation

64. The nomination process of the national CCBs and NCs is completed.
65. Since October 2011, the NCs are being copied in on all interactions which are taking place in the ECDC various areas of work.
66. Following the agreement of this implementation document and the updated terms of reference of the NC and NFPs, the Member State will need to (re)appoint the NFPs in all areas.
67. The NCs will also be asked to (re)appoint OCPs as soon as their ToRs have been developed. Pending finalisation of all the specific OCP terms of reference, ECDC will continue to approach the presently nominated Member State experts.
68. The CRM tool for Member State nominations of NFPs and OCPs will be available to all NCs in 2013.
69. By the end of the first quarter of 2013, the new structure should be fully operational.

Evaluation

70. The meeting of the CCBs 2011 suggested evaluating the new structure after one year. This is foreseen to take place in 2014 in order to improve further the interaction between ECDC and the Member States through the CCB.

List of Annexes

1. Terms of Reference for the **National Coordinator** in the Coordinating Competent Body in EU/EEA Member States.
2. Terms of Reference for ECDC **National Focal Points for Disease Groups** in EU/EEA Member States.
3. Terms of Reference for ECDC **National Focal Points for Public Health Functions in** EU/EEA Member States.
4. Terms of Reference for ECDC **Operational Contact Points for Disease-Specific Interactions** in EU/EEA Member States.
5. Terms of Reference for ECDC **Operational Contact Points for Public Health interactions in** EU/EEA Member States.
6. Terms of Reference for ECDC **National Coordinator Coordination Committee.**
7. Terms of Reference for ECDC **Disease Network Coordination Committees.**

Annex 1 to Coordinating Competent Bodies: Structures, Interactions and Terms of Reference (7 December 2012): Terms of Reference for the National Coordinator in the Coordinating Competent Body in EU Member States and EEA Countries

<p>Background</p>	<p>In order to efficiently work with the EU/EEA Member States the ECDC Management Board has adopted a "One Competent Body" approach (MB20) and Terms of Reference for the Competent Bodies (MB21). For each Member State or EEA/EFTA country, one Coordinating Competent Body (CCB) and one National Coordinator (NC), acting as the main entry point for interactions between the country and ECDC, have been identified.</p> <p>Building on the MB21 decision on the Terms of Reference of Competent Bodies, updated Terms of Reference for the National Coordinator have been developed to fit the present status of the implementation of the new structure for official relations between ECDC and the EU Member States and EEA/EFTA countries through one national Coordinating Competent Body (CCB).</p> <p>Document AF28/7 Rev.1 – One national Coordinating Competent Body: Structures and terms of reference Document MB 23/16 – One Competent Body for ECDC: Structures and terms of reference Document MB21/10 - Terms of Reference for the Competent Bodies Document MB20/13 Rev.1 - ECDC Work with EU Member States Document MB19/12 - ECDC Work with EU Member States Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004</p>
<p>ECDC team responsible for relations with the National Coordinator</p>	<p>Governance Section within the Office of the Director.</p>

<p>Responsibilities of the National Coordinator (NC)</p>	<p>The NC in the Coordinating Competent Body is formally nominated by the Director of the Coordinating Competent Body and responsible for the following:</p> <ul style="list-style-type: none"> • Act as the main entry point for interactions between the Competent Body/Bodies in the Member State and ECDC; • Ensure coordination of information exchange between ECDC and the Competent Body/Bodies in the Member State; • Nominate National Focal Points (NFPs) and Operational Contact Points (OCPs), as well as Member State experts for <i>ad hoc</i> working groups and other ECDC meetings; • Ensure that the contact details of nominated persons are kept up-to-date in the ECDC electronic Partnerships Management System (CRM tool), and for this task ensure compliance with legal data protection rules; • Handle institutional relations issues between the Member State and ECDC; • Coordinate in a timely manner the provision and exchange of scientific and technical information when applicable; • Identify needs for support from ECDC in terms of scientific and technical assistance; • Timely and periodic update the country information and data on the associated contacts, organisations and other related information; • Support the dissemination of ECDC publications in the country; • Assist ECDC within its operational areas (disease work and public health functions) when requested, and if feasible within given resource constraints. <p>The NC may delegate some specific strategic and operational interactions to NFPs covering disease group issues or public health function issues and further day-to-day technical interactions to OCPs, as detailed in the Terms of Reference for these functions. If no delegations are done, these tasks will remain with the NC.</p>
<p>Responsibilities of ECDC</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body, ECDC is responsible for the following.</p> <ul style="list-style-type: none"> • Provide full access to the ECDC electronic Partnerships Management System (CRM tool); • Ensure that the NC is briefed in a timely manner on all key ECDC activities; • Inform about ECDC meetings and MS experts working with ECDC; • Send relevant strategic and technical documents (including draft work programme priorities) to the NC for consultation with time enough to provide a sound reply. • Facilitate regular networking between the NCs through electronic workspaces and face-to-face meeting. • Provide NCs with timely feedback/replies to their request to ECDC.
<p>Interactions</p>	<p>Based on these Terms of Reference, specific interactions for all areas of work at all levels (NC, NFP and OCP levels) will be developed separately. Key interactions will be implemented in the ECDC CRM tool.</p>

Annex 2 to Coordinating Competent Bodies: Structures, Interactions and Terms of Reference (7 December 2012): Terms of Reference for ECDC National Focal Points for Disease Groups in EU/EEA Member States

<p>Background:</p>	<p>In order to efficiently work with the EU/EEA Member States the ECDC Management Board has adopted a "One Competent Body" approach (MB20) and Terms of Reference for the Competent Bodies (MB21). For each Member State, one Coordinating Competent Body (CCB) and one National Coordinator (NC), acting as the main entry point for interactions between the country and ECDC, have been identified.</p> <p>Within this system, the NC may delegate some specific strategic interactions to National Focal Points (NFPs) covering disease group issues or public health function issues and further day-to-day technical interactions to Operational Contact Points (OCPs).</p> <p>Document - Terms of Reference for the National Coordinator in the Coordinating Competent Body in Member States and EEA/EFTA countries (adopted September, 2012)</p> <p>Document AF28/7 Rev.1 – One national Coordinating Competent Body: Structures and terms of reference</p> <p>Document MB 23/16 – One Competent Body for ECDC: Structures and terms of reference</p> <p>Document MB21/10 - Terms of Reference for the Competent Bodies</p> <p>Document MB20/13 Rev.1 - ECDC Work with EU Member States</p> <p>Document MB19/12 - ECDC Work with EU Member States</p> <p>Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004</p>
<p>ECDC team/section responsible for relations with the NFPs for disease groups:</p>	<p>Unit: Office of the Chief Scientist</p> <p>Section: Disease Programmes Section</p>

Responsibilities of the NFPs for disease groups:

These Terms of Reference are valid for each of the following disease groups (grouped by ECDC Disease Programme):

- Antimicrobial resistance (ARHAI Programme)
- Antimicrobial consumption (ARHAI Programme)
- Healthcare-associated infections (ARHAI Programme)
- Emerging and vector-borne diseases (EVD Programme)
- Influenza and other respiratory diseases (FLU Programme)
- Food- and waterborne diseases and Zoonoses¹ (FWD Programme)
- Legionellosis (FWD Programme)
- Transmissible spongiform encephalopathy (TSE) (FWD Programme)
- HIV/AIDS, STI and Hepatitis B/C (HASH Programme)
- Tuberculosis (TB Programme)
- Vaccine preventable diseases (VPD Programme)

The NFPs for the disease groups are nominated by the NC of the CCB. By delegation of the NC, the NFP is responsible for overseeing interactions between ECDC and the EU/EEA Member State regarding the activities related to the disease group.

If no NFP for a disease group is nominated, all interactions within this area will remain channelled through the NC.

General responsibilities (same for all NFPs):

- In liaison with the NC, and with other relevant NFPs from their country, identify and advise the NC on nominations of additional experts to serve as OCP for specific technical interactions with ECDC;
- Advise the NC on nominations to ECDC ad hoc working groups and other meetings within the area of the disease group;
- Contribute/provide input into the development/revisions of ECDC strategies within the area of the disease group;
- Contribute/provide input into the development of the ECDC annual work programme priorities within the area of the disease group;
- Contribute to the implementation of evidence-based methods in public health;
- Provide technical advice on specific project proposals within the area of the disease group;
- Provide available information according to agreements adopted in the network about the current situation and status of activities/capacities and national programmes within the area of the disease group in the Member State as needed (including legislation);
- Contribute to the identification of Member State's needs for strengthening capacity within the area of the disease group;
- Provide strategic advice and suggestions to ECDC regarding further development of networks within the area of the disease

¹ With wildlife zoonoses covered at ECDC mostly under the EVD Programme

	<p>group;</p> <ul style="list-style-type: none"> • Provide strategic advice and suggestions for ECDC work within the area of the disease group; • Advise ECDC on any ad hoc issues within the area of the disease group; • Oversee all other interactions between ECDC and the Member State concerning issues within the area of the disease group; • Participate in ECDC activities within the area of the disease group, unless delegated to Operational Contact Points. • Participate in ECDC consultations within the area of the disease group and provide feedback; • Assist in building awareness and disseminating information within the area of the disease group; • Liaise with ECDC contact points on matters related to ECDC country visits related to the disease group; • Liaise with ECDC contact points on country's requests on matters related to the disease group; <p>Specific responsibilities related to the disease work:</p> <ul style="list-style-type: none"> • Provide information about the current epidemiological situation for the diseases in the group; • Participate in consultations of ECDC scientific advice/science based preventive guidance in the area of the relevant Disease Programme and provide feedback; • Suggest experts for ECDC external expert panels in the area of Disease Programme A; • Participate in other Disease Programme-related activities
<p>Responsibilities of ECDC:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body² within the area of the disease group, ECDC is responsible for the following.</p> <p>General ECDC responsibilities:</p> <ul style="list-style-type: none"> • Appoint an ECDC main contact point for issues within the area of the disease group; • Ensure that the NFP is briefed in a timely manner on all key ECDC activities within the area of the disease group; • Sending relevant strategic and technical documents (including draft WP priorities) within the area of the disease group to the NFP for consultation, with time enough for sound reply. • Facilitate regular networking between the national NFPs within the area of the disease group through electronic workspaces and face-to-face meeting; • Provide NFPs within the area of the disease group with timely feedback/replies to their requests to ECDC; • Assure the coordination of the disease networks with the public health functions networks and in particular with the Surveillance and Microbiology networks; • Coordinate requests from the ECDC to MS in sense to minimize duplication of tasks and data requested from different NFPs and OCPs.

² NC, NFP or OCP as agreed with the CCB.

Interactions:

Based on these Terms of Reference, specific interactions for the full area of the disease group (NC, NFP and OCP levels) will be developed separately. Key interactions will be implemented in the ECDC CRM tool.

Annex 3 to Coordinating Competent Bodies: Structures, Interactions and Terms of Reference (7 December 2012): Terms of Reference for ECDC National Focal Points for Public Health Functions in EU/EEA Member States

<p>Background:</p>	<p>In order to efficiently work with the EU/EEA Member States the ECDC Management Board has adopted a "One Competent Body" approach (MB20) and Terms of Reference for the Competent Bodies (MB21). For each Member State, one Coordinating Competent Body (CCB) and one National Coordinator (NC), acting as the main entry point for interactions between the country and ECDC, have been identified.</p> <p>Within this system, the NC may delegate some specific strategic interactions to National Focal Points (NFPs) covering disease group issues or public health function issues and further day-to-day technical interactions to Operational Contact Points (OCPs).</p> <ul style="list-style-type: none"> • Document - Terms of Reference for the National Coordinator in the Coordinating Competent Body in Member States and EEA/EFTA countries (adopted September, 2012) • Document AF28/7 Rev.1 – One national Coordinating Competent Body: Structures and terms of reference • Document MB 23/16 – One Competent Body for ECDC: Structures and terms of reference • Document MB21/10 - Terms of Reference for the Competent Bodies • Document MB20/13 Rev.1 - ECDC Work with EU Member States • Document MB19/12 - ECDC Work with EU Member States • Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004
<p>General Responsibilities for all NFPs:</p>	<p>The NFP is nominated by the NC of the CCB. By delegation of the NC, the NFP is responsible for overseeing interactions between ECDC and the Member State regarding the activities related to the public health function. If no NFP is nominated, all interactions within this area will remain channelled through the NC.</p> <p>General NFP responsibilities (same for all NFPs):</p> <ul style="list-style-type: none"> • In liaison with the NC, and with other relevant NFPs from their

	<p>country, identify and advise the NC on nominations of additional experts to serve as OCP for specific technical interactions with ECDC;</p> <ul style="list-style-type: none"> • Advise the NC on nominations to ECDC ad hoc working groups and other meetings within his/her area; • Contribute/provide input into the development/revisions of ECDC strategies within his/her public health function; • Contribute/provide input into the development of the ECDC annual work programme priorities within his/her public health function; • Contribute to the implementation of evidence-based methods in public health; • Provide technical advice on specific project proposals within his/her public health function; • Provide available information, according to agreements adopted in the network, about the current situation and status of activities/capacities and national programmes within his/her public health function in the Member State as needed (including legislation); • Contribute to the identification of Member State's needs for strengthening capacity within his/her public health function; • Provide strategic advice and suggestions to ECDC regarding further development of networks within his/her public health function; • Provide strategic advice and suggestions for ECDC work within his/her public health function; • Advise ECDC on any ad hoc issues within his/her area; • Oversee all other interactions between ECDC and the Member State concerning issues within his/her public health function; • Participate in ECDC activities within his/her public health function, unless delegated to Operational Contact Points. • Participate in ECDC consultations within his/her a public health function and provide feedback; • Assist in building awareness and disseminating information within his/her function; • Liaise with ECDC contact points on matters related to ECDC country visits related to his/her public health function; <p>Liaise with ECDC contact points on country's requests on matters related to his/her public health function.</p>
<p>Specific responsibilities for the NFP for Communication:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body, the NFP for Communication is specifically responsible for the following.</p> <ul style="list-style-type: none"> • Support ECDC in its mandated communication role; • Facilitate public access to ECDC information for general public and relevant experts, respectively; • Cooperate with ECDC on public health campaigns; • Provide feedback in relation to prior notification of information/press release if relevant.
<p>Specific responsibilities for the NFP for Microbiology:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body, the NFP for Microbiology is specifically responsible for the following.</p> <ul style="list-style-type: none"> • Provide technical input into design and validation of laboratory capability appraisal tools as well as contribute with national data for

	<p>monitoring EU-wide and national capabilities according to agreed data collection methods and assessment tools;</p> <ul style="list-style-type: none"> • Contribute to the development of expert consensus technical guidance on public health microbiology topics in line with ECDC Scientific Advice processes; • Serve as an active and effective link between ECDC and the national public health microbiology system and provide updates on joint activities with ECDC to public health experts and stakeholders in his/her country; • Assist in identifying relevant available expertise and/or reference laboratory capabilities in his/her country in the event of an emerging threat or disease cluster investigations at EU level for which no disease-specific network is currently operating. • Coordinate microbiology interactions with disease group NFPs and ECDC.
<p>Specific responsibilities for the NFP for Preparedness and Response:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body, the NFP for Preparedness and Response is specifically responsible for the following.</p> <ul style="list-style-type: none"> • Facilitate links within the health sector and with other sectors for the operational aspects of preparedness and response plans; • Ensure dissemination of information to, and consolidating input from relevant sectors of the administration, including those responsible for other functions related to preparedness and response (surveillance, laboratories, clinics, public health services); • Ensure quick and easy contacts with ECDC for urgent matters; • Review Risk Assessments and other documents together with ECDC before making them public.
<p>Specific responsibilities for the NFP for Training:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body, the NFP for Training is specifically responsible for the following.</p> <ul style="list-style-type: none"> • Provide feedback on implementation to practice of knowledge and skills obtained by training, evaluation of training efficiency, development of lists of core competencies in public health disciplines, etc.); • Provide strategic advice and suggestions for future developments of EPIET, EUPHEM and similar training programmes; • Advise ECDC regarding selection/prioritisation of participants to ECDC training activities; • Advise on implementation and review of the EPIET, EUPHEM training objectives; • Participate in or identify experts for other training-related activities (e.g. training needs assessment, evaluation of training programmes/training sites).
<p>Specific responsibilities for the NFP for Scientific Advice Coordination:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body, the NFP for Scientific Advice Coordination is specifically responsible for the following.</p> <p>Scientific services and tools – Assist with the provision of scientific services supporting scientific advice within the mandate of ECDC:</p> <ul style="list-style-type: none"> • Priority setting for scientific advice on issues falling within the

	<p>mandate of ECDC;</p> <ul style="list-style-type: none"> • Assessment of the impact of scientific advice produced by ECDC; • Recommendation of external experts; • Collection and assessment of declarations of interest of external experts; • Managing conflicts of interest of external experts; • Documentation of scientific advice repository and management system; • Provide - when necessary – <i>ad hoc</i> methodological support to the provision of scientific advice delivered jointly by ECDC and the relevant national authorities; • Provide support for implementation on the Burden of infectious diseases tools provided by ECDC (e.g. BCoDE toolkit). <p>Evidence-based medicine and public health (EBM/EBPH) – Contribute to the development and implementation of methods of EBM/EBPH:</p> <ul style="list-style-type: none"> • EBM/EBPH Training activities organised by ECDC and/or MS; • Methods development (e.g. standard for grading of evidence in EBM/EBPH); • Support the application of EBM/EBPH methods. <p>Liaison interface – Assist with liaising with relevant national agencies and bodies charged with delivering of scientific advice:</p> <ul style="list-style-type: none"> • Promote synergies and collaboration on issues of common interest related to scientific advice e.g. exchange of information, tools and training material, organisation of joint workshops etc; • Improving engagement with EU research funders and other relevant scientific stakeholders.
<p>Specific responsibilities for the NFP for Surveillance:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body, the NFP for Surveillance is specifically responsible for the following.</p> <ul style="list-style-type: none"> • Be ultimately responsibility for data coming from the country, including timely interactions with TESSy (specific TESSy-related tasks will be specified in the ToR for "OCP for TESSy Interactions" within each disease group) (it is expected that in most countries, the operational tasks will be delegated); • Approve for publication draft surveillance reports based on data from the country; • Ensure that agreed surveillance data calls from ECDC are responded to and supported; • Ensure that data source information in TESSy are created/updated and the data source from which the surveillance data is collected is described; • Ensure that data previously uploaded are approved (this action confirms that ECDC can use this data in its reports) and maintain the accuracy of data previously uploaded; • Ensure that requests from ECDC for complementary information regarding potential quality issues in the previously uploaded and approved data are responded to; • Provide feedback and approve metadata changes.

	<ul style="list-style-type: none"> • Coordinate general surveillance and epidemiological related interactions with Disease group NFPs and ECDC.
<p>Specific responsibilities for the NFP for Threat Detection, EWRS & IHR:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body, the NFP for Threat Detection, EWRS & IHR is specifically responsible for the following.</p> <ul style="list-style-type: none"> • Ensure timely professional communication of relevant public health events; • Assess threats related to the country upon request from ECDC • Coordinate distribution of ECDC epidemic intelligence outputs (CDTR and RT reports); • Contribute to ECDC regional and international threat detection activities; • Share information related to risk assessments developed by ECDC when those have been required.
<p>Responsibilities of ECDC:</p>	<p>In order to ensure efficient communications between ECDC and the Coordinating Competent Body within the public health functions, ECDC is responsible for the following.</p> <ul style="list-style-type: none"> • Appoint an ECDC main contact point for issues falling within each of the public health functions; • Ensure that the NFP is briefed in a timely manner on all key ECDC activities within the respective public health function; • Sending relevant strategic and technical documents (including draft WP priorities and data calls) to the respective public health function NFP for consultation; • Facilitate regular networking between the national NFPs within each public health function through electronic workspaces and face-to-face meeting; • Provide the NFPs with timely feedback/replies to their requests to ECDC; • Ensure timely notification to Member States of health threats detected by ECDC; • Assure the coordination of the public health functions networks and in particular with the Surveillance and Microbiology Networks with the disease networks; • Coordinate requests from the ECDC to MS in sense to minimize duplication of tasks and data requested from different NFPs and OCPs.
<p>Interactions:</p>	<p>Based on these Terms of Reference, specific interactions will be developed separately. Key interactions will be implemented in the ECDC CRM tool.</p>

Annex 4 to Coordinating Competent Bodies: Structures, Interactions and Terms of Reference (7 December 2012): Terms of Reference for ECDC Operational Contact Points for Disease-Specific Interactions with EU Member States and EEA countries (7 November 2013)

Background:

In order to efficiently work with the EU Member States and EEA countries, the ECDC Management Board has adopted a "One Competent Body" approach (MB20) and Terms of Reference for the Competent Bodies (MB21). For each EU Member State or EEA country, one Coordinating Competent Body (CCB) and one National Coordinator (NC), acting as the main entry point for interactions between the country and ECDC, have been identified.

Within this system, the NC may delegate some specific strategic interactions to National Focal Points (NFPs) covering disease group issues or public health function issues. The NC may further delegate day-to-day technical and operational interactions to Operational Contact Points (OCPs).

Within each disease group, there may be specific OCPs for epidemiology, microbiology, and TESSy interactions. In the disease groups covering many diseases, there may be a need for several epidemiology and microbiology OCPs. The number of OCPs should be kept to the minimum level necessary for an efficient cooperation between ECDC and Member States, and it is envisaged that many Member States will appoint the same person for several of the OCPs.

If no OCP for disease specific interactions within a given disease/disease group is nominated, all interactions within this area will remain channelled through the NFP or NC.

When a need arises to have a new type of OCPs in a network, the NFPs in consultation with the NCs will make a proposal, including draft terms of reference (ToRs) and envisaged interactions. The proposal will be discussed in the National Coordinators Coordination Committee, and if

	<p>approved, ECDC will ask the NCs to nominate the requested OCPs.</p> <p><i>Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004</i></p> <p><i>Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012)</i></p>
ECDC team/section responsible for relations with the OCPs for disease specific interactions:	As of ECDC Internal Procedures, there is one named main responsible internal focal point for official interactions with each OCP (across the Member States), using functional ECDC mailboxes supported by the CRM system.
Disease groups:	<p>These Terms of Reference are valid for each of the following disease groups:</p> <ul style="list-style-type: none"> • Antimicrobial resistance (ARHAI Programme) • Antimicrobial consumption (ARHAI Programme) • Healthcare-associated infections (ARHAI Programme) • Emerging and vector-borne diseases (EVD Programme) • Food- and waterborne diseases and Zoonoses¹ (FWD Programme) • Influenza and other respiratory viruses (IRV Programme) • Legionnaires' disease (FWD Programme) • Transmissible spongiform encephalopathy (FWD Programme) • HIV/AIDS, STI and Hepatitis B/C (HSH Programme) • Tuberculosis (TB Programme) • Vaccine-preventable diseases (VPD Programme)
Overall responsibilities of OCPs:	If delegated by the NC (as decided by each country), the OCP is responsible for overseeing interactions between ECDC and the EU Member State or EEA country regarding the specific activities he/she is in charge of within a specific disease network.
Coordination of tasks within the CCBs:	Below specific responsibilities of OCPs are subject to the specific national settings, and it is for each Member State to organise its work independent of the ECDC CCB structure. If specific tasks mentioned below are shared between different individual staff members within the CCB system, it is anticipated that necessary coordination takes place within the CCB system, e.g. forwarding mails/tasks to the appropriate person, without specific involvement of ECDC.
Responsibilities of disease-specific OCPs for epidemiology²:	<p>Within available resources:</p> <ul style="list-style-type: none"> • Review draft surveillance reports produced by ECDC and contribute to the interpretation of surveillance results; • Inform ECDC about data sources and surveillance systems; • Oversee implementation of TESSy metadata changes at national level;

¹ With wildlife zoonoses covered at ECDC mostly under the EVD Programme.

² Listed in CRM per pathogen as "Surveillance expert epidemiology" or antimicrobial resistance/healthcare associated infections.

	<ul style="list-style-type: none"> • Collaborate closely with epidemiology OCPs from other Member States, as required; • Otherwise interact with ECDC on issues related to surveillance and control of specific pathogens/diseases as appropriate from a national context.
<p>Responsibilities of disease-specific OCPs for microbiology³:</p>	<p>Within available resources:</p> <ul style="list-style-type: none"> • Provide information about the current status of laboratory capacities for the specific disease / disease group and keep it up to date; • When available and legally possible, ensure flow of national laboratory surveillance data to OCP for TESSy interactions for upload to TESSy; <p style="text-align: center;">or:</p> <p>Ensure upload of national laboratory data to TESSy according to permissions by NC, and/or NFP (when available and legally possible);</p> <ul style="list-style-type: none"> • Encourage participation of the national reference centre (or laboratory with equivalent function) in EQA schemes sponsored by ECDC; • Collaborate closely with microbiology OCPs from other countries as specified by ECDC grant or service contracts, as required. • Otherwise interact with ECDC on issues related to the microbiology of specific pathogens as appropriate from a national context.
<p>Responsibilities of disease-specific OCPs for TESSy interactions⁴:</p>	<p>Within available resources:</p> <ul style="list-style-type: none"> • Prepare national surveillance data files in accordance with ECDC requirements and upload the data for the specific disease / disease group to TESSy • Approve uploaded data (if delegated by the NC/NFP); • Reply to enquiries from ECDC regarding data validation; • If original surveillance data were flawed, upload corrected data to TESSy (if delegated by the NC/NFP); • Implement TESSy metadata changes at national level (if delegated from the epidemiology OCP).
<p>Responsibilities of ECDC:</p>	<p>In order to ensure efficient communication and collaboration between ECDC and the Coordinating Competent Body⁵ within the area of the disease/disease group and ensuring European added value, ECDC is responsible for the following:</p> <ul style="list-style-type: none"> • Form the coordinating and communication hub for all European disease network activities, providing the scientific secretariat and administrative support; • Provide and maintain an IT platform enabling NCs to nominate NFPs and OCPs and to keep the nominations up to date; • Appoint network coordination committees from among the OCPs and NFPs to closely link ECDC and the networks;

³ Listed in CRM per pathogen as "Surveillance expert microbiology".

⁴ Listed in CRM per pathogen as "Surveillance expert ICT".

⁵ NC, NFP or OCP as agreed with the CCB.

	<ul style="list-style-type: none">• Organise and fund regular network meetings to share data and best practices and discuss strategic choices within and across disease networks;• Foster technical and scientific collaboration within and across disease networks;• Produce or outsource production of network outputs and ensure their visibility;• Liaise with other relevant stakeholders (e.g. WHO, EU agencies) on behalf of the disease networks to coordinate activities, share data, facilitate cooperation or reduce MS burden (e.g. multiple reporting), as appropriate;• Ensure the coordination of the disease networks with the public health functions networks, in particular with the surveillance and microbiology networks;• Coordinate requests from ECDC in order to minimise duplication of tasks and data requested from different OCPs and NFPs;• Ensure that all requests to the OCPs are based on a clear EU added value;• Provide OCPs with timely feedback/replies to their requests to ECDC;• Provide final versions of relevant strategic and technical documents within the area of disease specific networks to OCPs and when appropriate also provide OCPs with draft documents for consultation with time enough for sound reply.
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Terms of Reference for ECDC National Coordinators Coordination Committee

<p>Background:</p>	<p>In order to efficiently work with the EU/EEA Member States the ECDC Management Board has adopted a “One Competent Body” approach (MB20) and Terms of Reference for the Competent Bodies (MB21). For each Member State, one Coordinating Competent Body (CCB) and one National Coordinator (NC), acting as the main entry point for interactions between the country and ECDC, have been identified.</p> <p>To oversee the implementation process a NC Coordination Committee will work closely with ECDC between the meetings of the all NCs.</p> <ul style="list-style-type: none"> • Document - Terms of Reference for the National Coordinator in the Coordinating Competent Body in Member States and EEA/EFTA countries • Document - Coordinating Competent Bodies: structures, interactions and terms of reference • Document AF28/7 Rev.1 – One national Coordinating Competent Body: Structures and terms of reference • Document MB 23/16 – One Competent Body for ECDC: Structures and terms of reference • Document MB21/10 - Terms of Reference for the Competent Bodies • Document MB20/13 Rev.1 - ECDC Work with EU Member States • Document MB19/12 - ECDC Work with EU Member States • Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004
<p>Composition, selection and working mode of the NC Coordination Committee:</p>	<ul style="list-style-type: none"> • The NC Coordination Committee consists of up to 10 representatives of the CCB NCs with a broad representation of the Member States. • The members are selected by the NCs for a period of three years through a process organised by ECDC. • The Committee will convene regularly, either virtually or in face-to-face meetings as necessary. • ECDC will chair the meetings and provide the necessary secretarial

	<p>functions.</p> <ul style="list-style-type: none"> • The Committee should in its work try to reach consensus. In case of disagreements within the Committee or between the Committee and ECDC the matter should be referred to a consultation with all NCs.
<p>Role and tasks of the NC Coordination Committee:</p>	<p>The NC Coordination Committee shall facilitate a smooth cooperation between ECDC and the CCBs by:</p> <ul style="list-style-type: none"> • advising ECDC on all aspects of the further development and implementation of the Coordinating Competent Body (CCB) structure; • between the meetings of all NCs, provisionally approving new terms of reference under the CCB framework; • guiding the development of the CRM system; • preparing the meetings and consultations with all NCs.

Annex 7 to Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012): Terms of Reference for ECDC Disease Network Coordination Committees in EU Member States and EEA countries (7 July 2013)

General background:

In order to efficiently work with the EU Member States and EEA countries, the ECDC Management Board has adopted a "One Competent Body" approach (MB20) and Terms of Reference for the Competent Bodies (MB21). For each EU Member State or EEA country, one Coordinating Competent Body (CCB) and one National Coordinator (NC), acting as the main entry point for interactions between the country and ECDC, have been identified.

Within this system, the NC may delegate some specific strategic interactions to National Focal Points (NFPs) covering disease group issues or public health function issues. The NC may further delegate day-to-day technical and operational interactions to Operational Contact Points (OCPs).

The Disease Group NFPs and OCPs constitute the external ECDC Disease Networks. For each network there will be a smaller Disease Network Coordination Committee (formerly called Coordination Group) selected from among the network members, mirroring both the broad scope of expertise in the network and its geographic diversity. The Disease Network Coordination Committee will work closely with the Centre in between the full disease network meetings, advise ECDC on urgent matters and contribute to the agenda of the regular disease network meetings. This document describes the roles, tasks, composition, selection, work procedures and interactions of the Disease Network Coordination Committees.

For more background information please refer to the following documents:

Document - Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012)

<p>ECDC staff responsible for Disease Networks Coordination committees:</p>	<p>Respective Head of Disease Programme in the Office of the Chief Scientist (OCS)</p>
<p>Role and tasks of the Disease Networks Coordination committees:</p>	<p>The Disease Network Coordination Committees (DNCCs) shall support further development of the ECDC disease work and networks, by providing important but non-binding advice to the respective ECDC Disease Programmes (DP) with respect to all aspects of its work including surveillance, prevention and control or any other technical, epidemiological or scientific aspects, thus enabling the network to improve its effectiveness and added value.</p> <p>On all aspects of the cooperation between the Member States and ECDC DPs, the main tasks of the DNCCs are to:</p> <ul style="list-style-type: none"> • provide advice on the implementation of the ECDC strategic multiannual programme (SMAP) and ECDC annual DP work plans; • provide rapid advice to ECDC as requested; • discuss priorities in the future activities of the ECDC DPs with respect to prevention and control including surveillance, public health microbiology, guidance, training, capacity building and other aspects; • contribute to the identification of Member States' needs in terms of strengthening capacity in the area of the DP. <p>Complementary to consultations with the full network, the DNCCs will specifically provide support to the following:</p> <ul style="list-style-type: none"> • review selected technical reports and guidance documents produced by the ECDC DP as asked by ECDC; • review the DP objectives and multiannual strategies and annual work plans; • contribute to the agenda of the regular meetings of the DP network (including identifying topics; key note speakers, working group sessions and others); • review the methodologies to improve DP specific data collections, data presentation and interpretation of surveillance results; • review the effectiveness of surveillance systems and analytical tools for surveillance within the domain of the DP and make suggestions for improvement; • review the disease-specific laboratory surveillance activities, incl molecular microbiology, and foster the integration with epidemiological surveillance; • review the need for specific disease network working groups, advisory groups, ad hoc expert panels and task forces which would report to the Coordination Committee on specific issues (i.e. guidance; surveillance methods or variables); • closely liaise with any other ECDC DNCCs, DPs or Working Groups that may be set up to work on technical issues in the area of DP • provide ECDC and its Advisory Forum with an annual short brief on key issues related to the prevention and control of the relevant diseases within the EU. <p>The DNCCs will act at an overarching level covering the (broad) fields of ECDC DPs and will not replace ECDC consultations with other groups (specifically the ECDC Advisory Forum but also the ad hoc expert panels, technical advisory groups, etc.), bodies and fora as well as other EU Agencies, in accordance with ECDC internal rules and procedures.</p>

<p>Composition of the Disease Networks Coordination committees:</p>	<p>The DNCCs will consist of a maximum of 10 experts selected from – and representing – the disease network, including the OCPs and NFPs for the disease or disease group in question, to mirror the broad scope of activities to be addressed by the DNCCs.</p> <p>The DNCCs may also agree (by majority) to include as observers individuals from other organisations with a significant role in the prevention and control of the disease-specific area covered by the ECDC DP, such as experts from WHO Regional Office for Europe, the European Commission, other EU Agencies, or other external experts following agreement with ECDC. The DNCCs may also agree to form smaller time-limited sub-groups to undertake well defined specific pieces of work.</p> <p>Ideally, in selecting the composition of the DNCCs, there should be some balance between functional expertise (i.e. between epidemiologists and microbiologists, prevention specialists, scientific input, behavioural science) as well as for gender and geography.</p> <p>The initial appointment of members will be for three years. After this, the formal role, format and membership of the DNCCs may be reviewed. Members can be re-appointed. The secretariat of the DNCCs shall be provided by ECDC.</p>
<p>Selection procedure:</p>	<p>ECDC will formally appoint the members of the DNCCs following an election by the disease network members. The network members, when electing the DNCC members, should consider the composition and eligibility criteria listed above. The DNCC will select and appoint a Chair (and Deputy Chair, if deemed needed) from among its members.</p>
<p>Work procedures:</p>	<p>The DNCC will meet face-to-face at least once a year. In between the physical meetings, communication between the members of the committee should be maintained by extranet workspace, tele/videoconference, email, fax, etc. as needed.</p> <p>ECDC will, in consultation with the DNCC chair, draft the agenda and organise the DNCC meetings.</p> <p>The secretariat, provided by ECDC, will take minutes of these meetings which will be circulated to the members no later than four weeks following the meeting. The final approved report will be distributed to all the members of the disease-specific network and the NCs of the CCBs.</p> <p>Agreement on the DNCCs opinions or advice will be achieved by consensus or voting. In the event of not reaching consensus the Chair will refer all the opinions, including minority opinions of the DNCC to the ECDC for a final decision.</p> <p>When urgent advice is necessary, ECDC will consult the DNCC through its Chair / Deputy Chair.</p> <p>These terms of reference should be reviewed periodically and any proposed changes may be passed on to the ECDC for further consideration.</p>

Annex 8 to Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012): Terms of Reference for ECDC Public Health Network Coordination Committees in EU Member States and EEA countries (2 March 2015)

General background:

In order to efficiently work with the EU Member States and EEA countries, the ECDC Management Board has adopted a "One Competent Body" approach (MB20) and Terms of Reference for the Competent Bodies (MB21). For each EU Member State or EEA country, one Coordinating Competent Body (CCB) and one National Coordinator (NC), acting as the main entry point for interactions between the country and ECDC, have been identified.

Within this system, the NC may delegate some specific strategic interactions to National Focal Points (NFPs) covering disease group issues or public health function issues. The NC may further delegate day-to-day technical and operational interactions to Operational Contact Points (OCPs).

The structure of ECDC Competent Bodies identifies NFPs and sometimes OCPs for seven public health functions (health communication, microbiology, preparedness & response, public health training, scientific advice coordination, surveillance, and Threat Detection, EWRS and IHR). These Public Health Function NFPs and OCPs constitute the external ECDC public health networks within the mandate of the Centre.

At the request of each network there will if relevant be a smaller Public Health Network Coordination Committee (PHNCC) selected from among the network members, mirroring both the broad scope of expertise in the network and its geographic diversity. The PHNCC will work closely with the Centre in between the full network meetings, advise ECDC on urgent matters and contribute to the agenda of the regular network meetings. This document describes the roles, tasks, composition, selection, work procedures and interactions of the PHNCCs.

	For more background information please refer to the following document: "Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012)"
ECDC staff responsible for Public Health Network Coordination committees:	Head of Section in the relevant ECDC unit.
Role and tasks of the Public Health Network Coordination committees:	<p>The PHNCC shall support further development of the ECDC public health work and networks, by providing important but non-binding advice to the relevant ECDC units with respect to the public health function for which they have been appointed as NFP, thus enabling the network to improve its effectiveness and added value.</p> <p>Complementary to consultations with the full network, the PHNCCs will specifically provide support to the following:</p> <ul style="list-style-type: none"> • provide rapid advice to ECDC as needed; • review selected technical reports and documents produced by the ECDC or its contractors; • contribute to the agenda of the annual meetings of the network (including identifying topics; key note speakers, working group sessions and others); • review the methodologies to improve specific data collections, data presentation and interpretation of project results; • review the need for specific public health function working groups, advisory groups, ad hoc expert panels and task forces which would report to the PHNCC on specific issues (i.e. specific pilot projects and research initiatives); • closely liaise with any other ECDC PHNCC or Working Groups that may be set up to work on technical issues in the public health function at hand; • liaise with ECDC Disease Network Coordination Committees on important shared topics as relevant. <p>The PHNCCs will act at an overarching level covering the (broad) public health functions of ECDC and will not replace ECDC consultations with other groups (specifically the ECDC Advisory Forum but also the ad hoc expert panels, technical advisory groups, etc.), bodies and fora as well as other EU Agencies, in accordance with ECDC internal rules and procedures.</p>
Composition of the PHF Coordination committees:	<p>The PHNCCs will consist of a maximum of 10 experts selected from and representing all the OCPs and NFPs for a specific public health function, to mirror the broad scope of activities to be addressed by the PHNCCs.</p> <p>The PHNCCs may also agree (by majority) to include as observers individuals from other organisations with a significant role in the public health function in question, such as experts from WHO Regional Office for Europe, the European Commission, other EU Agencies, or other external experts following agreement with ECDC. The PHNCCs may also agree to form smaller time-limited sub-groups to undertake well defined specific pieces of work.</p> <p>The initial appointment of members will be for three years. After this, the formal role, format and membership of the PHNCCs may be reviewed. Members can be re-appointed. The secretariat of the PHNCCs</p>

	shall be provided by ECDC.
Selection procedure:	ECDC will formally appoint the members of the PHNCCs following an election by the network members. The network members, when electing the PHCC members, should consider the composition and eligibility criteria listed above. The PHNCC will select and appoint a Chair (and Deputy Chair, if deemed needed) from among its members.
Work procedures:	<p>The PHNCC will preferably meet face-to-face at least once a year. In between the physical meetings, communication between the members of the committee should be maintained by extranet workspace, tele/videoconference, email, fax, etc. as needed.</p> <p>ECDC will, in consultation with the PHNCC chair, draft the agenda and organise the PHNCC meetings.</p> <p>The secretariat, provided by ECDC, will take minutes of these meetings which will be circulated to the members no later than four weeks following the meeting. The final approved report will be distributed to all the members of the PHF network and the NCs of the CCBs.</p> <p>Agreement on the PHNCCs opinions or advice will be achieved by consensus or voting. In the event of not reaching consensus the Chair will refer all the opinions, including minority opinions of the PHNCC to the ECDC for a final decision.</p> <p>When urgent advice is necessary, ECDC will consult the PHNCC through its Chair.</p> <p>These terms of reference should be reviewed periodically and any proposed changes may be passed on to the ECDC for further consideration.</p>