

ECDC Coordinating Competent Bodies

Annual Meeting for National Coordinators of the ECDC Coordinating Competent Bodies (CCB)

Stockholm, 15 April 2021

ECDC Coordinating Competent Bodies: Structures, Interactions and Terms of Reference

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Summary:	<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 of ECDC Coordinating Competent Bodies.</p>	
Action:	For information	
Background:	<p>Meeting Report, ECDC Coordinating Competent Bodies, Stockholm (7 December 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>	

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Background

- 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.
- During the first years of interactions between the ECDC and the Member States their complexity increased due to the growth of the Centre's activities and multiplication of different types of contact points.
- In September 2010, in response to this need for a more streamlined cooperation with the Member States, ECDC Director tasked a Working Group to "develop a clear approach for efficient customer relationships with Member States via Competent Bodies".
- 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 communications 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.
- 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).
- 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.
- 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. It is available for the National Coordinators and Directors of the CCBs on the Coordinating Competent Bodies extranet.
- The document has been updated following a consultation with the National Coordinators in 2019.
- Following the internal ECDC organisational change from 1st of January 2020, the document has been updated, namely with the Disease Programmes.

The Coordinating Competent Body structure

Disease work and public health functions

- 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.
- The disease groups are as follows (grouped by the ECDC Disease Programme):
 - Antimicrobial resistance (ARHAI Programme)
 - Antimicrobial consumption (ARHAI Programme)
 - Healthcare-associated infections (ARHAI Programme)
 - Emerging and vector-borne diseases (EFVED Programme)
 - Food- and waterborne diseases and Zoonoses (EFVED Programme)
 - Legionellosis (EFVED Programme)
 - Transmissible spongiform encephalopathy (TSE) (EFVED Programme)
 - HIV/AIDS, STI and Hepatitis B/C (SBT Programme)
 - Tuberculosis (SBT Programme)
 - Vaccine preventable diseases (VPI Programme)
 - Viral respiratory diseases (VPI Programme)
- The grouping of public health functions reflects the work of ECDC and its interactions with the Member States, as follows:
 - Communication
 - Microbiology
 - Preparedness and Response
 - Public Health Training
 - Scientific Advice Coordination
 - Surveillance
 - Threat Detection, EWRS and IHR.

Director of CCB, National Coordinator, National Focal Points, and Operational Contact Points

- The **Director of Coordinating Competent Body** is the Director of the Institution, which is formally designated ECDC Coordinating Competent Body by the relevant authorities. The ECDC interactions with the Directors of CCBs are focused on a strategic level exclusively.
- The overall coordination of interactions between the Member State and ECDC is done by the **National Coordinator (NC)** of the national CCB.
- A **National Coordinators Coordination Committee (NC CC)**, chaired by ECDC, facilitates a smooth cooperation between ECDC and CCBs. The NC CC is selected by the NCs for a period of three years and operates according to specific terms of reference.
- The NC may identify individuals in the CCBs or from other institutions of the Member States as delegated representatives for disease groups, called **Disease Group National Focal Points (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.
- The NFPs play a strategic and coordinating role within their respective area in close collaboration with the NC.

- The NC, supported and advised by the NFPs, may further identify **Operational Contact Points (OCPs)** with special expertise.
- 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.
- Within each disease group there are 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 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.
- 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.
- 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.
- The roles and responsibilities of the Director, NC, NFP and OCP, as well as of ECDC, are detailed in specific terms of reference (ToR).
- ECDC identifies a generic e-mailbox or a single contact point within the unit/section/group in the Centre responsible for working with each NFP/OCP.
- The roles and functions described above (Director, 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.¹
 - 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.
- The National Coordinator should be informed whenever an expert from a CCB is working with ECDC in any of the above capacities.

Nominations

- Within the Member States, the tasks and responsibilities are cascading down from the NC to the NFPs and further to the OCPs.
- The nominations of NFPs and OCPs are the responsibility of the NC, and the NC has 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.
- 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.

¹ Minutes of the Twelfth Meeting of ECDC Management Board, Stockholm, 18–19 March 2008, paragraph 40.

- 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.
- 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.
- Once a person has been nominated, additional personal information might be needed from that person (e.g. declaration of interest, signature of confidentiality forms). These requests will be addressed directly to the nominated person by ECDC, and not channelled via the NC.

ECDC Disease and Public Health Networks

- 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**.
- The ECDC Networks are progressively covering all aspects of ECDC work within their respective areas. The disease networks have several functions beyond surveillance, with OCPs for Epidemiology, Microbiology, TESSy/IT data management, as appropriate.
- For each network a smaller (maximum 10 members) **Network Coordination Committee** is established from the network members (NFPs and/or OCPs), mirroring both the broad scope of expertise in the network and its geographic diversity.
- The Network Coordination Committee is elected by its member for a period of three years.
- The Network Coordination Committee appoints a chair among its members and works closely with Centre in between the full network meetings, advising on urgent matters and contributing to the agenda of the regular network meetings.
- Depending on the nature of work (and for the Disease Networks the number of diseases covered), the architecture of the networks might differ in its details between the networks.
- 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.
- The frequency of meetings with the full networks and working groups, task forces and sub-networks within the networks are decided by ECDC based on the needs and economic constraints. ECDC and the Network Coordination Committee could decide to invite observers to the meetings.

Coordination within the Member States

- To ensure a smooth coordination of work, the NFPs and OCPs within a Member State 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

- Interactions between ECDC and the CCBs are principally at three levels, corresponding to the nomination levels described above:
 - a. High-level relations and coordination interactions** between ECDC and the CCBs are at the level of the **CCB Director** and **NC**, following necessary and appropriate consultation in the country.
 - b. Strategic and overarching interactions** related to a specific disease group or public health function are 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 are at the level of the **OCPs**, following necessary and appropriate consultation in the country.
- By delegating roles and responsibilities (to NFPs and OCPs), the NC also delegates the interactions with ECDC that follow with these roles and responsibilities.
 - All interactions are based on the ToR for specific functions in the structure (NC/NFP/OCP).
 - In all interactions, ECDC defines at the beginning of the email who (NC/NFP/OCP) is the recipient of a specific message.
 - To facilitate coordination within the Member States, the NC is always copied in the interactions between ECDC and NFPs/OCPs in the Member States and the NFPs always copied in the interactions between the ECDC and the OCPs within his/her domain.
 - Further to this, it is the responsibility of the Member State to decide on how the consultation processes within their country will be organised.
 - ECDC sets up a similar internal system to ensure the corresponding coordination within the Centre. Only those that have been appointed within ECDC to communicate with the CCBs at the three levels are allowed to do it.
 - 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.
 - To provide a comprehensive overview, ECDC will gradually compile the interactions and facilitate efficient work with the Member States through the CCBs.

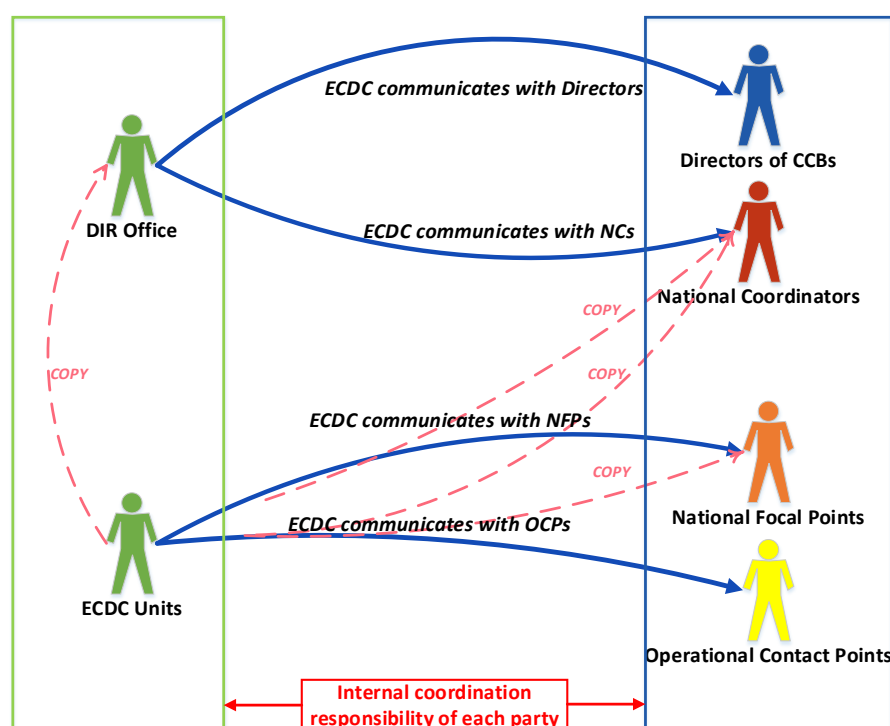


Figure 1. Principles for main interactions between ECDC and the CCBs.

Supporting information system

- To support the nomination process and the interactions between ECDC and the CCBs, the ECDC Stakeholder Relationships Management (SRM) system is being used as a primary business system maintaining ECDC's cooperation with stakeholders, by managing contacts and nominations, relationships, responsibilities, and interactions involved in collaborating with experts, networks, organisations and countries.

- Through the SRM system, the NCs have full access to all nominations from his/her country and are responsible for keeping the list of nominations updated.
- SRM fully supports the grouping of nominated persons (NC/NFP/OCP) in disease networks and access to ECDC applications.
- The system ensures that messages between ECDC and the CCBs reach the right person, with appropriate other persons copied. The system also keeps a record of interactions.
- To support technical communications between the ECDC and the NCs/NFPs/OCPs, a specific extranet 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.
- Access to the ECDC information systems (EpiPulse (EPIS), TESSy and extranets) is linked to specific roles within the CCB structure. Once a named person has been assigned a specific role (NC, NFP or OCP) in the SRM, the system automatically ensures that this person obtains access to respective ECDC applications simultaneously, linked to that function.

Governance and terms of references

- 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.
- In between these meetings, the NC Coordination Committee will make interim decisions on structures and terms of references under this framework.
- The NC Coordination Committee will further decide on the detailed interactions, and facilitate a smooth implementation of the system, including guiding the development of SRM.
- Terms of reference have been developed for the Directors, NCs, the NFPs and OCPs, detailing the responsibilities of these functions and ECDC, respectively. The ToRs consist of a generic part and a part, specific for each type of role.
- 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.
- 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.
- All agreed ToRs are annexed to this implementation document.

Implementation

- The nomination process of the CCBs and NCs, NFPs and OCPs is completed.
- Since October 2011, the NCs are being copied in on all interactions which are taking place in the ECDC various areas of work.
- Following the agreement of this implementation document and the terms of reference of the NCs, NFPs and OCPs, the Member States completed nomination of the above noted roles.
- The SRM system is accessible for the National Coordinators. The NCs perform nominations and updates of NFPs and OCPs, and access to EPIS and TESSy directly in the system.
- The previous CRM has been rebranded to SRM – Stakeholder Relationship Management - that evolves beyond contacts management towards supporting stakeholder collaboration in a system that can capture, track, and manage interactions, activities, and communication with the Member States and their institutions.

Evaluation

- In order to improve a collaboration between ECDC and the Member States through the CCBs, it is foreseen to receive feedback and evaluation from the MS during the CCB meetings as well as on daily basis.

List of Annexes

1. Terms of Reference for the **Director** of the Coordinating Competent Body in EU/EEA Member States
2. Terms of Reference for the **National Coordinator** in the Coordinating Competent Body in EU/EEA Member States.
3. Terms of Reference for ECDC **National Coordinators Coordination Committee** in EU/EEA Member States.
4. Terms of Reference for ECDC **National Focal Points for Disease Groups** in EU/EEA Member States.
5. Terms of Reference for ECDC **National Focal Points for Public Health Functions** in EU/EEA Member States.
6. Terms of Reference for ECDC **Operational Contact Points for Disease-Specific Interactions** in EU/EEA Member States.
7. Terms of Reference for ECDC **Operational Contact Points for Public Health Training** in field epidemiology (EPIET) and public health microbiology (EUPHEM) as organised in the ECDC Fellowship Training Site Forum (TSF)
8. Terms of Reference for ECDC **Disease Network Coordination Committees** in EU/EEA Member States.
9. Terms of Reference for ECDC **Public Health Network Coordination Committees** in EU/EEA Member States.

Annexes



Annex 1 to the Coordinating Competent Bodies: Structures, Interactions and Terms of Reference

Terms of Reference for the Director of the ECDC Coordinating Competent Body in the EU/EEA Member States

Background:

According to ECDC's Founding Regulation, ECDC in its relations with the Member States cooperates with the competent Bodies operating in the technical field of ECDC, in particular, in the area of surveillance (Article 3(2), responses to health threats (Article 4), scientific opinions, scientific and technical assistance, collection of data and identification of emerging health threats (Article 5(4) and public information campaigns (Article 12(3)).

Complementary to the roles of the ECDC Management Board and Advisory Forum, and following the adoption of "One Competent Body" approach (MB20) and Terms of Reference for the Competent Bodies (MB21), for each Member State, the Coordinating Competent Body (CCB) with the Director act as the main entry point for strategic advice and input between the ECDC and the CCB. The CCB Director nominates the National Coordinator (NC) as a central point for high-level interactions between the Member State and the ECDC. Following the CCB nomination structure, the National Coordinators nominate the National Focal Points for Public Health functions and Disease Groups, and Operational Contact Points for Disease-specific interactions with the EU/EEA Member States. For more detailed information, please refer to the relevant documentation below:

- Coordinating Competent Bodies: structures, interactions and terms of reference, 7th December 2012.
- AF28/7 Rev.1 – One national Coordinating Competent Body: Structures and terms of reference
- MB23/16 – One Competent Body for ECDC: Structures and terms of reference
- MB21/10 - Terms of Reference for the Competent Bodies
- MB20/13 Rev.1 - ECDC Work with EU Member States
- 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

ECDC team responsible for ensuring smooth, efficient network of excellence with the CCB Director:	Executive Office, Director's Office.
Role and responsibilities of the CCB Director:	<p>The Director of Coordinating Competent Body (CCB) is the Director of the Institution, which is the formally designated ECDC CCB by the relevant authorities. The CCB Director is primarily responsible for the following:</p> <ul style="list-style-type: none"> • Interacts on a regular basis with the NC to ensure the best possible collaboration between the CCB and the ECDC; • Ensures that the interactions between the NC and the NFP/OCP are properly organised to fulfil their overall technical responsibilities (i.e. nomination, participation to meetings); • Ensures that adequate exchange of information is organised at the MS level to feed the strategic and scientific discussions in the relevant governing bodies; • Informs the Director of ECDC of any difficulties encountered which can prevent the NC, NFP and OCP to fulfil their activities, in particular in relation to the feasibility of the activities requested by ECDC; • Acts as the main entry point between the ECDC and the CCB (and, if relevant, with other designated competent bodies in the MS), advising the ECDC Director on high-level strategic matters, including the vision, multi-annual and annual work plans of ECDC, objectives and priorities of the Centre; • Participates in the strategic discussions in relation to the strategies and multiannual and annual work plans of ECDC; • Informs ECDC of relevant national priorities and available resources within the field of work of ECDC; • Is the entry point for any country visits organised by ECDC including at the ECDC Director level; • Nominates the NC of the CCB; • Ensures the MS support to the activities of the ECDC in line with the provisions in the Regulation (EC) No 851/2004 and existing resources; • Advises ECDC on international initiatives and collaborations that need coordination between ECDC and the CCB; • In order for ECDC to plan and execute concrete support to MS (capacity building; technical assistance), the NC support the identification of nationally prioritised needs through agreed country support mechanisms, and, if later decided to be implemented, advocates/facilitates access for sufficient national resources to implement activities agreed with ECDC; • Participates in the ECDC Meetings of the CCB Directors, Joint Strategy Meetings (JSM) and other relevant fora. <p>The Director of the CCB may delegate any of the above tasks to his/her Alternate or to the NC. The contact profile and the role of the CCB Director is kept up-to-date by the National Coordinator, which ensures quality of the CCB nominations and real time data stored in the ECDC Stakeholders Relationship Management (SRM) system, in compliance with legal data protection rules.</p>

Responsibilities of the ECDC:	<p>In order to ensure and strengthen efficient collaboration and cooperation between ECDC and the Coordinating Competent Body, ECDC is responsible for the following:</p> <ul style="list-style-type: none">• Seek the advice from the CCB Directors in the strategic planning and execution of the ECDC activities;• Ensure that the CCB Directors are fully briefed in a timely manner on all ECDC strategic activities;• Organise the meetings for the Directors of the ECDC CCBs;• Meet the needs and expectations of the CCB Directors through the provision of timely feedback to their requests;• Provide an Induction package for the newly nominated CCB Director.
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**Annex 2 to Coordinating Competent Bodies:
Structures, Interactions and Terms of Reference:**

**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</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 responsible for relations with the National Coordinator</p>	<p>Executive Office, Director's Office.</p>

Responsibilities of the National Coordinator (NC)	<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 ECDC meetings; • Ensure that the contact details of nominated persons are kept up-to-date in the ECDC Stakeholders Relationship Management System (SRM), and for this task ensure compliance with legal data protection rules; • Handle institutional relations between the Member State and ECDC; • Coordinate in a timely manner the provision and exchange of scientific and technical information when applicable; • Contribute/provide input into the development of the ECDC annual work programme priorities; • Provide strategic advice and suggestions to ECDC regarding ECDC capacity building activities for the EU level and MS level; • Contribute/provide input into the development/revisions of ECDC strategies related to capacity building for the EU level and MS level; • Identify needs for support from ECDC in terms of scientific and technical assistance; • Support the dissemination of ECDC publications in the country; • Assist ECDC within its operational areas (disease work and public health functions) when requested. <p>The NC may delegate some specific strategic and operational interactions to NFPs covering disease groups or public health functions 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>
Responsibilities of ECDC	<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"> • Ensure that the NC is briefed in a timely manner on relevant ECDC activities and update about ECDC experts responsible for major projects and programmes; • Provide an Induction package for the newly nominated members and alternates for the National Coordinator role; • Provide full access to the ECDC Stakeholders Relationship Management System (SRM) and provide guidance on how to manage within the SRM and instructions on updated versions of the system; • 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 sufficient time to provide a sound reply.

	<ul style="list-style-type: none">• 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.
Interactions	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 SRM System.



**Annex 3 to Coordinating Competent Bodies:
structures, interactions and terms of reference:**

**Terms of Reference for National Coordinators Coordination
Committee in EU Member States and EEA countries**

Background:	<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 National Coordinators Coordination Committee (NCCC) will work closely with ECDC to facilitate a smooth cooperation between ECDC and CCB.</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
ECDC staff responsible for NC Coordination committee:	<p>Head of Executive Office, Director's Office.</p>
Role and tasks of the NC Coordination Committee:	<p>The NCCC acts as a group aiming at improving collaborative practices between ECDC and the MS. The NCCC shall facilitate a smooth cooperation between ECDC and the CCBs by providing advice to ECDC, in particular:</p> <ul style="list-style-type: none"> • In relation to the revision and implementation of the country support strategy;

	<ul style="list-style-type: none"> • In relation to any meeting relevant to the Directors of CCB and to the NC in particular the annual meetings of the CCB, the Joint Strategy Meetings. The Coordination committee and ECDC aim to develop a joint Agenda for the annual meetings of the National Coordinators (including identifying topics; speakers, working group sessions and others) and furthermore the Coordination Committee is responsible for the organisation of a specific session at the Joint Strategy Meetings, as feasible; • Advising ECDC on all aspects of the further development and implementation of the Coordinating Competent Body (CCB) structure; • Advising on potential actions arising from external evaluations where the CCB consider they can provide practical inputs to facilitate the implementation of the work plan of ECDC and the collaboration with the CCB; • Provisionally approving new terms of reference under the CCB framework; • Guiding the development of the ECDC Stakeholders Relationship Management (SRM) system; • Advising on the best and more efficient way to organise consultations with all NCs; • Advising on how to reduce the number of surveys sent to the MS.
Composition of the NC Coordination Committee:	<p>The NCCC will consist of a maximum of 10 members selected from all the National Coordinators.</p> <p>The NCCC may agree to form smaller time-limited sub-groups to undertake well defined specific pieces of work.</p> <p>The appointment of members will be for three years. Members can be re-appointed. The secretariat of the NCCC shall be provided by ECDC.</p>
Selection procedure:	<p>The ECDC Director will formally appoint the members of the NCCC following an election among the National Coordinators. The National Coordinators, when electing the NCCC members, should consider the geographical composition of the NC Coordination Committee.</p> <p>In the election process, each NC has one vote. The election process is done via e-mail with all NCs in CC.</p> <p>The election is based on nominations, including self-nominations, by the NCs, following a call from ECDC. If equal or less than 10 nominations, these nominated candidates will be appointed by the Director without an election process, following an opportunity for the NCs to comment on the proposed committee.</p> <p>In case of more than 10 nominations, the NCs are asked to mark up to 10 nominated candidates. The 10 candidates with most marks will be considered elected.</p> <p>The NCCC will elect a Chair and a Vice Chair from among its members.</p>
Work procedures:	<p>The NCCC will meet face-to-face once a year, and in between the physical meetings, a communication between the members of the committee should be maintained by extranet workspace, audio/videoconference, email, etc., as needed.</p>

	<p>ECDC will, in consultation with the NCCC Chair and Vice Chair, draft the agenda and organise the NCCC 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 NCs.</p> <p>Agreement on the NCCCs opinions or advice will be achieved by consensus. In the event of not reaching consensus the Chair, referring all the opinions, should identify concrete items and call for a vote (simple majority). Thereby diverging opinions, well justified by the NCs, should be indicated.</p> <p>When urgent advice is necessary, ECDC will consult the NCCC through its Chair. If so, The Chair should inform the NCCC members of the question and advice provided when answering ECDC. The Chair may decide to consult the Vice chair and the NCCC members with answers in less than two working days.</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>
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Annex i. Template Administrative Decision on the Appointment of National Coordinators Coordination Committee.**Administrative Decision on the Appointment of National Coordinators Coordination Committee**

Purpose: To establish the National Coordinators Coordination Committee, composed of members of the ECDC National Coordinators.

Background: Documents: Coordinating Competent Bodies: structures, interactions and terms of reference (September 2019), Annex 3 to Coordinating Competent Bodies: structures, interactions and terms of reference: Terms of Reference for National Coordinators Coordination Committee in EU Member States and EEA countries.

Description: This Administrative Decision establishes the appointment of the next ECDC National Coordinators Coordination Committee, in line with the ECDC procedure set out in the above background documents.

In accordance with the Terms of Reference referred to above, calls for nominations (including self-nominations) for the National Coordinators Coordination Committee from among the National Coordinators was initiated and received by [date]. The following nominees were presented to the network with the deadline of [date] to raise any objections regarding the proposed committee.

Name	Country	E-mail address
...		
...		

No objections were received from the National Coordinators, and the members are appointed for a period of three years, starting on the date of adoption of this Decision. Following the appointment, the National Coordinators Coordination Committee, will elect a Chair and a Vice Chair from among its members.



**Annex 4 to Coordinating Competent Bodies:
Structures, Interactions and Terms of Reference:**

**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>Disease Programmes (DPR)</p>

<p>Responsibilities of the NFPs for disease groups:</p>	<p>These Terms of Reference are valid for each of the following disease groups (grouped by ECDC Disease Programme):</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 (EFVED Programme) • Food- and waterborne diseases and Zoonoses (EFVED Programme) • Legionellosis (EFVED Programme) • Transmissible spongiform encephalopathy (TSE) (EFVED Programme) • HIV/AIDS, STI and Hepatitis B/C (SBT Programme) • Tuberculosis (SBT Programme) • Vaccine preventable diseases (VPI Programme) • Viral respiratory diseases (VPI Programme) <p>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.</p> <p>If no NFP for a disease group is nominated, all interactions within this area will remain channelled through the NC.</p> <p>General responsibilities (same for all NFPs):</p> <ul style="list-style-type: none"> • 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 group; • Provide strategic advice and suggestions for ECDC work within the area of the disease group;
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	<ul style="list-style-type: none"> • 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> <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 available in the SRM.
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**Annex 5 to Coordinating Competent Bodies:
Structures, Interactions and Terms of Reference:**

**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 country, identify and advise the NC on nominations of additional experts to serve as OCP for specific technical interactions with ECDC;

	<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>
Specific responsibilities for the NFP for Communication:	<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.
Specific responsibilities for the NFP for Microbiology:	<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 monitoring EU-wide and national capabilities according to agreed data collection methods and assessment tools; • 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.
Specific responsibilities for the NFP for Preparedness and Response:	<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.
Specific responsibilities for the NFP for Training:	<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).
Specific responsibilities for the NFP for Scientific Advice Coordination:	<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 mandate of ECDC; • 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;

	<ul style="list-style-type: none"> • 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. • Coordinate general surveillance and epidemiological related interactions with Disease group NFPs and ECDC.
Specific responsibilities for the NFP for Threat Detection, EWRS & IHR:	<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.
Responsibilities of ECDC:	<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.
Interactions:	<p>Based on these Terms of Reference, specific interactions for the full area of the disease group (NC, NFP and OCP levels) will be available in SRM.</p>



Annex 6 to Coordinating Competent Bodies: Structures, Interactions and Terms of Reference:

Terms of Reference for ECDC Operational Contact Points for Disease-Specific Interactions with EU Member States and EEA countries

Background:	<p>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.</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. The NC may further delegate day-to-day technical and operational interactions to Operational Contact Points (OCPs).</p> <p>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.</p> <p>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.</p> <p>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 approved, ECDC will ask the NCs to nominate the requested OCPs.</p> <ul style="list-style-type: none"> • Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 • Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012)
ECDC team/section responsible for relations	<p>As of ECDC Internal Procedures, there is one named main responsible internal focal point for official interactions with each OCP (across the</p>

with the OCPs for disease specific interactions:	Member States), using functional ECDC mailboxes supported by the SRM 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 (EFVED Programme) • Food- and waterborne diseases and Zoonoses (EFVED Programme) • Legionellosis (EFVED Programme) • Transmissible spongiform encephalopathy (TSE) (EFVED Programme) • HIV/AIDS, STI and Hepatitis B/C (SBT Programme) • Tuberculosis (SBT Programme) • Vaccine preventable diseases (VPI Programme) • Viral respiratory diseases (VPI 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 epidemiology:	<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; • 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.
Responsibilities of disease-specific OCPs for microbiology:	<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>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.
Responsibilities of disease-specific OCPs for TESSy interactions:	<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).
Responsibilities of ECDC:	<p>In order to ensure efficient communication and collaboration between ECDC and the Coordinating Competent Body³ 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; • 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;

³ NC, NFP or OCP as agreed with the CCB.

	<ul style="list-style-type: none">• 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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Annex 7 to Coordinating Competent Bodies: Structures, Interactions and Terms of Reference:

Terms of Reference for ECDC Operational Contact Points for Public Health Training in field Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) as organised in the ECDC Fellowship Training Site Forum (TSF)

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 and 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.

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 approved, ECDC will ask the NCs to nominate the requested OCPs.

ECDC’s established mechanism of interaction with the Member States is through Competent Bodies, and strategic subjects related to training are addressed through the National Focal Points for Public Health Training (NFPTs) in the broader context of the ECDC Training Strategy.

For the ECDC Fellowship Programme the EPIET Training Site forum has been established since the integration of EPIET into ECDC in 2007, and later complemented with a EUPHEM Training Site Forum – now combined to a Fellowship Training Site Forum.

These forums were established to address day-to-day technical matters regarding fellowship activities. As such, its members have been regarded as OCPs for Public Health Training within the established CCB structure, but unlike for the other OCPs, no Terms of Reference have been established.

This document describes the Training Site Forum, hereinafter referred to as TSF, in terms of its constitution and mandate, including its members’ roles and responsibilities, and the role of its members as OCPs. It specifies conditions for membership, and its remit in relation to the ECDC Fellowship Programme.

- Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004

	<ul style="list-style-type: none"> Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012)
ECDC team/section responsible for relations with the OCPs for Public Health Training interactions:	<p>The Head of the ECDC Public Health Training (PHT) Section has the main responsibility for the interactions with the TSF.</p> <p>Technical and scientific issues related to the two paths may be delegated to the Head Scientific Coordinators of EPIET and EUPHEM.</p>
Overall responsibilities of the Training Site Forum (TSF):	<p>Role and Tasks of the Training Site Forum</p> <p>The role of the TSF is to be a platform for interaction between the training sites, the NFPTs and the Public Health Training Section at ECDC in order to provide special expertise regarding fellowship activities.</p> <p>The TSF will:</p> <ul style="list-style-type: none"> provide technical input from training sites in terms of feedback on the curriculum and current programme (e.g. on administration, communication, training resources and tools, preparation and execution of modules, etc.); identify and inform about training needs for fellows, supervisors and facilitators; participate in the selection of fellows and facilitators; advise on relevance and applicability of training objectives and graduation criteria; advise on fellowship selection criteria and process; provide advice, input and guidance for the site visit process; and advise on the timing of the curricular cycle. <p>Remit</p> <p>The TSF has no decision-making function. It is an expert group whose role is to provide special expertise, advice and guidance on scientific and practical matters relevant to the ECDC Fellowship Programme, and feedback on administrative operations. It looks backwards in terms of outputs and evaluation and looks forward in terms of planning, curriculum development, and advice.</p>
Composition and working mode of the TSF	<p>Training sites</p> <p>The TSF represents acknowledged training sites. An acknowledged training site is a training site that has a) trained a fellow in the last three years or b) has been visited and approved within the last three years or c) has had a successful training site appraisal (no later than December the year of start of selection of the new cohort). The definition of acknowledged training site will be periodically revised in consultation with TSF and NFPT.</p> <p>Composition of the TSF</p> <p>The TSF is composed of:</p> <p>1) OCPs:</p> <p>The OCPs are recognised representatives of the ECDC CCB structure. One representative proposed by each of the acknowledged training sites for each of the EPIET or EUPHEM paths, formally nominated to ECDC by the respective National Coordinator (NC).</p>

	<p>ECDC will notify the NC when a previously acknowledged training site no longer fulfil the above criteria.</p> <p>2) Non-OCP representatives:</p> <ul style="list-style-type: none"> • Two representatives from the EAN board, if possible an alumnus from each of the EPIET and EUPHEM paths, • Two representatives from the current Fellowship Cohorts, one from the EPIET and one from the EUPHEM paths, and • Scientific Coordinators of the Fellowship Programme and staff from the ECDC Public Health Training Section (as observers). <p>Chair persons and "Committee of four"</p> <p>The TSF will elect one chairperson and one co-chairperson from among the representatives of acknowledged training sites for each one of the paths (EPIET and EUPHEM).</p> <p>The two chairpersons will co-chair the annual meetings, and will serve as contact points for communication between the TSF and the ECDC PHT section.</p> <p>The co-chairperson will serve in the same capacity as the chairperson of the respective path in his/her absence.</p> <p>Together, the chairpersons and co-chairpersons will form a "Committee of four". This committee will:</p> <ul style="list-style-type: none"> • draft the agenda of the yearly meetings, supported by the Head Scientific Coordinators; • upon request by the ECDC PHT section, appoint TSF members representing acknowledged training sites to participate in the selection panels of candidates to the Fellowship Programme for the EPIET and EUPHEM paths; • propose improvements to the fellowship programme; and • participate in strategic discussions regarding the focus of the Fellowship Programme. <p>Meetings and other interactions of the TSF</p> <p>The TSF will meet face-to-face at least once a year. The TSF should in its work try to reach consensus. In case of disagreements within the TSF, a balanced report of diverging views should be communicated to ECDC.</p> <p>In between the physical meetings, virtual consultations should be maintained by an online workspace, tele/videoconference, or email, as necessary.</p> <p>Chairpersons, after discussion with the Head of PHT section, are free to organise teleconferences with the TSF members (OCPs and non-OCP representatives) to discuss topics of relevance to the Fellowship Programme.</p> <p>The Head of PHT section and the two ECDC Head Scientific Coordinators should always be invited to these teleconferences.</p> <p>The Chairs can also, after discussions with Head of PHT section, establish specific working groups, and call for advisory electronic polls among TSF members on fellowship-relevant matters.</p>
Path specific issues:	For aspects related to the specific disciplines of field epidemiology (EPIET) and public health microbiology (EUPHEM), the respective Chairs, co-

	<p>Chairs and Training Sites may organise specific and ad-hoc working groups during and/or between the TSF meetings or sessions during meetings of the TSF.</p> <p>This applies in particular to curricular and scientific aspects that are specific to the respective discipline, always with the vision of knowledge developments, and the future needs of professionals and institutes in this field.</p>
Responsibilities of ECDC:	<p>Secretariat functions for the TSF and its chairs is provided by ECDC, and will ensure the necessary support, both scientific and administrative.</p> <p>ECDC facilitates the communications and interactions of the TSF by providing relevant information and materials, organising meetings, teleconferences and access to platforms for the exchange of opinions; taking minutes of meetings and making them available for transparency and consensus of the final advice provided.</p> <p>ECDC supports the contacts between the TSF and the NFPTs, in order to ensure consistency and alignment, in particular when translating training needs and in the area of administration of the Fellowship, coordinating the collation of advice from those bodies in a coherent and transparent way.</p> <p>The Committee of four is invited to the annual NFPT meetings</p> <p>ECDC provides the NFPTs with minutes and reports from the TSF meetings (and vice versa).</p> <p>ECDC takes the views of the TSF into specific consideration in its decision-making process.</p>



**Annex 8 to Coordinating Competent Bodies:
structures, interactions and terms of reference:**

**Terms of Reference for ECDC Disease Network Coordination
Committees in EU Member States and EEA countries**

General background:	<p>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.</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. The NC may further delegate day-to-day technical and operational interactions to Operational Contact Points (OCPs).</p> <p>The Disease Group NFPs and OCPs constitute the external ECDC Disease Networks. For each network there will be a smaller Disease Network Coordination Committee (DNCC) selected from among the network members, ideally mirroring both the broad scope of expertise in the network and its geographic diversity. The DNCC 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 DNCCs.</p> <p>For more background information please refer to the following documents:</p> <p>Document - Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012)</p>
ECDC staff responsible for Disease Networks Coordination committees:	Disease Programmes (DPR)
Role and tasks of the Disease Networks Coordination committees:	<p>The DNCC 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</p>

	<p>technical, epidemiological or scientific aspects, thus enabling the network to improve its effectiveness and added value.</p> <p>Complementary to consultations with the full network, the DNCCs will specifically provide support to the following:</p> <ul style="list-style-type: none"> • provide advice on the implementation of relevant ECDC strategies and annual DP work plans; • provide rapid advice to ECDC on scientific/technical issues within the disease programme area, 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; • review selected technical reports and guidance documents produced by the ECDC or its contractors and make suggestions for improvement, as requested by ECDC; • 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. <p>The DNCCs will act at an overarching level covering the (broad) fields of ECDC DPs and will complement but 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 members (the final number will be decided by each network) 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</p>

	<p>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 appointment of members will be for three years. Members can be re-appointed through the regular election procedure. The secretariat of the DNCCs shall be provided by ECDC.</p>
Selection procedure:	<p>The ECDC Director will formally appoint the members of the DNCCs following an election by the disease network members. The network members, when nominating and electing the DNCC members, should consider the composition and eligibility criteria listed above.</p> <p>In the election process, each CCB has one vote, coordinated by the respective NFP. The election process is done via e-mail with all NFPs in CC.</p> <p>The election is based on nominations, including self-nominations, by the NFPs and OCPs in the network, following a call from ECDC. If equal or less nominations than the agreed maximum number of DNCC members, these nominated candidates will be appointed by the Director without an election process, following an opportunity for the network members to comment on the proposed committee.</p> <p>In case of more nominations than the agreed maximum number of DNCC members, the CCBs are asked to mark candidates on the list with the number of marks corresponding to the agreed maximum number of DNCC members. The candidates with most marks will be considered elected.</p> <p>In the election process, each CCB has one vote, coordinated by the respective NFP. The election process is done via e-mail with all NFPs in CC.</p> <p>The DNCC will elect a Chair and a Vice Chair from among its members.</p>
Work procedures:	<p>The DNCC will meet face-to-face at least once a year. In between these physical meetings, communication between the members of the committee should be maintained by extranet workspace, tele/video conference, email, fax, etc. as needed.</p> <p>ECDC will, in consultation with the DNCC Chair and Vice 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 for approval no later than four weeks following the meeting. The final 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. 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 / Vice Chair.</p>

	These terms of reference should be reviewed periodically and any proposed changes may be passed on to the ECDC for further consideration.
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Annex ii. Template Administrative Decision on the appointment of Disease Network Coordination Committees.

Administrative Decision on the appointment of Disease Network Coordination Committees

Purpose: To establish the XXX Network Coordination Committee, composed of members of the ECDC XXX Network.

Background: Documents: - Coordinating Competent Bodies: structures, interactions and terms of reference, Annex 8 to Coordinating Competent Bodies: structures, interactions and terms of reference: Terms of Reference for ECDC Disease Network Coordination Committees in EU Member States and EEA countries.

Description: This Administrative Decision establishes the appointment of the next ECDC Disease Network Coordination Committee for the XXX Network, in line with the ECDC procedure set out in the above background documents.

In accordance with the Terms of Reference referred to above, calls for nominations (including self-nominations) for the Disease Network Coordination Committee from among the network members (XXX NFPs and OCPs) was initiated and received by [date]. The following nominees were presented to the network with the deadline of [date] to raise any objections regarding the proposed committee.

Name	Country	E-mail address
...		
...		

No objections were received from the XXX network, and the members are appointed for a period of three years, starting on the date of adoption of this Decision. Following the appointment, the Network Coordination Committee, will elect a Chair and a Vice Chair from among its members.



Annex 9 to Coordinating Competent Bodies: structures, interactions and terms of reference:

Terms of Reference for ECDC Public Health Network Coordination Committees in EU Member States and EEA countries

General background:	<p>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.</p> <p>Within this system, the NC may delegate some matters related to specific diseases 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).</p> <p>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.</p> <p>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, ideally 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 PHNCC.</p> <p>For more background information please refer to the following document: “Coordinating Competent Bodies: structures, interactions and terms of reference (7 December 2012)”</p>
ECDC staff responsible for Public Health Network Coordination Committees:	<p>Head of Section in the relevant ECDC unit.</p>

Role and tasks of the Public Health Network Coordination Committees:	<p>The PHNCCs 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 PHNCC will specifically provide support to the following:</p> <ul style="list-style-type: none"> • provide advice on the implementation of strategies and annual section work plans; • provide rapid advice to ECDC on scientific/technical issues within the public health function, as requested; • contribute to the identification of Member States' needs in terms of strengthening capacity in the area of the public health function. • review selected technical reports and documents produced by the ECDC or its contractors and make suggestions for improvement, as requested; • 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 complement but 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 Public Health Network Coordination Committees:	<p>The PHNCCs will consist of a maximum of 10 members (the final number will be decided by each network) selected from and representing all the NFPs and OCPs 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 appointment of members will be for three years. Members can be re-appointed through the regular election procedure. The secretariat of the PHNCCs shall be provided by ECDC.</p>
Selection procedure:	<p>The ECDC Director will formally appoint the members of the PHNCCs following an election by the network members. The network members, when electing the PHNCC members, should consider the composition and eligibility criteria listed above.</p> <p>In the election process, each CCB has one vote, coordinated by the respective NFP. The election process is done via e-mail with all NFPs in CC.</p> <p>The election is based on nominations, including self-nominations, by the NFPs and OCPs in the network, following a call from ECDC. If equal or less nominations than the agreed maximum number of PHNCC members, these nominated candidates will be appointed by the Director without an election process, following an opportunity for the network members to comment on the proposed committee.</p> <p>In case of more nominations than the agreed maximum number of PHNCC members, the CCBs are asked to mark candidates on the list with the number of marks corresponding to the agreed maximum number of PHNCC members. The candidates with most marks will be considered elected.</p> <p>The PHNCC will elect a Chair and Vice Chair from among its members.</p>
Work procedures:	<p>The PHNCC 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/video conference, email, fax, etc. as needed.</p> <p>ECDC will, in consultation with the PHNCC Chair and Vice 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. 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 / Vice 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 iii. Template Administrative Decision on the appointment of Public Health Network Coordination Committees.**Administrative Decision on the appointment of Public Health Network Coordination Committees**

Purpose: To establish the XXX Network Coordination Committee, composed of members of the ECDC XXX Network.

Background: Documents: Coordinating Competent Bodies: structures, interactions and terms of reference, Annex 9 to Coordinating Competent Bodies: structures, interactions and terms of reference: Terms of Reference for ECDC Public Health Network Coordination Committees in EU Member States and EEA countries.

Description: This Administrative Decision establishes the appointment of the next ECDC Public Health Network Coordination Committee for the XXX Network, in line with the ECDC procedure set out in the above background documents.

In accordance with the Terms of Reference referred to above, calls for nominations (including self-nominations) for the Public Health Network Coordination Committee from among the network members (XXX NFPs and OCPs) was initiated and received by [date]. The following nominees were presented to the network with the deadline of [date] to raise any objections regarding the proposed committee.

Name	Country	E-mail address
...		
...		

No objections were received from the XXX network, and the members are appointed for a period of three years, starting on the date of adoption of this Decision. Following the appointment, the Network Coordination Committee, will elect a Chair and a Vice Chair from among its members.