First EU Health Task Force Annual Meeting
25-26 January 2024

Meeting report

EXECUTIVE SUMMARY

The inaugural annual meeting of the EU Health Task Force (EUHTF) marked a significant milestone in strengthening the EU's preparedness and response capacity to face public health emergencies, as underscored by the recent challenges of the COVID-19 pandemic. The establishment of the EUHTF, in alignment with the extended mandate of the European Centre for Disease Prevention and Control (ECDC), represents a proactive step towards enhancing European Union (EU) and European Economic Area (EEA) countries' emergency preparedness and response capabilities.

Designed to promote awareness and foster a sense of engagement and ownership among EU/EEA countries, the meeting was held at the ECDC premises in Stockholm on 25 and 26 January 2024. The meeting, which covered two half days and was hosted by ECDC, gathered the EUHTF Coordination Team and EUHTF Advisory Group, together with country representatives from EU/EEA countries and experts from international organisations and initiatives outside of the EU.

The aim of the meeting was to facilitate communication and networking among participants, share key information on the EUHTF concept, processes and procedures, and discuss how to best reinforce EUHTF's support to countries and strengthen cooperation with different partners to create a collaborative network poised for swift and effective action in preparation and during health crises. The meeting provided a platform for sharing information on the operationalisation of the EUHTF and solicit valuable feedback on the development of the EUHTF's processes, operational priorities and strategic partnership opportunities.

The EUHTF is composed of a Permanent Capacity (the ECDC Coordination Team), of the EUHTF Expert Pools and of an Enhanced Emergency Capacity. The ECDC Coordination Team is a permanent entity in ECDC responsible for coordinating EUHTF activities. The EUHTF Expert Pools draw resources from EUHTF pools of public health experts put together in the spirit of an EU effort to strengthen health security in the EU/EEA and globally. These experts, who apply to the pool on a voluntary basis and are selected to support specific EUHTF assignments based on their technical competencies, qualifications, experience and availability to deploy, consist of public health experts in ECDC and in the EU/EEA countries, and of fellows during their two-year placement in the ECDC Fellowship Programme (i.e., EPIET, EUPHEM and EPIET-associated Programmes).

Experts within the EUHTF Pools also participate in a community of practice that aims at regularly updating members on EUHTF assignments, offer trainings and foster knowledge and experience sharing between colleagues from different countries. In this framework, regular webinars will be offered to continue building trust and increase engagement within the EUHTF network.

In the event of a declaration of a public health emergency, the EUHTF receives a request by either the EC or the EU/EEA countries to activate the EUHTF Enhanced Emergency Capacity leveraging to the maximum extent all the resources available within to the EUHTF to facilitate response. The EUHTF Enhanced Emergency Capacity is coordinated by the European Commission and ECDC.

In 2023, the first year of the EUHTF, most requests for assistance were related to preparedness; only a few requests to support the response to acute public health events were received. While discussing the reasons

behind this, the meeting participants stressed the need to increase awareness about the EUHTF and clarify the scope and the modality of the support offered by the EUHTF.

The need and the ways to strengthen coordination with partners and clarify the role of the EUHTF in the European and global landscape was also discussed in a lively panel with panellists from France, Portugal, DG HERA, WHO Regional Office for Europe, Africa CDC, the Eastern Mediterranean Public Health Network (EMPHNET), a former G7 Presidency country (Germany), Global Outbreak Alert and Response Network (GOARN) Secretariat, WHO Headquarters and the EUHTF Coordination Team.

The meeting was also attended by the members of the EUHTF Advisory Group, the body advising the ECDC Coordination Team on the establishment of the EUHTF administrative procedures, its mobilisation framework and the criteria to participate in the EUHTF Expert Pools. The EUHTF Advisory Group is constituted by members from six EU/EEA countries, from four Directorates-General of the European Commission, the European Medicines Agency, the WHO Regional Office for Europe, the GOARN Secretariat, the European Public Health Association (EUPHA) and Doctors Without Borders (MSF).

The EUHTF Advisory Group will meet in Stockholm in April and November 2024. The meeting in November will be held back-to-back with the next EUHTF stakeholder meeting aiming at informing and receiving feedback and suggestions on the EUHTF modus operandi from national focal points for preparedness and response of EU/EEA countries, from experts participating in the EUHTF Expert Pools and from international organisations collaborating with the EUHTF.

BACKGROUND

The extended ECDC mandate included the creation of an EU Health Task Force (EUHTF). The EUHTF is established and coordinated by ECDC in cooperation with the EU/EEA Member States, the European Commission and international organisations. Upon request, the EUHTF provides timely support to EU/EEA Member States, third countries and international organisations in strengthening countries' emergency preparedness and response capacities to face emergencies associated with infectious diseases or diseases of unknown origin as well as other crises with a cascading risk of infectious disease.

The EUHTF is composed of a Permanent Capacity (the ECDC Coordination Team), of the EUHTF Expert Pools and of an Enhanced Emergency Capacity. The ECDC Coordination Team is a permanent entity in ECDC coordinating the EUHTF activities. The EUHTF Expert Pools draws resources from an EUHTF pool of public health experts. These experts, who apply to the pool on a voluntary basis and are selected to support specific EUHTF assignments based on their technical competencies, qualifications, experience and availability to deploy, consist of public health experts in ECDC and in the EU/EEA Member States, and of fellows during their two-year placement in the ECDC Fellowship Programme (i.e., EPIET and EUPHEM, EPIET-associated Programmes).

In the event of a declaration of a public health emergency, the EUHTF receives a request by either the EC or the EU/EEA countries to activate the EUHTF Enhanced Emergency Capacity leveraging to the maximum extent all the resources available within to the EUHTF to facilitate response. The EUHTF Enhanced Emergency Capacity is coordinated by the European Commission and ECDC.

ECDC, in efforts to establish the EUHTF, has engaged over the course of its first year of operation (2023) with the Ad Hoc EUHTF Working Group to get support and advice on the establishment of the EUHTF administrative procedures, its mobilisation framework and the terms of reference (ToR)/criteria to participate to the EUHTF Expert Pools. The Ad Hoc EUHTF Working Group also supported the creation of the EUHTF Advisory Group. The Ad Hoc EUHTF Working Group met for the first time in March 2023, and has been dissolved after one year of operation, handing over its responsibilities to the EUHTF Advisory Group to be continued on a permanent basis from January 2024. Member States membership of the EUHTF Advisory Group will be for two years, on a rotational basis. Members from the European Commission (EC), World Health Organization (WHO), GOARN Secretariat, European Public Health Association (EUPHA), and Doctors Without Borders (MSF) were appointed by their respective organisations upon request from the EUHTF Coordination Team.

PROGRAMME

See annex 1 for the detailed programme.

PARTICIPANTS

Invited meeting participants included members of the Ad Hoc EUHTF Working Group, EUHTF Advisory Group, EU/EEA country experts and representatives from international organisations and initiatives. See annex 2 for the detailed list of participants.

INTRODUCTION

Success for the EUHTF is subject to EU/EEA countries' interest and endorsement, displayed both by requesting support when necessary and by facilitating the engagement of experts in the EUHTF External Expert Pool, as stated by the ECDC Director, Andrea Ammon in her introduction to the annual meeting.

The ECDC Director reinforced that the EUHTF offers support upon country request and focuses on supporting not only EU/EEA countries, but also third countries and international organisations. Regarding the experts that will join the EUHTF pool, the ECDC Director emphasised that joining the EUHTF pool gives them the chance to collaborate and provide mutual help, as well as foster capacity-building by bringing back their experience to one's own country.

The members of the ECDC Coordination Team gave a thorough introduction of each of the meeting's participants and the teams, organisations and initiatives they represent.

Session 1: Overview of the EU Health Task Force

The ECDC Coordination Team representative Dorothee Obach presented the concept of the EUHTF and its operationalisation in 2023. It was highlighted how the EUHTF is meant to be an European effort, being composed by a small ECDC Coordination Team, which carries out tasks such as the development of administrative, readiness and mobilisation procedures, as well as ensuring training and capacity-building activities, communication with different stakeholder and overall coordination of the mechanism, and large EUHTF Expert Pools, composed of pools of experts in ECDC, in the ECDC Fellowship and in the EU/EEA countries (the "external experts"), which participate to the support that the EUHTF offers in preparedness and response.

The session continued with a description of the preparedness and response activities supported by the EUHTF, and the criteria for requesting support. The following points were stressed:

- When a request for support is received, the EUHTF would assess the best way to meet and fulfil the needs of the country
- Support offered by the EUHTF can either be remote or on site
- For complex deployments outside the EU, arrangements with other actors – experienced in such deployments – would be made.

The EUHTF's prioritisation of requests for support was also presented. For example, response activities would be prioritised over preparedness ones. However, it was stressed that these criteria will only be used if many requests would reach the EUHTF at the same time.

To conclude the session, the ongoing coordination with the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and GOARN was described along with the EUHTF action points to continue working on processes and co-deployment mechanisms with both organisations.

Discussion

- Organisation and funding of EUHTF deployments:
  In most instances when the deployment will happen in the EU/EEA, the EUHTF will lead in the organisation of the deployment and ECDC will provide insurance and cover travel related cost (transport, accommodation and per diem) for those deployed. When out of the EU/EEA, DG ECHO and GOARN will most often lead in the organisation of the deployment and will provide insurance and cover deployment-related costs for those deployed.

- Scope and added value of requests for support in 2023:
  The EUHTF has already received a number of requests for different types of support, including after action reviews at country level. Support at national level is where the EUHTF has a large added value.

- Cooperation with other EU agencies and services:
Remaining faithful to the ECDC mandate to work on communicable diseases, the EUHTF is working on building a system that involves closer collaboration with different commission services, agencies and bodies (i.e., Directorate-General for Health Emergency Preparedness and Response (DG HERA) or European Medicines Agency (EMA)), where these organisms can provide the EUHTF with knowledge and experience in their areas of work, while the EUHTF can ensure rapid and more comprehensive response to requests. The Directorate-General for Health and Food Safety (DG SANTE) remains the main body to support the EUHTF to streamline cooperations with other agencies.

- EU/EEA countries' membership in the EUHTF Advisory Group:
Regarding the composition of the Advisory Group, six selected EU/EEA country representatives are part of this governance body. Their membership is for two years. The EU/EEA countries, through the National Focal Point for Preparedness and Response (NFP P&R) and the National Coordinator (NC), will be asked to express their interest to be part of the EUHTF Advisory Group. If the number of experts interested is larger than the number of EU/EEA country representatives required for a certain year, the experts will be selected following a voting process involving the NFP P&R. For the next rotation of the EU/EEA country representatives (four members to be selected by early 2025), the ECDC Coordination Team will communicate after summer 2024 with the NFP P&R and NC to receive the expression of interest for EU/EEA country representatives to be part of the EUHTF Advisory Group.

Session 2: EUHTF support

The ECDC Coordination Team representative Emma Löf presented the assignments carried out by the EUHTF in 2023. From completed requests and ongoing assignments, to pending and on-hold requests.

A total of 11 request from nine EU/EEA countries were presented, covering different topics such as after-action reviews, simulation exercises and rapid risk assessments.

The EUPHEM fellow Maria João Cardoso presented her experience in the ongoing assignment related to an operational research project requested by Ireland. Maria supported the team that was tasked with conducting a multi-country study to identify risk factors for invasive Group A Streptococcus (iGAS) in selected EU countries in 2023 and provide surveillance recommendations. This international mission gave Maria the possibility to apply the methods learned during the fellowship and increase her knowledge about epidemiology, while contributing to a multicountry study. Following the needs flagged by Ireland and other participating EU/EEA countries, the EUHTF response team including Maria and ECDC experts developed a study protocol and a questionnaire, collected data, which are currently being analysed, and will prepare a set of communications aimed at answering the research questions agreed upon by the countries. Continuous communication and coordination between the EUHTF response team assigned to this project and the countries involved in the project ensured a smooth cooperation so far.

This presentation prompted the representative for Ireland to make the following remarks about the collaboration with the EUHTF:
- Ireland was the first country to activate the EUHTF mechanism
- The ability to get additional support for a significant public health event in doing something that would positively impact Ireland and other EU countries was really appreciated
- The work of the EUHTF was perceived as having very high standards and quality
- The collaboration has provided a very firm basis in which to build forward new mechanisms around the surveillance of iGAS that impacts on paediatric patients
- The collaboration provided some reassurance at national level as well as to policy makers and Ireland's health system that the work being done with the EUHTF and ECDC was contributing to the evidence base while responding to a live event

Discussion

Request management process
- Requests for support have so far reached the EUHTF via e-mail
- A scoping call internal to ECDC and one with the requesting country take place at the start of the process to clarify the request and the potential support offered
- Post-assignment questionnaires have so far collected positive feedback from requesting authorities and participating experts

- Further information on the requestor's experiences and opinions is shared upon agreement with the requesting authorities.

Operational aspects
- Rapid deployment mechanisms have been administratively tested in ECDC. Different timeframes are envisioned (e.g., 48 hours for ECDC experts, 5-7 working days for fellows and external experts). Availability of the expert should also be considered and might increase the timeframe for response. The requesting authority substantially influences the speed of the response to the request
- ECDC acknowledged the need to be fast and agile, especially in case of urgent response requests or multi-country operational research, through a common effort between experts, requesting party and the EUHTF Coordination Team.

Lessons learned from the process so far
- The iGAS operational research study showed that the assumption that responses to an acute event in peace time (i.e. not during the acute phase of a pandemic) would be much faster and less challenging was proved wrong. As a result, a legally approved data sharing agreement has been created by ECDC to reduce the time constraints related to the EU/EEA countries' participation
- Ethical approval for operational research is a more challenging process which might need to be addressed country by country. Pre-agreed ethical clearances would help in having a common and faster approach
- ECDC built an in-house working group for operational research, which aims at better understanding processes within each country and increase readiness to engage EU/EEA countries in operational research
- A larger number of requests related to response activities was expected by the ECDC Coordination Team. A critical need to increase awareness and clarity around EUHTF's support services is recognised, so as to build trust in potential requesting countries.

Monitoring EUHTF activities
- A database that records indicators of interest is being developed to monitor EUHTF assignments and operations. It was suggested to add indicators such as expert-hours worked
- The importance to reflect on the inputs (i.e., resources needed to make the EUHTF operational) but also on the outputs that can be delivered through the EUHTF and the real impact of an intervention was emphasised. It was recommended to develop a narrative that takes into consideration the impact of EUHTF activities on public health.

After this discussion, participants were taken through the process for Ministries of Health, Institutes of Public Health and other organisations to request EUHTF support. The EUHTF request for support form was presented and the following schematic diagram was shown to explain the EUHTF's process to handle requests. The ECDC webpage of the EUHTF provides the information to request the EUHTF support.

The participants were then invited to discuss among themselves the following points:
- Challenges/reasons why EU/EEA countries may or may not request EUHTF support
- Current awareness around the EUHTF and its function

Discussion on the EUHTF support for response activities

Some participants argued that it is crucial to maintain a focus on supporting response activities given the high variability in response capacities among countries, the occurrence of large outbreaks in the EU/EEA and their potential to trigger cross-border events. An additional support to country capacities could decrease or prevent the abovementioned issues.

Similarly, it was suggested that the recent pandemic showed a need for more collaboration between countries, as well as the E. coli outbreak in Germany in 2011 was highlighted as another example of where a Task Force could have added value.

The ECDC Coordination Team clarified that work to increase response support capacities is ongoing in ECDC and collection of protocols and data-analysis templates will support the provision of a smoother and faster assistance to EU/EEA countries.

The ECDC Coordination Team mentioned that in 2023 offered support to different EU/EEA countries experiencing outbreaks. The fact that the EUHTF support was not accepted at that time flagged the need to clarify what specific kinds of support the EUHTF can offer. The need to increase awareness among requestors at national level regarding the type of services that can be requested was stressed.

Session 3: The EU Health Task Force in the European and global landscape - Panel discussion

This was a panel discussion chaired by Thomas Hofmann, Head of Section Emergency Preparedness and Response Support, and included panellists representing the Directorate General for Health of France, Directorate General for Health of Portugal, former G7 presidency from Germany, DG HERA, WHO Regional Office for Europe, Africa CDC, EMPHNET, GOARN, WHO Headquarters and the ECDC Coordination Team of the EUHTF.

The objectives of the panel discussion were to:

- Share knowledge and lessons learned from national and supranational initiatives to support preparedness and response to public health emergencies
- Identify existing gaps and synergies in international preparedness and response support.

In his introduction to the session, Thomas emphasised the want for the EUHTF to provide added value to the EU and global health security. Thomas pointed out that the ECDC had been tasked to set up the EUHTF through an EU regulation discussed and negotiated by representatives of all EU countries, stressing that therefore, it is an EU public health task force, not an ECDC public health task force. As the EU plays a role in global health security, the EUHTF needs to have a clear idea of the global landscape to avoid duplication and fill existing gaps.

The participants were asked to reflect on the work conducted by their institutions in the field of preparedness and response at the national or international level, and on the main triggering factors the organisations and initiatives identify as key elements for requesting or providing support.

France

Clément Lazarus, Assistant Deputy Director for Surveillance and Health Security at the Ministry of Health,
There is a comprehensive support system set-up in France. It is based on three components.
The "Reserve Sanitaire", a system for surge capacity composed of healthcare professionals from the regions ready to support upon request and availability for deployment.
The "Solidarité nationale", recently created to respond to limited workforce availability in primary care and at the hospital level. During the pandemic, the Reserve Sanitaire was not sufficient to respond to all public health needs, and was asked for support that was out of their general framework. The Solidarité nationale platform was developed so that available healthcare professionals can offer their support and provide reinforcements to healthcare facilities.
The third capacity are the health specialised teams. A smallpox national team has existed for a long time and recently a decree on healthcare system preparedness for all hazard events was published with a specific focus on epidemic and biological hazards. A specialised team for epidemic and biological hazards will be created, ready to be activated in case of disease outbreaks on the French territory.

Portugal

Mariana Ferreira, Public Health Emergency and Operations Centre at the Directorate General of Health
During a public health alert or emergency, Portugal structures its rapid response teams at national level through specific teams composed of several areas of expertise, such as coordination, monitoring and evaluation, surveillance, microbiology and communication.
Additionally, Portugal has a large network of public health authorities both at the regional and local levels which carry out epidemiological, surveillance, risk assessment and risk management activities. As a general principle, the national level is involved based on the needs. In terms of deployment for international missions, Ms. Ferreira stated that Portugal used to have large experience in supporting third countries, but this activity has decreased in recent years.

Eastern Mediterranean Public Health Network (EMPHNET)

Haitham Bashier, Team Leader for Public Health Emergency Management Centre
The Eastern Mediterranean region is characterised by political instability and conflicts. Therefore, preparedness and response mechanisms have been adapted to serve under such circumstances. There is almost a daily need for response, be it for disease outbreaks or public health emergencies, and capacity varies a lot among countries in the region. The imbalance between wealthy and less advantaged countries

means that coordination at a supranational level is complex, and must be tailored to the specific needs and countries involved.

EMPHNET shaped their network for response programs around a field epidemiology training program (FETP), through which they train other public health professionals. The involvement of field epidemiology fellows both in the EUHTF and in EMPHNET is a similarity of interest. Almost all countries in the region are pressing to receive this support and such amount of requests is stretching the EMPHNET capacities to ensure an efficient response. Hence, the interest to build strategic partnerships with the EUHTF.

Africa CDC

Merawi Tegegne, Head of the Surveillance and Disease Intelligence Division

The African Volunteers Health Corps (AVoHC), developed following the West Africa Ebola crisis, provides support upon request as well as offering it proactively when a public health event is graded as "large" (grade 3). Currently, Africa CDC counts close to 900 experts coming from a variety of backgrounds in the roster, and 44 people available to be deployed at any time. The mechanism is very straightforward. The requests from Member States (MS) are usually received by e-mail and then an advanced team would be deployed.

It was stressed the lack of special expertise such as medical anthropologists, of which there is an urgent need. It was also mentioned a lack of a strong workforce at all levels. It was concluded that whenever there is an outbreak, there is usually a need for support as the health system can get quickly overwhelmed and essential health services compromised. The 10-year plan is to revert to MS relying more on their national capacity. Currently, over 1300 people have been trained at a national level through the AVoHC surge programme.

DG HERA

Isabella Panunzi, Policy officer at DG HERA

DG HERA is working on training and capacity building related to preparedness and response in the domain of medical countermeasures – in synergy and complementarity to ECDC activities. Currently, DG HERA is conducting a training needs assessment for MS. Additionally, work is ongoing on a stockpiling strategy for the EU, also including the implementation of workshops with MS to design it. In terms of response support, for DG HERA the ability to stockpile innovative medicine is pivotal. This work is conducted closely with EMA and DG ECHO.

The outcome of the collaboration between DG HERA and the EUHTF will enable the integration of medical countermeasure expertise and the provision of support in such area. So far, the collaboration with the EUHTF has been very positive and the DG HERA involvement as part of the EUHTF Advisory Group allows DG HERA to understand how the medical countermeasure support can be channelled through the EUHTF.

WHO Regional Office for Europe

Oleg Storozhenko, Partnerships Officer at World Health Organisation Regional Office for Europe

Political instability brings complex challenges to different deployment mechanisms. With the operationalisation of the EUHTF, a window of opportunity for international deployments is possibly opening, but the receiving country's governments must understand what the EUHTF is and what value it brings regarding response activities. There is a need to raise high-level awareness, for instance in Ministers of Health and at a local level.

Activities prior to deployment are key to success. Participating in joint simulation exercises with priority countries, where a deployment is a possibility, and working together with national counterparts will facilitate future deployments. Before deployment, the EUHTF should reflect on where they fit into the existing landscape of coordination mechanisms and, at the same time, build knowledge on the coordination mechanisms that are being implemented by MS.

Former G7-presidency from Germany

Christophe Bayer, Head of Division Health Security, International Crisis Management, Ministry of Health, Germany

In the discussions among the G7 partners, one lesson identified from the COVID-19 pandemic was a shortage of trained potential surge staff which could become a health emergency workforce. Similarly, the second bottleneck from a field epidemiology point of view was the need for trained surveillance specialists. Therefore, there was political commitment, as a G7, to bring in the strong idea that it is worth investing in workforce development and capacity building, including for collaborative surveillance.

Globally and in coordination with WHO and GHEC programme, the importance to foster capacity building at a national level was noted, together with the relevance of regional support.

WHO Headquarters

Scott Dowell, Global Health Emergency Corps programme

It is essential to ensure that the EUHTF and other deployment mechanisms coordinate to avoid fragmentations. Although there is real value in having different initiatives and mechanisms able to provide surge capacity for deployments in different outbreaks, emergencies and countries, fragmentation is not an advantage when it comes to combatting a pandemic, where acting uniformly should be the aim in all countries and regions. For this reason, there is a need for an overarching framework to really understand the different parts of the emergency deployment system. In the event of another COVID-like emergency, surge deployments from place to place will play a small role as countries will work on their own problems. Local- and country-based response teams are key and the EUHTF can play a central role in preparing for this.

ECDC Coordination team of the EUHTF

Ettore Severi, Group lead Emergency Preparedness and Response Readiness and Support at ECDC

After reflecting on the panellists' words, it becomes clear that one of the ways forward for the EUHTF is to strengthen collaboration with existing organisations and initiatives. In a landscape with major actors, but also with many needs, the EUHTF, thanks to its system of expert pools, can be able to access to pockets of skilful experts that are not yet completely embedded into the existing systems. The strategy behind the EUHTF is to build a mechanism compatible with other initiatives and that can be easily coordinate in case of emergency. The EUHTF is designed to learn from other initiatives and share its peculiar experiences in an open and transparent way with European and global stakeholders.

Summary of closing points from the panel

- Target regional initiatives and countries to advocate and inform on what kind of support the EUHTF can offer
- Create awareness among highly specialised experts in countries about the opportunity of being part of the EUHTF pool of external experts
- Provide learning opportunities for those part of the EUHTF Expert Pools to stimulate experts to join and remain engage even when the opportunities for active participation to EUHTF assignments are limited
- The system to ensure global health security must be sustainable. We are often driven by the urgent need to respond and can forget to focus on the positive impact that we should leave behind.
- Maintain transparency and build trust among countries and regional initiatives (crucial for information and data sharing)
- Strengthen the integration of the EUHTF support into national capacities, so to reinforce existing capacities. This modality would be appreciated by EU/EEA countries.

Session 4: Being part of the pool – process and assignments

The ECDC Coordination Team representative Adriana Romani Vidal gave a presentation of how the EUHTF is planning to set up the EUHTF Expert Pools and what the experts part of it should expect from the moment they plan to be part of the pool to the moment they are selected for an assignment.

ECDC is currently developing a platform for external experts to register in the EUHTF pool. As soon as the platform is operational, there will be a call for expressions of interest. A two-step approach will be followed, to ensure the good functioning of the system. There will be first phase when the platform will be made available for the members of the EPIET Alumni Network (EAN, the association of the alumni of the ECDC Fellowship), and a second phase when the platform will be open to external experts; these could also include experts working in academia to ensure diversity and increase the range of expertise.

An open call will be launched on the ECDC's EU Health Task Force webpage and will be circulated among ECDC networks. The platform will be open for any expert with enough experience and willing to be part of an EUHTF assignment to register via a form where basic details are required. It was noted that ECDC experts and ECDC Fellows (during their 2-year placement) will automatically be part of the pool.

Following a request for support, the ToR to join the EUHTF response team will be shared with potential candidates in the pool (who meet the requirements). If a suitable candidate is not found in the pool, the

request may be cascaded through NFPs and NCs. A declaration of interest will be requested to any expert involved in an assignment.

An assignment will be finalised when the agreed deliverables will have been completed and shared with the requesting party. A debriefing process will then welcome input from both parties and be of high value in helping the EUHTF improve its modus operandi.

Discussion

- Participation to the pool

Large networks of public health experts such as EUPHA can play a role in creating awareness on the opportunity to be part of the EUHTF pool.

Responsibility and liability issues were discussed. Following the annual meeting the ECDC Coordination Team discussed these topics with the ECDC Legal Department, and it was clarified that ECDC is liable for the experts involved in responding to EUHTF assignments as well responsible for them.

The role of NFPs and NCs regarding the enrolment of external experts in the pool and their participation to EUHTF response team was discussed. Due to legal constraints, the details of the experts enrolled in the pool will not be shared with the country of origin. In addition, for the same reason and following discussions within the Ad Hoc EUHTF Working Group, the NFPs and NCs will not have to approve the participation of an expert to an EUHTF response team, since this would imply a large workload at the national level and they might not know the expert selected.

- Selection of experts

The selection process will include the verification of compliance with the ToR though a revision of the expert's CV and an interview.

Any feedback from the requestor and the expert, both positive and negative, will be considered to improve the selection process.

The ToR was identified by GOARN as the best tool to select the most suitable expert.

- Training of experts in the EUHTF Expert Pools

A need was identified to train the experts on the mechanism to ensure common understanding of the EUHTF, what can be requested and what should be expected. The pre-deployment briefing and basic pre-deployment training were also discussed (e.g., safety and security, cultural awareness).

Trainings on technical subjects (i.e., outbreak investigation, contact tracing) are not foreseen, as the experts selected for assignments are expected to already have sufficient expertise on the topics they are supposed to provide support in.

The option of including experts under training in deployments as a capacity building activity was discussed. This would be of value for the expert and for their institution and country. Administrative issues should be considered, but also the fact that it is crucial to meet the needs of the requesting party.

- Collaboration with international organisations

The role of NGOs was discussed, and it was clarified that they can act as requestor (as long as they have the permission of the host country) and they can also be an operational party in different areas such as training activities.

Potential alignment with the UCPM processes and tools was discussed and it was clarified that this option was explored but not seen as the most suitable way forward. Coordination with DG ECHO is constantly ensured, and they are part of the EUHTF Advisory Group.

- Communication

Further discussion on communication opportunities between the EUHTF and the NFPs and NCs took place, and the ECDC Coordination Team noted the need to keep the national counterparts informed. The wider public was also flagged as potential audience to consider as part of the EUHTF awareness plan.

Session 5: Opportunities for the experts in the EUHTF pools

The ECDC Coordination Team representatives Sara Forato and Emma Löf presented the session, which began with examples of general and deployment specific trainings that could be provided by ECDC.

The participants were then provided with an active digital poll where they were invited to answer three questions centred around the EUHTF platform for the training of experts in the EUHTF pools. Detailed results can be seen in annex 3. Participants were invited to discuss after each poll question.

Summary of key responses from the floor

Question 1 - Where do you think the focus of the training programme should be? (multiple-choice poll):
- According to the results a training on how the EUHTF deployments work seem the most relevant training to offer at this stage. This training should focus on understanding the EUHTF scope and processes
- Training on technical tools and methods was not seen as suitable since the experts are already to be trained in their field of work. The ECDC Coordination Team clarified that trainings could be offered in the meantime for experts who are part of the pool to enlarge their skill set
- It was clarified that tailored trainings to prepare experts for specific deployments would focus on country-specific information and, potentially, on the tools and specific methodologies to be used during the assignment
- Introducing the team member's roles and responsibilities was also noted as a relevant aspect to be included in a pre-mission briefing
- The creation of training packages based on expert profiles was also suggested
- Some suggested the inclusion of trainings on post-colonial narratives.

Question 2 - To be deployed, the completion of trainings should be…(mandatory/voluntary/other options) (multiple-choice poll):
- It was made clear that having a good understanding of the EUHTF and its procedures is crucial, and that this should be part of the trainings that shall be completed before being assigned to a mission
- The completion of a HEAT (Hostile Environment Awareness Training) ensures that an expert is able to work in stressful and dangerous environments. Although the EUHTF will not be able to provide such training, its completion might be required for deployments in specific contexts
- The EUHTF should provide information on the healthcare system of the country where the expert is deployed to, and to make the expert as culturally and context aware as possible
- Coordinate and align the training offer with GOARN's – and other organisation's – training packages.

Question 3 - What would you like to see in such platform? (word-cloud poll):
- The ECDC Coordination Team plans to set up a community of practice through which webinars on topics for interest, sessions on outcomes and lessons learnt from deployments, testimonies from assignments, etc. can be offered
- The audience suggested to include the possibility to have experts interact with each other – to allow networking and opportunities for partnership. Case studies and sharing of best practices were also proposed as potential content for the community of practice, and a focus on coordination and cooperation was suggested
- Finally, the participants were informed about a survey that the ECDC Coordination Team will share with them to understand what specific trainings would be suitable for the pool, and whether they are aware of any training already available to avoid duplications.

Session 6: Work in 2023 and expectations for 2024

The ECDC Coordination Team representative Dorothee Obach began the session by detailing the ToR of the EUHTF Advisory Group. The Advisory Group's role is to support and advise the EUHTF in its operations as well as in the administrative and technical decisions, with the main task being to identify priority areas of work and annual work planning. The Advisory Group's expectations towards the EUHTF and the ECDC Coordination Team for 2024 were collected in a meeting held on the previous morning.

Discussion

It was suggested to:
- Define the profiles of the types of missions and the requirements for the experts for those types of missions, both in terms of their expertise and of the training elements that would be needed. This would help to define the perimeter of action for the EUHTF
- Clarify relations with other institutions such as GOARN in a more formal way
- Identify and communicate the added value and role of EUHTF for preparedness and response activities. Consider narrowing or clarifying the areas in which the EUHTF will have a stronger focus

- Develop a chronology (i.e., time from request to response) to adjust expectations on operational perspectives. Additionally, landmarks or milestones would help to understand when the appropriate times would be to review/revise the scope and purpose.
- Have a specific focus on advocacy and awareness activities.

Session 7: Next steps in the EUHTF operationalisation with Members States and international partners

The ECDC Coordination Team representative Emma Löf began the session by listing the immediate work to be carried out for the EUHTF operationalisation, which includes launching the pool of external experts. Furthermore, regular webinars were suggested as a solution to increase awareness around the EUHTF on what support the EUHTF can offer and how EU/EEA countries can ask for support.

The meeting participants were informed that a large EUHTF stakeholder meeting of the EUHTF will take place in November 2024 and were asked to reflect on what would be the most appropriate candidates to be invited to this meeting later in the year. It was also emphasised that EU/EEA country support is needed, whether as an EUHTF Advisory Group member, by sharing knowledge on how rapid response teams work in the different EU/EEA countries and on how synergies can be created with the EUHTF.

As for next actions in the EUHTF operationalisation, the following steps were announced:
- Development and publishing of the implementing act currently in preparation in DG SANTE
- Second Advisory Group meeting in late April 2024
- Large EUHTF Stakeholder meeting and 3rd Advisory Group meeting, back-to-back with ESCAIDE2024

Discussion

It was suggested to:
- Contact TEPHINET to inquire about Tephi Connect
- Try and build relationships with other FETP networks worldwide to establish partnership before crises hit
- Create a handbook or manual that would document the deployment process, duty of care for deployment and insurance to act as a guide and attract interest
- Build a stepwise approach to expand the EUHTF Expert Pools
- Clarify with NCs and NFPs where to put their efforts to help promote the pool at the country level
- Continue informing NFPs, NCs and interested stakeholders on the EUHTF activity, developments, and achievements regardless of their attendance to the next annual meeting
- Attend the EMPHNET regional conference later in the year

Closing remarks

The closing remarks came from Thomas Hofmann, who summarised the discussions about the pool and the trainings, and then presented key takeaways from the perspective of the EUHTF.
- Strengthen coordination with partners and clarify the role of the EUHTF in ad-hoc preparedness activities
- Continue working to identify gaps, aspects and ways of working in the context of outbreak response and public health emergencies in which the EUHTF can add value
- Build trust and increase engagement within EU/EEA countries
- Continue working on the visibility and communication around the EUHTF with a specific focus on some mechanisms such as the offer of support upon request
- Develop clearly defined ToRs for expert profiles and participation to EUHTF operations, and clarify legal aspects (e.g., liability and representation)
- The pool offers a win-win opportunity for knowledge sharing: being part of a community of practice and strengthening of national capacity.

ANNEX 1: Annual EUHTF meeting agenda

25 January 2024, Thursday- DAY 1

Day 1	Thursday 25 January 2024 - Semmelweis room, 9th floor
12:30-13:00	**Registration**
13:00-13:15	**Welcome and opening by ECDC Director, Andrea Ammon**
13:15-13:45	Introduction of the Annual EUHTF meeting participants
13:45-14:15	**Session 1: Overview of the EU Health Task Force** New mandate, composition, governance bodies, list of activities, criteria/prioritisation, coordination with European Commission and GOARN
14:15-15:00	**Session 2: EUHTF support** • EUHTF assignments in 2023 • Process for national authorities to request EUHTF support
15:00-15:30	**Coffee Break, Social area 5th floor**
15:30-16:30	**Session 3: The EU Health Task Force in the European and global landscape - Panel discussion** Chair: Thomas Hofmann Objectives: • Share knowledge and lessons learnt from national and supranational initiatives to support preparedness and response to public health emergencies • Identify existing gaps in international preparedness and response support

26 January 2024, Friday - DAY   2

Day 2	Friday 26 January 2024 - Semmelweis room, 9th floor
09:00-09:45	**Session 5: Opportunities for the Enhanced Emergency Capacity pool of experts**
09:45-10:30	**Session 6: Expectations for 2024** • Presentation of the new EUHTF Advisory Group • Reflections on the work done in 2023 • Expectations and plans for 2024
10:30-11:00	**Coffee Break, Social area 5th floor**
11:00-12:00	**Session 7: Next steps in the EUHTF operationalisation with Member States and international partners**
12:00-12:30	**Conclusion and meeting closure** – Thomas Hofmann
	Group photo, lobby area, 5th floor
12:30-13:30	**Lunch, 5th floor (take away wrap)**

ANNEX 2: Invited Participants

ECDC Coordination Team

- Vicky Lefevre, chair - Head of Unit - Public Health Functions
- Thomas Hofmann, Head of Section - Emergency Preparedness and Response Support
- Ettore Severi - Lead EPR Readiness and Support Group
- Adriana Romani - EPRS

- Daniel Cauchi - EPRS
- Dorothée Obach- EPRS
- Emma Löf - EPRS
- Hanh Vu Hong - EPRS
- Katarina Johansson - PHF
- Orla Condell - EPRS
- Sara Forato - EPRS
- Svetla Tsolova - EPRS

Advisory Group

- Bernardo Guzmán Herrador, Spain
- Claudia Siffczyk, Germany
- Guido Benedetti, Denmark
- Mairin Boland, Ireland
- Otto Helve, Finland
- Paula Vasconcelos, Portugal
- Anna Battistutta, DG ECHO
- Isabella Panunzi, DG HERA
- Evelyn Depoortere, DG RTD

- Laura Gillini, DG SANTE
- Alexandre Jully, DG ECHO (alternate)
- Manuela Mura, EMA
- Gianluca Loi, GOARN OST
- Oleg Storozhenko, WHO EURO
- Adela Paez, WHO EURO (alternate)
- Daniela Garone, MSF
- Ricardo Mexia, EUPHA

Member State Participants

- Bernhard Benka
- Gauthier Willemse
- Jorgen Stassijns
- Kalina Petkova
- Zhivka Getsova
- Tomas Kotesovec
- Zdenek Kysely
- Søren Neermark
- Andras Armväärt
- Kärt Sõber
- Hannu Kiviranta
- Clément Lazarus
- Harold Noel
- Florian Schwöbel
- Meike Schöll
- Agnes Danielisz
- Agnes Galgoczi
- Gudrun Aspelund
- Éamonn O'Moore
- Flavia Riccardo

- Indra Linina
- Paulius Gradeckas
- Sébastien Français
- Peter Steenhuis
- Øystein Riise
- Steinar Olsen
- Emily MacDonald
- Aleksandra Czyrznikowska
- Izabela Omasta
- Mariana Ferreira
- Renato Lourenço Silva
- Calin Alexandru
- Lavinia Rusu
- Lucia Paulíková
- Luka Gorup
- Nuška Čakš Jager
- Marta Catalinas Pérez
- Andreas Bråve
- Anette Richardson

Other organisations and initiatives

- Merawi Tegegne, Africa CDC
- Neema Kamara, Africa CDC
- Haitham Bashier, Eastern Mediterranean Public Health Network
- Rawan Araj, Eastern Mediterranean Public Health Network
- Maria João Cardoso, Fellowship Program
- Christophe Bayer, G7 Germany
- Scott Dowell, WHO HQ - Global Health Emergency Corps
- Marion Muehlen, WHO HQ

ANNEX 3: Slido results

slido

☑ **Where do you think the focus of the training programme should be? Select up to three options.**

Multiple Choice Poll   ☑ 47 votes   👥 47 participants

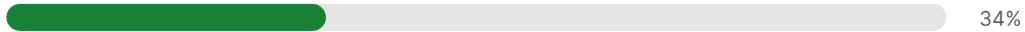Training on how EUHTF deployments work - 33 votes

70%

Training tailored to prepare experts for specific deployments - 31 votes

66%

Training on soft skills - 18 votes

38%

Training on technical tools/methods - 16 votes

34%

Training on debriefing, reporting, and sharing lessons learnt - 25 votes

53%

☑ **To be deployed, the completion of trainings should be:**

Multiple Choice Poll   ☑ 44 votes   👥 44 participants
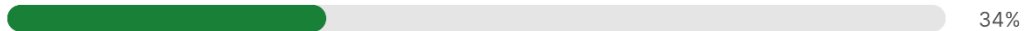
Mandatory - 13 votes

30%

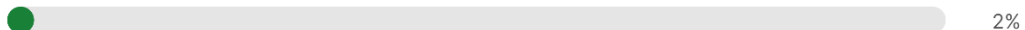Mandatory only for specific deployments - 12 votes

27%

Mandatory only for specific trainings - 15 votes

34%

Mandatory only for less experienced experts - 3 votes

7%

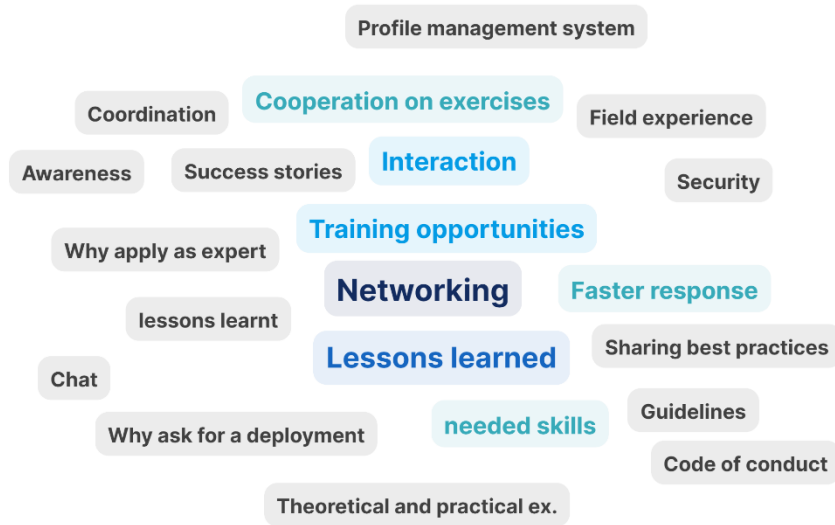Optional if other experts in the team have attended the training - 1 vote

2%

Completely optional - 0 votes

0%

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What would you like to see in such platform?

Wordcloud Poll   53 responses   32 participants

Profile management system

Coordination   **Cooperation on exercises**   Field experience

Awareness   Success stories   **Interaction**   Security

Training opportunities

Why apply as expert   **Networking**   **Faster response**

lessons learnt

Chat   **Lessons learned**   Sharing best practices

Why ask for a deployment   **needed skills**   Guidelines

Code of conduct

Theoretical and practical ex.

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