



TERMS OF REFERENCE

WHO CIVIL SOCIETY TASK FORCE ON ANTIMICROBIAL RESISTANCE (AMR)

I. Vision, Mission and Goal

The goal of the WHO civil society task force on AMR is to support and strengthen the World Health Organization's engagement with nongovernmental organizations including civil society groups globally, and to foster collaborations, build capacity, and amplify the voices of affected communities in the fight against AMR. The initiative aims to advance the GPW14 and achieve joint outcome 4.1, "Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance." The WHO civil society task force on AMR strives to promote awareness and advocacy on AMR among diverse stakeholders, including the public.

The mission of the WHO civil society task force on AMR is to ensure that nongovernmental organizations including civil society groups are able to effectively contribute to the global fight against AMR, securing equitable access to prevention, treatment, and care for all, especially vulnerable populations.

II. Status

The WHO civil society task force on AMR is a WHO informal network. The WHO civil society task force on AMR is not a separate legal entity and derives its legal status from WHO. Thus, it shall be administered and housed in WHO. The operations of the WHO civil society task force on AMR shall in all respects be administered in accordance with the WHO Constitution and General Programme of Work, WHO's Financial and Staff Regulations and Rules, WHO's e-manual provisions, and applicable WHO rules, policies, procedures and practices including the WHO Framework of Engagement with non-State actors.

For the purpose of these terms of reference and in line with paragraph 8 of the WHO Framework of engagement with non-State actors (FENSA), the definition of "civil society" and/or "civil society organizations/groups" are nongovernmental organizations, non-profit entities that operate independently of governments. They are usually membership-based, with non-profit entities or individuals as members exercising voting rights in relation to the policies of the nongovernmental organization, or are otherwise constituted with non-profit, public-interest goals. They are free from concerns which are primarily of a private, commercial or profit-making nature.

III. Objectives

- 3.1 **Advocacy and increasing awareness:** Raise awareness and understanding of AMR and advocate for WHO's public health messages and activities on AMR and related areas.
- 3.2 **Effective dissemination:** Promote and facilitate the dissemination and effective use of WHO tools and resources related to AMR and provide technical inputs on selected tools, as and when appropriate.
- 3.3 **Support amplified advocacy:** Advocate for increased investment in AMR prevention, mitigation, and research at national, regional, and global levels, securing sustainable funding and political commitment.
- 3.4 **Encourage strengthened collaboration and dialogue:** Contribute to and actively participate in WHO's events and dialogues on AMR, as and when appropriate, including World AMR Awareness Week, encouraging collaboration including innovative and strategic engagements for a sustainable and robust AMR response and fostering knowledge sharing among stakeholders.
- 3.5 **Support amplifying the voices of the vulnerable:** Ensure that the voices and perspectives of vulnerable populations affected by AMR are heard and considered in high-level convenings and policy discussions, as appropriate.

4 Core Principles

The WHO civil society task force on AMR is governed by the following principles:

- To be inclusive and diverse in membership, participation and structure, ensuring adequate representation from non-governmental organizations, geographical regions and income settings;
- To be transparent in all processes, including the operational strategy and activities of the task force;
- To ensure all activities align with WHO's norms and standards;
- To encourage and facilitate coordination among interested parties to advance WHO's priorities on AMR.

5 Governance and structure

The WHO civil society task force on AMR comprises of participants, representing nongovernmental organizations including civil society organizations leading and/or actively involved in AMR-related issues. The governance and structure of the WHO civil society task force on AMR is designed to facilitate coordination of activities, to ensure alignment with its overall mission and objectives, and to preclude influences of individual or organization-specific interests. The WHO civil society task force on AMR is not a decision-making body, nor does it have any bearing on the work and activities of its participants that occur outside the WHO civil society task force on AMR.

5.1 The Secretariat

WHO will host the Secretariat of the WHO civil society task force on AMR. The role of the Secretariat is to oversee the day-to-day management of the WHO civil society task force on AMR's work, including coordination of discussions across stakeholders on priorities and gaps, preparation of draft work plans for consideration by the participants and/or the Working Groups along with administration and budget management.

More specifically, key responsibilities of the Secretariat are as follows:

- Serve as the interface between the WHO and the participants of the WHO civil society task force on AMR;
- Select and manage the membership and Steering Committee of the WHO civil society task force on AMR in line with WHO rules and policies;
- Coordinate the development, implementation and maintenance of technical activities and workplans of the WHO civil society task force on AMR ;
- Oversee implementation of the WHO civil society task force on AMR workplans, in collaboration with the Steering Committee;
- Serve as the Chair of the Steering Committee and other meetings;
- Monitor and evaluate activities and processes of the WHO civil society task force on AMR, making amendments as necessary and appropriate, in consultation with the Steering Committee, to optimize overall functioning and impact;
- Coordinate correspondence with WHO civil society task force on AMR participants, to facilitate participation and collaboration among participants;
- Organize and coordinate the annual meeting of the WHO civil society task force on AMR, in collaboration with the Steering Committee, including development of relevant documentation (e.g. agenda) and logistical support;
- Develop a central repository for relevant documents and resources related to AMR (housed in WHO)
- Develop and regularly update the WHO civil society task force on AMR website (hosted by WHO);
- Draft and submit annual progress reports of the WHO civil society task force on AMR to WHO
- Approve new entities to join as participants of the WHO civil society task force on Antimicrobial resistance.

Subject to the availability of sufficient human and financial resources for this purpose, Secretariat support and coordination for the WHO civil society task force on AMR will be provided by WHO. The Secretariat support and work will be governed by WHO's rules, regulations, policies and procedures.

The Secretariat reserves the right not to implement any WHO civil society task force on AMR

recommendation or activity which it determines gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

5.2 Task Force

The task force comprises of entities selected based on an open call for expressions of interest. The selection process will strive for balanced representation of the participants, with respect to gender, age, geographical area and organization type.

Steering Committee

The Steering Committee comprises of up to 15 members, who are appointed by WHO (from the participants). The selection process will strive for balanced representation of the Task Force participants, with respect to gender, age, geographical area and organization type.

The Steering Committee decisions will be made through consensus of Steering Committee participants. With the exception of the Secretariat, the duration of the term of appointment of the Steering Committee participants shall be for an initial term of 2 years, with the possibility of renewal once. Participants will not be financially compensated for their work.

The Steering Committee is chaired by the Secretariat, who may appoint one or more members as co-chairs for a 2-year term.

Key organizational responsibilities of the Steering Committee members are as follows:

- Support the Chair in providing overall strategic direction, for the operative technical work of the WHO civil society task force on AMR. This includes supporting development of the overall WHO civil society task force on AMR workplans and strategies;
- Support the Secretariat in organizing the annual meeting of the WHO civil society task force on AMR;
- Coordinate the establishment of working groups, approve their workplans, and oversee all working group activities;
- Provide suggestions to the secretariat to optimize WHO civil society task force on AMR's functioning and impact.

5.3 Working Groups

Any number of thematic working groups may be established for a defined term, subject to Secretariat approval. The area of focus of the working groups will be decided jointly by the Secretariat and Steering Committee. The terms of reference for each working group are approved by the Secretariat in consultation with the members.

All members of the WHO civil society task force on AMR may participate in working groups. The purpose of the working groups is to bring together members with similar interests, to share

information and collectively work on specific activities that align with the WHO civil society task force on AMR's overall mission and objectives.

A Chair will be appointed in each working group by the Secretariat. They are responsible for:

- Coordinating working group meetings and activities;
- Facilitating communication within the group, ensuring balanced participation of its group participants;
- Providing verbal and written reports of working group progress to the Secretariat.

The Chairs will report on their progress at the annual meeting, and through periodic reports to the Secretariat and the Steering Committee, submitted not less than once annually.

6 Meetings

As the Secretariat of the WHO civil society task force on AMR, WHO convenes an annual meeting of the participants. Additional meetings may be convened as necessary. This will be an in-person meeting only if funding is available, otherwise it will be held virtually.

The aim of the annual meeting will be to:

- Review the WHO civil society task force on AMR work plan;
- Serve as a platform for knowledge sharing among participants;
- Discuss issues put forward by the Secretariat.

The Secretariat and the Steering Committee members will meet online periodically, not less than once every quarter, to report on progress of the working groups, discuss emerging issues and revise the WHO civil society task force on AMR workplan, as needed, from time to time.

The participants make recommendations to the Secretariat. The Secretariat reserves the right not to implement any recommendation or activity which gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures. The participants are accountable for informing their respective organizations on decisions, commitments and plans of the WHO civil society task force on AMR.

Each working group will have meetings, attended by working group participants. The frequency of working group meetings will be determined by the Chair of the respective working group.

7 Membership

The WHO civil society task force on AMR membership consists of representatives from civil society organizations who are leading and/or actively involved in AMR-related issues, not individuals acting in a personal capacity.

All entities seeking to apply for the WHO civil society task force on AMR participation must meet the following criteria:

- The entity should be categorized by WHO as a nongovernmental organization /civil society organization or groups (in line with paragraph 8 FENSA)
- The aims and purposes of the entity should be consistent with the WHO Constitution and conform with WHO's policies;
- The entity should contribute significantly to the advancement of public health and to the objectives, vision and goal of the WHO civil society task force on AMR;
- The entity should respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO Constitution;
- The entity should be actively working in the field of AMR with proven experience in the subject matter of at least 2 years;
- The entity should have an established structure, constitutive act, and accountability mechanism;
- The entity, if a membership organization, should have the authority to speak for its participants and have a representative structure;

Each participant of the WHO civil society task force on AMR must:

- Adhere to the Terms of Reference of the WHO civil society task force on AMR;
- Actively participate in and support the WHO civil society task force on AMR, its purpose, goals, objectives, guiding principles, work and activities;
- Attend and actively participate at the WHO civil society task force on AMR's various annual and ad hoc meetings;
- Share knowledge and information with other members (such as resources, data, case studies, experience etc.);
- Act in the best interest of public health in alignment with WHO policies; and
- Keep the Secretariat informed of activities relevant to the WHO civil society task force on AMR's mission and vision.

Members shall not issue public statements and/or communicate positions on behalf of WHO and about WHO civil society task force on AMR activities without written permission of the Secretariat.

7.1 Membership applications

A standardized form and online application process will be developed by the Secretariat. Membership approval will be based on an assessment, due diligence process, and review of submitted documents, in accordance with the eligibility criteria and WHO's rules and policies. All membership applications will be reviewed by the Secretariat and eligible participants will be approved by the Secretariat. Following this, eligible participants will be notified of their membership approval by the Secretariat.

If shortlisted, the applicant entity will be required to provide the following information and documents: name, objectives and mission of the entity, copy of the legal status (such as bylaws, constitution), governance structure, names and affiliations of the participants of main decision-making bodies (such as Board, Executive Board), and funding sources (including the list of donors and sponsors), main relevant affiliations and website address.

The entity will also sign the tobacco-arms disclosure statement without alteration.

7.2 Membership Termination and Withdrawal

Each participant has the right to withdraw from participation in the WHO civil society task force on AMR at any time, subject to providing one month written notice to the Secretariat and to the orderly conclusion of any ongoing activities.

If a working group member does not attend at least 60% of the WHO civil society task force on AMR's working group meetings, the member will be deemed to have withdrawn from the WHO civil society task force on AMR.

The Secretariat also has the right to terminate the membership of any participant at any time, upon providing written notice thereof to such member. Without limiting the foregoing, the participation of any entity in the WHO civil society task force on AMR shall terminate if and when such member: (a) no longer subscribes or adheres to the goals, objectives and/or guiding principles of the WHO civil society task force on AMR as described in these Terms of Reference; (b) engages in activities that are not compatible with WHO Policies, and/or (c) ceases to meet the membership criteria for the WHO civil society task force on AMR as set forth in these Terms of Reference. In such instances, the decision to terminate involvement of a member will be made by the Secretariat.

WHO reserves the right to withdraw from administration of the WHO civil society task force on AMR any time, subject to providing the WHO civil society task force on AMR participants with at least six (6) months' prior written notice and to the orderly conclusion of any ongoing activities. WHO also has the right, exercisable in its sole discretion, to close the WHO civil society task force on AMR, to terminate any membership/participation, and/or to terminate any Co-chairs, in each case, at any time upon providing written notice thereof to the member (s) concerned.

8 Communications

8.1 Visual Identity

To ensure that the WHO civil society task force on AMR is deliberately communicating with one voice to external parties on topics of substance (principles, priorities, target product profiles, standards, plans and actions, funding, and all confidential information, etc.) any communication in the name of the WHO civil society task force on AMR will take place through the Secretariat.

The WHO civil society task force on AMR is eligible to develop a visual identifier such as a logo which will help identify the network to its audience. The visual identifier must be approved and registered by relevant departments before it is used. The visual identifier will be accompanied by the statement “WHO Managed Network” as an integral part. The right to use the visual identifier including on publications, may be granted to member on a case-by-case basis with prior written approval of the Secretariat. Participants shall not use WHO’s name, acronym and emblem. This includes, inter alia, the display of the WHO logo and name on any premises, equipment, as well as on any communication and/or training materials, training certificates, social media tools or publications.

8.2 Publications

The WHO civil society task force on AMR shall not produce publications, unless exceptional approval is given by the Secretariat. Any publication by a member, other than WHO, referring to WHO civil society task force on AMR activities shall contain appropriate disclaimers as decided by WHO, including that the content does not reflect the views or stated policy of the participants.

The participants must ensure that the work of the WHO civil society task force on AMR is not misrepresented, and appropriate disclaimers are included where necessary. The WHO civil society task force on AMR activities shall not include the development of technical materials, normative documents or policy papers.

8.3 The WHO civil society task force on AMR website

The WHO civil society task force on AMR will have a webpage that is housed within WHO’s domain. The webpage may include a list of participating entities, subject to their consent.

8.4 Intellectual property and Confidentiality

All Intellectual Property that is generated by the network shall vest in WHO. Depending on the agenda item being discussed, each member in the WHO civil society task force on AMR may be required to abide by confidentiality obligations and sign a standard confidentiality undertaking using the form provided by WHO for this purpose.

9 Monitoring, Evaluation and Reporting

The Secretariat will evaluate the overall processes and outcomes of the WHO civil society task force on AMR on an annual basis, with the aim of assessing whether WHO should continue to manage the WHO civil society task force on AMR. The annual progress report should be submitted to WHO (Department of Health and Multilateral Partnerships) for tracking and information sharing.

10 Finance

Participants will be responsible for their own expenses in relation to all WHO civil society task force on AMR activities (including participation at meetings), unless agreed otherwise by the Secretariat. If participants receive third party funding to support participation in WHO civil society task force on AMR meetings and activities, this must be disclosed to the Secretariat.

The Secretariat may raise funds from other sources to support the work of the WHO civil society task force on AMR, in accordance WHO rules and procedures, as appropriate. All Secretariat funds shall be received, administered and acknowledged in accordance with WHO's policies including its financial regulations, rules, and practices. The Secretariat reserves the right to require that the WHO civil society task force on AMR name not be used in such grant applications. Contributions by participants including donations (in cash or in kind), will be acknowledged by the Secretariat in accordance with WHO's applicable rules, policies and practices.

11 Zero tolerance for all forms of sexual misconduct and other types of abusive conduct, fraud or corruption

All the WHO civil society task force on AMR members are expected to ensure that the conduct of their employees and any other persons engaged by them is consistent with the WHO standards of conduct. In particular, WHO has zero tolerance towards any form of sexual misconduct (an all-inclusive term encompassing all forms of sexual exploitation, sexual abuse, sexual harassment and sexual violence), other types of abusive conduct, fraud or corruption.

In this regard, and without limiting any other provisions contained herein, each WHO civil society task force on AMR member warrants that it shall:

(i) take all reasonable and appropriate measures to prevent any form of prohibited behaviour by any of its employees and by any other persons engaged by it to perform any activities or to provide any services for WHO on the entity's behalf. This refers, in particular, to:

- a. sexual misconduct, as defined and addressed in the WHO Policy on Preventing and Addressing Sexual Misconduct;
- b. other types of abusive conduct, as defined and addressed in the WHO Policy on Preventing and Addressing Abusive Conduct; and,
- c. all forms of fraud or corruption, as defined and addressed in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption.

(ii) promptly report any actual or suspected violations of these WHO policies of which the entity becomes aware to the WHO Office of Internal Oversight Services ("IOS") at investigation@who.int;

(iii) promptly communicate to IOS any measures that may be necessary or appropriate to protect the confidentiality and wellbeing of the survivor or victim; and,

(iv) promptly respond to any actual or suspected violations of the above referenced WHO policies of which the entity becomes aware, and to cooperate with and to keep IOS informed of the status and outcome of any measures of protection, corrections to operations, investigation, and disciplinary action taken against any perpetrator by the entity.

12 Duration

The WHO civil society task force on AMR will be launched upon WHO's final approval of these Terms of Reference.

The initial duration of the task force is 4 years, which may be extended following a review by WHO and subject to the availability of sufficient dedicated human and financial resources

13 Amendments

These Terms of Reference may be amended from time to time by WHO.