TERMS OF REFERENCE
OF
WHO Initiative on Trust and Pandemic Preparedness Working Groups

1. Rationale
Trust has been identified as an important determinant of successful epidemic, pandemic and health emergency preparedness and response. The absence of trust and ‘trust deficits’ can be considered risk factors to effective health emergency response, including trust within and between communities and trust in pandemic preparedness processes. Rebuilding trust in public institutions and one another is essential, but in preparing for pandemics, countries must also plan for the possibility that efforts to restore trust may not succeed in time for the next health emergency. Consequently, governments should also develop localized strategies for pandemic preparedness and response to succeed, even in communities where trust is still low.

The WHO Initiative on Trust and Pandemic Preparedness is being established to address both of these scenarios. The Initiative will convene the many diverse stakeholders involved in building and maintaining trust in epidemic, pandemic and health emergency preparedness and response, including: researchers, community and religious leaders, faith-based organizations (FBOs), stakeholders from the world of work, people with lived experience of health issues/conditions, policy-makers, practitioners and representatives from WHO Member States.

Three working groups will be formed. These working groups will bring together diverse backgrounds and communities, including those from different geographic regions, ethnicities, age groups, gender and with experience of working through diverse methodologies and/or approaches to trust. The working groups will collaboratively define their workplan in alignment with the goals and objectives of the Initiative and in discussion with the Initiative Secretariat. With these partners, the Initiative will focus on furthering a collective understanding of trust. It is envisaged each group will be an informal forum to co-develop research and publications to support the Initiative, share knowledge and experiences and develop insights to incorporate trust into health emergency preparedness and response. Working groups and may produce joint publications with WHO in line with WHO rules and regulations for authorship and external publications.

2. Mission
To strengthen national preparedness and response to health emergencies thereby resulting in more people being better protected, prepared and resilient to health emergencies; more people enjoying
better health and well-being; improved trust and social cohesion (WHO Global Programme of Work 13 Strategic Priorities 2.2.1 and 2.2.2).

3. Status
Trust Initiative Working Groups (referred to after this as the ‘working groups’) are a WHO informal forum for partners to exchange views, research and projects; share information and co-develop tools and resources. The working groups are not a separate legal entity and derive their legal status from WHO. Thus, they shall be administered and housed in WHO. The operations of the working groups 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 manual provisions, and applicable WHO rules, policies, procedures and practices including the WHO Framework of Engagement with Non-State Actors (FENSA)\(^1\).

4. Vision and Goal

The working groups will collate knowledge, evidence and experience to inform the Initiative. There will be three working groups:

1. Understanding, measuring and monitoring trust
2. Protecting trust during pandemics

The goal of the Initiative is to define a package of practical interventions and policy considerations that WHO Member States can adapt for their contexts. It is envisaged this package will cover incorporating trust into national and local pandemic preparedness planning and response; ways trust can be built over time and working to build trust in low-trust settings.

5. Core Principles

The working groups are governed by the following principles:

- To be inclusive and diverse in membership and structure, ensuring adequate representation from relevant stakeholder groups, geographical regions and income settings;
- To be transparent in all processes, including the operational strategy and working group activities;
- To ensure all activities align with WHO’s norms and standards;
- To facilitate coordination among interested parties to advance WHO’s priorities on health emergency preparedness and response.
- In all aspects of this Initiative, the following themes will be embedded as core considerations: Gender; Communication; Equity and concerns regarding distributions of

power and marginalized populations (current or historic); and Knowledge Translation for policy.

6. Objectives

- Advancing global research by convening a diverse and representative community of researchers to collate, synthesize and generate the evidence necessary to define the role of trust in pandemic preparedness and response.
- Developing measurements of trust to be added to the Global Preparedness Monitoring Report’s annual monitoring activity to measure the levels of trust prior to, and during epidemics, pandemics or health emergencies in concert with other key preparedness measures.
- Defining a package of interventions with a focus on equity that can be adapted/localized by WHO Member States, tailored to the demands of epidemics, pandemics or health emergencies to: build trust prior to these emergencies; sustain the trust that already exists at the onset of such emergencies; and to support the adoption of health protective measures in communities where trust may be low.
- Building a global community of research and practice for the exchange of good practice and practical examples from past emergencies, to support implementation of research findings generated by the Initiative.

7. Governance and Secretariat

The Secretariat of WHO Initiative on Trust and Pandemic Preparedness is formed within WHO and may involve more than one department or office. The Secretariat is responsible for governance of the working groups and will facilitate coordination of activities, to ensure activities align with the Initiative’s overall mission and objectives, and to preclude influences of individual or organization-specific agendas. The working groups are not a decision-making body, nor do they have any bearing over the work and activities of its participants that occur outside the working groups.

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

- Selects and manages participation in the working groups in line with WHO rules and policies;
- Chairs the information sessions and any other meetings;
- Coordinates correspondence with working group participants, as required, to facilitate participation and collaboration of all participants;
- Provides strategic direction for the working groups and wider Initiative, including overseeing outputs.

Subject to the availability of sufficient human and financial resources for this purpose, Secretariat support and coordination for the working groups will be provided by WHO. Secretariat support will be provided in accordance with WHO’s rules, regulations, policies and procedures.
The Secretariat reserves the right not to implement any working group activity which it determines gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

8. Participation
The working groups may consist of those from the following areas:

- Academia;
- Communities and civil society;
- Faith-based organizations;
- Inclusion, activism and advocacy;
- Ministries of health, and national public health institutes, and inter-governmental organizations;
- Non-governmental organizations;
- United Nations agencies and other international organizations.

All entities seeking to participate in the working groups must meet the following criteria:

- 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 objectives, vision and goal of the Initiative and demonstrate support for the WHO work on trust and health emergency preparedness and response;
- 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 and internationally working in the field of trust or health emergency preparedness and response with proven experience and expertise in the subject matter for at least 5-10 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;
- If a non-State actor is applying to participate, the entity is 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), the assets and funding sources (list of donors and sponsors), main relevant affiliations and website address. The entity will also sign the tobacco-arms disclosure statement without alteration.

Each participant of the working groups must:

- Adhere to the Terms of Reference of the working groups;
• Actively participate in and support the working groups including in purpose, goals, objectives, guiding principles, work and activities;
• Attend and actively participate at various meetings of the working groups;
• Share knowledge and information with other participants (such as resources, data, case studies, experience etc.);
• Act in the best interest of public health in alignment with WHO policies.

Participants shall not make public statements about the working group activities or on behalf of the Secretariat without the prior written consent of the Secretariat

7.1 Applications to participate
A standardized application process will be developed by the Secretariat. Participant approval will be based on an assessment, due diligence process, and review of submitted documents, in accordance with the eligibility criteria and in accordance with WHO’s rules and policies. All participation applications will be approved by the Secretariat.

9. Meetings
As the Secretariat of the working groups, WHO convenes participant meetings at its discretion. Participants are accountable for informing their respective organizations about the Initiative.

10. Termination and withdrawal
Each participant has the right to withdraw from participation in the working groups at any time and should inform the Secretariat promptly.

If a participant does not attend three successive meetings, without appropriate written explanation, the participant will be deemed to have withdrawn from the working groups.

The Secretariat also has the right to terminate participation at any time, upon providing written notice thereof to such participant. Without limiting the foregoing, the participation of any entity in a working group shall terminate if and when such participant: (a) no longer subscribes or adheres to the goals, objectives and/or guiding principles of the working group, 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 working group, as set forth in these Terms of Reference.

WHO has the right, exercisable in its sole discretion, to close the working groups, at any time upon providing written notice thereof to the participant(s) concerned.

11. Working group evaluation
The Secretariat, will evaluate the overall processes and outcomes of the working groups on a regular basis, with the aim of assessing whether WHO should continue the working groups.
12. Publications
The working groups may produce joint publications with WHO, in line with WHO rules and regulations for authorship and external publications. These will not be WHO publications. Any publication by a participant, other than WHO, referring to the working groups 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 working groups or the Initiative are not misrepresented, and appropriate disclaimers are included where necessary. Working group activities shall not include the development of WHO technical materials, WHO normative documents or WHO policy papers.

13. Finance
Participants will be responsible for their own expenses in relation to all aspects of the working group unless agreed otherwise by the Secretariat. If participants receive third party funding to support participation in working group meetings and activities, this must be disclosed to the Secretariat.

The Secretariat may raise funds from other sources to support the work of the working groups and Initiative, in accordance with 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 working groups or Initiative’s names not be used in grant applications. Any 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.

14. Confidentiality
Depending on the agenda item being discussed, each participant in the working groups may be required to abide by confidentiality obligation and sign a standard confidentiality undertaking using the form provided by WHO for this purpose.

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