Terms of Reference for the Global Validation Advisory Committee on validation of elimination of mother-to-child transmission of HIV, syphilis and HBV, and validation of elimination of viral hepatitis B and / or C as a public health problem

The Global Validation Advisory Committee (GVAC) for validation of elimination of mother-to-child transmission (EMTCT) or vertical transmission of HIV, syphilis and hepatitis B virus (HBV) and elimination of viral hepatitis B and/or C as a public health problem provides independent, expert advice to the World Health Organization (WHO) global secretariat to support country efforts toward achieving and maintaining global validation standards for EMTCT of HIV, syphilis and HBV and elimination of viral hepatitis B and /or C as a public health problem.

The Advisory Group (the “AG”) will act as an advisory body to WHO in this field.

I. Functions

In its capacity as an advisory body to WHO, the AG shall have the following functions:

1. To provide independent evaluation of the scientific technical and strategic aspects of norms, standards and tools for assessment and validation of elimination of mother-to-child transmission, or being on the Path to Elimination (PTE) of mother-to-child transmission (MTCT) of HIV, syphilis and/or HBV and the maintenance of validation; as well as advise WHO on the validation of elimination or being on the Path to Elimination of viral hepatitis B and /or C as a public health problem;

2. To recommend priorities within the Organization and/or relevant technical unit and/or in this area, including needed updates to the global criteria, processes and tools for assessment for validation of elimination MTCT or PTE of HIV, syphilis and HBV, and elimination or PTE of viral hepatitis B and /or C as a public health problem;

3. To advise WHO on planned activities and approaches within this area; to support WHO in planning for and advising on capacity building of country or regional level elimination and validation structures;

4. To support country validation missions or participate in regional validation meetings on behalf of the larger AG where required;

5. To advise WHO on Regional Validation Committee (RVC) reports and to assess for compliance with the global criteria for validation of elimination of MTCT, or Path to Elimination (PTE) of MTCT of HIV, syphilis and/or HBV and the maintenance of validation; and Regional Validation Committee or Task Force reports on validation and maintenance of validation of elimination or path to elimination of viral hepatitis B or C as a public health problem;

6. To review and make recommendations to WHO on countries’ performance in the validation process of EMTCT and elimination of viral hepatitis B or C as a public health problem, or PTE and provide guidance for ongoing monitoring and importantly the maintenance of validation;
II. **Composition**

1. The AG shall have up to [32] members\(^1\), who shall serve in their personal capacities to represent the broad range of disciplines relevant to elimination/PTE and validation/maintenance of validation of elimination of MTCT of HIV, syphilis and/or HBV, and elimination/PTE and validation of viral hepatitis B and/or C as a public health problem. In the selection of the AG members, consideration shall be given to attaining an adequate distribution of technical expertise, geographical representation and gender balance.

2. Members of the AG, including the co-chairpersons, shall be selected and appointed by WHO\(^2\) following an open call for experts. The co-chairperson's functions include the following:
   - to chair the meetings of the AG;
   - to liaise with the WHO Secretariat between meetings.

   In appointing a chairperson, consideration shall be given to gender and geographical representation.

3. Members of the AG shall be appointed to serve for a period of 3 years and shall be eligible for reappointment for two additional consecutive terms. A chairperson is eligible for reappointment as a member of the AG but is only permitted to serve as chairperson for two terms unless there are extenuating circumstances. Their appointment and/or designation as Chairperson may be terminated at any time by WHO if WHO's interest so requires or, as otherwise specified in these terms of reference or letters of appointment. Where a member's appointment is terminated, WHO may decide to appoint a replacement member.

4. AG members must respect the impartiality and independence required of WHO. In performing their work, members may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of any real, potential or apparent conflicts of interest. To this end, proposed members/members shall be required to complete a declaration of interests form and their appointment, or continuation of their appointment, shall be subject to the evaluation of completed forms by the WHO Secretariat, determining that their participation would not give rise to a real, potential or apparent conflict of interest.

5. Following a determination that a proposed member’s participation in the AG would not give rise to a real, potential or apparent conflict of interest, the proposed member will be sent a letter inviting them to be a member of the AG. Their appointment to the AG is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, AG members have an

\(^1\) Members serve as full participants and partake in the deliberations and the adoption of the recommendations of the meeting in which they are involved.
ongoing obligation to inform the WHO of any interests real or perceived that may give raise
to a real, potential or apparent conflict of interest.

6. As contemplated in paragraph II.4 above, WHO may, from time to time, request AG
members to complete a new declaration of interest form. This may be before a AG meeting
or any other AG-related activity or engagement, as decided by WHO. Where WHO has made
such a request, the AG member’s participation in the AG activity or engagement is subject
to a determination that their participation would not give rise to a real, potential or
apparent conflict of interest.

7. Where a AG member is invited by WHO to travel to an in-person AG meeting, WHO shall,
subject to any conflict of interest determination as set out in paragraph II.6 above, issue a
letter of appointment as a temporary adviser and accompanying memorandum of
agreement (together ‘Temporary Adviser Letter). WHO shall not authorize travel by an AG
member, until it receives a countersigned Temporary Adviser Letter.

8. AG members do not receive any remuneration from the Organization for any work related
to the AG. However, when attending in-person meetings at the invitation of WHO, their
travel cost and per diem shall be covered by WHO in accordance with the applicable WHO
rules and policies.

III. Operation

1. The AG shall normally meet quarterly, including one in person meeting each year. However,
WHO may convene additional meetings. AG meetings may be held in person (at WHO
headquarters in Geneva or another location, as determined by WHO) or virtually, via video
or teleconference.

AG meetings may be held in open and/or closed session, as decided by the Chairperson in
consultation with WHO.

(a) Open sessions: Open sessions shall be convened for the sole purpose of the exchange
of non-confidential information and views and may be attended by Observers (as
defined in paragraph III.3 below).

(b) Closed sessions: The sessions dealing with the formulation of recommendations and/or
advice to WHO shall be restricted to the members of the AG and essential WHO
Secretariat staff.

2. The quorum for AG meetings shall be two thirds of the members.

3. WHO may, at its sole discretion, invite external individuals from time to time to attend the
open sessions of an advisory group, or parts thereof, as “observers”. Observers may be
invited either in their personal capacity, or as representatives from a governmental
instituition / intergovernmental organization, or from a non-State actor. WHO will request
observers invited in their personal capacity to complete a confidentiality undertaking and a
declaration of interests form prior to attending a session of the advisory group. Invitations
to observers attending as representatives from non-State actors will be subject to WHO internal due diligence and risk assessment including conflict of interest considerations in accordance with the Framework for engagement with non-State actors (FENSA). Observers invited as representatives may also be requested to complete a confidentiality undertaking. Observers shall normally attend meetings of the AG at their own expense and be responsible for making all arrangements in that regard.

At the invitation of the Chairperson, observers may be asked to present their personal views and/or the policies of their organization. Observers will not participate in the process of adopting recommendations of the AG.

4. The AG may decide to establish smaller working groups (sub-groups of the AG) to work on specific issues. Their deliberations shall take place via teleconference or videoconference. For these sub-groups, no quorum requirement will apply; the outcome of their deliberations will be submitted to the AG for review at one of its meetings.

5. AG members are expected to attend meetings. If a member misses three consecutive meetings, WHO may end his/her appointment as a member of the AG.

6. Reports of each meeting shall be submitted by the AG to WHO (the Assistant Director-General of the responsible Cluster). All recommendations from the AG are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the AG.

7. The AG shall normally make recommendations by consensus. If, in exceptional circumstances, a consensus on a particular issue cannot be reached, minority opinions will be reflected in the meeting report.

8. Active participation is expected from all AG members, including in working groups, teleconferences, and interaction over email. AG members may, in advance of AG meetings, be requested to review meeting materials and to provide their views for consideration by the AG.

9. WHO shall determine the modes of communication by the AG, including between WHO and the AG members, and the AG members among themselves.

10. AG members shall not speak on behalf of, or represent, the AG or WHO to any third party.

IV. Secretariat

WHO shall provide the secretariat for the AG, including necessary scientific, technical, administrative and other support. In this regard, the WHO Secretariat shall provide the members in advance of each meeting with the agenda, working documents and discussion papers. Distribution of the aforesaid documents to Observers will be determined by the WHO Secretariat. The meeting agenda shall include details such as: whether a meeting, or part thereof, is closed or open; and whether Observers are permitted to attend.
V. Information and documentation

1. Information and documentation to which members may gain access in performing AG related activities shall be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. In addition, by counter signing the letter of appointment and the accompanying terms and conditions referred to in section II(5) above, AG members undertake to abide by the confidentiality obligations contained therein and also confirm that any and all rights in the work performed by them in connection with, or as a result of their AG-related activities shall be exclusively vested in WHO.

2. AG members and Observers shall not quote from, circulate or use AG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.

3. WHO retains full control over the publication of the reports of the AG, including deciding whether or not to publish them.