Technical Advisory Group on Integrated Clinical Care (TAG-IC2)

Terms of Reference

As part of the Sustainable Development Goals (SDGs), all Member States of the United Nations have committed to achieving universal health coverage (UHC). High quality clinical care, informed by evidence-based approaches, forms a critical foundation for UHC and leads to improved health outcomes. The World Health Organization (WHO) supports countries in improving the quality of clinical care by providing effective people-centred guidelines, protocols and decision-support tools to ensure that people get the right care in the right place at the right time.

The Technical Advisory Group on Integrated Clinical Care (TAG-IC2) advises WHO on clinical primary, emergency, operative, and critical care. TAG-IC2 advises WHO on the development and revision of integrated evidence-base guidance, standards, protocols and pathways across these four delivery channels.

The Technical Advisory Group on Integrated Clinical Care (the TAG-IC2) will act as an advisory body to WHO in these fields.

I. Functions

In its capacity as an advisory body to WHO, the TAG-IC2 shall have the following functions related to clinical primary, emergency, operative, and critical care services:

1. To provide independent evaluation of the scientific technical and strategic aspects of primary, emergency, operative, and critical care;

2. To advise WHO on the scope and characteristics of clinical care guidance documents;

3. To provide support and advice to WHO on evidence retrieval and synthesis;

4. To provide advice to WHO on validation of clinical recommendations through expert review;

5. To provide advice to WHO on validation of curricula and learning modules;

6. To identify areas where ad-hoc experts are needed to provide additional review.
II. Composition

1. The TAG-IC2 shall have up to 24 members (approximately 6 per clinical area), who shall serve in their personal capacities to represent the broad range of disciplines relevant to ‘Integrated Clinical Care’. In the selection of the TAG-IC2 members, consideration shall be given to attaining an adequate distribution of technical expertise, geographical representation and gender balance.

2. Members of the TAG-IC2, including the Chairperson, shall be selected and appointed by WHO following an open call for experts. The Chairperson’s functions include the following:

- to chair the meeting of the TAG-IC2;
- 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 TAG-IC2 shall be appointed to serve for a period of 2 years and shall be eligible for reappointment. A Chairperson is eligible for reappointment as a member of the TAG-IC2, but is only permitted to serve as Chairperson for one term. 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. TAG-IC2 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 TAG-IC2 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 TAG-IC2. Their appointment to the TAG-IC2 is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, TAG-IC2 members have an 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 TAG-IC2 members to complete a new declaration of interest form. This may be before a TAG-IC2 meeting or any other TAG-IC2-related activity or engagement, as decided by WHO. Where WHO has made such a request, the TAG-IC2 member’s participation in the TAG-IC2 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 TAG-IC2 member is invited by WHO to travel to an in-person TAG-IC2 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 a TAG-IC2 member, until it receives a countersigned Temporary Adviser Letter.

8. TAG-IC2 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 TAG-IC2 shall normally meet up to three times each year. However, WHO may convene additional meetings. TAG-IC2 meetings may be held in person (at WHO headquarters in Geneva or another location, as determined by WHO) or virtually, via video or teleconference.

   TAG-IC2 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 TAG-IC2 and essential WHO Secretariat staff.

2. The quorum for TAG-IC2 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 institution / 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 internal due diligence and conflict of interest considerations in accordance with FENSA. Observers invited as representatives may also be requested to complete a confidentiality undertaking. Observers shall normally attend meetings of the TAG-IC2 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 decisions and recommendations of the TAG-IC2.

4. The TAG-IC2 may decide to establish smaller working groups (sub-groups of the TAG-IC2) to work on specific issues related to primary, emergency, operative, and critical care. Their deliberations shall take place via teleconference or video-conference. For these sub-groups, no quorum requirement will apply; the outcome of their deliberations will be submitted to the TAG-IC2 for review at one of its meetings.

5. TAG-IC2 members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the TAG-IC2.

6. A yearly report shall be submitted by the TAG-IC2 to WHO (the Assistant Director-General of the responsible Cluster). All recommendations from the TAG-IC2 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 TAG-IC2.

7. The TAG-IC2 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 TAG-IC2 members, including in working groups, teleconferences, and interaction over email. TAG-IC2 members may, in advance of TAG-IC2 meetings, be requested to review meeting documentation and to provide their views for consideration by the TAG-IC2.

9. WHO shall determine the modes of communication by the TAG-IC2, including between WHO and the TAG-IC2 members, and the TAG-IC2 members among themselves.

10. TAG-IC2 members shall not speak on behalf of, or represent, the TAG-IC2 or WHO to any third party.

IV. Secretariat

WHO shall provide the secretariat for the TAG-IC2, 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.

V. Information and documentation

1. Information and documentation to which members may gain access in performing TAG-IC2 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, TAG-IC2 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 TAG-IC2-related activities shall be exclusively vested in WHO.

2. TAG-IC2 members and Observers shall not quote from, circulate or use TAG-IC2 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 TAG-IC2, including deciding whether or not to publish them.