



Vector Control
Advisory Group

Vector Control Advisory Group (VCAG) Terms of Reference

The Vector Control Advisory Group (VCAG) acts as an advisory body to the World Health Organization (WHO) in the field of vector control and supports the WHO vector control evaluation process.

The WHO vector control evaluation process is designed to support Member States in their efforts to control vector-borne diseases by providing assessments of the evidence supporting deployment of interventions. Interventions passing through the evaluation process are assessed for their safety, quality, entomological efficacy, and public health value (i.e. epidemiological impact) against their target disease(s). The WHO vector control evaluation process is described in full in the published *Norms, standards and processes underpinning development of WHO recommendations on vector control* document.¹

As part of the WHO vector control evaluation process, new vector control interventions² designed to combat vector-borne diseases are submitted by applicants to WHO for evaluation.³ New interventions that are part of an intervention class not yet covered by a WHO recommendation are allocated to the *new intervention pathway*. Entering this pathway provides an opportunity for applicants to receive advice on the generation of evidence that will later be used to evaluate the public health value of the intervention.

The new intervention pathway is supported by the work of VCAG. The group's remit of functions includes reviewing epidemiological protocols and associated study documents, and developing advice and recommendations

These terms of reference are effective as of 1 August 2022 and supersede all previous versions.

¹ Norms, standards and processes underpinning the development of WHO recommendations on vector control. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/338030>, accessed 4 July 2022).

² A vector control intervention can be any product, tool, technology or approach that aims to reduce the burden of a vector-borne disease.

³ Applicants may be individuals or companies, operating as manufacturers, innovators, researchers or developers of new vector control interventions.

to applicants on the generation of high-quality evidence.⁴ VCAG also assesses submitted trial results, once available, to determine whether an intervention has demonstrated impact against its target disease(s). The group then advises WHO accordingly on the public health value⁵ of the evaluated intervention.

VCAG is coordinated by a WHO Secretariat comprising staff from the Global Malaria Programme, Department of Control of Neglected Tropical Diseases, and Department of Regulation and Prequalification. The group reports to the Assistant Director-General of the Universal Health Coverage / Communicable and Non-communicable Diseases division of WHO.

The Advisory Group (the “AG”) will act as an advisory body to WHO in the field of vector control and is a component of the WHO evaluation process.

I. Functions

1. In its capacity as an advisory body to WHO, the AG shall have the following functions:
 - (a) To support WHO in guiding applicants, via the WHO AG Secretariat, on study designs for the generation of epidemiological data intended to enable assessment of the public health value of new vector control interventions;
 - (b) To support WHO in evaluating the public health value of new vector control intervention classes, based on epidemiological studies submitted to WHO;
 - (c) To advise WHO (i.e. the relevant technical departments) on whether public health value has been demonstrated for a new vector control intervention.

II. Composition

1. The AG shall have up to 15 members,⁶ who shall serve in their personal capacities to represent the broad range of disciplines relevant to vector control and new interventions in this field. 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-chairs) shall be selected and appointed by the WHO Secretariat following an open call for experts. Members of the AG shall be appointed to serve for a period of three years and shall be eligible for reappointment only once. The expectations from the members are listed in the Standard Operating Procedures.⁷ Their appointment 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

⁴ Guidance on evidence generation may relate to trial design, statistical advice, and other areas.

⁵ Public health value of an intervention can be understood as having demonstrated impact on one or more target diseases (reduced clinical burden and/or fewer infections).

⁶ Members serve as full participants and partake in the decision-making process of the meeting in which they are involved.

⁷ WHO VCAG Standard Operating Procedures (<https://www.who.int/groups/vector-control-advisory-group/about>)

terminated, WHO may decide to appoint a replacement member. In appointing the members, consideration shall be given to gender and geographical representation.

3. Co-chairs will be nominated and appointed by the WHO Secretariat from among existing members. Co-chairs will serve for a term of three years. Each co-chair is eligible for reappointment as a member of the AG, but is only permitted to serve as co-chair for one term. Expectations of the chairpersons are listed in the Standard Operating Procedures but include the following specific functions:
 - To chair the meeting of the AG;
 - To liaise with the WHO Secretariat between meetings.

Their designation as co-chair 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. In appointing the co-chairs, consideration shall be given to gender and geographical representation.

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 interest 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 ongoing obligation to inform WHO of any interests real or perceived that may give rise to a real, potential or apparent conflict of interest.
6. As contemplated in paragraph II.4 above, WHO will regularly request AG members to complete a new declaration of interest form. This may be before an 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 an 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 twice 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.
2. AG meetings may be held in open and/or closed sessions, as agreed upon by the co-chairs in consultation with WHO.
3. The quorum for AG meetings shall be two thirds of the members.
4. 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 interest form prior to attending a session of the AG. Invitations to observers attending as representatives from non-State actors will be subject to internal due diligence and risk assessment including conflict of interest considerations in accordance with the Framework of Engagement with Non-State Actors⁸ (FENSA). Observers invited as representatives shall 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 decisions and recommendations of the AG.

5. The AG may decide to establish smaller working groups (subgroups of the AG) to advance the review of applicant submissions. Their deliberations may take place via teleconference, video conference or in person. For these subgroups, no quorum requirement will apply; the outcome of their deliberations will be submitted to the AG for review at one of its meetings.
6. AG members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the AG. Membership may also be terminated, *inter alia*, if there is a:
 - (a) failure to adhere to the expectations of a member, as indicated in the AG Standard Operating Procedures;
 - (b) a conflict of interest incompatible with serving on the AG; or
 - (c) a lack of compliance with standard WHO requirements for participation in an AG.

⁸ See: <https://www.who.int/about/collaboration/non-state-actors>

7. 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, which retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the AG.
8. 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.
9. Active participation is expected from all AG members, including in working groups, teleconferences, and interaction over email. AG members will, in advance of AG meetings, be requested to review meeting documentation and to provide their views for consideration by the AG.
10. WHO shall determine the modes of communication by the AG, including between WHO and the AG members, and the AG members among themselves.
11. AG members shall not speak on behalf of, or represent, the AG or WHO to any third party.

IV. Secretariat

1. WHO shall provide the Secretariat that supports 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. The distribution of the aforesaid documents to Observers will be determined by the WHO Secretariat. The meeting agenda shall include details such as: whether meeting sessions are 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, parties collaborating with WHO and/or applicants who have made submissions to the AG. For clarity, all information disclosed by an applicant to the AG (whether in the form of documentation, verbally or otherwise) shall be considered confidential and proprietary to that applicant, and should only be used for the purpose of evaluating the submission. 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.