

## **Terms of Reference for the International Commission for the Certification of Dracunculiasis Eradication**

Dracunculiasis, commonly known as Guinea-worm disease, is caused by a nematode infection and is acquired by humans predominantly via contaminated drinking water. It is a painful and debilitating disease that prevails in the most deprived areas of the world, with devastating socio-economic consequences for affected individuals and communities.

The Forty-fourth World Health Assembly, held in 1991, in its resolution WHA44.5, called for the eradication of dracunculiasis, and urged the World Health Organization (WHO) to initiate country-by-country certification of elimination. To achieve this goal, national Guinea-worm eradication programmes have been established in endemic countries.

There is no vaccine or medicine available against Guinea worm: eradication is being achieved by implementing preventive measures. The eradication of Guinea-worm disease can only be achieved when all countries and territories of the world are certified free of transmission. To this end, WHO established an International Commission for the Certification of Dracunculiasis Eradication (ICCDE) in 1995. ICCDE acts as an independent advisory body to WHO for matters related to the certification of eradication of dracunculiasis. On the basis of country reports and reports prepared by International Certification Teams, ICCDE makes recommendations to the Director-General of WHO as to whether a country is eligible for certification of interruption of transmission of dracunculiasis.

In 1996, ICCDE's first meeting was convened at WHO Headquarters, Geneva. In 1996, ICCDE drew up certification criteria and procedures for assessing whether the criteria were met by countries requesting certification. These criteria and procedures have been periodically updated as our knowledge of Guinea-worm epidemiology has improved; significant changes were introduced after the importance of animal infections became clear.

The present document presents the updated Terms of Reference for ICCDE, conforming with WHO's policy on advisory groups.

### **I. Functions**

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

The overarching role of ICCDE is to advise the Director-General of WHO on the validity of the information provided by non-endemic countries and formerly-endemic countries claiming that cases of indigenous dracunculiasis do not exist or no longer exist, respectively.

1. *To provide independent evaluation of the scientific, technical and strategic aspects of the certification of dracunculiasis eradication, including:*

*a. Revising, as necessary, the criteria and certification procedures to fit the evolving epidemiological context of dracunculiasis;*

*b. Upon WHO's request, conducting field visits to dracunculiasis-affected countries to assess progress;*

2. *To advise WHO, including recommending priorities within WHO, on matters pertaining to the certification of dracunculiasis eradication.*

3. *To review countries', areas' and territories' requests for certification and make recommendations to WHO on whether to certify countries, areas and territories as free of dracunculiasis transmission.*

## **II. Composition**

1. ICCDE shall have up to 12 Members<sup>1</sup>, who shall serve in their personal capacities to represent the broad range of disciplines relevant to the certification of eradication of dracunculiasis. In the selection of ICCDE Members, consideration shall be given to attaining an adequate distribution of technical expertise, geographical representation and gender balance.

2. Members of ICCDE shall be selected and appointed by WHO following an open call for experts.

3. One Member will be designated as the Chairperson. The Chairperson's functions include the following:

- to chair meetings of ICCDE;
- to liaise with the WHO Secretariat between meetings.

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

4. Members of ICCDE shall be appointed to serve for a period of 4 years and shall be eligible for reappointment for no more than 2 consecutive terms. A Chairperson is eligible for reappointment as a Member of ICCDE, but is only permitted to serve as Chairperson for one term. The appointment of a Member and/or designation as Chairperson may be terminated at any time by WHO if WHO's interest so requires or, as otherwise specified in

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<sup>1</sup> Members serve as full participants and partake in the decision-making process of the meeting in which they are involved.

these Terms of Reference or letter of appointment. Where a Member's appointment is terminated, WHO may decide to appoint a replacement Member.

5. ICCDE 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 WHO. They must be free of any real, potential or apparent conflict of interest. To this end, proposed Members will be required to complete a declaration of interests form and to do so again periodically whilst appointed; 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.

6. Following the determination that a proposed Member's participation in ICCDE 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 ICCDE. Appointment to ICCDE is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, ICCDE Members have an ongoing obligation to inform the WHO of any interests real or perceived that may give rise to a real, potential or apparent conflict of interest.

7. As indicated in paragraph II.5 above, WHO may, from time to time, request ICCDE members to complete a new declaration of interest form. This may be before an ICCDE meeting or any other ICCDE-related activity or engagement, as decided by WHO. Where WHO has made such a request, the ICCDE Member's participation in the ICCDE activity or appointment is subject to a determination that their participation or appointment would not give rise to a real, potential or apparent conflict of interest.

8. Where an ICCDE Member is invited by WHO to travel to an in-person ICCDE meeting, WHO shall, subject to any conflict of interest determination as set out in paragraph II.7 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 ICCDE Member, until it receives a countersigned Temporary Adviser Letter.

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

### **III. Operation**

1. ICCDE shall normally meet at least once each year. However, WHO may convene additional meetings. ICCDE meetings may be held in person (at WHO headquarters in

Geneva or another location, as determined by WHO) or virtually, via video or teleconference, or via emails and review of documents.

ICCDE 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 Members of ICCDE and essential WHO Secretariat staff.

2. The quorum for ICCDE 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 ICCDE meetings, 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 ICCDE. 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 ICCDE 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 ICCDE.

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

5. ICCDE Members are expected to attend meetings. If a Member misses two consecutive meetings, WHO may end his/her appointment as a Member of the ICCDE.

6. ICCDE reports to the Director-General of WHO. Reports of each meeting shall be submitted by ICCDE to WHO. All recommendations from ICCDE are advisory to WHO,

which retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by ICCDE.

7. ICCDE 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 ICCDE Members, including in working groups, teleconferences, and interaction over email. ICCDE Members may, in advance of ICCDE meetings, be requested to review meeting documentation and to provide their views for consideration by ICCDE.
9. WHO shall determine the modes of communication by ICCDE, including between WHO and ICCDE Members, and ICCDE Members among themselves.
10. ICCDE Members shall not speak on behalf of, or represent, ICCDE or WHO to any third party.

#### **IV. Secretariat**

WHO shall provide the secretariat for ICCDE, including necessary scientific, technical, administrative and other support. In this regard, in advance of each meeting, the WHO Secretariat shall provide Members 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 ICCDE 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, ICCDE 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 ICCDE-related activities shall be exclusively vested in WHO.
2. ICCDE Members and Observers shall not quote from, circulate or use ICCDE 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 ICCDE, including deciding whether or not to publish them.