

Terms of Reference for the WHO Technical Advisory Group on Leprosy (TAG-Leprosy)

The WHO Technical Advisory Group on Leprosy (TAG-Leprosy) serves as the principal advisory body to the WHO on matters related to the elimination of leprosy. TAG-Leprosy is mandated to provide guidance on global policies and strategies encompassing a broad range of areas, including epidemiology, monitoring and implementation, patient care, prevention, research and development in newer drugs, diagnostics and surveillance tools, and the delivery of interventions, in coordination with other health programs.

As per the NTD Roadmap, leprosy is one of the diseases targeted for elimination. The Global Leprosy Strategy 2021–2030 sets forth the goal of “Zero Leprosy” — zero disease, zero disability, and zero stigma and discrimination. To ensure the effective implementation of this strategy and support countries in reaching elimination, sustained technical and strategic advisory input is essential.

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

I. Functions

In its capacity as an Advisory body to the World Health Organization (WHO), the Technical Advisory Group (TAG) - Leprosy shall advise the Regional Director of the WHO South-East Asia Region (SEARO) on:

1. Leprosy situation globally and particularly in high endemic countries and countries closer to the target of elimination to accelerate efforts to reduce disease burden;
2. Implementation of Global Leprosy Strategy 2021- 2030 : towards zero leprosy (2021);
3. Strengthening national strategic plans to reach targets of interruption of transmission and elimination of leprosy;
4. Issues and challenges influencing progress towards elimination of leprosy;
5. Emerging evidence in management of leprosy to review and revise Guidelines for the diagnosis, treatment and prevention of leprosy (2018) and define research agenda for leprosy;
6. Coordination with partners and donors in accelerating efforts to elimination of leprosy;
7. Actions to be taken to improve disability care, combat stigma/discrimination and ensure respect to human rights of ‘persons affected by leprosy’;
8. Promoting integration of leprosy interventions in national health systems;
9. Improving surveillance of anti-microbial resistance and adverse drug reactions in leprosy;
10. Inter-sectoral activities and initiatives related to the control of leprosy to improve strategies and linkages with other health interventions.

II. Composition

1. The TAG-Leprosy shall have up to 15 members¹, who shall serve in their personal capacities to represent the broad range of disciplines relevant to [insert subject matter of the AG]. 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 TAG-Leprosy, 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-Leprosy;
 - 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-Leprosy shall be appointed to serve for a period of [3] years and shall be eligible for reappointment. A Chairperson is eligible for reappointment as a member of the TAG-Leprosy, 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-Leprosy 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-Leprosy 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 the 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 may, from time to time, request TAG-Leprosy 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

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.

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 TAG 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 TAG-Leprosy member, until it receives a countersigned Temporary Adviser Letter.
8. TAG members do not receive any remuneration from the Organization for any work related to the TAG-Leprosy. 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

The TAG-Leprosy shall normally meet [at least once] each year. However, WHO may convene additional meetings. TAG-Leprosy meetings may be held in person (at WHO SEARO in New Delhi, India or another location, as determined by WHO) or virtually, via video or teleconference. TAG-Leprosy 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.

1. The quorum for TAG-Leprosy meetings shall be two thirds of the members.
2. 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 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 TAG-Leprosy 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 TAG- Leprosy.

3. The TAG-Leprosy 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 video-conference. 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.
4. TAG 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-Leprosy.
5. [Reports of each meeting shall be submitted by the TAG-Leprosy to WHO (the Regional Director SEAR)). All recommendations from the TAG-Leprosy 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.
6. The TAG-Leprosy 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.
7. [Active participation is expected from all TAG-Leprosy members, including in working groups, teleconferences, and interaction over email.] TAG members may, in advance of TAG-Leprosy meetings, be requested to review meeting materials and to provide their views for consideration by the TAG-Leprosy.
8. WHO shall determine the modes of communication by the TAG-Leprosy, including between WHO and the TAG-Leprosy members, and the TAG-Leprosy members among themselves.
9. TAG-Leprosy members shall not speak on behalf of, or represent, the TAG-Leprosy or WHO to any third party.
10. Membership in TAG-Leprosy may be terminated for any of the following reasons:
 - a. failure to attend two consecutive TAG-Leprosy meetings;
 - b. a lack of professionalism involving, for example, a breach of confidentiality.

IV. Secretariat

WHO shall provide the secretariat for the TAG-Leprosy, 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 TAG 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 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-related activities shall be exclusively vested in WHO.
2. TAG members and Observers shall not quote from, circulate or use TAG-Leprosy 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-Leprosy, including deciding whether or not to publish them.