Terms of Reference

STAG Working Group on Access to safe, efficacious and quality-assured health products for NTD (STAG WGA)

1. Background and rationale

The WHO Department of Control of Neglected Tropical Diseases (NTD) manages a diverse portfolio of twenty diseases or groups of diseases, each with its own unique epidemiology and implementation challenges. These programmes aim to achieve set goals for disease control, elimination as a public health problem, elimination of transmission, or eradication as determined through expert consultations in collaboration with countries. This requires consistent emphasis on the availability, accessibility, acceptability and affordability of medicines and other health products for NTD.

Established in 2008, WHO Strategic and Technical Advisory Group on NTD (STAG) holds the mandate of advising WHO on overall global policies and strategies, ranging from epidemiology, monitoring implementation, research development to delivery of interventions and their linkages with other health interventions. The Working Group on access to quality-assured medicines for NTDs (WGA) was consequently established in 2009, supporting the work of STAG, and has been functional till 2016. WGA had successfully driven the quality agenda in the implementation of NTD programmes, initiated joint forecasting between major actors, raised advocacy for WHO prequalification, and promoted pharmacovigilance and safety monitoring.

Nevertheless, WGA primarily focused on NTDs amenable to preventive chemotherapy in the past. In alignment with the NTD Roadmap 2021-2030, STAG sees an opportunity to revive the group with expanded scope of work to accommodate new challenges and opportunities in accelerating progress towards the 2030 targets for NTDs.

2. Scope, roles and functions

The STAG Working Group on Access to safe, efficacious and quality-assured health products for NTD (STAG WGA) is to facilitate alignment of stakeholders on strategies and best practices for improving access to medicines and other health products for NTD. In principle, the group will function to provide technical oversight and advice on the following thematic areas, related to cross-cutting and disease-specific aspects of all the NTDs covered by WHO:

- fostering partnerships and coordination, to facilitate, encourage and enhance collaboration and cooperation among all stakeholders and partners to ensure access
to safe, efficacious and quality-assured health products at affordable prices and increase the pool of prequalified health products for NTD;

- **information-sharing and awareness**, to facilitate technical collaboration to generate and review global forecast on priority health products for NTD and support countries in conducting regular forecast;

- **gap analysis**, to identify potential gaps in global supply of health products for NTD to achieve targets outlined in the NTD roadmap 2021-2030 and address bottlenecks in supply chain management;

- **priority-setting**, to prioritize and define key actions required in improving access and supply chain (including advocacy efforts for sustainable financing);

- **technical leadership**, to guide and assist with the development and implementation of market shaping strategies and coordinated procurement mechanisms, to advise on drug efficacy monitoring activities and alternative or combinations of medicines against emerging resistance, and to address emerging safety issues and risk management.

### 3. Membership

The group shall comprise a maximum of 12 members who serve in their personal capacity or as representatives of their institutions, as follows:

- individual experts or academics with recognized expertise in access to health products (safety, quality and efficacy) and supply chain management, preferably on NTDs;

- individuals representing governmental public health institutions involved in improving access to health products for NTD (such as national public-health institutes and national control programmes); and

- individuals representing WHO’s partner institutions supporting the implementation of supply chain activities or access initiatives in countries where NTDs are endemic (for example, cooperation agencies, nongovernmental organizations, foundations, pharmaceutical industry, donors and other United Nations agencies)

Membership should reflect appropriate geographical representation and gender balance. Members shall be appointed by the Director, WHO Department of Control of Neglected Tropical Diseases at WHO headquarters (WHO/NTD) in consultation with WHO regional offices. The members, including the chairperson, shall be appointed to serve for an initial term of 3 years, which may be renewed as deemed necessary.

Before appointment of members and renewal of their term, nominees and members must complete a WHO Declaration of Interest form and other relevant formalities. Nominees must also sign confidentiality agreements before confirmation by WHO of their appointment as members.
Membership may be terminated by WHO, including for any of the following reasons:

- failure to attend two consecutive meetings;
- change in affiliation resulting in a conflict of interest; and
- lack of professionalism involving, for example, a breach of confidentiality.

4. Working procedures and reporting

The group will meet face to face or virtually at least once per year, with additional meetings and/or teleconferences as necessary. Decisions or recommendations will, as a rule, be taken by consensus.

Additional technical experts may be invited to attend specific meetings, but they will serve as observers, on a time-limited basis, without access to the decision-making processes.

The group will establish ad hoc or disease specific sub-groups to work and deliver on a clearly-defined task.

Secretariat functions will be assured by relevant staff in WHO headquarters and regional offices.

A report of each meeting will be written by an identified rapporteur of the group and the WHO secretariat and approved by the members. The Director NTD will receive a detailed debriefing from each meeting. The reports will be presented to STAG.

5. Lifespan and dissolution

The group will remain in place for as long as needed; it can be terminated upon decision by STAG. The need for its continued function will be reviewed at least every 5 years by the Secretariat.