# Catalog of Technical Advisory Groups, Networks and Partnerships

**December 2020**

![World Health Organization Logo]

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Global task force on cholera control (GTFCC)

Date Established
1992; revitalized in 2012-2014

Type (Official or Informal)
Official

Terms of Reference
http://www.who.int/cholera/task_force/140423_TOR_network_GTFCC_FINAL.pdf?ua=1

Members
- More than 50 partner institutions (e.g., non-governmental organizations, international and intergovernmental organizations, public health institutes, universities, hospitals etc.).
- Secretariat and planning support provided by WHO, acting through the Department of Health Emergency Interventions
- Five working groups: Laboratory, Epidemiology, Case Management, Water Sanitation and Hygiene, Oral Cholera Vaccines

Objectives
1. Support the design and implementation of global strategies to contribute to capacity development for cholera prevention and control globally
2. Provide a forum for technical exchange, coordination, and cooperation on cholera-related activities to strengthen countries’ capacity to prevent and control cholera -- especially those related to implementation of proven effective strategies, monitoring of progress, and dissemination and implementation of technical guidelines, operational manuals, etc.
3. Support the development of a research agenda, with emphasis on evaluating innovative approaches to cholera prevention and control in affected countries
4. Increase the visibility of cholera as an important global public health problem

2020 Activity Summary
- Launch of the GTFCC Country Support Platform hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC)
- First review of a National Cholera Plan by the Independent Review Panel
- Finalization of the GTFCC Interim Guiding Document on the development and monitoring of National Cholera Plans
- Development of a Cholera Research Agenda in partnership with Wellcome Trust
- Launch of the Cholera App (available in English and French)
- As of November 2020, more than 11.3 million doses of Oral Cholera Vaccine (OCV) were shipped to Uganda, Yemen, Mozambique, Democratic Republic of Congo and Zambia. Since 2013, more than 71 million doses of OCV were shipped to 22 countries.
- Technical support to countries by deploying technical experts in-country upon request.

Global influenza surveillance and response system (GISRS) Expert network

Date Established
1952

Type (Official or Informal)
Official

Terms of Reference
Tailored WHO Terms of Reference for National Influenza Centers, WHO Collaborating Centers, and Essential Regulatory Laboratories -- depending on their expertise and contribution to the GISRS.

Members
Approximately 150 institutions in more than 125 countries.

Objectives
Members are available to provide expert advice on a range of issues related to influenza, including surveillance, laboratory diagnostics, epidemiology, risk assessment, vaccine candidates and pandemic preparedness.

Activity Summary (routine)

- Routinely share influenza viruses and data, including genetic sequence data, within the system to contribute to bi-annual vaccine strain selection, virus monitoring, understanding of epidemiology.
- Serve as ad hoc members as needed for working groups related to influenza such as PCR, burden of disease, and pandemic influenza severity assessments.
- Twice annually, representatives from WHO Collaborating Centres for Influenza; Essential Regulatory Laboratories; National Influenza Centres; H5 Reference Laboratories; the Collaborating Centre for Modeling, Evolution, and Control of Emerging Infectious Diseases; and the OIE/FAO network meet to analyze influenza surveillance data generated by GISRS, issue recommendations on the composition of the influenza vaccines for the following influenza season, and advise on which new candidate vaccine viruses are needed to be developed for pandemic preparedness purposes.
Working group on Influenza Preparedness and Response (WG-IPR)

Date Established
2019

Type (Official or Informal)
Official

Terms of Reference
The specific responsibility of the WG-IPR is to advise WHO on the optimal actions for global influenza prevention, preparedness, control and response. The specific responsibilities of the group are:

1. To identify and assess key priorities and challenges to be addressed by WHO with respect to global influenza preparedness and response;
2. To review and advise on activities consistent with WHO’s mandate contributing to the implementation of the WHO Global Strategy for Influenza;
3. To advise and update WHO on relevant science, technology and preparedness progress related to influenza.

Members
12 members, including the Chairperson, who shall serve in their personal capacities. The STAG-IH will nominate up to two additional representatives to serve on the WG-IPR.

2020 Activity Summary

- The WG-IPR has identified the following issues as key priorities to address:
  - Integration of laboratory and epidemiological surveillance and assessing severity during an outbreak;
  - Promotion of tools to prevent and respond to influenza in different settings through the integration of non-pharmaceutical interventions, vaccines, antivirals and therapeutics;
  - Reduction of the burden of other diseases (i.e. pneumonia) by tackling influenza; and
  - Increased collaboration on research and development for better vaccines, antivirals and therapeutics.
**Pandemic Influenza Preparedness (PIP) framework advisory group**

**Date Established**
2011

**Type (Official or Informal)**
Official

**Terms of Reference**
Annex 3 of the PIP Framework document:
http://apps.who.int/iris/bitstream/handle/10665/44796/9789241503082_eng.pdf;jsessionid=9B09BB6B356BF7D875ED15270E4EC386?sequence=1

**Members**
18 members drawn from three Member States in each WHO region, with a skill mix of internationally recognized policy makers, public health experts, and technical experts in the field of influenza.

**Objectives**

1. Monitor, assess, and report on how the different functions of the Framework are implemented by its components;
2. Carry out the necessary assessment of the Framework according to quantitative and qualitative indicators developed from information provided by the WHO Secretariat and other independent sources, if necessary;
3. Provide guidance to the Director-General to strengthen the functioning of the Framework;
4. To make recommendations to the Director-General on the use of financial and non-financial contributions;
5. Present an annual report to the Director-General on its evaluation of the implementation of the Framework.

**Activity Summary (routine)**

- The Advisory Group meets twice a year in Geneva.
- Its scope is to monitor, assess, and report on the system for sharing H5N1 influenza viruses and other influenza viruses with human pandemic potential, as well as access to vaccines and other benefits of the Framework.
- The institutional components of the Framework to be monitored by the Advisory Group are National Influenza Centres, other authorized laboratories, WHO Collaborating Centres, H5 reference laboratories, and essential regulatory laboratories.
Advisory Group on the Composition of Influenza Vaccines

Date Established
1971

Type (Official or Informal)
Official

Terms of Reference
Twice-annual vaccine strain recommendations for Northern and Southern hemispheres, and ad hoc risk assessment and on-going advice as needed for novel viruses and other vaccine issues.

Members
- Representatives from WHO Collaborating Centres for Influenza
- Representatives from WHO Essential Regulatory Laboratories
- Representatives from National Influenza Centres and WHO H5 Reference Laboratories
- Representatives from the WHO Collaborating Centre for Modeling, Evolution, and Control of Emerging Infectious Diseases
- Representatives from the OIE/FAO Network of expertise on animal influenza

Objectives
Twice annually, WHO organizes consultations with an advisory group of experts to analyze influenza surveillance data generated by GISRS, and issue recommendations on the composition of the influenza vaccines for the following influenza season.

Activity Summary (routine)
- Analyse the antigenic and genetic characteristics of seasonal influenza viruses circulating and infecting humans, taking into consideration of available epidemiological and clinical information from individual countries and regions and the results of vaccine serological studies.
- Make recommendations on the composition of influenza vaccines for use in the northern or southern hemisphere specific season and present a summary of the findings that supports the recommendations during the WHO Information Meeting on the composition of influenza vaccines to be used in the respective northern or southern hemisphere following influenza season.
- Review the antigenic and genetic characteristics of recent zoonotic viruses including A(H5), A(H7N9), A(H9) and other subtype or variant influenza viruses that the WHO Collaborating Centres of the GISRS received and advise on which new candidate vaccine viruses need to be developed for pandemic preparedness purposes.
Meningitis Technical Taskforce

Date Established
2018

Type (Official or Informal)
Informal

Terms of Reference

Note: Terms of Reference will be updated in January 2021 to reflect the new stage of the roadmap (planning and supporting implementation)

The responsibility of the Technical Taskforce is to develop the roadmap for the global Defeating meningitis by 2030 strategy, including:

1. To develop the global meningitis roadmap, taking responsibility for the initial steps, as well as for the broad consultation and review cycles, including:
   a) To review and provide technical contributions to the Baseline Situation Analysis (BSA);
   b) To draft the vision, scope and objectives of the roadmap;
   c) Based on the BSA, to propose strategies, tools and activities required to achieve the roadmap objectives;
   d) To support WHO, in its role as secretariat, in convening the stakeholders’ consultations and coordinating the public consultations aiming to refine and agree on a global roadmap; and
   e) To define the roadmap implementation and monitoring structure.

2. To contribute to the finalization and dissemination of technical documents to support their endorsement and the formulation of policy and resolutions by WHO bodies, including:
   a) To engage with the Strategy Support Group on the roadmap process;
   b) To publish and disseminate the roadmap, in close collaboration with WHO; and
   c) To act as ‘ambassadors’ of the roadmap, contributing to raising public awareness.

Members

Major technical partners historically engaged in meningitis control, including but not limited to the Centers for Disease Control and Prevention, the London School of Hygiene and Tropical Medicine, Meningitis Research Foundation, Médecins sans Frontières, PATH, UNICEF; and WHO.

Objectives

Global goals of the Defeating meningitis by 2030 strategy:
1. Eliminate bacterial meningitis epidemics;
2. Reduce cases and deaths from vaccine-preventable bacterial meningitis;
3. Reduce disability and improve quality of life after meningitis due to any cause.

2020 Activity Summary

- Endorsement of meningitis prevention and control resolution and approval of the Defeat Meningitis by 2030 Roadmap by the 73rd WHA.
- Connections with other global programs (immunization, antimicrobial resistance, disability rights, child health, primary healthcare, universal coverage and infectious diseases ongoing. Coordination with Brain Health Unit, resulting in the 73rd WHA resolution on Global Actions on epilepsy and other neurological disorders recognizing the association between meningitis and neurological disorders.
- Global roadmap implementation matrix developed and framework for regional needs assessment in development.
Technical advisory group for MERS (under consideration)

Objectives/Functions (Proposed)

1. Periodically review and assess the MERS-CoV situation and, on that basis, provide guidance and advice on appropriate measures to reduce public health risks associated with MERS-CoV in affected countries and prevent its international spread.
3. Identify and support priority public health research initiatives that address critical knowledge and information gaps and that can contribute to a better public health response to MERS-CoV.
4. Play an advocacy role to promote WHO’s role in managing the global health response to the current outbreak of MERS-CoV.
WHO Advisory Committee for Variola Virus Research (ACVVR)

Date Established
1999

Type (Official or Informal)
Official

Terms of Reference
https://www.who.int/csr/disease/smallpox/ToRs-ACVVR.pdf?ua=1

Members
18 members serving in their individual expert capacity, and as per the terms of reference, representing a broad range of areas of expertise including inter alia the relevant scientific disciplines, biotechnology, biosecurity, public health preparedness and bioethics, as well as geographic and gender representation.

The Chair is a member of the committee.

Advisors to the committee and presenters are invited as needed.

Objectives
As per the Resolution WHA52.10, the ACVVR ‘will establish what research, if any, must be carried out to reach global consensus on the timing for destruction of existing variola virus stocks’. The ACVVR will make recommendations on the following:

1. Advise WHO on all actions to be taken with respect to variola;
2. Develop a research plan for priority work on the variola virus;
3. Devise a mechanism for reporting of research results to the world health community;
4. Outline an inspection schedule to confirm the strict containment of existing stocks and to ensure a safe and secure research environment for work with the variola virus.

2020 Activity Summary

- Annual meeting:
  - Last meeting: 3 – 4 November 2020 (virtual meeting, report in preparation).
  - The previous meeting in 2019 is was an extended 3-day meeting to discuss the public health benefits of variola virus research for monkeypox prevention and control. Report available here

- Review of research proposals on live variola virus from the CDC and from VECTOR
  - Ten research proposals approved for 2020
  - Four research proposals approved for 2021, and continuation of 2020 work previously approved

- Research achievements
  - Antiviral treatment, tecovirimat, approved for smallpox in 2018;
  - Third-generation smallpox vaccine approved in Canada (2013), European Union (2013) and USA (2019);
  - This vaccine MVA-BN also licensed for monkeypox in USA (2019) and Canada (2020), and other orthopoxviruses in Canada (2020);
  - Molecular and protein-based diagnostics assays developed and approved.
**Eliminating Yellow fever Epidemics (EYE) strategy**

**Date Established**

2017

**Type (Official or Informal)**

- Multi-partner initiative
- Formal governance structure regulated by a partner-vetted governance document that will soon be made available online
- WHO serves as Secretariat

**Terms of Reference**

The EYE Leadership Group (LG), comprising senior management of the three core partner agencies (WHO, UNICEF, GAVI), is responsible for the high-level direction of the EYE strategy and decision-making. The leadership group is a standing body of the EYE governance structure. Its role is to provide political and strategic direction to the PMG and to engage and identify partners and donors in high-level discussions related to the strategy.

The EYE Programme Management Group (PMG) is a standing body of the EYE governance structure and serves a technical function as well as a coordinating function to ensure implementation of the EYE strategy.

Subject to the sustainable availability of sufficient human and financial resources for this purpose, Secretariat and planning support for the EYE Strategy are provided by WHO, acting through the Department of Infectious Hazards Management (IHM). The EYE Secretariat is based in WHO Headquarters. Its role is to provide organizational support and ensure smooth and efficient operation of all activities of the leadership group, program management group, and contributing partners.

Technical Working Groups are also part of the EYE strategy governance. They are specific and specialized advisory groups to the PMG and inform the three core partner organizations on specific technical issues. The working groups are designed to provide more in-depth technical expertise and advice to the EYE Strategy and its implementation. Working groups that undertake standard-setting activities must follow WHO rules regarding standard setting. Three technical needs have been identified as priorities and specialized working groups created accordingly: 1) Risk Assessment, 2) Vaccine Supply and Market Shaping and 3) Epidemiological Surveillance and Laboratory.
Members
Coalition of multiple partners and countries steered by three core agencies (WHO, UNICEF, and GAVI), with WHO also serving as Secretariat. The EYE partnership involves more than 50 global partners of varied mandates and expertise (e.g., NGOs, research institutes, academia, multilateral agencies, disease control centers).

Objectives

- The long-term (2017-2026) global strategy to “Eliminate Yellow Fever Epidemics” (EYE) aims at
  1. protecting at-risk populations,
  2. preventing international spread, and
  3. containing outbreaks rapidly.
- In addition to recommending vaccination activities, the EYE strategy calls for building resilient urban centres, planning for urban readiness, and strengthening IHR application.
- To be successful, this comprehensive and multicomponent strategy requires sustained political, technical, and financial commitment at all levels, relying on strong partnerships and well-orchestrated collaboration.
- The EYE governance structure will streamline and improve decision-making, implementation, monitoring & evaluation, and impact assessment of the strategy, through transparent concerted processes.

2020 Activity Summary
(As of November 2020)

Vaccination:
- Routine Immunization:
  o GAVI application from Uganda
  o Sudan – 4.4 million children
- Preventive Mass Vaccination Campaigns:
  o Nigeria – over 35 million people
  o Ghana – 5.6 million people
  o Democratic Republic of Congo – 18.3 million people
- Outbreak response (reactive campaigns): Ethiopia, Uganda, South Sudan

Laboratory:
- Launch of Centre Pasteur du Cameroun’s (CPC) activities as YF Regional Reference Laboratory (external quality assessment (EQA) activities).
- Gavi YF Diagnostic Procurement Support for 20 African High-Risk Countries

Outbreak response: Ethiopia, South Sudan and Uganda

Guideline development and publication
- EYE National Risk Assessment Tool for Africa
- Updated Yellow Fever Surveillance Standards
- Technical guidelines to support country decision making and planning processes in COVID-19 context:
  o Framework for decision-making for implementation of mass vaccination campaigns in the context of COVID-19
  o Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed
  o Emergency global supply chain system (COVID-19) catalogue
Zika Task Force

Date Established
9 March 2017

Type (Official or Informal)
Official; internal

Terms of Reference Available
Yes

Members
WHO/HQ staff from 5 WHO Clusters and 12 Departments covering 15 areas of work: Task Force coordination, surveillance of Zika virus infection and associated complications, vector surveillance and control, birth defects surveillance, reproductive health, laboratory diagnostics, vaccines, ethics, care and support of affected patients and families, communications, health services, clinical management of complications (GBS & CZS), research & development, resource mobilization, and blood safety.

Objectives

1. Advance a coordinated strategic and operational framework to support countries in future outbreaks and long-term management of Zika virus disease in the context of other circulating arboviruses.
2. Implement a long-term program for Zika virus surveillance, prevention, control, and research in the context of other arboviruses, maternal-newborn health, and neurological disorders.
3. Define programmatic responsibilities and coordinating mechanisms within WHO HQ for long-term sustainability.

2020 Activity Summary

- Advance programs to monitor global transmission of Zika virus infection and associated complications, including strengthening of surveillance, sentinel surveillance, and special studies linked to Zika prevention and control programs.
- Strengthen detection of congenital Zika syndrome worldwide, integrated with birth defects surveillance and other MNCH programs.
- Advance Zika as part of the Global Integrated Arbovirus Initiative for surveillance, preparedness, prevention, and control; This is a joint effort of WHE in collaboration with Yellow Fever EYE strategy and the NTD program.
- Strengthen vector surveillance and control efforts as part of an integrated WHO program for prevention and control of arboviral diseases.
- Strengthen laboratory capacity at the country and regional levels for diagnosis of Zika virus infection, coordinated with other arbovirus programs.
- Completion of a Zika, chikungunya, and dengue surveillance pilot using available (leftover) measles/rubella-negative serum specimens. Trained five national level public health laboratories on molecular and IgM assay use for detection of infection with the three viruses.
- Support the R&D Blueprint to advance research and development of diagnostics, therapeutics, and vaccines for Zika virus.
- Identify strategies to strengthen care and support services for affected infants and their families.
- Advance a comprehensive research strategy for the prevention, management, and control of Zika infection and its complications, including epidemiology, spectrum of disease, prevention, pathogenesis, diagnostics, therapeutics, vaccine development, and vector control.
- Review and update all Zika guidance documents developed under the PHEIC (ongoing).
- Increase visibility and resource mobilization needed to address the persistent global threat of Zika transmission in the post-emergency era.
• Development of integrated WHO Arbovirus Initiative, in collaboration with Yellow Fever EYE strategy and Dengue (outside of WHE).
Objectives/Functions (Proposed)

1. To provide independent evaluation of the scientific technical and strategic aspects of the global integrated arboviruses initiative
2. To recommend priorities on arbovirus research within the Organization and the relevant technical units;
3. To advise WHO on approaches/strategies of the Global Integrated Arbovirus Initiative in member states; and review progress in its implementation;
4. To review periodically review and assess the situation of arbovirus and make recommendations to update WHO on the Global Integrated Arbovirus Initiative;
5. Play an advocacy role to promote WHO’s role in managing the global health response to the Arboviruses.
Strategic advisory group of experts (SAGE)

Date Established
1999

Type (Official or Informal)
Official

Terms of Reference
https://www.who.int/immunization/sage/Full_SAGE_TORs.pdf?ua=1

Members

- 15 experts that serve in individual capacity.
- Working groups established for detailed review of specific topics prior to discussion by the full group (usually 2 SAGE members +8-10 topic experts).
- UNICEF, the Secretariat of GAVI, and WHO Regional Offices participate as observers in SAGE meetings and deliberations.
- Other observers to SAGE meetings, including representatives from WHO regional immunization technical advisory groups, national immunization technical advisory groups, non-governmental organizations, international professional organizations, technical agencies, donor organizations and associations of manufacturers of vaccines and immunization technologies.

Objectives

1. To develop evidence-based recommendations on global vaccine policies and strategies for vaccine-preventable diseases.
2. To track progress and make recommendations on the implementation of the Global Vaccine Action Plan.
3. To advise on overall immunization strategies, such as on vaccination in humanitarian emergencies.
4. To serve as principal advisory body on vaccination in context of epidemics and pandemics (example: SAGE also advises on Covid-19 vaccines on the use of initially pre-licensed vaccines, followed by updates as additional information on product use become available).

2020 Activity Summary

SAGE meets twice per year (March, October). Exceptional meetings are convened in case of the need for immunization guidance within a public health emergency.

- Meeting reports including background documents online available
- In total, 26 vaccine positions are available (regularly updated)
- Key information on current routine immunization recommendations available in summary tables
- 2 new Working Groups on Covid-19 and Hepatitis A

2020 SAGE Working Group on Covid-19 vaccines highlights

- Provided interim recommendations for influenza vaccination prioritization of risk groups for seasonal vaccination during the Covid-19 pandemic
- Compiled critical evidence questions for Covid-19 vaccine policy making
- Issued on 14 September 2020 the WHO SAGE values framework for the allocation and prioritization of Covid-19 vaccination
- Endorsed a roadmap for prioritization uses of Covid-19 vaccines in the context of limited supply
2020 SAGE Working Group on Ebola Vaccines highlights

- Recommended that a comprehensive review of recent experience of Ebola vaccine implementation and policy development during an outbreak response be conducted in order to inform future processes for the development of recommendations, the use and the monitoring of un-licensed, vaccines in emergency situations

2020 SAGE Working Group on Polio highlights

- Endorsed in principle criteria for initial nOPV2 use under emergency use listing (EUL) in cVDPV2 outbreak response and will continue to monitor and further review this in the future
- Endorsed a second inactivated poliovirus vaccine (IPV) dose to be introduced into all 94 countries that currently administer one IPV dose and bivalent oral poliovirus vaccine (bOPV) in their routine immunization schedules and provided recommendations regarding preferred and alternative schedules for the two IPV doses

2020 SAGE Working Group on Measles and rubella highlights

- An update on the ongoing measles and rubella policy and strategy work was provided, including the presentation of the Measles Eradication Feasibility Report to the Executive Board (EB in February 2020 and World Health Assembly (WHA) in May 2020 with the immunization Agenda 2030
- Endorsed the Measles and Rubella Strategic Framework, 2021-2030, a document to guide the strategic priorities and programmatic efforts toward measles and rubella elimination

Current other SAGE working groups

- Covid-19
- Ebola
- Hepatitis A
- HPV
- Influenza
- Measles and rubella
- Meningococcal vaccine and vaccination
- Pneumococcal Vaccines
- Polio vaccine
- Programme Advisory Group (PAG) for the Malaria Vaccine Implementation Programme
International Coordinating Group (ICG) for the provision of yellow fever, meningitis, cholera and ebola vaccine emergency vaccines

Date Established
1997

Type (Official or Informal)
Informal

Terms of Reference
The Governance Oversight Committee for the ICG mechanisms has been established in 2018, with the following terms of reference:

1. To provide strategic direction to the International Coordination Group for Provision of Vaccines in Emergencies (ICG) mechanism to review performance of the process to agreed indicators.
2. To ensure alignment of the mechanism with ICG founding principles that the mechanism provides vaccines in a timely manner based on technical needs assessment and according to principles of equitable access.
3. To advise on linkages between activities and decisions in other disease control initiatives for yellow fever, cholera and meningitis.

Members
The ICG is made up of four member agencies: IFRC, MSF, UNICEF, and WHO. Additional expertise and technical advice are provided on a case-by-case basis from partners including: Agence de Médecine Preventive in Paris, Epicentre in Paris, WHO Collaborating Centres, US CDC, and the European Community Humanitarian Office (ECHO). GAVI is the principal funder of the vaccine stockpiles and serves as observer to the ICG decision-making process.

Objectives
The ICG’s main objective is to make equitable decisions at the global level regarding the stockpiling and deployment of vaccines for three epidemic-prone diseases. The aim is to:

- Rapidly deliver vaccines to respond to disease outbreaks.
- Provide equitable vaccine allocation through careful risk assessment, based on epidemiologic and operational criteria.
- Coordinate the use of limited amounts of vaccines and essential medicines.
- Reduce wastage of vaccines and supplies.
- Advocate for readily available, low-cost vaccines and medicines.
- Work with manufacturers through UNICEF and WHO to guarantee availability of vaccine emergency stockpiles at global levels.
- Follow standard operating procedures and establish financial mechanisms to purchase emergency vaccine supplies and ensure their sustainability.

2020 Activity Summary
(as of 12 November 2020)

Meningitis
Only one request for 625,931 doses of meningococcal vaccine was made in 2020, of which 261,333 doses were approved by the ICG.
Regarding the ICG’s key time performance indicators for meningitis, the decision time for the request was 1 day and the vaccine delivery time was 9 days. The time to implement the campaign after vaccine arrival in the country was 10 days.

Yellow fever
In 2020, a total of three requests from three countries for 2,553,274 doses of yellow fever vaccine were made, and 2,733,272 doses were approved by the ICG.

Concerning the ICG’s key time performance indicators, the mean decision time for requests was 1.3 days and mean vaccine delivery time was 14 days. Overall, the time to implement the campaigns in different countries was negatively impacted by COVID-19 situation.

Cholera
In 2020, a total of four requests from three countries for 5,300,366 doses of oral cholera vaccine (OCV) were made, of which 2,994,698 doses were approved by the ICG.

Regarding the ICG’s key time performance indicators, the mean decision time for requests was 1.5 days and mean vaccine delivery time for the approved requests was 12.3 days. The campaign implementation was delayed in some countries due to COVID-19.

Ebola Virus Disease (EVD)
ICG members and partners have been working to establish the Ebola vaccine stockpile mechanism (ICGEboVax) following Ervebo vaccine license by the European Medicines Agency (EMA) and WHO prequalification, and expected to be ready by November 2020 when the first batch of vaccine becomes available.

The stockpile of licensed vaccines for emergencies will be established with the understanding that global demand may well exceed the number of doses available and there may not be enough vaccines to meet demand from all countries. Thus, this mechanism is designed to ensure equitable and timely access for the populations most at risk of EVD during outbreaks.

In the event of an outbreak where demand exceeds the availability of licensed vaccine in the stockpile, the ICG-EboVax decision-making mechanism will decide to release and allocate doses of investigational vaccine based on a risk-benefit analysis.
R&D blueprint for action to prevent epidemics – Scientific Advisory Group

Date Established
2016

Type (Official or Informal)
Official

Terms of Reference
Yes

Members
- 1 Chair
- 21 members
- 2 Observers

Objectives
The R&D Blueprint is a global strategy and preparedness plan that allows the rapid activation of R&D activities during epidemics. Its aim is to fast-track the availability of effective tests, vaccines and medicines that can be used to save lives and avert large scale crisis.

The specific responsibility of the Scientific Advisory Group (SAG) is to advise WHO on the implementation of the WHO R&D Blueprint for action to prevent epidemics (the Blueprint), including a plan for international coordination of the R&D effort in case of an epidemic of a highly infectious pathogen.
Emergency Medical Teams (EMT) initiative

Date Established

- EMT Strategic Advisory Group (SAG) established 2016.
- EMT Core Support Group (CSG) established 2016.
- EMT Regional Groups established as of 2016 (Americas), 2017 (Western Pacific), 2018 (Europe region), 2018 (SE Asia region); Regional Groups being established in Africa, and Eastern Mediterranean in 2020 and beyond, following EMT SAG’s decision of 2017 to regionalize the EMT Initiative in line with the WHO regions. Member state led process, but NGO working groups also established in AMRO and EURO.

Type (Official or Informal)

Official

Terms of Reference

Available for SAG; CSG and for all Regional Groups

Members

- 130 Member States have EMT focal points and are active members of their respective regional groups as well as being open to all NGOs with EMTs. These form regional groups to inform the SAG through their chairs.
- 6 EMT Regional Groups, Regional groups are also open to organizational focal points from all active NGO and IO EMTs. Each region has a Regional chair and 2 Vice-chairs (incoming and outgoing).
- EMT SAG: 27-30 (Global Chair, 1 Regional Chair, and 2 Vice-Chairs per region, 2 representatives from the CSG, 2 representatives from regional organizations, IFRC, ICRC, and MSF [observers], UN OCHA, 1 recently affected country, Global Health Cluster, GOARN, EMT Secretariat, WHO EMO, WHO Regional Offices).
- EMT CSG: EMT Global Chair (chair), representatives of all countries that provide support (financial or in-kind) to the EMT Initiative, WHO: Director, Emergency Operations & Manager, Resource Mobilization, WHO-WHE, Geneva and Global and regional WHO EMT secretariat.

Objectives

1. Support and implement EMT capacity strengthening, preparedness, and training activities at national, regional and international levels, including by developing guidance and tools for national response activation and coordination.
2. Promote and lead (or support, as relevant) establishment of EMT Coordination within the Health EOC of Ministries of Health for efficient and timely activation and coordination of national and international medical team response following a sudden-onset disaster, outbreak, and/or other emergency requiring a surge in clinical care.
3. Continuously develop, agree on, and promote clinical, technical, and operational minimum standards for EMTs responding to disasters and outbreaks, and the adaption of these standards and coordination mechanisms in armed conflict settings; identify and share best practices among EMTs and countries, based on research and lessons learned.
4. Provide a framework for quality assurance of EMTs, and manage the peer review and classification process of international EMTs; support countries developing their national EMT accreditation systems.
5. Ensure commitment and ownership of the EMT initiative by EMTs and their organizations and Member States as well as other relevant national, regional and international stakeholders.
2020 Activity Summary

- At the onset of the COVID-19 pandemic, the network of over 150 Emergency Medical Teams activated surge capacities to respond to the pandemic by providing specialized care teams, community facilities, augmentation beds, and technical support:
  - Over 70 EMTs deployed internationally
  - Nearly 1000 national teams mobilized
  - Over 200 community facilities
  - Approximately 20,000 additional beds provided globally
  - Just in Time training package on COVID-19 for EMTs developed

- Coordination of clinical teams in emergencies is managed by national authorities, with support if required from trained WHO staff and a pool of international experts trained in EMT coordination. Given the limitations to travel and face to face trainings in the pandemic, the EMT Secretariat has been conducting remote simulation exercises on EMT Coordination. This year, over thirty participants from thirty countries all over the world who are currently on the EMT Coordinators roster and working on the COVID-19 response were trained.

- Standard setting focuses this year on an update of the main reference document, the “Blue Book” (classification and minimum standards for EMTs), and additional minimum standards in technical/clinical and operational areas such as maternal, neonatal and child health and burns mass casualty care. New standards for EMTs responding to outbreaks has commenced and finalization of a “Red Book” to provide guidance for EMTs providing care in conflict areas. Both the Red and Blue Book will be published in early 2021.

- 30 teams have been classified (quality assured) globally, and 100+ teams are in the mentorship process, with many more expected in the coming years.

- A governance structure continues at the global level (SAG, CSG), and regional groups are being established in all six WHO regions. EMT focal points have been identified in all six regions.
Global Laboratory Alliance for the Diagnosis of High Threat Pathogens (GLAD-HP)

Date Established
2017

Type (Official or Informal)
Informal. Formalization planned but postponed due to COVID-19. But the formalized “WHO reference laboratories providing confirmatory testing for COVID-19” has been established with members of the GLAD-HP network.

Terms of Reference
GLAD-HP provides guidance and sets standards for the detection of emerging pathogens with epidemic potential in alliance with existing networks and stakeholders. This umbrella function assures that cross-cutting issues are addressed and builds on WHO core values. GLAD-HP aims to lay the groundwork for a future of timely and accurate detection of high-threat pathogens, rapid development of diagnostics for novel pathogens, enabling containment of an outbreak at the earliest stage possible, and critical analyses of virus evolution and phylogenetic analyses.

To participate in the alliance, members will have to comply with a code of conduct, which is in development by the GLAD-HP secretariat, with input from consultations (internal and external) with the core GLAD-HP working group and other stakeholders.

Members
Diagnostic experts from established institutes with global representation working in public health, clinical, and research laboratories and in non-human (e.g. veterinary and food safety, wildlife) laboratories. GLAD-HP members will include, but are not limited to, members of disease specific and other existing laboratory networks established by WHO. GLAD-HP will include representatives from WHO and non-WHO laboratory networks, United Nations Food and Agriculture Organization (FAO), office International des Epizooties (OIE), relevant NGOs and multilateral agencies.

Objectives
• Build a functional global diagnostic alliance based on WHO core values that can provide coordinated diagnostic outbreak response, assuring timely and accurate detection of emerging pathogens with epidemic potential.
• Establish collaboration, build capacity, develop guidance documents and create a platform to enable improved establishment of the aetiology of disease in outbreaks and towards rapid development, validation and implementation of accurate and accessible diagnostics for (re)emerging pathogens.
• Collaborate on cross-cutting diagnostic challenges across the disease-specific lab networks in order to avoid wasteful duplication and ensure effective engagements of relevant networks during disease X outbreaks. Cross-cutting issues to be addressed include: data and sample sharing, effective utilization of new diagnostic technology, platform for data sharing, quality assurance in outbreak settings, biosafety and biosecurity and rapid and safe transportation of infectious substances to reference laboratories.
• Empower member states to perform diagnostics for high threat and emerging pathogens by promoting development of and access to innovative technologies that assure safe and reliable diagnostic testing.

2020 Activity Summary
• In November 2019, the second GLAD-HP umbrella meeting was held in Geneva, Switzerland. In this meeting, working groups focused on a number of challenges and opportunities: 1) Implementation of new technologies (e.g. highly multiplexed PCR, NGS) to support effective surveillance and discover the etiology of severe acute illness in at-risk countries, 2) Development of a mechanism to ensure rapid and reliable availability of reagents in the case of Disease X, 3) Creation of pragmatic tools to assure information and sample sharing in public health
emergencies (e.g. secure, curated software platforms for data sharing, codes of conduct for IP management for WHO/WHE committee members, model legislation).

- This meeting was just prior to report of the novel pathogen that was detected in Wuhan in December 2019, which was later characterized as a novel coronavirus and named SARS-CoV-2. The topics discussed in the November 2019 meeting and the existing informal laboratory technical network established for MERS-CoV allowed for the rapid establishment of reference laboratories for confirmatory testing of SARS-CoV-2, the development, evaluation and sharing of SARS-CoV-2 diagnostic protocols, rapid sharing of clinical samples and sequences, viruses and sequences and the validation and rapid development, manufacturing and shipment of SARS-CoV-2 molecular diagnostics.

- Distributions of validated and high-quality diagnostics to the laboratories from the different networks such as GISRS, MERS, polio, measles, rubella, yellow fever and EDPLN. For countries that were establishing molecular diagnostic capacity for SARS-CoV-2, a shipment fund and mechanism was put in place that laboratories could use to confirm their initial test results in one of the reference laboratories.

- Agile usage of prior investments on laboratory capacity building and quality assurance practices in case of emergence of novel or high threat pathogens is one of the objectives of GLAD-HP. An example of this is the, external quality assurance programme (EQAP) for laboratories testing for SARS-CoV-2 infections that was rapidly set up, with the first EQA panels sent out in April 2020. This timely distribution could be achieved due to the prior investments of the GISRS/influenza network and the use of the existing influenza EQA system for the SARS-CoV-2 EQA, extending it to laboratories that would normally not be included in the influenza EQA, but which are relevant for the detection of SARS-CoV-2 in countries. In this SARS-CoV-2 EQAP 164 countries and 233 laboratories participated, overall performance was good with a 100% score in 94% of these laboratories. This good performance was achieved by the distribution of assays to laboratories that where already involved in the different laboratory networks.

- For further details on SARS-CoV-2 laboratory response see section: “WHO reference laboratories providing confirmatory testing for COVID-19”
WHO reference laboratories providing confirmatory testing for COVID-19

Date Established
2020

Type (Official or Informal)
Official

Terms of Reference
https://www.who.int/publications/m/item/terms-of-reference-for-who-reference-laboratories-providing-confirmatory-testing-for-covid-19

Members
List of reference laboratory member institutes can be found here: https://www.who.int/publications/m/item/who-reference-laboratories-providing-confirmatory-testing-for-covid-19

Objectives

- Build a functional global diagnostic reference network and expert group based on WHO core values that can provide coordinated diagnostic outbreak response for SARS-CoV-2.
- Establish collaboration, building SARS-CoV-2 diagnostic capacity, develop guidance documents and create a platform to enable improved diagnostic testing, outbreaks and towards rapid development, validation and implementation of accurate and accessible diagnostics for SARS-CoV-2.
- Collaborate on cross-cutting diagnostic and virology challenges regarding SARS-CoV-2 including research and development, data and sample sharing, effective utilization of new diagnostic technology, platform for data sharing, quality assurance in outbreak settings, biosafety and biosecurity and rapid and safe transportation of infectious substances to reference laboratories, and surveillance viral evolution to rapidly detect the potential change in viral characteristics or a negative impact on the developed countermeasures.
- Empower member states to perform diagnostics for SARS-CoV-2 by promoting development of and access to innovative technologies that assure safe and reliable diagnostic testing.

2020 Activity Summary

- The initial meeting to establish the global laboratory and expert network was held on 11 January and weekly calls with the experts from the network have been held.
- The initial diagnostic guidance to detect the novel pathogen was made available on 10th of January, and by 13 January, WHO had published the first PCR assay methodology, from Charité University in Germany.
- Subsequent guidance on diagnostics and virology have been published with input from the experts since then. Current guidance can be found here: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications?publicationtypes=f85a3610-b102-4287-a6df-f3bc0b2e9f7c
- Global access to timely and reliable diagnostics for SARS-CoV-2:
  
  i) Protocols of implemented assays from several reference laboratories were rapidly shared and made available online on 13 January 2020 (https://www.who.int/publications/m/item/molecular-assays-to-diagnose-covid-19-summary-table-of-available-protocols)
  
  ii) Rapid development and validation and global distribution of molecular SARS-CoV-2 diagnostics occurred by the end of January 2020.
iii) Regional training on the use of the molecular assay were developed and provided, initially through in-person trainings, and then using virtual platforms due to restrictions in travel.

iv) Confirmatory testing to validate diagnostic capacity in laboratories by the reference laboratories, WHOS COVID-19 shipment fund to support the shipment of samples established (https://www.who.int/publications/i/item/guidance-for-laboratories-shipping-specimens-to-who-reference-laboratories-that-provide-confirmatory-testing-for-covid-19-virus)

v) EQAP at national level and subsequently at subnational level rolled out on molecular testing

vi) Joined validation of in-house and other molecular assays and the sharing of the results for action

vii) Validation and evaluation of alternative extraction, sample collection and sampling techniques

viii) Peer-to-peer support from reference laboratories to laboratories requiring support to establish adequate molecular capacity or to support genomic sequencing


x) Validation of antigen tests and testing scenarios and sharing of results in the network

xi) Monitored implementation of antigen testing (https://www.who.int/news-room/articles-detail/sars-cov-2-antigen-detecting-rapid-diagnostic-test-implementation-projects)

xii) Training package launched to train the trainers and health care workers that perform the antigen tests (https://extranet.who.int/hslp/content/sars-cov-2-antigen-rapid-diagnostic-test-training-package)

xiii) Scoping the landscape and validation of other and innovative diagnostic testing including molecular point of care testing for SARS-CoV-2

xiv) Other training and capacity building activities: e.g. the experts provide input in the Laboratory Community of Practice webinars on topics that include virology, diagnostics and laboratory quality and biosafety issues. And upon request to regional webinars organized.

- Research and development for SARS-CoV-2 virology and diagnostics:


Experts supported the work as described in the research agenda (https://www.who.int/publications/m/item/a-coordinated-global-research-roadmap)

ii) Support SARS-CoV-2 sequencing and support in the evaluation of the impact of SARS-CoV-2 evolution, including the risks occurring in the human animal interface.

iii) Support the evaluation of serological assays that can support seroepidemiology studies, resulted in the selection of an effective ELISA that could be distributed to the laboratories who required access to testing for the WHO UNITY studies (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations).

- Working group according to needs and include: SARS-CoV-2 evolution, SARS-CoV-2 reinfection, assay validation
SARS-CoV-2 Evolution Working Group (SARS-CoV-2 EvoWG)

Date Established
2020

Type (Official or Informal)
Informal

Terms of Reference
The SARS-CoV-2 Evolution Working Group (EvoWG) is a working group within the COVID-19 reference laboratory network and its terms of reference.

Specifically, the SARS-CoV-2 EvoWG areas of work are:

1. Strengthen mechanisms to identify and prioritize (potential) relevant mutations.
2. Identify relevant mutations early and study the potential impacts related to viral characteristics (e.g. in virulence, transmission) and effectiveness of available and future countermeasures (e.g. diagnostics, vaccines and therapeutics).
3. Evaluate possible mitigation strategies to reduce the negative impact of mutations.
4. Study the impact of specific mutations (including laboratory-controlled in vitro and in vivo studies of mutants).

Members
15 members (12 institutions in 10 countries): subset of the larger COVID-19 lab expert network plus few additional to cover missing expertise or key players in the field.

Expertise covered: sequencing, bioinformatics (e.g. phylogeny and mutations), in vitro studies (e.g. cloning and cell culture infectivity), and in vivo studies (e.g. animal transmission studies).

Objectives
The working group provides a holistic approach to SARS-CoV-2 sequencing and mutations. A structured risk assessment for mutations is in development to prioritizing mutations, further investigations and triggering actions. It functions as an in-house assessment and alert mechanism. It provides a platform for understanding the research landscape / progress related to SARS-CoV-2 mutations; highlights areas that require more investment. The working group is able to provide technical support to laboratories working in the area of SARS-CoV-2 mutations.

2020 Activity Summary

- Experts engaged since the start of the outbreak, formalized working group with regular meetings since June 2020 and ad-hoc or e-mail consultations.
- Evaluation of identified mutations and potential changes in transmissibility and severity of variant viruses
- Establishment of a risk assessment framework to evaluate SARS-CoV-2 mutations
- Developing SOPs to link risk assessment with formal laboratories to carry out laboratory research to evaluate phenotypic changes in the virus, and potential impacts on diagnostics, therapeutics and vaccines
- Technical support for the mink-associated SARS-CoV-2 variants identified in Denmark, and in other European mink farms.
Emerging and Dangerous Pathogens Laboratory Network (EDPLN)

Date Established
The WHO Global Emerging and Dangerous Pathogens Laboratory Network (EDPLN) was established in 2008 and was the successful outcome of two informal WHO consultations. The first, held in Libreville, Gabon, in March 2008, focused on VHF laboratory responses in Africa, and the second, held at WHO-Geneva in February 2009, expanded the focus to EDP laboratory responses worldwide.

Type (Official or Informal)
Official. All EDPLN members are members of the Global Outbreak Alert and Response Network (GOARN). EDPLN is firmly coordinated with GOARN for laboratory preparedness and response.

Terms of Reference
The WHO Global Emerging and Dangerous Pathogens Laboratory Network (EDPLN) will:
- Focus on maintaining global public health security by ensuring coordinated mechanisms for detection, management, and prevention of disease outbreaks.
- Help Member States build national and regional laboratory capacity.
- Consist of a technical partnership between institutions and networks.
- Complement and strengthen existing networks and develop new ones to become a global network.
- Work to reduce the international spread of outbreaks by detection, management, and prevention of threats leading to a coordinated approach.
- Contribute to long-term outbreak preparedness and laboratory capacity building at national and regional levels.
- Constantly evaluate international efforts to minimize and contain outbreaks.

Members
EDPLN is a network of 23 high-security laboratories working on diagnostic and research related to emerging and dangerous pathogens. EDPLN is coordinated by the Viral Hemorrhagic Fever team in the WHE programme.

Objectives
WHO EDPLN was established to assist WHO in:
- Enhancing the readiness and response of countries for timely laboratory detection and management of outbreaks of novel, emerging, and re-emerging pathogens
- Facilitating the transfer of safe and appropriate diagnostic technologies, practices, and training to laboratories in affected countries, as outlined in IHR (2005)
- EDPLN provides evidence-based strategies, tools, and practices for rapid detection and containment of outbreaks of novel, emerging, and dangerous pathogens to minimize their impact on public health, health systems, and economies of affected areas.

Activity Summary (routine)
- Provide real-time communication to ensure that outbreak information and laboratory investigation results are shared immediately to trigger, orient, and enhance outbreak control measures.
- Formalize a network of high-security laboratories that collaborate and share their knowledge, biological materials, and experimental research results in a real-time framework.
- Establish and maintain regional networks in AFRO, EMRO, WPRO, and SEARO.
• Provide scientific and technical expertise so that effective and scalable laboratory capabilities are deployed when outbreaks occur and are made available to improve clinical care of patients, surveillance activities, and outbreak control operations.

• Promote the development of External Quality Assurance programs to evaluate laboratory diagnostic capacities at regional and global levels.

• Conduct ecological studies at the human-animal interface.

• Provide a high-quality laboratory field platform to support Research & Development (e.g., new Ebola vaccines and treatments) for dangerous pathogens with epidemic potential.

• Engage with partners in operational research to review or confirm prevention and control strategies (e.g., new mode of Ebola transmission, real-time gene sequencing analysis).

• Provide technology transfer and training so that Rapid Diagnostic Tests (RDTs) and Nucleic Acid Tests (NATs) are appropriately evaluated and that transfer of technology to regional networks and countries is implemented.

• Support international and regional workshops and trainings to ensure transfer of technology and know-how.

• Coordinate the production of reagents, and facilitate their distribution and pre-positioning.

• Provide a laboratory field operational platform for the appropriate assessment of point-of-care Ebola RDTs and NATs.

• Provide a forum for collaborative engagement to promote sharing of knowledge about emerging and dangerous pathogens, laboratory science and tools, and disease ecology.

• Establish a permanent EDPLN secretariat and forum for improving coordination of activities.

• Promote collaboration and/or partnership with other international and regional laboratory networks (e.g., AFR-EDPLN, European ENIVD and EVAg networks, Laboratory Network of the GHSAG, Biobanking and BioMolecular Resources Research Infrastructure, European Research Infrastructure Consortium).

• Through the GOARN/EDPLN umbrella, support the development for minimum standards for mobile laboratory deployment.

2019 Activity Summary

• **Network activities:** Several meetings occurred through GOARN regulars meeting and steering committees;

• **Outbreak response:** In 2020, EDPLN work has focused mainly on supporting the Ebola virus disease outbreak response in North Kivu and Ituri and in Equateur, both in the Democratic Republic of the Congo. EDPLN helped Lassa Fever outbreak responses in Nigeria and other countries in West Africa. EDPLN team supported Rift Valley Fever outbreak responses in Sudan and Mauritania. Main activities include development of SOP and expert guidance documents as well as field support for laboratory algorithm, data analysis, case management trainings and operations. Support has been provided to Ebola virus Disease preparedness activities in the Republic of Congo and Central African Republic, including supplies delivery and training to laboratory technicians. Support was provided to investigation of suspected VHF events in several countries.

• **On research and development:** work has focused on the WHO R&D blueprint priority pathogens including filoviruses, Lassa fever, Crimean-Congo Haemorrhagic Fever, Nipah virus and Rift Valley Fever. EDPLN provided relevant expertise for supporting the development of R&D roadmaps and further advance clinical management and medical countermeasures for these diseases.

More information is available on the WHO website: [http://www.who.int/csr/bioriskreduction/laboratorynetwork](http://www.who.int/csr/bioriskreduction/laboratorynetwork)
Emerging Diseases Clinical Assessment and Response Network (EDCARN)

Date Established
Informal activities since SARS; official activities since 2015

Type (Official or Informal)
Official

Terms of Reference
In process for all members

Members
Members are clinicians and other subject-matter experts involved in clinical management of and research in EIDs, from governmental and non-governmental organizations, academia, and other stakeholders. Currently, there are 66 members.

Objectives
• Provide rapid clinical guidance and standards (when adequate materials not available) to manage EIDs during a response, for use by frontline healthcare workers (i.e., national staff, NGOs, EMTs, etc.).
• Provide experienced technical and operational experts to deploy during a response to lead health operations, case management, and/or IPC pillars.
• Develop clinical tools for management of EIDs during outbreaks and for preparedness—including training materials for national teams, facility and IPC checklists, HCW infections surveys, and PEP protocols.
• Develop GRADE-based clinical guidelines using WHO GRC standards for key diseases (i.e., CCHF, influenza ongoing).
• Develop standardized, core clinical data sets to be collected during outbreaks of EIDs.
• Provide a platform for clinicians around the world to access information and expertise by facilitating a peer-to-peer knowledge-exchange arena.

2019 Activity Summary
• Deployment of technical experts to lead case management coordination and manage Ebola treatment units as part of the Ebola response in DRC (North Kivu). Implemented the use of investigational therapeutics for Ebola under the MEURI framework. Supported the implementation of the Ebola PALM trial.
• Creation of rapid operational guidance for clinical management and tools (checklists, case record forms, essential medicines, supplies and equipment) for Ebola virus disease and clinical standard operating procedure (Optimized Supportive Care for Ebola Virus Disease).
• Created and delivered Ebola optimized supporting care training as part of preparedness, in Uganda, Rwanda and Tanzania.
• Delivery of SARI Critical care course trainings in Central Asia and inaugural training in PAHO region training over 80 clinicians from 18 countries.
• Completed the Clinical management guidance for Influenza virus infection (in final review).
Global Outbreak Alert and Response Network (GOARN) Steering Committee

Date Established

GOARN was established in 2000 as a WHO-coordinated network of institutions and stakeholders to improve disease event detection, international coordination and rapid response capacity and operations at local, regional and global levels -- ensuring rapid access to technical assistance and support of expert teams throughout the world who can deploy rapidly and work effectively in the field in a highly coordinated response.

Type (Official or Informal)

Official.

WHA Resolution 54.14 endorsed WHO’s international responsibility for global health security: epidemic alert and response, supporting collaboration between WHO and all potential technical partners in the areas of epidemic alert and response. Most recently, several high-level panels and reviews have provided recommendations on the reform of WHO and the global systems for managing infectious disease outbreaks and emergencies, including GOARN. These included the Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, the IHR Review Committee for the Ebola response, the Independent Oversight and Advisory Committee (IOAC) for WHO Health Emergencies Programme, and most recently the final report and recommendations of the Global Health Crisis Task Force.

Terms of Reference

Governance of the network is provided by a Steering Committee (SCOM) comprised of one WHO representative and 20 members from GOARN partners. The SCOM meets every 6 months -- guiding and monitoring the development and operations of the network, approving the terms of reference and monitoring the activities of Technical Working Groups and Standing Sub-Committees; approving the addition of new institutions/organizations/networks to the Network; and advocating for the network and representing the network at key public health events.

Members

The GOARN Steering Committee is a representative selection of partner institutions of the Network that oversees the planning, implementation and evaluation of the Network’s business and activities. The committee includes 21 member institutions. WHO is a permanent member of the committee, while the other 20 institutions are filled by rotation and agreed-upon selection processes. The Chair and Deputy Chair of the SCOM represent the committee.

Objectives

The SCOM has outlined plans to take forward the development and operations of the network --an initiative referred to as ‘GOARN 2.0,’ aligned with the major recommendations mentioned above. GOARN 2.0 involves expansion and increased involvement of partners in a range of activities, and possible engagement with new partners and stakeholders from public, private, and civil society.

The SCOM:

- Approves and monitors implementation of the Network’s work plan
- Approves the terms of reference and monitors activities of Technical Working Groups and Standing Sub-Committees
- Approves the addition of new institutions/organizations/networks
- Advocates for the Network and represents the Network at key public health events
Risk Communication Advisory Group (RCAG)

Date Established
Informally established since 2017.

Type (Official or Informal)
Plans for formalizing the group are being explored.

Terms of Reference
Provide expert advice to WHO in areas related to anthropology, community engagement, health communication, and risk communication for health emergencies
Function as a pool of experts on risk communication for the IHR Emergency Committee Roster as needed
Function as surge capacity deployment for high-level missions upon requests of Member States

Members
17 experts in areas of anthropology, community engagement, health communication and risk communication who are affiliated with academic institutions, NGOs (including MSF), and international organizations (including UNICEF and OIE)

Objectives

1. Support development of guidance on risk communication and community engagement for health emergencies.
2. Provide expert advice to Member States on risk communication and community engagement as required under the International Health Regulations and the Pandemic Influenza Preparedness Framework.
3. Provide surge support to WHO for high-level risk communication and community engagement in-country activities, including capacity building and emergency response.
Health Security Interface Technical Advisory Group (HSI-TAG)

Date Established
2018-2019

Type (Official or Informal)
Official

Terms of Reference
The HSI-TAG shall provide advice and recommendations for the WHO Health & Security Work:
1. Identification of gaps, vulnerabilities and challenges;
2. Provision of advice to WHO on the technical and scientific aspects of the health security interface, including deliberate events;
3. Provision of a platform for information sharing between the TAG and WHO’s international partners from health and security sectors, during joint meetings;
4. Provision of recommendations, as necessary, on matters related to tools, resources and systems available to WHO, with the aim of strengthening its capacity and coordination between public health and security sectors.

There are three established working groups:
- DURC – Dual Use Research of Concern
- OPS - Operations
- LEPH – Law Enforcement and Public Health initiative

Members
16 members and up to 2 representatives of STAG-IH

Objectives
Roles are to advocate for the role of public health in the security sector, increase preparedness and response to deliberate events, and improve multisectoral collaboration.

2020 Activity Summary

- March 2020 meeting postponed until December due to COVID-19 pandemic
- Ongoing revision of WHO Guidance of Public Health Response to Biological and Chemical Weapons
- Support for revision of 2010 guidance on responsible research into high-consequence pathogens
- Interest in developing new area of potential work in the implications of misinformation and disinformation in “infodemiology” as relating to emerging public health threats
**Biosafety Advisory Group (BAG)**

**Date Established**

Referred in WHA report A57/7 in 2004 (but was probably established earlier).

**Type (Official or Informal)**

Official

**Terms of Reference**

1. To provide advice on the WHO Biosafety programme, including its strategic priorities and plans of action.
2. To advise WHO on specific topics relating to biosafety and biosecurity.
3. To advise on opportunities, international initiatives and partnerships appropriate to the WHO Biosafety programme.
4. To identify and/or recommend individuals who may be eligible to serve as subject-matter experts in Biosafety and related areas.
5. The BAG will meet on a regular basis.

**Members**

Each WHO Collaborating Centre for Biosafety nominates one individual to the BAG.

**Objectives**

The BAG meets regularly to address outstanding biosafety and laboratory biosecurity issues, to discuss activities, projects and collaborations.

In recent years, BAG meetings have been organized in a form of “Extended BAG” by extending the invitation to other global experts in this field in order to share information and best practices and discuss global issues and WHO priority activities in the area of biomedical research, evidence-based laboratory biosafety and laboratory biosecurity.

Detailed meeting reports are available:

https://apps.who.int/iris/handle/10665/325737

https://apps.who.int/iris/bitstream/handle/10665/204493/WHO_HSE_GCR_2016.7_eng.pdf?sequence=1&isAllowed=y

**2020 Activity Summary**

- Virtual conference of WHO CCs in September 2020
- Publication of the WHO Laboratory Biosafety Manual 4th edition (LBM4)
- Collaboration with individual member (WHO CC) including:
  - WHO biosafety interim guidance for COVID-19
  - WHO biosafety interim guidance for COVID-19 supplementary slide deck, webinars
  - WHO/IFRC/ICRC interagency document - Safe Management of dead bodies, COVID19
  - eLearning for COVID-19 testing and biosafety
Global Infection Prevention and Control Network (GIPC Network)

Date Established
2011

Type (Official or Informal)
Informal

Terms of Reference
https://www.who.int/infection-prevention/about/GIPCN-TOR.pdf?ua=1

Members

- Institutions, organizations, agencies and professional societies with demonstrated influence and experience in international IPC capacity building, particularly in low resource settings or in settings where IPC capacity is minimal;
- Agencies and organizations that provide emergency IPC in health care services in countries or regions experiencing (or have the potential to experience) communicable disease outbreaks amplified by the provision of care in health care settings
- Selected WHO Collaborating Centres.

Objectives

Ultimately, the GIPC Network’s goal is the reduction of health care-associated infection (including in the context of outbreaks) and to address the global burden of antimicrobial resistance (AMR) in support of all Member States and WHO priorities. In doing so, the GIPC Network in particular focuses on the needs of low- and middle-income health care settings/countries, contributing to the formulation and spread of evidence-based recommendations, adaptable to different settings and considering best use of often scarce resources.