

Terms of reference

for the

**Regional Collaborating Committee on Accelerated Response to
Tuberculosis, HIV and viral hepatitis (RCC-THV)**

1. Preamble

In October 2007, with the endorsement of the Berlin Declaration on Tuberculosis at the high-level Ministerial Forum, Member States and partners renewed political commitment to control tuberculosis (TB) in the WHO European Region. Furthermore, the WHO Regional Office for Europe (WHO/Europe), in consultation with Member States, partners, civil society organizations and communities, developed the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB) in the WHO European Region, 2011–2015 which was endorsed at the sixty-first session of the Regional Committee in Baku, Azerbaijan, in September 2011, along with the accompanying resolution (EUR/RC61/R7).

The resolution stressed the need to establish a European Stop TB partnership platform and/or related mechanisms for interactive information exchange and strengthening involvement of national and international partners, including civil society organizations, in the prevention and control of TB and M/XDR-TB. As follow-up to this resolution through a consultative process with civil society organizations, technical partners and donors, WHO/Europe has established the Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB) and its first meeting was held in December 2012.

In order to develop and maintain a coordinated response to the TB epidemic the work of RCC-TB has been guided and linked with the 2030 Agenda for Sustainable Development Goal 3, as well as key political commitment documents and declarations for TB prevention and care, namely: (i) Berlin Declaration on Tuberculosis (WHO European Ministerial Forum, “All Against Tuberculosis”, Berlin, 2007); (ii) Joint Riga Declaration on Tuberculosis and its Multidrug Resistance (the first Eastern Partnership Ministerial Conference on TB and MDR-TB as part of the Latvian European Union (EU) Presidency’s Programme, 2015); (iii) Moscow Declaration on TB (WHO Global Ministerial Conference “Ending TB in the Sustainable Development Era: a Multi-sectoral Response”, Moscow, 2017); (iv) Outcome document issued in the Senior-level Policy Dialogue “Addressing HIV and TB Challenges: from Donor Support to Sustainable Health Systems” under the Estonian Presidency of the Council of the EU (Tallinn, December 2017); and most recently, (v) Political declaration issued in the United Nations high-level meeting (UNHLM) on the fight against TB (73rd session of the United Nations General Assembly, 26 September 2018, New York).

To respond to the increasing trend of TB/HIV co-infection in the Region and to address the need for coordinated and integrated responses to TB, HIV and viral hepatitis, during the 2018 annual RCC-TB meeting held on 21 February 2018 in Copenhagen, Denmark, it was discussed and suggested to expand the RCC-TB mandate to address additionally HIV and Viral hepatitis. The suggestion was welcomed and later on re-confirmed by RCC-TB members in a consultative process, highlighting the benefits of additional opportunities arising from collaboration and a shared platform, thus capitalizing on common grounds for addressing cross-disease challenges jointly.

The role of coordinated, and integrating approaches, people-centred models of care, and civil society involvement in the prevention and response to TB, HIV and viral hepatitis has been highlighted in WHO/Europe key guidance documents, namely the TB Action Plan for WHO European Region 2016-2020 (endorsed at the 65th WHO Regional Committee for Europe, Resolution EUR/RC65/17); Action plan for the health sector response to HIV in the WHO European Region, 2017 (endorsed at the 66th session of the WHO Regional Committee for

Europe, Resolution EUR/RC66/R9), Action plan for the health sector response to viral hepatitis in the WHO European Region, 2017 (endorsed at 66th WHO Regional Committee for Europe, Resolution EUR/RC66/R10).

Under the framework of the Issue-based Coalition on Health and Well-being for All at All Ages in the 2030 Agenda for Sustainable Development, WHO/Europe has led an inclusive and consultative process to identify shared principles and key actionable areas within and beyond the health sector to address HIV, tuberculosis and viral hepatitis in Europe and central Asia. As a result, a consolidated document named United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration has been developed and signed by 14 United Nations agencies, in addition to civil society organizations, the general public and other stakeholders in 2018. This document underscores the high importance and multi-partner commitment to TB, HIV and viral hepatitis response, and to the need for further integration, boosting intersectoral collaboration, addressing social determinants, and placing commitment sustainably highly on political agendas. These efforts have the aim of translating political commitment into tangible outcomes, thus contributing to reaching the goals and targets of aforementioned documents and creating universal health coverage and health for all in a whole-of-society, accountability-fostering, multi-partner approach, including the vulnerable and disadvantaged, leaving no one behind.

2. Mission

To contribute to the achievement of the 2030 Agenda for Sustainable Development Goal 3 to end the epidemics of HIV and TB and combat hepatitis by 2030 and reach universal health coverage across the WHO European Region by fostering collaborative efforts and facilitating accelerated response to TB (including M/XDR-TB), HIV and viral hepatitis prevention, diagnosis, treatment and care.

3. Objectives

3.1 Strengthen collaboration and partnership

- Strengthen involvement and foster collaboration between governmental and non-governmental, national and international organizations/institutes, and representatives of affected populations;
- Promote the multi-sectoral and multi-lateral collaboration for better and integrated management of three conditions, TB (including M/XDR-TB), HIV and viral hepatitis.

3.2 Reinforce advocacy, communication and social mobilization

- Create greater public, private, governmental, nongovernmental, civil society and professional awareness of the urgent need for robust response through fostering implementation of the Global, Regional and national Committal documents¹, WHO European

¹ (i) Berlin Declaration on Tuberculosis (WHO European Ministerial Forum, "All Against Tuberculosis", Berlin, 2007); (ii) Joint Riga Declaration on Tuberculosis and its Multidrug Resistance (the first Eastern Partnership Ministerial Conference on TB and MDR-TB as part of the Latvian European Union (EU) Presidency's Programme, 2015); (iii) Moscow Declaration on TB (WHO Global Ministerial Conference "Ending TB in the Sustainable Development Era: a Multi-sectoral Response", Moscow, 2017); (iv) Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted by 2016 High-Level Meeting

Region action plans on TB, HIV and viral hepatitis², and the United Nations common position on ending HIV, TB and viral hepatitis in Europe and Central Asia through intersectoral collaboration (2018);

- Increase visibility of TB (including M/XDR-TB), HIV, TB/HIV and other co-morbidities, and viral hepatitis as a public health issue through the media, web-based forums, and activities of international and national agencies;
- Advocate for availability and rational use of domestic and external resources for sustainable interventions;
- Support advocacy, communication and social mobilization for all stakeholders who contribute to responding to three epidemics, and engage people affected with diseases into the process.

3.3 Facilitate Response

- Facilitate the implementation of the main political declarations on three diseases¹ and the WHO European Region action plans on TB, HIV and viral hepatitis² and any similar subsequent future plans and political commitment documents;
- Play an active part in the development of the regional and national political and strategic documents on TB (including M/XDR-TB), HIV, TB/HIV and other co-morbidities, and viral hepatitis, and actively participate in national disease programme reviews;
- Contribute to the national programmes reviews on TB, HIV and Viral Hepatitis run by the WHO Europe, including securing the participation of the civil society and affected communities in such reviews;
- Contribute to enhancing the degree of people-centeredness of services through a health system strengthening approach and contribute to improving the quality and outcome of care;
- In the frame of the transitioning from external support to domestic financing to get actively involved in and contribute to development, implementation, and monitoring and evaluation of transitioning plans to ensure transparency of the process, to promote sustainability and scale up of the responses towards three epidemics, and contribute to efficiency gains;
- In collaboration with the European TB Research Initiative (ERI-TB) foster development and implementation of the research agenda. Support community engagement in the clinical trials in countries;
- In collaboration with the European Laboratory Initiative (ELI), Regional Green Light Committee (R-GLC) and WHO European Region HIV Treatment Reference Group (TRG) advocate for the need for scaling up early detection and effective treatment and care of TB (including M/XDR-TB), HIV and TB/HIV and other co-morbidities;

on Ending AIDS (70th session of the United Nations General Assembly, 8 June 2016); (v) Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, issued in the United Nations high-level meeting on antimicrobial resistance (71st session of the United Nations General Assembly, 21 September 2016, New York, USA); (vi) Outcome document issued in the Senior-level Policy Dialogue “Addressing HIV and TB Challenges: from Donor Support to Sustainable Health Systems” under the Estonian Presidency of the Council of the EU (Tallinn, December 2017); (vii) Political declaration of the high-level meeting of the General Assembly on the fight against TB, issued in the United Nations high-level meeting (UNHLM) (73rd session of the United Nations General Assembly, 26 September 2018, New York).

² (i) TB Action Plan for WHO European Region 2016-2020 (endorsed at the 65th WHO Regional Committee for Europe, Resolution EUR/RC65/17); (ii) Action plan for the health sector response to HIV in the WHO European Region, 2017 (endorsed at the 66th session of the WHO Regional Committee for Europe, Resolution EUR/RC66/R9); (iii) Action plan for the health sector response to viral hepatitis in the WHO European Region, 2017 (endorsed at 66th WHO Regional Committee for Europe, Resolution EUR/RC66/R10).

- Play an active role in support of local authorities and respective managers of national disease programme in addressing challenges identified by national programme reviews, R-GLC, TRG, ELI and other partners observations;
- Share existing lessons learned, good practices and exchange information on effective and efficient interventions to control three epidemics.

4. Composition and membership of RCC-THV

- 4.1 RCC-THV is composed of an inclusive network and a Core Group. The network comprises relevant stakeholders involved in TB, HIV, and viral hepatitis control and care, including technical and funding agencies, civil society and professional organizations, medical professionals and philanthropic foundations' representatives, as well as community/patient representatives, with substantial expertise and experience in areas related to TB, M/XDR-TB, HIV and viral hepatitis prevention, control and care.
- 4.2 Applications for network membership will be assessed by WHO/Europe in its sole and absolute discretion, and in accordance with WHO rules and regulations, policies and practices.
- 4.3 The RCC-THV network is overseen by a Core Group, which will be elected from among its members. The Core Group includes representatives of key stakeholders in TB, HIV and viral hepatitis control and care.
- 4.4 Appointment of Core Group members will be for an initial period of two years. There will be the possibility of renewal for a further period of 2 years or more, if reviewed and agreed by the secretariat.
- 4.5 A Chairperson and a Vice Chairperson of the RCC-THV will be elected from among its members. The Vice Chairperson will assist the Chairperson in his/her duties, as required. The Chairperson and the Vice Chairperson will serve for an initial period of two years. There will be the possibility of renewal for a further period of 2 years through re-election (see above). They will represent RCC-THV in different relevant meetings, if required and subject to the conditions set out under 4.7.
- 4.6 Three months prior to the end of the term of Chair, Vice Chair and Core Group, members of RCC-THV are to nominate candidates for Chair, Vice Chairperson and Core Group for the next term. One month prior to the end of term, voting will be facilitated by the Secretariat. A single majority is sufficient. Both Chair, Vice Chair and Core Group can be re-elected once. The vote can also be alternatively conducted during a face-to-face meeting, provided members were previously informed about candidatures.
- 4.7 The RCC-THV network and Core Group are not legal entities and cannot therefore undertake any action or representation on behalf of RCC THV without the explicit agreement of WHO secretariat.
- 4.8 Any member may terminate its involvement in the RCC-THV by providing written notice to WHO/Europe in its capacity as provider of Secretariat services to the RCC-THV. In addition, WHO/Europe, in its sole discretion, may terminate the participation in the RCC-THV of any member.

5. Modus operandi

- 5.1 Subject to the availability of sufficient human and financial resources for this purpose, the Secretariat will be provided by WHO/Europe, acting through the Joint TB, HIV and viral hepatitis programme (JTH) at the WHO/Europe. RCC-THV related communication is

facilitated by the Secretariat (i.e. through web-ex, telephone conferences and e-mail exchanges).

- 5.2 Face to face meetings of RCC-THV will be held annually, with special meetings convened as required by the secretariat. Teleconferences and videoconferences will be used for communication on a regular basis, for example monthly to every other monthly.
- 5.3 Members of RCC-THV should be free of actual, potential or apparent conflict of interest. To this end, proposed members will be required to complete a declaration of interest form on an annual basis, and their appointment will be subject to the evaluation of completed forms by the secretariat, determining that their participation would not give rise to a real or perceived conflict of interest.
- 5.4 The work of RCC-THV members (both network and Core Group) will be pro bono.
- 5.5 Consultant/s for specific topic/s to be addressed at RCC-THV meetings may be invited by the secretariat, if deemed appropriate, as observers. Furthermore, the participation of representatives of other WHO entities and/or special institutions will be considered in accordance with the agenda of the corresponding meeting and the institution's area of expertise, and according to the needs expressed and defined by the Core Group.
- 5.6 A rapporteur for RCC-THV meetings shall be selected for each meeting at the beginning of the meeting.
- 5.7 Reports on RCC-THV meetings shall be submitted to the Regional Director and distributed to interested parties by the secretariat.

6. Publications

- 6.1 As a general rule and subject to its discretion, WHO/Europe shall be responsible for issuing publications about the RCC-THV activities. All decisions about the preparation and dissemination of publications made by RCC-THV members (other than WHO) concerning the RCC-THV activities shall be made by consensus. For the avoidance of doubt, dissemination of RCC-THV materials will only be made by WHO/Europe or as may be decided by WHO/Europe on a case-by-case basis.
- 6.2 Copyright in any publication made by WHO/Europe shall be vested in WHO/Europe. This also applies if the work is issued by WHO/Europe and is a compilation of works by RCC-THV members or is otherwise work prepared with input from one or more RCC-THV members. Copyright in a specific separable work prepared by a RCC-THV member shall remain vested in that member (or remain in the public domain, if applicable), even if it forms part of another work that is published by WHO and of which WHO owns the copyright as a whole.
- 6.3 Copyright in a publication prepared and issued by a RCC-THV member shall remain vested in that member or shall be put in the public domain if such RCC-THV member so chooses.
- 6.4 "Publications" include any form, whether paper or electronic, and in any manner. Parties are always allowed to cite or refer to RCC-THV publications, except for purpose of promoting any commercial products, services or entities.
- 6.5 Any publication about RCC-THV activities issued by a RCC-THV member other than WHO/Europe shall contain appropriate disclaimers as decided by WHO/Europe, including that the content does not necessarily reflect the views or stated policy of the participating organizations, agencies and institutions (including WHO/Europe, acting as the Secretariat for the network).
- 6.6 WHO/Europe shall be vested with a non-exclusive, worldwide, royalty-free and sub-licensable licence to use, reproduce, synthesize, adapt, publish and disseminate in whatever format – paper, electronic or otherwise – and in whatever manner as WHO may deem

appropriate for public health purposes, the work produced by each RCC-THV member within the context and work of RCC-THV.

6.7 Information shared and discussed during meetings will be considered confidential and RCC-THV Core Group members undertake not to communicate it to persons outside RCC-THV, except as specifically and expressly authorized by the Secretariat. RCC-THV members shall not purport to speak on behalf of, or represent, RCC-THV or WHO/Europe to any third party. All proposed members will be required to sign an appropriate confidentiality undertaking and provisions on ownership.

7. Key functions of RCC-THV network and Core Group

7.1 The overall RCC-THV network will inform and contribute to the process of achieving the mission statement, i.e. through sharing of best practices with regard to the objectives outlined under point 3. The information can be shared by email or other means with the secretariat at all times or discussed during the (annual) RCC-THV network meetings.

7.2 In addition to the above (7.1) and as otherwise mentioned throughout this document, the Core Group will discuss and suggest to the RCC-THV network:

- agenda items for the regular RCC-THV network calls facilitated through the secretariat;
- agenda items for the (annual) face-to-face RCC-THV network meetings;
- further improving exchange of objective-driven/related information and experiences of good practices;
- represent or appoint representatives from the RCC-THV members to participate in the TB, HIV and viral hepatitis events if needed, including regular meetings such as of the R-GLC, ERI, ELI and Joint TB, HIV and Viral Hepatitis (JTH) and Health systems strengthening approach relevant projects.
- any other points deemed appropriate and relevant during any of the regular RCC-THV network calls and/or as discussed (i.e. next step or recommendations section) during the (annual) face-to-face RCC-THV network meetings.

8. Liability

Under no circumstances shall WHO/Europe assume any liability for acts carried out by RCC-THV members regardless of whether such acts were carried out in the name of the RCC-TB/HIV/VH. Furthermore, WHO/Europe in its sole discretion, may refrain from implementing any decision of the RCC-THV if in the view of WHO, such decision gives rise to undue financial, legal or reputational liability or is contrary to WHO/Europe Rules, Regulations, Administrative practices and programmatic and technical policies.

9. Amendments

These Terms of reference may be amended by WHO/Europe and all RCC-THV members shall be informed of such changes and shall be required to endorse them as a condition for their continuous participation in the Network.