

## Terms of Reference

### Global Task Force on Cholera Control (GTFCC)

#### Background

The 2011 WHA 64.15 resolution (“Cholera mechanisms for control and prevention”) requested the WHO Director-General to revitalize the Global Task Force for Cholera Control (“GTFCC”) and to strengthen WHO’s work in this area, including improved collaboration and coordination among relevant WHO departments and other relevant stakeholders.

#### Status

The GTFCC is administered by the World Health Organization (“WHO”) through its Department of Pandemic and Epidemic Diseases. The GTFCC is a collaborative mechanism between interested parties including WHO and GTFCC members, and is not an independent legal entity. For this reason, the GTFCC cannot conduct any actions in its own name. The operations of the GTFCC shall in all respects be administered in accordance with the WHO Constitution, WHO’s Financial and Staff Regulations and Rules, Manual provisions, and applicable policies, procedures and practices.

#### 1. Functions

##### Vision

GTFCC members share a vision that collective action can stop cholera transmission and end cholera deaths. The purpose of the GTFCC is to support increased implementation of evidence-based strategies to control cholera. The GTFCC aims to achieve this through strengthened international collaboration and improved coordination amongst stakeholders active in cholera-related activities.

GTFCC activities will aim to raise the visibility of cholera as a public health issue, facilitate sharing of evidence-based practices, and contribute to capacity development in all areas of cholera control. The GTFCC shall not be responsible for developing any technical norms or standards.

##### Objectives

The GTFCC members agree with the specific objectives of the GTFCC as stated below:

1. To support the design and implementation of global strategies to contribute to capacity development for cholera prevention and control globally.
2. To 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 and monitoring of progress, dissemination and implementation of technical guidelines, operational manuals, etc.
3. To support the development of a research agenda with special emphasis on evaluating innovative approaches to cholera prevention and control in affected countries.
4. To increase the visibility of cholera as an important global public health problem through integration and dissemination of information about cholera prevention and

control, and conducting advocacy and resource mobilization activities to support cholera prevention and control at national, regional, and global levels.

## **2. Membership**

### **Members**

At least for the initial phase, the GTFCC shall have 15 to 18 members, or less.

Members of the GTFCC will be identified and invited by WHO. The GTFCC will be open to institutions, including non-governmental and community-based organizations, international and intergovernmental organizations, universities, hospitals, and ministries. Members must demonstrate a clear interest and expertise on disciplines and perspective relating to cholera control. Relevant fields include, but are not limited to, epidemiology, public health, paediatrics, internal medicine, infectious diseases, water, sanitation, drug regulation, programme management, immunization delivery, health-care administration, logistics, communication, program evaluation and health economics.

Members may have a three-year membership in the GTFCC, which may be extended after the initial term. Any member may terminate its involvement in the GTFCC by providing written notice to WHO in its capacity as provider of Secretariat services to the GTFCC. In addition, WHO, in its discretion, may terminate the participation in the GTFCC of any member.

The GTFCC will select from amongst its members a Chairperson. The Chairperson of GTFCC is expected to serve as Chairperson for three years. After the initial selection of a Chairperson, future Chairs will need to have served as a member of GTFCC for a minimum of one year before taking up Chairmanship.

GTFCC participation is open and on a voluntary basis. No dues will be charged. All member organizations agree to promote the provisions of WHA 64.15 and abide by these Terms of Reference.

## **3. Management**

### **Secretariat support**

Secretariat and planning support of the GTFCC will be provided by WHO acting through the Department of Pandemic and Epidemic Diseases (hereinafter referred to as the "Secretariat").

### **Information exchange**

The GTFCC will normally meet biannually and may utilize face-to-face, teleconferences or other electronic communication meeting methods. Special meetings may be called to address emerging issues. Meetings and Teleconferences will be convened by the Secretariat and can be hosted by members as agreed.

### **Decision-making**

Decisions concerning GTFCC activities will be taken by consensus.

### **Working groups and experts**

GTFCC Working Groups may be established as resources intended to increase the effectiveness of GTFCC. The Working groups are established to prioritize issues within a particular area and to mobilize external expertise for answering specific questions identified by GTFCC when the issue is particularly complicated and additional time, expertise, and discussion are required. Individual experts may be consulted and/or invited by the

Secretariat to provide advice to WHO on specific technical issues in accordance with WHO rules and procedures.

#### **Financing of and fundraising for the GTFCC**

GTFCC members will not be remunerated for their participation in GTFCC. Each member is, in principle, responsible for meeting its own expenses in relation to the GTFCC (including, but not limited to, travel and subsistence for the attendance of GTFCC meetings). However, in the interest of ensuring appropriate geographical representation in GTFCC, WHO may on a case by case basis, and subject to the availability of funds, pay for the travel and per diem of a limited number of GTFCC members to attend GTFCC meetings.

All activities undertaken by the GTFCC, as opposed to those undertaken by GTFCC members in their individual capacities, including its day-to-day operations and the Secretariat support, are subject to the GTFCC Secretariat receiving adequate funds for that purpose.

Finally, WHO may also raise funds from other sources to support the work of the GTFCC, in accordance with WHO's established policies and principles.

All GTFCC Secretariat funds shall be administered in accordance with WHO's financial regulations, rules, and practices and is subject to WHO's normal programme support costs.

## **4. Information and documentation**

### **Publication**

As a general rule and subject to its discretion, WHO shall be responsible for issuing publications about GTFCC activities. All decisions about the preparation and dissemination of publications made by GTFCC Members (other than WHO) concerning GTFCC activities shall be made by consensus.

Copyright in any publication made by WHO shall be vested in WHO. This also applies if the work is issued by WHO and is a compilation of works by GTFCC Members or is otherwise work prepared with input from one or more GTFCC Members. Copyright in a specific separable work prepared by a GTFCC 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.

Copyright in a publication prepared and issued by a GTFCC member shall remain vested in that member or shall be put in the public domain if such GTFCC member so chooses.

"Publications" include any form, whether paper or electronic, and in any manner. Parties are always allowed to cite or refer to GTFCC publications, except for purpose of promoting any commercial products, services or entities.

Any publication about GTFCC activities issued by a GTFCC Member other than WHO shall contain appropriate disclaimers as decided by WHO, including that the content does not necessarily reflect the views or stated policy of the participating organizations, agencies and institutions (including WHO, acting as the Secretariat for the GTFCC).

### **Communication**

The conclusions of GTFCC meetings shall be made public, including through the Weekly Epidemiological Record and WHO web site.

GTFCC Members shall not make public statements about GTFCC activities or public statements on behalf of WHO unless specifically requested to do so by WHO.

The contributions to the GTFCC made by GTFCC Members will be acknowledged by WHO in accordance with its applicable rules, policies and practices.

**Confidentiality:**

GTFCC Members agree:

- To maintain confidentiality of information shared among GTFCC Members, except when explicitly indicated otherwise by WHO ;
- To maintain confidentiality about views of the various Members and the deliberations of the GTFCC, except with regard to agreed statements and reports issued by WHO or with the consent of WHO; and
- Not to make public statements about GTFCC activities or public statements on behalf of WHO unless specifically requested to do so by WHO or with the prior consent of WHO.

**Liability**

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

**Amendments**

These Terms of Reference may be amended by WHO and all GTFCC Members shall be informed of such changes and shall be required to endorse them as a condition for their continuous participation in the GTFCC.