
Annex 3

Advisory Group

Terms of Reference

(Adopted by the Intergovernmental Meeting at its resumed session in December 2008, as amended by the Open-Ended Working Group of Member States on Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits in April 2011.)

1. Background and mandate of the Advisory Group

- 1.1 The Interim Statement adopted by WHO Member States attending the session of the Intergovernmental Meeting on Pandemic Influenza Preparedness, 20–23 November 2007, urged action to develop fair, transparent, and equitable international mechanisms on virus sharing and benefit sharing. Member States called on the Director-General to establish an Advisory Mechanism to monitor, provide guidance to strengthen the functioning of the trust-based system needed to protect public health and undertake necessary assessment of that system. To carry this out, Member States specified that an Advisory Group will be appointed by the Director-General in consultation with Member States, based on equitable representation of the WHO regions and of affected countries.
- 1.2 The trust-based system is now referred to as the “Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits” (hereinafter “the Framework”). The scope of the Advisory Group 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, as defined in Section 4 of the Framework. The pharmaceutical industry, although not included, can be consulted by the Advisory Group.

2. Functions of the Advisory Group

- 2.1 To monitor, assess and report on how the different functions of the Framework are implemented by its components. The information to conduct these tasks should be provided by the WHO Secretariat and other independent sources, if available. Monitoring by the Advisory Group will enable ongoing assessment of the functioning of the Framework and should include at least:
 - (a) the rapid, systematic and timely sharing of H5N1 and other influenza viruses with human pandemic potential with the WHO global influenza surveillance and response system (GISRS);
 - (b) the Influenza Virus Traceability Mechanism;
 - (c) the global improvement of laboratory capacity, particularly in developing countries, to enhance pandemic influenza preparedness;
 - (d) the fair and equitable sharing of benefits.
 - (e) the use of financial and non-financial contributions.
- 2.2 To 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.
- 2.3 To provide guidance to strengthen the functioning of the Framework to the Director-General.
- 2.4 To make recommendations to the Director-General on the use of financial and non-financial contributions.
- 2.5 Recommendations and reports of the Advisory Group shall be evidence based.
- 2.6 To present an annual report to the Director-General on its evaluation of the implementation of this Framework. The report should cover the following:
 - (a) necessary technical capacities of WHO GISRS;
 - (b) operational functioning of WHO GISRS;
 - (c) WHO GISRS influenza pandemic preparedness priorities, guidelines and best practices (e.g. vaccine stockpiles, capacity building);
 - (d) increasing and enhancing surveillance for H5N1 and other influenza viruses with human pandemic potential;
 - (e) the Influenza Virus Tracking Mechanism;
 - (f) the sharing of influenza viruses and access to vaccines and other benefits;
 - (g) use of financial and non-financial contributions.

3. Nomination of members

- 3.1 The Advisory Group will comprise 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. In the exercise of their functions the Members shall act as international experts serving WHO exclusively.
- 3.2 Each member will serve for three years. The duration of appointment of each member will be three years with a renewal of one third of the members every year; replacements must maintain the equitable representation of the six WHO regions and affected countries; all members will be eligible for two appointments. In the event of resignation or incapacity of a member for any reason, the Director-General will appoint a replacement member with a view to maintaining the equitable representation of the six WHO regions and affected countries. The replacement will complete the term of the previous member. The Group will select from among its members, a Chairperson and a Vice-Chairperson. The Chairperson and Vice-Chairperson will serve for two years after which another Chairperson and Vice-Chairperson will be selected by the Group members.
- 3.3 The Director-General will regularly accept nominations of representatives and will draw from this list to replace outgoing members with a view to maintaining the equitable representation of the six WHO regions and affected countries.

4. Working procedures

- 4.1 The Director-General will apply to this Advisory Group working procedures consistent with WHO's practices and procedures.
- 4.2 The Regulations for Expert Advisory Panels and Committees will apply to the Advisory Group, including with respect to the private nature of meetings. Furthermore, members of the Advisory Group will not make public statements, individually or on behalf of the Group, on the work of the Advisory Group, except as authorized in connection with reporting requirements or by the Director-General.

5. Resources for implementation

The Director-General will make available the necessary human and financial resources to support the work of the Advisory Group.