

## PIP Framework Partnership Contribution Independent Technical Expert Mechanism (PCITEM)

### Terms of Reference March 2019 (revised)

#### Introduction

The Pandemic Influenza Preparedness (PIP) Framework was adopted by Member States of the World Health Organization (WHO) to better prepare the world for an influenza pandemic. It promotes two equally important objectives: (1) the sharing of influenza viruses with human pandemic potential (IVPP) and (2) access to vaccines and sharing of other benefits.

In order to promote the second objective, influenza vaccine, pharmaceutical and diagnostic manufacturers that use the Global Influenza Surveillance and Response System (GISRS), a network of public health laboratories, contribute to WHO US\$ 28 million per year to improve pandemic preparedness and response. These funds are known as Partnership Contributions (PC). Consistent with the Framework, WHO uses the PC funds to strengthen influenza pandemic preparedness and response capacities in countries that require such support.

In January 2014, the Director-General approved a high-level implementation plan (HLIP I) – the PIP PC Implementation Plan 2013-2016<sup>1</sup> – that addresses capacity building in five areas of work: laboratory and surveillance, knowledge of influenza disease burden, regulatory matters, planning for deployment of pandemic response supplies, and risk communications. On recommendation of the PIP Advisory Group in April 2016, the Director-General extended the plan through 2017.

For 2018-2023, a second High Level Implementation Plan (HLIP II) was approved in December 2017 and provides the overarching program of work to improve global pandemic influenza preparedness.<sup>2</sup> HLIP II provides the results hierarchy and includes one outcome and six outputs. In addition to the five areas of work addressed in HLIP I, HLIP II includes one other area of work: influenza pandemic preparedness planning.

With a view to increasing the transparency of the process to approve technical projects for funding under HLIP II with PIP PC funds, the WHO Health Emergencies Programme (WHE) and the Department of Infectious Hazard Management (IHM) established a *PIP PC Independent Technical Expert Mechanism (PCITEM)* under section 5 of the *WHO Regulations for Study and Scientific Groups, Collaborating Institutions and Other Mechanisms of Collaboration*. The PCITEM will regularly review and provide scientific and technical guidance to WHO and advice to support, improve and finalize annual activity work plans under PC funds.

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<sup>1</sup> [http://www.who.int/influenza/pip/pip\\_pcimpplan\\_17jan2014.pdf](http://www.who.int/influenza/pip/pip_pcimpplan_17jan2014.pdf)

<sup>2</sup> <http://apps.who.int/iris/bitstream/handle/10665/260538/WHO-WHE-IHM-PIP-2018.1-eng.pdf;jsessionid=CE02935FB3A0C78DF6193114ABBA0A2B?sequence=1>

## **Terms of Reference**

### **PURPOSE**

PCITEM will provide scientific and technical guidance and advice on projects selected for funding under PC funds to the IHM Director.

### **FUNCTIONS**

1. The PCITEM will have the following functions:
  - a) To review and assess the scientific and technical soundness and appropriateness of activities to contribute to the outcome and output targets in work plans submitted for funding under PC funds; and
  - b) To provide additional scientific and technical guidance, as appropriate, on implementation of pandemic preparedness activities under the PIP PC.

### **COMPOSITION**

2. The PCITEM will have up to 8 members.
3. Membership of the PCITEM will normally include the following:
  - a) **6 Independent Experts**

Members will be selected for their knowledge and expertise in the areas of work supported by the PC: (1) laboratory and surveillance, (2) burden of disease studies, (3) regulatory affairs, (4) risk communications, (5) planning for deployment in case of an influenza pandemic, and (6) influenza pandemic preparedness planning.

The independent experts will have expertise in influenza preparedness and response and other relevant areas which may include, but are not limited to: public health; epidemiology and disease surveillance; risk assessment; clinical management; public health; health policy; law; national regulatory authority and services; risk communication; emergency management; social mobilization; and vaccine and supply chain management.
  - b) **2 GISRS laboratory representatives** as follows:
    - 1 serving Director of a National Influenza Centre.
    - 1 serving Director of a WHO Collaborating Centre for Influenza or Essential Regulatory Laboratory.

4. A roster of experts will be established to draw from to appoint members and to replace outgoing members.
5. Members will be selected as follows:
  - a) **Independent Experts:** Independent expert members of the PCITEM will be appointed by the IHM Director for a two-year term. Members may be re-appointed for a maximum of one additional consecutive term, after which their name will be returned to the roster. After a minimum two-year period during which they do not serve on the PCITEM they will again be eligible for appointment. Independent expert members will be selected taking into consideration relevant expertise, equitable representation among WHO regions and between developed and developing countries, and gender balance.
  - b) **GISRS laboratory representatives:** GISRS laboratory representatives will be appointed by the IHM Director for a two-year term. Members may be re-appointed for a maximum of one additional consecutive term, after which their name will be returned to the roster. Appointment as a GISRS laboratory representative member will be made according to the following principles:
    - i. *Director of a National Influenza Centre:* The member will be chosen to ensure, over time, (1) equitable representation between WHO Regions, and (2) a balance between developed and developing countries.
    - ii. *Director of a WHO Collaborating Centre or Essential Regulatory Laboratory:* the member will be chosen to ensure rotation among all WHO Collaborating Centres for Influenza and Essential Regulatory Laboratories.
6. The PCITEM will select from among its Members a Chair and Vice-Chair.

#### **CONDUCT OF WORK**

7. Meetings of the PCITEM will be convened by WHE/IHM. The PCITEM will typically meet in person once per biennium. Additional meetings may be held as needed including at the end of the first year of biennium work plan implementation. The additional meetings may be held either in-person or via teleconference.
8. Meetings of the PCITEM will have sessions open to Observers invited in accordance with paragraph 14 through 16, as appropriate and necessary, and closed sessions for PCITEM members to deliberate on their findings and recommendations.

9. Following each meeting, the PCITEM will prepare a meeting report which will be provided to the IHM Director.
10. In the exercise of their functions, Members of the PCITEM will act exclusively in their personal capacity as international experts advising WHO.
11. Members will complete a *WHO Declaration of Interests for WHO Experts* to disclose all circumstances that constitute actual conflicts of interest or that could give rise to potential conflicts of interest as a result of their participation as a member of the PCITEM. They will recuse themselves from any decisions that could give rise to a real or perceived conflict of interest.
12. Members will not purport to speak on behalf of, or represent, the PCITEM or WHO.

#### **OBSERVERS**

13. WHO, in consultation with the PCITEM Chair, may, on a case-by-case basis and in accordance with the provisions below, invite one or more Observers to attend open sessions of PCITEM meetings.
14. For the purpose of these terms of reference, the term “Observers” is to be understood as referring to any non-State actor that, based on WHO’s assessment, has a relevant and legitimate interest in the implementation of the PIP Framework Partnership Contribution and whose participation would be supportive of, and regarded by WHO as being in conformity with, the WHO Framework for Engagement with Non-State Actors.<sup>3</sup>
15. Upon the invitation of the Chair, Observers may provide information and views on the projects selected for funding with PC funds at open sessions of PCITEM meetings.
16. Observers will not participate in the closed sessions of the PCITEM during which PCITEM Members develop their findings and recommendations for submission to the Director IHM.

#### **CONFIDENTIALITY REQUIREMENTS**

17. All information and documents received in connection to the PCITEM meetings (whether received in advance, during [or after] the meeting), as well as all discussions during [and after] the PCITEM, are considered confidential. Accordingly, both Members and Observers

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<sup>3</sup> [http://www.who.int/about/collaborations/non-state-actors/A69\\_R10-FENSA-en.pdf](http://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf)

will be required to sign a Confidentiality Undertaking prior to their participation. It is understood that such confidentiality obligations will survive after the termination of the Members' and Observers' participation in PCITEM meetings.

18. In addition, neither PCITEM Members nor Observers may make public statements regarding the PCITEM's work without the prior, written consent of WHO.