



WHO Civil Society Task Force on TB Terms of Reference

Background

In 2016, out of 10 million people with tuberculosis (TB), 4 million were not reached by current systems and services. 54% of all persons affected by HIV-associated TB did not receive care. Response to multidrug resistant (MDR) TB remains slow: 22% of all affected persons started treatment and the treatment success rate is at 54%.

Sustainable Development Goals (SDGs) and WHO End TB Strategy call for ending the TB epidemic by 2030. The Strategy calls for building a strong coalition with civil society organizations (CSOs) and communities to achieve its ambitious goals through multisectoral action.

We are at the historical time for TB. In November 2017, WHO convened a 1st ever Global Ministerial Conference on Ending TB in Moscow for high-level action. In 2018, for the first time in history heads of state will review progress in ending TB during the UN General Assembly High Level Meeting (HLM) on TB.

Civil society and affected communities have a crucial role to play in Ending TB. In order to harness the untapped potential in engagement with these stakeholders at all levels, the WHO GTB is revamping the Civil Society Task Force in July 2018.

Functions of the CSTF

The terms of reference for the Taskforce will be to provide a platform for discussion and exchange with WHO following the commitment of the Director General with emphasis on:

- Translating WHO TB policies including End TB Strategy into practice through mainstreaming of voices of communities affected by TB and their networks at global, regional and country levels;
- Catalysing greater collaboration between civil society organizations, National TB Programmes and WHO at all levels in all activities and projects for improved TB outcomes including meaningful engagement of civil society and affected communities in policy development;
- Contributing to the implementation of WHO TB policies with particular focus on multi-sectoral action for social protection and universal health coverage and advocating their inclusion in national TB strategies and plans, national social programmes and political platforms (e.g. parliaments) and regional and global platforms of policy dialogue.
- Promoting and nurturing strong and effective linkages between community-based actors and national TB programmes or their equivalents as well as promoting the generation of demand for TB prevention, diagnosis, care and treatment services.
- Development of framework for monitoring and evaluation of collaboration between civil society organizations, National TB Programmes and WHO at all levels.

- Promotion of capacity building of civil society members and representatives of communities affected by TB to intensify the information sharing, dialogue and consultation on the implementation of WHO TB policies and norms.
- Advocacy for increased domestic funding and donor commitments for TB response at all levels.

Composition and Membership

The WHO CSTF will comprise up to 20 members drawn from civil society and affected community, with individual membership, balanced representation of expertise in global, regional and country-level civil society related work. Emphasis on countries and regions with the highest burden of disease will be ensured, as well as representation from different types of civil society organizations. It will also strive to be gender balanced. In order to secure diversity of views and experience and ensure broad representation, the following restrictions will apply when selecting members:

Geographic representation

- At least two members with expertise at global level
- At least two members with regional focus
- At least three members from WHO Africa region
- At least three members from WHO South East Asia region
- At least two members from WHO Western Pacific region
- At least one member from each of the other WHO regions - Europe, Americas and Eastern Mediterranean

Representation by CSO type

- At least 1 member from each of the following types of CSOs
 - Global advocacy organization or network
 - Regional advocacy organization or network
 - International organization with implementing presence in over 20 countries
 - National implementing NGO from TB high burden country
 - Regional or national capacity building or technical support organization
 - National advocacy organization or network from TB high burden country
 - TB, MDR or XDR TB (ex-)patient organization from TB high burden country

Members will not be paid for their work. None of the Task Force members shall issue statements and/or communicate positions on behalf of WHO. Task Force members are not allowed to use WHO name or logo. Members are expected to demonstrate commitment to accelerate ending TB through stimulating discussions, debate and generation of evidence through the Task Force. Members are requested to allocate time for their function in the Task Force at their discretion, and are expected to serve as spokespersons for the work of the Task Force in their routine professional work.

Term

Selected members will serve for a term of two years at the discretion of the Global TB Programme. Individuals may withdraw from the Task Force anytime based on written notification to WHO. Similarly, WHO reserves the right to terminate participation of any member or the CSTF itself at any time. Members who missed two consecutive in-person meetings or who failed to demonstrate *active* membership without appropriate explanation will be deemed to have withdrawn from the initiative. The term of each member will be subject to renewal by WHO based on needs and skillsets required.

Selection

WHO will issue electronically a global call asking for applications to join the WHO CSTF, including membership requirements. Applicants will be required to complete WHO Declarations of Interest, provide their CVs, and write a letter explaining how their relevant experience and expertise relates to each objective

of the terms of reference. WHO will establish a selection Panel with balanced representation of the Secretariat; Strategic and Technical Advisory Group for Tuberculosis; community delegation representatives of major partner Boards including The Global Fund, Unitaaid and Stop TB Partnership and partners. The Panel will shortlist CSTF members through a competitive application process for WHO consideration. Secretariat will select up to twenty members based on this process. Panellists are not eligible to apply for CSTF membership themselves.

Meetings and administration

WHO will organize quarterly webex/electronic meetings at a minimum. Task Force members will meet at least once a year based on availability of funds. Recommendations coming out of the Task Force are of advisory nature. Recommendations shall be based on consensus; where consensus is not possible, majority and minority views can be represented. The Global TB Programme will host the Secretariat of the Task Force. Task Force meetings and membership are anchored in the principles of transparent and constructive dialogue and mutual respect in each member's and secretariat's work, organizations and modus operandi. Chair will be selected by WHO through a transparent process in collaboration with the CSTF members. He or she will serve a term of two years; subject to renewal by WHO for one additional term. The Chair oversees the objectives and activities of the Task Force and will ensure monitoring of the implementation of its action points; the Chair will chair the in-person meetings in consultation with WHO.

Deliverables

The Task Force deliverables will be decided through creation of an annual workplan will draw from, but are not limited to, documented priority actions coming out of regular dialogue between TB civil society and WHO leadership.

Timeline for membership selection

- Week 1 following formal WHO approval of Taskforce establishment – development of application materials and requirements
 - Week 2 – the call for applications is issued electronically
 - Week 4 – applications are due
 - Week 4 – applications are reviewed and members selected
 - Week 6 – members are notified of selection
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