

## **Terms of Reference for the Collaboratory Technical Advisory Group**

The Collaboratory, a laboratory for pandemic and epidemic intelligence within the World Health Organization (WHO) Hub, provides a never-before available mechanism for public health communities to collectively address complex problems and work collaboratively to improve how information is accessed, integrated, contextualised, analysed, interpreted, and shared. This dynamic environment strengthens the impact of pandemic and epidemic intelligence (PEI) by providing a collaborative space for sharing information, cultivating ideas, learning from each other's experiences, and pooling knowledge and resources. The Collaboratory will facilitate the rapid co- development of innovative analytic tools and sharing of actionable insights to complex problems, ultimately allowing better decision making to address pandemic and epidemic risks.

The Collaboratory Technical Advisory Group (CTAG) will provide technical and policy input and advice to WHO's Collaboratory Secretariat and Collaboratory Project Board to support Collaboratory activities and policies. The CTAG will propose solutions to challenges and drive the way forward, notably on aspects related to evolution of the digital architecture and analytics as well as the establishment and modes of engagement of existing and new communities of practice. The work of the CTAG will support delivery of robust and relevant outcomes of the Collaboratory by ensuring that the latest global technological and policy developments, projects, and collaborative networks in the PEI landscape, including perspectives from other disciplines, such as the social sciences and economics, are considered. The CTAG will advise WHO on fostering connections across the PEI communities, partners, and networks globally while also leveraging vertical and horizontal collaboration across WHO.

The Collaboratory Technical Advisory Group (the "CTAG") will act as an advisory body to WHO in this field.

### **I. Functions**

In its capacity as an advisory body to WHO, the CTAG shall have the following functions:

1. Attend and participate in regularly scheduled virtual and periodic face to face meetings of the CTAG
2. Provide advice on Collaboratory technical and policy activities and direction
3. Provide feedback on documents and other materials distributed prior to CTAG meetings and on an ad hoc basis
4. Provide technical input, guidance, and advice about specific Collaboratory-related topics or challenges that arise
5. Undertake any focused tasks related to Collaboratory areas of work as agreed with the WHO Secretariat
6. Bring new ideas and act as sounding board for ideas raised by others
7. Advise WHO on linking with other partners and networks globally to ensure alignment of the Collaboratory with other PEI-related communities
8. Identify and advise WHO on potential funding opportunities
9. Produce regular annual reports and ad hoc interim reports

### **II. Composition**

1. The CTAG will consist of up to 15 members<sup>1</sup>, who shall serve in their personal capacities to provide expertise and experience across the broad range of disciplines relevant to PEI and the work of the Collaboratory, including but not limited to:
  - Infectious disease epidemics and pandemics
  - IT / Systems architecture
  - Data analytics and modelling
  - Surveillance and surveillance systems
  - Knowledge management and integration
  - Working across sectors and disciplines

In the selection of the CTAG members, consideration shall be given to attaining an adequate distribution of technical expertise, geographical representation and gender balance.

2. Members of the CTAG, including the Chairperson and vice-Chairperson, shall be selected and appointed by WHO following an open call for experts.

The Chairperson's functions include the following:

- to chair the meeting of the CTAG;
- to liaise with the WHO Secretariat between meetings.

The vice-Chairperson will act on behalf of the Chairperson at the discretion of the Chairperson or the WHO Secretariat, as needed.

In appointing a Chairperson, consideration shall be given to gender and geographical representation. The Chairpersonship and vice-Chairperson will rotate annually among members.

3. Members of the AG shall be appointed to serve for a period of 2 years and shall be eligible for reappointment. The Chairpersonship will be held by one member for a maximum of three consecutive terms except if decided otherwise by the WHO Secretariat. An appointment and/or designation as Chairperson or vice-Chairperson may be terminated at any time by WHO if WHO's interest so requires or, as otherwise specified in these terms of reference or letters of appointment. Where a member's appointment is terminated WHO may decide to appoint a replacement member.
4. CTAG members must respect the impartiality and independence required of WHO. In performing their work, members may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of any real, potential or apparent conflicts of interest. To this end, proposed members/members shall be required to complete a declaration of interests form and their appointment, or continuation of their appointment, shall be subject to the evaluation of completed forms by the WHO Secretariat, determining that their participation would not give rise to a real, potential or apparent conflict of interest.
5. Following a determination that a proposed member's participation in the CTAG would not give rise to a real, potential or apparent conflict of interest, the proposed member will be sent a letter inviting them to be a member of the CTAG. Their appointment to the CTAG is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, CTAG members have an ongoing

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<sup>1</sup> Members serve as full participants and partake in the decision-making process of the meeting in which they are involved.

obligation to inform the WHO of any interests real or perceived that may give rise to a real, potential or apparent conflict of interest.

6. As contemplated in paragraph II.4 above, WHO may, from time to time, request CTAG members to complete a new declaration of interest form. This may be before a CTAG meeting or any other CTAG-related activity or engagement, as decided by WHO. Where WHO has made such a request, the CTAG member's participation in the CTAG activity or engagement is subject to a determination that their participation would not give rise to a real, potential or apparent conflict of interest.
7. Where a CTAG member is invited by WHO to travel to an in-person CTAG meeting, WHO shall, subject to any conflict of interest determination as set out in paragraph II.6 above, issue a letter of appointment as a temporary adviser and accompanying memorandum of agreement (together 'Temporary Adviser Letter'). WHO shall not authorize travel by an CTAG member, until it receives a countersigned Temporary Adviser Letter.
8. CTAG members do not receive any remuneration from the Organization for any work related to the CTAG. However, when attending in-person meetings at the invitation of WHO, their travel cost and per diem shall be covered by WHO in accordance with the applicable WHO rules and policies.

### **III. Operation**

#### *Meetings*

1. The CTAG shall normally meet every three months virtually, via video or teleconference and once a year face to face at the WHO Hub in Berlin, Germany. However, WHO may convene additional meetings. CTAG meetings may be held in person (at WHO headquarters in Geneva, the WHO Hub in Berlin, Germany, or another location, as determined by WHO) or virtually, via video or teleconference. The mode of the meetings will be at the discretion of the WHO Secretariat.

CTAG meetings may be held in open and/or closed session, as decided by the Chairperson in consultation with WHO.

- (a) Open sessions: Open sessions shall be convened for the sole purpose of the exchange of non-confidential information and views, and may be attended by Observers (as defined in paragraph III.3 below).
- (b) Closed sessions: The sessions dealing with the formulation of recommendations and/or advice to WHO shall be restricted to the members of the CTAG and essential WHO Secretariat staff.

2. The quorum for AG meetings shall be two thirds of the members.

If the Chairperson and Vice-chairperson are both unable to attend a meeting or are unavailable to fulfil other responsibilities, they will immediately designate an acting Chairperson.

3. WHO may, at its sole discretion, invite external individuals from time to time to attend the open sessions of an advisory group, or parts thereof, as "observers". Observers may be invited either in their personal capacity, or as representatives from a governmental institution / intergovernmental organization, or from a non-state actor. WHO will request observers invited in their personal capacity to complete a confidentiality undertaking and a declaration of interests form prior to attending a session of the advisory group. Invitations to observers attending as representatives from non-state actors will be subject to internal due diligence and conflict of interest considerations in accordance with FENSA. Observers invited as representatives may also be requested to complete a confidentiality undertaking. Observers shall normally attend meetings of the CTAG at their own expense and be responsible for making all arrangements in that regard.

At the invitation of the Chairperson, observers may be asked to present their personal views and/or the policies of their organization. Observers will not participate in the process of adopting decisions and recommendations of the CTAG.

4. The CTAG may decide to establish smaller working groups (sub-groups of the CTAG) to work on specific issues. Their deliberations shall take place via teleconference or video-conference. For these sub-groups, no quorum requirement will apply; the outcome of their deliberations will be submitted to the CTAG for review at one of its meetings.
5. CTAG members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the CTAG.

#### *Ways of working*

6. Active participation is expected from all CTAG members, including in working groups, teleconferences, and interaction over email. CTAG members may, in advance of CTAG meetings, be requested to review meeting documentation and to provide their views for consideration by the CTAG.
7. WHO shall determine the modes of communication by the CTAG, including between the WHO Secretariat and the CTAG members, and the CTAG members among themselves.
8. CTAG members shall not speak on behalf of, or represent, the CTAG or WHO to any third party.

#### *Reporting*

9. The CTAG will prepare an annual report summarizing all activities and decisions and providing any recommendations to be submitted to WHO by 31 December of each year.
10. All recommendations from the CTAG are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the CTAG.

### **IV. Secretariat**

WHO shall provide the secretariat for the AG, including the necessary scientific, technical, administrative and other support for the CTAG. In this regard, the WHO Secretariat shall provide the members in advance of each meeting with the agenda, working documents and discussion papers. Distribution of the aforesaid documents to Observers will be determined by the WHO Secretariat.

### **V. Information and documentation**

1. Information and documentation to which members may gain access in performing CTAG related activities shall be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. In addition, by counter signing the letter of appointment and the accompanying terms and conditions referred to in section II(5) above, CTAG members undertake to abide by the confidentiality obligations contained therein and also confirm that any and all rights in the work performed by them in connection with, or as a result of their CTAG-related activities shall be exclusively vested in WHO.

2. CTAG members and Observers shall not quote from, circulate or use CTAG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.
3. WHO retains full control over the publication of the reports of the CTAG, including deciding whether or not to publish them.