In 1980, the World Health Assembly declared the eradication of smallpox disease with the last case occurring in October 1977 in Somalia. Since then all remaining stocks of variola virus were moved to and are retained at two WHO global repositories, one in the Russian Federation and the other in the USA. The WHO Smallpox Secretariat, in WHO Health Emergencies programme, is responsible for ensuring the safe and secure management of these variola virus stocks by undertaking biennial biosafety inspections of the two repositories. In addition, the Secretariat also oversees all research activities on variola virus with the support of the Advisory Committee on Variola Virus Research (ACVVR).

The ACVVR was established in 1999 with expert members appointed by the Director-General upon the request of Health Assembly as set out in resolution WHA52.10. The group established what research, if any, must be carried out in order to reach global consensus on the timing for the destruction of existing variola virus stocks and, to develop a research plan for priority work on the virus. The ACVVR has met annually since then to continue their oversight on this research agenda. In May 2016, at the 69th World Health Assembly, Member States requested WHO to review the composition of the ACVVR to ensure that it had expertise in new biotechnologies and public health preparedness measures that would apply to a potential re-emergence of smallpox. This document outlines the work of the ACVVR which acts as an advisory body to WHO on matters of research-related strategy and variola virus stock management for the WHO Smallpox Secretariat.

Functions

In compliance with Resolution WHA52.10, which was adopted by the 52nd World Health Assembly on 24 May 1999; recalling that the group “will establish what research, if any, must be carried out in order to reach global consensus on the timing for the destruction of existing variola virus stocks” as per Resolution WHA52.10, the ACVVR shall have the following functions and make recommendations on these topics

1. advise WHO on all actions to be taken with respect to variola;
2. develop a research plan for priority work on the variola virus;
3. devise a mechanism for reporting of research results to the world health community; and
4. outline an inspection schedule to confirm the strict containment of existing stocks and to assure a safe and secure research environment for work on the variola virus.

Composition

1. The ACVVR shall have up to 25 members. The ACVVR members shall not be representatives of governments, organizations or institutions but rather shall serve in an independent, personal and individual capacity and shall represent the broad range of disciplines relevant to the work of the WHO Smallpox Secretariat. In the selection of the
ACVVR members, primary consideration will be given to attaining an adequate technical
distribution of expertise and schools of thought. Relevant technical areas include *inter alia*
public health, virology, infectious diseases, diagnostics, vaccines, therapeutics, biosafety,
biosecurity, biotechnologies, bioengineering, genomics and bioethics. Geographical
representation and gender balance will be given due consideration in the selection process,
to the maximum extent possible.

2. Members of the ACVVR, including the Chairman, shall be selected and appointed by WHO.
For this purpose, the Director of the WHO Smallpox Secretariat, in consultation with
relevant departments in WHO headquarters and regional offices, will propose a list of names
based on the criteria mentioned above to the Executive Director of the WHO Health
Emergencies Programme, for his/her consideration.

3. The Chairman's responsibilities shall include the following:

- to direct the debate of the meeting of the ACVVR; and
- to liaise with the WHO Secretariat between meetings.

4. Members of the ACVVR, including the Chairman, shall be appointed to serve for an initial
term of three years, and shall be eligible for reappointment. Membership in ACVVR and
designation as Chairman may be terminated at any time by WHO if WHO's interest so requires or
as otherwise specified in these TORs or letters of appointment of the ACVVR members.

5. Representatives from partner organizations in official relations with WHO, may be invited
by WHO to participate in ACVVR meetings as observers. Upon invitation of the Chair, they may
present relevant scientific information or views and policies of their organizations and contribute to
the discussions in the ACVVR. They will not participate in the process of adopting the final
decisions or recommendations of the ACVVR.

6. ACVVR members must respect the impartiality and independence required of WHO. In
performing their work, they may not seek or accept instructions from any Government or from any
authority external to the Organization, even if they are employed by such government or authority.
They must be free of real, potential or apparent conflict of interest. To this end, proposed ACVVR
members will be required to complete a Declaration of Interest (DOI) form and their appointment,
as well as their term’s renewal, will be subject to the evaluation of completed DOI forms by the
WHO Smallpox Secretariat, determining that their participation would not give rise to a real,
potential or apparent conflict of interest.

Operation

1. The ACVVR shall usually meet face-to-face at least once each year. WHO shall provide any
necessary scientific, technical and practical support for the ACVVR. WHO may convene additional
meetings, including through teleconferences and videoconferences, on an ad hoc basis, as decided
by the Executive Director of the WHO Health Emergencies Programme.

2. ACVVR members are expected to attend meetings. If a member fails to attend two
consecutive ACVVR meetings, WHO may terminate his/her membership in the ACVVR. WHO
may decide to appoint a member in replacement of that member.
3. Members are required to apprise themselves of the current state of knowledge about variola virus, and the arguments concerning the desirability of conducting further research on it. In order to assist the group of experts to obtain an overview on these topics, a series of formal presentations and discussions will be organized by the WHO Secretariat. It will be the duty of the Chairman to keep presentations and discussion to the time allotted in the agenda, and to moderate the discussion. In the light of the information presented and the relevant discussion, the Members of ACVVR will make recommendations to the Director-General of WHO on issues related to whether or not further research on variola virus is required. If the committee reaches a decision by consensus, this decision will be recorded by the rapporteur, along with a summary of the supporting reasons. Should the committee be unable to reach a consensus, the rapporteur will record the majority and dissenting views, again with a summary of the supporting reasons.

4. The Members of the ACVVR will elaborate a research plan for essential public health research on variola virus. The procedures for organising and monitoring the necessary work and communication of results will be supported by a scientific sub-committee, which will be drawn from among the Members of the ACVVR. The principal role of this scientific sub-committee will be to help the WHO Secretariat in facilitating the approval and scientific oversight of variola virus research activities. The subcommittee may include additional specialists selected to complete the scientific expertise required.

5. Reports of each meeting will be submitted by the ACVVR to WHO (the Executive Director of the WHO Health Emergencies Programme). All recommendations from the ACVVR 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 ACVVR. WHO also retains full control over the publication of the reports of the ACVVR, including whether or not to publish them.

6. Information and documentation to which ACVVR members may be given access in performing ACVVR related activities will be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. ACVVR members shall not purport to speak on behalf of, or represent, the ACVVR or WHO to any third party. Prior to confirmation by WHO of their appointment as ACVVR members, ACVVR nominees will be required to sign a WHO confidentiality undertaking and provisions on ownership.