



European Tuberculosis Research Initiative (ERI-TB)

TERMS OF REFERENCE

1. Background

The goal of ending the global tuberculosis (TB) epidemic by 2035 was set by the WHO End TB Strategy and endorsed by the World Health Assembly in May 2014. To achieve this goal, the development and implementation of innovative tools (such as new vaccine(s), diagnostics, medicines, preventive and treatment regimens, and innovative service deliveries) is essential.

Effective and timely development and implementation of the new tools should be supported by intensified efforts across the continuum of basic science to applied research and development and operational research. This important task is included as the third pillar in the End TB Strategy and TB action plan for the WHO European Region 2016–2020.¹

The establishment of ERI-TB is one of the key milestones of the TB action plan for the WHO European Region 2016–2020 and its accompanying resolution, which were endorsed by the 65th session of the Regional Committee of the WHO Regional Office for Europe.² Furthermore, strengthening implementation/operational research is a key pillar in the action plan and resolution on the use of evidence, information and research for policy-making in the WHO European Region.³

2. Mission

To advance TB-related research in the WHO European Region to reduce people suffering and end TB

¹ European Action plan for TB prevention and control covering the period 2016–2020: <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurrc6517-rev.1-tuberculosis-action-plan-for-the-who-european-region-20162020>

² EUR/RC65/R6, Resolution on Tuberculosis action plan for the WHO European Region 2016–2020 of the 65th session of the Regional Committee for Europe <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/report-of-the-65th-session-of-the-who-regional-committee-for-europe>

³ Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation/working-documents/eurrc6612-action-plan-to-strengthen-the-use-of-evidence,-information-and-research-for-policy-making-in-the-who-european-region>

3. Objectives

The specific objectives of ERI-TB are:

1. to map ongoing and planned TB-related research activities in the Region;
2. to develop and update regional research priority agenda on a regular basis;
3. to facilitate collaboration between research institutions and key research stakeholders, and identify and promote areas for further cooperation;
4. to ensure engagement of civil society organizations, (ex)-patients and other relevant non-state actor representatives in TB research;
5. to facilitate dissemination of the results of research and their translation to evidence-based policies and programmatic implementation via relevant fora and mechanisms;
6. to document the funding gaps in research and share with potential funding agencies, bilateral and multilateral organizations.

4. Structure

ERI-TB is composed of a core group and a network. The core group provides expert input. The ERI-TB network includes interested stakeholders with no conflict of interest, who contribute to the mission of ERI-TB by sharing their research-related work and providing input for ERI-TB documents on a voluntary basis and who receive regular updates on ERI-TB work. More detailed information and a call for applications to the ERI-TB network will be prepared following the establishment of the ERI-TB core group.

5. ERI-TB core group

The ERI-TB core group is being established to provide expert input for ERI-TB work. The ERI-TB core group will include a member of the WHO European Advisory Committee on Health Research and/or a member of the Expert Group on the Cultural Contexts of Health and Well-being of the WHO Regional Office for Europe, as well as a wide range of experts who are currently working in the Region, including researchers and public health practitioners, national TB programme managers, experts from health-related humanities and social sciences, representatives from academic institutions, technical and funding agencies, community representatives, ex-patients, and civil society organizations with substantial expertise and experience in areas related to TB prevention, control and care.

The ERI-TB core group will consist of a maximum 15 members.

The initial appointment of members will be for a period of two and a half to three years in order to ensure a 6-month overlap of half of the members.

After two years, the membership of the ERI-TB core group will be reviewed, whereby members may be re-appointed. The chair and vice chair of the ERI-TB core group will be elected by the members of the ERI-TB core

group for a period of two years with possible re-election of up to one additional term. Members will be selected based on their individual expertise and experience.

6. Requirements for core group composition

ERI-TB core group members should meet the following criteria:

1. currently working in the WHO European Region;
2. substantial experience of working in TB and/or related research field;
3. sound knowledge and understanding of WHO policies and national health policies;
4. prior experience in translating the results of research/operational research into policy and practices;
5. fluent in spoken and written English;
6. available to participate in telephone conference calls and/or online correspondence and communication.

7. Selection procedure

Selection of the core group members will be made by a committee composed of representatives from the WHO Regional Office for Europe, WHO headquarters, Stop TB Partnership and TB Europe Coalition. Applicants are required to fill in a declaration of conflict of interest, which will be reviewed and cleared by the Regional Office.

Members will be selected based on their individual expertise and experience considering balance in gender, geographical and country epidemiological background, and constituency representativeness.

8. Modus operandi

Core group members are expected to dedicate their time to ERI-TB work for an equivalent of 10 full working days per year by participating in regular calls, contributing to drafting and reviewing documents and publications, and attending annual face-to-face meetings. The core group members will contribute to ERI-TB work on a pro bono basis and agree not to receive any funding and/or declare any funding they may receive from any funding agency or partner in relation to their work with ERI-TB.

The Regional Office covers the travel-related costs of ERI-TB members for its face-to-face meetings.

Members are requested to declare any conflict of interest in writing before each meeting. The Regional Office will make the final decision on inclusion and/or participation of each individual in the meeting and/or document preparation.

The copyright and authorship of all products initiated and developed within ERI-TB remains with the Regional Office.

In consultation with and under the coordination of the Regional Office, the chairperson ensures that ERI-TB is linked to other regional and global platforms, committees and initiatives, and represents ERI-TB in different meetings, when appropriate and if required. The vice chairperson assists the chairperson in his/her duties, as required. The members will not represent WHO in any context.

Based on needs, temporary advisers may be invited to contribute and/or participate in meetings and calls and address specific topics at ERI-TB meetings. Representatives of WHO and global committees and bodies, as well as key technical and financial partners, can participate as observers.

ERI-TB meets distantly every quarter via teleconferences and videoconferences, and once a year through face-to-face meetings. Ad hoc meetings may be convened as required.

The Regional Office and the chair of ERI-TB will prepare a draft programme for ERI-TB meetings and share this with the members of the core group. The meeting reports will be disseminated widely.

Agreement on ERI-TB actions will be achieved by consensus. In the event that a consensus is not reached, the chair will refer the opinions of ERI-TB to the Regional Office for the final decision.

ERI-TB in consultation with the Regional Office may decide to establish further working groups for specific tasks/issues of a limited nature.

The terms of reference of the core group may be reviewed periodically by the Regional Office and any proposed changes will be discussed with the chair and members.

If a selected member is absent from ERI-TB meetings more than three times (online or face-to-face), they may be replaced, using the same selection process.

9. Launch of ERI-TB

The first meeting of the ERI-TB core group is scheduled for 15 November 2016 at the premises of the Regional Office.

The purpose of this meeting is to review the plan of ERI-TB activities and discuss steps in preparing the research priorities, gaps and capacities in the WHO European Region that are in line with the End TB Strategy and the TB action plan for the WHO European Region 2016–2020.