

Terms of Reference Containment Advisory Group (CAG)

Objective 3 of the Polio Eradication and Endgame Strategic Plan 2013-2018 aims to ensure that all poliovirus stocks as well as materials potentially harbouring polioviruses are either destroyed or safely and securely contained, to minimize the risk of reintroduction of poliovirus into the population and thus maintain the status of polio eradication.

To meet this objective, WHO developed the WHO *Global Action Plan to minimize poliovirus facility-associated risk after the type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use* (GAPIII). GAPIII sets forth a global strategy for minimizing poliovirus facility-associated risks through risk elimination by destroying poliovirus materials in all but certified poliovirus-essential facilities (laboratories or vaccine production facilities), and the biorisk management of these facilities by strict adherence to required safeguards. The poliovirus “Biorisk management standard” (GAPIII, Annexes 2 and 3) provides the framework for facility certification based on the principles of a quality management system.

In resolution WHA68.3, the World Health Assembly urged all Member States to implement appropriate containment of type 2 wild polioviruses in poliovirus-essential facilities by the end of 2015 and of type 2 Sabin poliovirus within three months of global withdrawal of the type 2 component in oral poliovirus vaccine (OPV) in April 2016, in accordance with GAPIII.

The Containment Advisory Group (CAG) will act as an advisory body to the Director-General of WHO and make recommendations on technical issues related to the implementation of GAPIII.

I. Functions

The CAG is expected to provide:

1. Recommendations to WHO on technical issues arising from implementation of GAPIII;
2. Guidance on the handling of poliovirus-related materials for diagnosis, research and vaccine production (including production of VLPs, pseudoviruses, new OPV, etc.);
3. Guidance on the identification and categorization of poliovirus potentially infectious materials, their destruction, or handling and storage;
4. Guidance on the identification of acceptable alternative containment solutions in the interim period, before full eradication.

II. Composition

The CAG will have up to 10 members, who will serve in their personal capacities to represent the broad range of disciplines relevant to poliovirus containment. As much as possible, the selection of CAG members will reflect the need to achieve adequate distribution of technical expertise, balanced geographical and gender representation. Potential CAG members include virologists, experts in biorisk management, biosecurity, laboratory science, vaccine production and containment engineering.

1. Members of the CAG, including the Chairperson, will be selected and appointed by WHO.

2. Members of the CAG, including the Chairperson, will be appointed to serve for a period of 3 years, and will be eligible for reappointment once only. Their appointment and/or designation as Chairperson 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.
3. WHO may decide to invite additional experts to CAG meetings to provide advice on specific issues under consideration. WHO may also invite representatives from inter-governmental organisations, as well as nongovernmental organisations in official relations with WHO (including, representatives from the GCC CWG¹, GPLN², GPEI³ partners) as observers. Upon invitation of the Chairperson, observers may present their own, or the views and policies of their organizations and contribute to the discussion of the CAG.
4. Advisers and observers will not participate in the process of adopting the final decisions or recommendations of the CAG.
5. CAG members must respect the impartiality and independence required by WHO. In performing their work, CAG members may not seek or accept instructions from any government or from any authority external to the Organization. They must be free of real, potential or apparent conflicts of interests. To this end, proposed members and advisers will be required to complete a declaration of interests form, and their appointment, or continuation of their appointment, will be subject to the evaluation of completed forms by the WHO Secretariat, to determine that their participation would not give rise to any real, potential or apparent conflict of interest.
6. CAG members will not be remunerated for their participation in CAG activities. However, in accordance with paragraph III. 8. below, WHO will cover their travel cost and per diem in accordance with the applicable WHO rules and policies.

III. Meetings and meeting participants

1. CAG face-to-face meetings are planned to be organized once each year, with additional meetings on an as-needed basis as decided by the Director, Polio Eradication, WHO, in consultation with the Chairperson. These additional meetings may be face-to-face or virtual using telephone or video-conferencing, and will be aimed at completion of business identified at the face-to-face meeting.
2. The quorum for CAG meetings shall be two thirds of the members.
3. The CAG may decide to establish smaller working groups (sub-groups) to work on specific issues. Their deliberations will take place via tele-conference or video-conference. For these

¹ Containment Working Group (CWG), reporting to the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC)

² Global Polio Laboratory Network

³ Global Polio Eradication Initiative

sub-groups, no quorum requirement will apply, as the outcome of their deliberations will be submitted to the CAG for review at its meetings.

4. Members are expected to attend meetings. If a member misses two consecutive meetings, WHO may decide to end his/her appointment as a member of the CAG. WHO may decide to appoint a new member in replacement of that member.
5. Reports of each meeting will be submitted by the CAG to the WHO Director-General. All recommendations from the CAG are advisory to WHO, and WHO retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the CAG. WHO also retains full control over the publication of CAG reports.
6. The CAG will normally make decisions and recommendations by consensus. If, in exceptional circumstances, a consensus on a particular issue cannot be reached, minority opinions will be reflected in the meeting report.
7. CAG members and advisers invited by WHO may, in advance of CAG meetings, be requested to review meeting documentation and to provide their views for consideration by the CAG.
8. WHO will arrange and pay for any WHO-authorized travel and per diem of the members and advisers to the CAG in accordance with the applicable WHO rules and policies. Observers shall attend the meetings of the poliovirus CAG at their own expense, and shall be responsible for making their own arrangements in that regard.
9. CAG meetings will be conducted in the English language.
10. CAG members, advisers and observers shall not purport to speak on behalf of, or otherwise represent, the CAG or WHO to any third party.

IV. Secretariat

WHO shall provide secretariat support to the CAG, and provide the members in advance of each meeting with the agenda, working documents and discussion papers. Distribution of the aforesaid documents to advisers and observers will be dependent on their nature, as determined by the WHO Secretariat.

V. Information and documentation

1. Information and documentation to which members may gain access in performing CAG related activities will be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. All proposed members will be required to sign an appropriate confidentiality undertaking and provisions on ownership.
2. CAG members, advisers and observers shall refrain from quotation of, circulation and use of CAG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.