

Global Laboratory Initiative Core Group Governance and Operating Procedures

July 2009, revised October 2010

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I. Global Laboratory Initiative (GLI) mission statement and Terms of Reference

The **Global Laboratory Initiative (GLI)** provides a focus for TB within the framework of a multi-faceted, integrated approach to strengthening laboratory systems through a network of international partners. The mission of GLI is to serve as a platform of coordination and communication for its members, providing appropriate resources focused on TB laboratory services, in the areas of:

- Global policy guidance on appropriate laboratory technologies and best practices
- Laboratory capacity development
- Appropriate integration and coordination with other laboratory networks
- Standardized laboratory quality assurance
- Coordination of technical assistance
- Effective knowledge sharing
- Laboratory strengthening advocacy and resource mobilization

The GLI provides the necessary umbrella structure to facilitate integration, partnership building, and coordination of laboratory activities. As a Working Group, the GLI, with its broad-based and multisectoral membership, and with the core secretariat functions provided by WHO, is in a position to influence and facilitate the much needed integration and sustainability of TB laboratory services as part of overall health systems strengthening, both at global and country level.

Terms of reference for the GLI and its secretariat include the following:

- Provide strategic and technical global guidance on strengthening TB laboratory systems, including guidelines for development of evidence-based laboratory policies, norms and standards for existing and future TB diagnostic tests;
- Maintain the GLI Secretariat and facilitate coordination of GLI partner technical assistance;
- Promote communication and coordination among Stop TB Partnership Working Groups and across WHO Departments on laboratory strengthening-related issues;
- Provide monitoring and evaluation support and global analysis on progress in laboratory systems strengthening;
- Promote strengthening of laboratory systems through supporting TB advocacy activities, resource mapping and coordinated resource mobilization.

II. Structure and Relationships

Organizationally, the **GLI** is one of the Working Groups of the Stop TB Partnership.

Functionally, the **GLI Core Group (hereafter CG)** serves as an independent, technical, expert advisory group to the Stop TB Partnership, WHO, development and funding agencies, and WHO member states.

Structurally, the **CG** consists of individuals with expertise in multiple disciplines from constituencies, stakeholders, and institutions involved in global and country-level strengthening of laboratory systems.

The **GLI Secretariat (hereafter Secretariat)** is provided by the TB Laboratory Strengthening & Diagnostics (TBL) Unit of the Stop TB Department of WHO and hosted in WHO-headquarters in Geneva.

The **TB Supranational Reference Laboratory Network (SRLN)** is designated as a sub-group of GLI.

III. Ethical Considerations and conflicts of interest

CG members are expected to declare any conflicts of interest, either relating to the issues discussed during the meetings or to prior direct involvement in development of methods and tests to be recommended by the GLI. Should the member declare a possible conflict of interest, the relevant member may be asked to refrain from the particular discussion and will not be allowed to vote on the specific decision.

Independent experts outside the CG who are consulted in connection with a specific issue will be required to sign the same documents.

Declaration of interest is managed by the GLI secretariat who will seek legal opinion from the WHO Legal Office as and if required.

IV. Activities

The CG:

1. Advises members of the Stop TB Partnership and WHO on issues related to strengthening of TB laboratory systems;
2. Promotes laboratory services in member countries to scale up access to diagnostic tests for management of TB and drug-resistant TB;
3. Promotes, expands and coordinates laboratory technical assistance capacity related to technology transfer and strengthening of TB laboratory systems at country and regional level;
4. Participates in the analysis of data on new methods and approaches to TB laboratory diagnosis and in the dissemination of evidence-based policies on TB diagnostics.

V. Membership

CG membership rests with experts that either act in their individual capacity or represent a constituency. Membership to the CG is limited (12-15 members) and based on specific programmatic, clinical, scientific and managerial expertise, while ensuring that patient and community needs are not overlooked. A balance in the CG membership is sought to encourage participation of and representation from technical partners, including Supranational Reference Laboratories (SRLs) and National Reference Laboratories (NRLs), civil society, relevant funding agencies, and high burden countries¹. To promote broad representation, the number of CG members from an organization, institution or constituency may be limited.

Individual CG members are drawn from the GLI Working Group and the SRLN sub-group is represented by its Chair. WHO is the convener and a standing member of the CG.

Key constituencies for GLI include:

- WHO - the only permanent member
- Technical partners
- Supranational Reference Laboratories (SRLs) and National Reference Laboratories (NRLs)

¹ All possible efforts will be made in ensuring geographical balance in country representation.

- Civil society
- Donor/funding agencies
- High burden (TB and/or MDR-TB) countries
- National TB programmes

Liaisons from other WGs of the Stop TB partnership may be invited as observers to the CG meetings. The Liaisons to other implementation WGs will be selected from the CG members by consensus between the GLI chair and a member selected.

An open call for nominations will be widely disseminated by the GLI Secretariat whenever a vacancy occurs or is anticipated within the CG. Interested parties may nominate GLI members or themselves for the open position by submitting the individual's Curriculum Vitae, a letter of motivation from the nominee, and a letter from the individual's institution supporting participation on the CG. The Secretariat, the chair and two CG members constitute the committee that will short-list candidates and obtain written confirmation that nominees are able and willing to meet the expectations for the GLI CG membership. The entire GLI CG then selects the new CG members.

The term of membership in the CG is two years, with the opportunity for renewal for a second consecutive term of two-years. Selection of a new member and renewal of membership requires approval by the majority of current members of the CG.

Selection of a new member takes place at the meeting preceding the end of the term of the individual rotating off the CG. The departing member may participate in the voting. In cases of renewal for a second term, a request for renewal will be announced by the member one month before the next CG meeting, during the actual term, so as to allow sufficient time for the rest of the members to consider the renewal request during the relevant CG meeting.

A previous member may be a candidate for selection to the CG after a lapse equal to at least one term, i.e. after an interruption of two years.

VI. Responsibilities of CG Members

Members of the CG are expected to:

1. be familiar with the primary guiding documents on GLI policies and procedures, including the current versions of:
 - WHO policy recommendations on new diagnostics;
 - The GLI Roadmap for Ensuring Quality Tuberculosis Diagnostic Services within National Laboratory Strategic Plans;
 - The WHO "Treatment of Tuberculosis: Guidelines for National Programmes, 2009";
 - The Patients' Charter for TB Care;
 - The GLI CG Governance and Operating procedures;
 - Global Plan to Stop TB 2011-2015.
2. be familiar with the global, Stop TB Partnership, WHO and public health context in which the GLI operates, including the main GLI partners and their guiding policy and position statements.

Key documents include:

- WHO Stop TB Strategy;
- WHO/IUATLD Global Project on Anti-TB Drug Resistance Surveillance;
- International Standards for TB Control;
- WHO Global TB Reports;
- GLI Terms of Reference

- Relevant key publications about the GLI.
3. attend all CG meetings and participate in all CG decisions. If attendance by the CG member is not possible, the CG member can nominate a proxy to attend.
 4. strengthen GLI processes by contributing to GLI-related policies and procedures;
 5. participate and contribute equally in the CG activities. If necessary, outside expert advice may be sought by individual CG members; however, external input must be agreed to by the CG and channeled through the CG member.

VII. CG Chairperson

A specific individual, not an organization or institution, is elected to be the chairperson. The Chair serves for a two-year term with an option of one renewal for the same duration if supported by a two third majority of CG members. The term of the Chair is independent of the term as a CG member.

Three months before the end of the chair's term, the current chair with the assistance of the Secretariat will call for nominations. Candidates for the chair are nominated by the current GLI CG members from among the current CG. CG members and the Secretariat will be responsible for the review of nominated CG members and short listing of 2 candidates. Subsequently, GLI chair is elected by all members of the GLI through confidential ballot using secure web-based electronic voting tool managed by the Secretariat.

Responsibilities of the Chairperson

1. To steer the work of the CG and to help assure that GLI communication, processes, activities, and decisions are carried out accurately and efficiently;
2. To work with the Secretariat to oversee and plan the CG activities;
3. To chair the CG meetings;
4. To represent or nominate a CG member to represent the GLI and its interests to external partners, at meetings and national, international, or regional fora when necessary;
5. To represent or nominate a CG member to represent the GLI in the other WGs of the Stop TB partnership when necessary;
6. To attend the Stop TB partnership Coordinating Board meeting;
7. To attend STAG meetings.
8. To nominate a vice-chair from the current CG membership.

VIII. CG Vice-Chairperson

A specific individual, not an organization or institution, is nominated by the chair to be the vice-chairperson. The Vice-Chair serves for a two-year term with an option of one renewal for the same duration if supported by a two third majority of the CG members.

Responsibilities of the Vice-Chairperson are the same as for the Chair, with the obvious exclusion of point 8.

IX. GLI Secretariat

The GLI Secretariat is hosted and appointed by the WHO and is based in Geneva.

Responsibilities of the Secretariat*

1. To communicate with the GLI members on behalf of CG;

2. To plan, coordinate and participate in all official CG meetings; record minutes of the meetings and CG decisions for future reference and communication;
3. To facilitate communication with countries in close collaboration with WHO Regional Offices.
4. To coordinate and facilitate technical assistance by GLI partners;
5. To draft an annual report of GLI activities and finalize the report after review by the CG;
6. To coordinate with the GLI, other WGs, and WHO the production and analysis of new evidence in support of the GLI role in policy development and other GLI key partners;
7. To maintain the GLI website;
8. To provide regular updates on GLI related processes to the CG members;
9. To manage the GLI budget and financial reporting to the donors.

*as ratified by the WHO Strategic and Technical Advisory Group for TB (STAG-TB) in 2009.

X. GLI CG decision-making

All GLI CG decisions are based on **consensus** with a possibility for the majority voting as a measure in situations where consensus cannot be reached.

XI. Meetings

Meetings of the CG take place every month. The CG meets either by teleconference, video conference and at least two face-to-face meetings per year¹.

Ad hoc meetings of selected members to address special topics may be convened by the GLI chair or GLI Secretariat when required.

GLI matters may require additional consultation and correspondence which is pursued on an ongoing basis through email, teleconferences, and other means of communication.

In general, **CG meetings are closed to CG members only**. However, consultants, trainees, and selected observers may attend meetings of the CG by invitation and concurrence by the GLI chair but may not participate in CG deliberations.

XII. Communication of CG deliberations and review outcomes

The CG will communicate its findings, deliberations and decisions only through the Secretariat.

XIII. Financing of the GLI

The Stop TB Partnership and WHO raise funds to sustain the work of the GLI WG, in accordance with WHO established policies and principles, from national and government-supported agencies, regional and international organizations, non-governmental organizations, universities, research institutions and other sources. Available funds will be used for convening meetings of the CG, supporting work of the GLI secretariat, participation of CG members in meetings, provision of technical assistance and monitoring/evaluation of the programmes and activities approved by the GLI.

XIV. Changes in governance and operating procedures

The governance and operating procedures can be amended by the CG. Amendments may be voted on at any meeting of the CG, by e-mail or telephone. To be adopted, an amendment must be approved by at least 2/3 of the CG members.

¹ Subject to availability of funds