

# Global Laboratory Initiative

## Governance and Operating Procedures



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## Global Laboratory Initiative Governance and Operating Procedures

### 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 the GLI and its network of is to serve as a collaborative platform for the development and uptake of practical guidance and tools for building and sustaining high-quality TB diagnostic networks, in the areas of:

- Implementation of WHO policy guidance on TB diagnostics and laboratory strengthening;
- Health system solutions and innovations for ensuring rapid, accurate testing and linkage to appropriate patient management;
- Continuous quality improvement (CQI) at all levels of the laboratory network;
- Integration of laboratory diagnostic networks;
- Human resource capacity development; *and*
- Advocacy and resource mobilization.

The GLI provides the necessary umbrella structure to facilitate integration, partnership building, networking within the TB community 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 global strategic and technical guidance on strengthening TB laboratory systems, including implementation of WHO policy guidance on TB diagnostics and laboratory strengthening;
- Maintain the GLI Secretariat and facilitate coordination of the GLI partners' technical assistance network;
- Promote communication and coordination among Stop TB Partnership Working Groups and across WHO Departments on laboratory strengthening;
- 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, World Health Organization (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 Laboratories, Diagnostics and Drug Resistance (LDR) Unit of the Global TB Programme of WHO and hosted in WHO-headquarters in Geneva.

The CG can convene activity- or project specific, time-limited **Task Forces** to undertake specific functions.

### 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. Develops practical guidance and tools for building and sustaining high-quality TB diagnostic networks;
2. Advises members of the Stop TB Partnership and WHO on issues related to strengthening of TB laboratory systems;
3. Promotes laboratory services in member countries to scale up access to diagnostic tests for management of TB and drug-resistant TB;
4. Promotes, expands and coordinates laboratory technical assistance capacity related to technology transfer and strengthening of TB laboratory systems at country and regional level;
5. Participates 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 and implementing agencies, high burden countries<sup>1</sup> and regional laboratory initiatives.<sup>2</sup> To promote broad representation, the number of CG members from an organization, institution or constituency may be limited.

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<sup>1</sup> All possible efforts will be made in ensuring geographical balance in country representation.

<sup>2</sup> Global Laboratory Initiative for Africa "GLI Africa" (<http://gliafricatb.org/>); European Tuberculosis Laboratory Initiative "ELI" (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/areas-of-work/laboratory-diagnosis/about-the-european-tuberculosis-laboratory-initiative-eli>); Grupo de Trabajo de Laboratorio sobre tuberculosis para las Américas ([http://www.paho.org/paho-usaid/index.php?option=com\\_content&view=article&id=5353:region-creation-region-working-group-laboratory-americas&Itemid=3455&lang=es](http://www.paho.org/paho-usaid/index.php?option=com_content&view=article&id=5353:region-creation-region-working-group-laboratory-americas&Itemid=3455&lang=es)).

Individual CG members are drawn from the GLI Working Group. 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)
- Civil society
- Donor/funding agencies
- High burden (TB and/or MDR-TB) countries
- National TB programmes
- Regional laboratory initiatives
- WG Task Forces representatives (liaison)
- Implementing partners

The CG will convene activity- or project specific Task forces to undertake specific tasks. Members of such technical group(s) can be selected from within the CG members as well as from other technical and implementing partners. If applicable, the CG will undertake at least one mid-term review and one-end-of-term review of activities undertaken by the Task Force. Products/deliverables of these groups will be presented to the GLI CG during annual meetings.

Liaisons from other WGs of the Stop TB partnership, regional laboratory initiatives, and technical and implementing partners *not* represented within the CG may be invited as observers to the CG meetings, upon agreement among all CG members. The Liaisons to other implementation WGs and to regional laboratory initiatives 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. From the short-list of no more than 10 candidates, the entire GLI CG then selects the new CG members by confidential ballot, tallied by the Secretariat and chair.

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.

**Membership will be terminated** if a CG member decides to conclude their involvement in the CG prior to the completion of their term, or in cases in which a member : 1) fails to participate in any activities or in the development of GLI products uninterruptedly in the lapse of one year; or 2) fails to attend one annual meeting in addition to being absent for one third of the monthly meetings without notice.

## 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:
  - GLI CG Governance and Operating procedures;
  - GLI strategic priorities;
  - GLI Guide for Providing Technical Support to TB Laboratories in Low- and Middle-Income Countries;
  - Recent publications of the GLI.
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 (as well as related updates) include:

- WHO End TB Strategy;
  - Stop TB Partnership Global Plan to End TB;
  - WHO Implementing tuberculosis diagnostics: A policy framework and other recent policy recommendations on TB diagnostics and laboratory strengthening;
  - WHO Treatment of tuberculosis: guidelines for national programmes,
  - International Standards for TB Control;
  - WHO Global TB Reports.
3. Attend all CG meetings and participate in all CG decisions. If attendance by the CG member is not possible, the CG member should notify the Secretariat or CG Chair, and can temporarily nominate a proxy to attend in their place. However, this replacement will not have voting privileges during GLI decision-making process.
  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 Task Force (s)**

Task Forces convened by the GLI CG will contribute to the completion of specific functions and in the development and revision of technical documents aiming at assisting countries and key stakeholders with the adoption and implementation of particular products (e.g. implementation plans; target product profiles; etc.).

### **XI. Observers**

As necessary, the GLI CG will invite observers to participate on behalf of their organization, as long as they are not yet represented in the CG. Stakeholders such as nongovernmental organizations, funders, or other organizations may be invited to send a representative to observe, or take part in an special assignment, should the CG decided.

In the event that a Task Force is established, the assigned Task Force chairperson will participate in activities and meetings of the CG under an observer role. CG Members who are to rotate off the CG due to completion of their term may continue their participation in the CG under the observer role by expressing their interest or by offer from the CG members. This is contingent to agreement by the majority of the CG, with the proviso that the new term will be restricted to 6 months to allow for the continuation of specific tasks in which they are involved.

## **XII. 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. Selected observers may attend individual meetings of the CG by invitation and concurrence by the GLI chair, but shall not participate in CG deliberations and voting processes.

## **XIII. Meetings**

Meetings of the CG take place every month. The CG meets either by teleconference, video conference and at least one face-to-face meetings per year.<sup>1</sup>

*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, regional laboratory initiative representatives and selected observers may attend meetings of the CG by invitation and concurrence of the GLI chair but may not participate in CG deliberations. Minutes of meetings may be shared with regional laboratory representatives and other relevant partners by concurrence of the GLI chair.

## **XIV. Communication of CG deliberations and review outcomes**

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

## **XV. 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.

## **XVI. 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.

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<sup>1</sup> Subject to availability of funds.