



TERMS OF REFERENCE OF The WHO Alliance for Food Safety

1. Status

The WHO Alliance for Food Safety (hereafter referred to as “the Alliance”) is a WHO network¹ to collaborate, share knowledge and coordinate efforts on matters related to the implementation of the WHO Global Strategy for Food Safety 2022-2030, in particular related to foodborne disease surveillance and food contamination monitoring. The Alliance is not a separate legal entity and derives its legal status from WHO. Thus, it shall be administered and housed in WHO. The operations of the Alliance shall in all respects be administered in accordance with the WHO Constitution and General Programme of Work, WHO’s Financial and Staff Regulations and Rules, WHO’s manual provisions, and applicable WHO rules, policies, procedures and practices, including the WHO Framework of Engagement with non-State actors.

2. Mission

To guide and support Member States in prioritizing, planning, implementing, monitoring, and evaluating actions to reduce the burden of foodborne diseases by continuously strengthening food safety and promoting global cooperation in accordance with the WHO Global Strategy for Food Safety (2022-2030), the International Health Regulations (2005), and taking the One Health approach.² This mission aligns with WHO’s Fourteenth General Programme of Work (GPW14), which highlights the substantial global health burden caused by foodborne diseases and calls for comprehensive food safety measures along the food chain.

3. Vision

Safe and healthy food for all through regional and global cooperation, collective commitment to accountability and mutual responsibility among stakeholders.

¹ See section 7 Governance and structure

² <https://www.who.int/publications/i/item/9789240059139>

4. Goal

To establish and maintain a robust global network to collaboratively support the implementation of the WHO Global Strategy for Food Safety (2022-2030), strengthening national food safety systems, aiming at significantly reducing the incidence of foodborne diseases worldwide, including by enhancing multisectoral collaboration and improving foodborne disease surveillance and food contamination monitoring systems.

To achieve this goal, the Alliance will raise awareness about the importance of food safety, mobilizes resources to support food safety programs, and fosters partnerships between all members.

5. Core Principles of the Alliance

The Alliance is governed by the following principles:

- To be inclusive and diverse in membership and structure, ensuring adequate representation from different stakeholder groups, geographical regions, income settings, and genders;
- To be transparent in all Alliance processes and Alliance activities;
- To ensure all activities align with WHO's norms and standards;
- To facilitate coordination among interested parties to advance WHO's priorities towards stronger food safety systems and global cooperation.

6. Objectives³

Objective I: Contribute to the creation of an enabling environment for multisectoral coordination and collaboration to implement the WHO Global Strategy for Food Safety (2022-2030), in particular on foodborne disease surveillance and food contamination monitoring. To achieve this, the Alliance will contribute to:

- **Advocacy for legislative and policy frameworks:** Assist WHO in supporting Member States in establishing and implementing adequate legislative and policy frameworks to create an enabling environment for multisectoral coordination and collaboration on food safety initiatives.
- **Integrated foodborne disease surveillance and food contamination monitoring:** Assist WHO in promoting the strengthening of integrated/collaborative surveillance through the engagement of decision-makers under the One Health approach.

³ It is envisaged that the objectives of the Alliance will mainly address Strategic Priorities 1 through 4 of the WHO global strategy for food safety 2022-2030, without excluding the possibility for scope to eventually address Strategic Priority 5.

- **Multisectoral collaboration on surveillance:** Assist WHO in supporting multisectoral collaboration relevant to global, regional, and country goals and needs for a robust surveillance and response system for foodborne diseases and other food safety activities.
- **Activity monitoring:** Support WHO in collecting data and information on country-level activities and progress related to the commitments made in accordance with the WHO Global Strategy for Food Safety (2022-2030).

Objective II: Advocate for and promote legal frameworks with provisions for surveillance of foodborne diseases and food contamination monitoring. To achieve this, the Alliance will contribute to:

- **Advocacy for legal frameworks:** Assist WHO in supporting Member States to develop adequate legal frameworks with provisions for the surveillance of foodborne diseases and food contamination monitoring as essential components of national food control programmes.
- **Advocacy for surveillance:** Assist WHO in advocating to food safety and public health authorities and other government entities for the recognition of the importance of surveillance of foodborne diseases and food contamination to public health and encourage the allocation of sustainable support and resources.

Objective III: Build capacity in public health, animal health, and food safety laboratories. To achieve this, the Alliance will contribute to:

- **Capacity building:** Assist WHO in supporting Member States in building appropriate capacity (resources, technical capacity, and infrastructure) in national and/or regional public health, animal health, and food safety laboratories to conduct necessary analyses and report at national and international levels.
- **Identifying needs :** Assist WHO in advocating for needs to support Member States in accessing financial and human resources to support capacity building, infrastructure, and sustainable systems and networks for the surveillance of foodborne diseases and food contamination.

Objective IV: Generate and share quality data and information. To achieve this, the Alliance will contribute to:

- **Data generation:** Assist WHO in encouraging and supporting the generation of trustworthy data to drive evidence-based decision-making and policy formulation to reduce the incidence of foodborne diseases and food contamination.
- **Data sharing:** Assist WHO in promoting data and information sharing related to foodborne diseases and food contamination, with due consideration for the interoperability of data and information systems, to inform updating/developing international standards and evidence-based food safety policies, risk assessment, and risk management and response to outbreaks.

Objective V: Share best practices and lessons learned amongst Alliance members. To achieve this, the Alliance will contribute to:

- **Experience sharing:** Facilitate opportunities to enable Alliance members to share their experiences, best practices, and lessons learned in food safety, and coordinate access to technical assistance.
- **Peer-to-peer learning:** Encourage peer-to-peer learning and mentorship through Alliance activities to foster continuous improvement and innovation in food safety practices.
- **Diverse perspectives and innovation:** Encourage learning from other international networks (e.g., the International Food Safety Authorities Network, INFOSAN) to incorporate diverse perspectives and innovative approaches into the Alliance's activities, thereby enhancing the overall effectiveness and reach of food safety initiatives.

7. Governance and structure

The structure of the Alliance (see Figure 1) consists of the Secretariat, the Steering Committee, Members, and Working Groups. The governance and structure of the Alliance are designed to facilitate the coordination of activities, to ensure activities align with the Alliance's overall mission and objectives, and to preclude influences of individual or organization-specific agendas. The Alliance is not a decision-making body, nor does it have any bearing over the work and activities of its members that occur outside the Alliance.

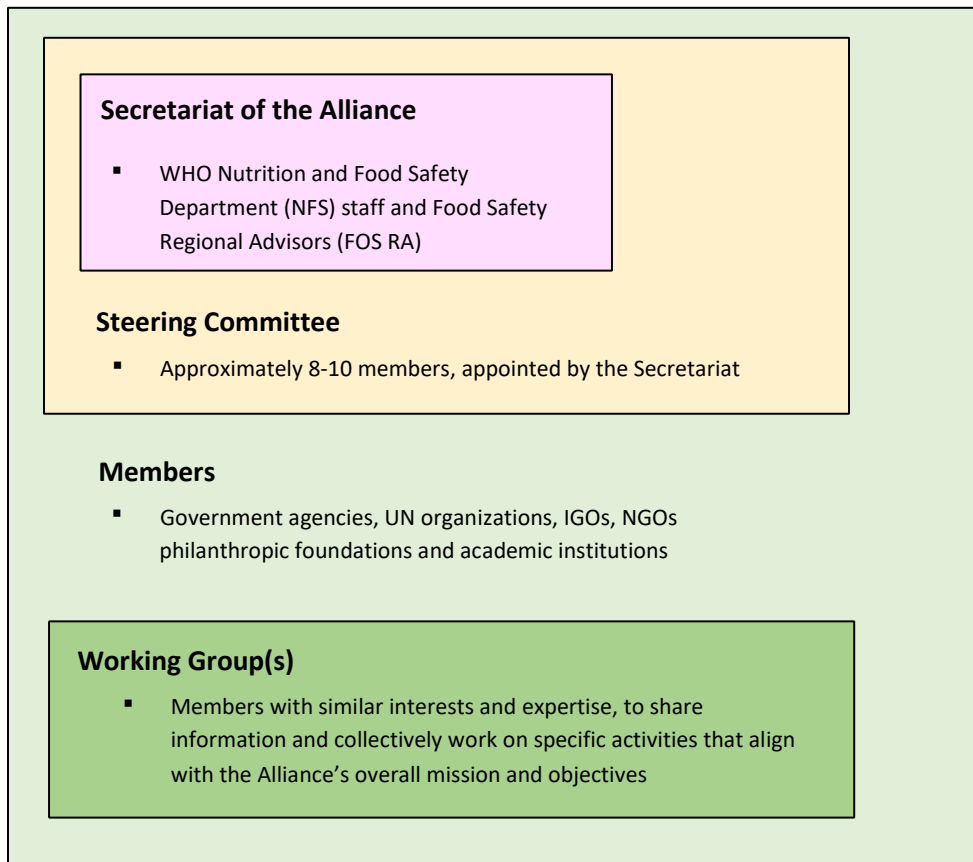


Figure 1. Structure of the WHO Alliance for Food Safety

7.1 The Secretariat

WHO serves as the Secretariat of the Alliance. The role of the Secretariat is to oversee the day-to-day management of the Alliance's work, including coordination of discussions across stakeholders on priorities and gaps, preparation of draft work plans for consideration by the Steering Committee and/or the Working Groups along with administration and budget management.

More specifically, key responsibilities of the Secretariat are as follows:

- Serves as the interface between the Alliance and its members;
- Selects and manages the Alliance's membership in line with WHO rules and policies;
- Coordinates the development, implementation and maintenance of the Alliance work plans in consultation with the Steering Committee;
- Oversee the implementation of the Alliance work plans, in collaboration with the Steering Committee;
- Chair the Steering Committee meetings;

- Monitor and evaluate activities and processes of the Alliance, making amendments as necessary, in consultation with the Steering Committee, to optimize overall Alliance functioning and impact;
- Coordinate correspondence with Alliance members, as required, to facilitate participation and collaboration of all members;
- Provide support to Working Groups, as required;
- Coordinate the annual general meeting of the Alliance, in collaboration with the Steering Committee, including development of relevant documentation (e.g. agenda) and logistical support;
- Develop a central repository for the Alliance, to house all relevant documents and resources;
- Develop and regularly update the Alliance website (hosted by WHO).

Subject to the availability of sufficient human and financial resources for this purpose, Secretariat support and coordination for the Alliance will be provided by WHO. Secretariat support will be provided in accordance with WHO's rules, regulations, policies and procedures.

The Secretariat reserves the right not to implement any Alliance recommendation or activity which it determines gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

7.2 Steering Committee

The Steering Committee comprises approximately 8-10 members who are appointed by WHO. These members include the Chair/Co-Chairs from each of the Alliance's working groups. The selection process will strive for balanced representation of the Alliance members, with respect to gender, age, geographical area, organization type and expertise. Steering Committee decisions will be made through consensus of committee members. With the exception of the Secretariat, the duration of the term of appointment of the Steering Committee members shall be for an initial term of two (2) years, with the possibility of renewal. The Steering Committee is chaired by the Secretariat.

The Steering Committee makes recommendations to the Secretariat. In the event that a consensus is not reached, the Secretariat makes a decision.

Steering Committee members are accountable for informing their respective organizations on the commitments and plans of the Alliance.

Steering Committee members shall not make public statements about Alliance activities or on behalf of the Secretariat without the Secretariat's prior written consent following consultation with the Steering Committee.

Key responsibilities of the Steering Committee are as follows:

- Provide overall strategic direction for the operative work of the Alliance. This includes supporting development of the overall Alliance workplans and strategies;
- Jointly coordinate with the Secretariat the Annual General Meeting of the Alliance, including development of relevant documentation and logistical support;
- Advise the Secretariat on membership applications;
- Support the Secretariat to coordinate the establishment of working groups, approve their workplans, and oversee all working group activities;
- Support the Secretariat to monitor and evaluate activities and processes of the Alliance, proposing amendments as necessary to WHO, to optimize the Alliance's functioning and impact.

7.3 Members

The Alliance membership⁴ consist of representatives from:

- Government institutions with a mandate for public health, food safety, animal health or environmental health (including entities serving as WHO collaborating centers);
- Intergovernmental organizations including United Nations organizations;
- Nongovernmental organizations;
- Academic institutions (including entities serving as WHO collaborating centers);
- Philanthropic foundations.

All entities seeking to apply for the Alliance membership must meet the following criteria:

- The aims and purposes of the entity should be consistent with the WHO Constitution and conform with WHO's policies;
- The entity should contribute to the advancement of public health or food safety and to the objectives, vision and goal of the Alliance and demonstrate documented support for the WHO in the area of food safety or foodborne disease surveillance;
- The entity should respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO Constitution;
- The entity should be actively and internationally working in the field of food safety or foodborne disease surveillance with proven experience and expertise in the subject matter for at least 3 years;
- The entity should have an established structure, constitutive act, and accountability mechanism;
- The entity, if a membership organization, should have the authority to speak for its members and have a representative structure;

⁴ Individuals are not eligible for the Alliance membership

- In line with WHO's Framework of Engagement with Non-State Actors (FENSA), if a nonState actor is participating, the entity is required to provide the following information and documents: name, objectives and mission of the entity, copy of the legal status (such as bylaws, constitution), governance structure, names and affiliations of the members of main decision-making bodies (such as Board, Executive Board), the assets, annual income and funding sources (list of donors and sponsors), main relevant affiliations and website address. The entity will also sign the tobacco-arms disclosure statement without alteration.

Each member of the Alliance must:

- Adhere to the Terms of Reference of the Alliance;
- Actively participate in and support the Alliance, its purpose, goals, objectives, guiding principles, work and activities;
- Attend and actively participate at the Alliance's various annual and ad hoc meetings;
- Take responsibility according to the division of labor, and make meaningful contributions, in connection with the work and activities of the Alliance working groups of which it is a member;
- Share knowledge and information with other members (such as resources, case studies, experience, etc.);
- Act in the best interest of public health in alignment with WHO policies; and
- Ensure effective communication with Secretariat and with the Steering Committee related to activities relevant to the Alliance's mission and vision.

Members shall not make public statements about Alliance activities or on behalf of the Secretariat without the prior written consent of the Secretariat acting in consultation with Steering Committee.

Members are accountable for informing their respective organizations on the commitments and plans of the Alliance.

A standardized form and online application process has been developed by the Secretariat. Membership approval will be based on an assessment, due diligence process, and review of submitted documents, in accordance with the eligibility criteria and in accordance with WHO's rules and policies. All membership applications will be reviewed by the Secretariat and eligible members will be approved by the Secretariat. Following this, eligible members will be notified of their membership approval (or otherwise) by the Secretariat.

7.4 Working Groups

Working groups may be established subject to Secretariat and Steering Committee approval. The area of focus of the working groups will be decided jointly by the Secretariat and Steering Committee, following consultation with members. The terms of reference for each working group is approved by the Secretariat and is of a 2-year tenure, with possibility of extension, subject to approval by the Steering Committee.

Members of the Alliance should participate in working groups. The purpose of the working groups is to bring together members with similar interests, to share information and collectively work on specific activities that align with the Alliance's overall mission and objectives. Each working group will have an area of focus with corresponding workplan, that is approved by the Steering Committee, which outlines its objectives, key outputs, priorities and methodology.

The Secretariat will appoint a Chair/Co-Chairs from among the members in each working group. They are responsible for:

- Coordinating working group meetings and activities;
- Facilitating communication within the group, ensuring balanced participation of its group members;
- Providing verbal and written reports of working group progress to the Secretariat and the Steering Committee.

The Chair/Co-Chairs of each working group are part of the Alliance Steering Committee and will therefore report on their progress at the Annual General Meeting, and through regular reports to the Steering Committee.

8. Meetings

8.1 Annual General Meetings

As the Secretariat of the Alliance, WHO convenes an Annual General Meeting, however additional meetings may be scheduled as necessary. The meetings will be scheduled in-person, virtually, or in a hybrid format. The Annual General Meeting is open to all members. Each member will be able to nominate a maximum number of delegates to attend in-person, depending on the venue.

The aim of the Annual General Meeting will be to:

- Review and monitor the progress of the Alliance work plan;
- Serve as a platform for knowledge sharing amongst members;
- Discuss issues put forward by the Steering Committee.

8.2 Steering Committee meetings

The Steering Committee will meet every 3 months to report on progress of the working groups, discuss issues and revise the Alliance workplan. It is expected that most meetings will take place virtually, without excluding the possibility of convening in a hybrid or physical format when feasible. Ad hoc meetings may be called if and when needed. If a Steering Committee member cannot attend a meeting, an alternate may be designated to participate on their behalf if notified to the Secretariat in advance.

8.3 Working Group meetings

Each Working Group will have meetings, attended by Working Group members. The frequency and modality of Working Group meetings will be determined by the Chair/Co-Chairs of the respective Working Group. It is expected that most meetings will take place virtually, without excluding the possibility of convening in a hybrid or physical format when feasible.

9. Termination and withdrawal

Each member has the right to withdraw from participation in the Alliance, at any time, subject to providing one month written notice to the Secretariat and to the orderly conclusion of any ongoing activities.

If a member does not attend two successive Annual General Meetings, without appropriate written explanation to the Steering Committee, or does not attend at least 60% of the Alliance working group meetings to which they are a member, the member will be deemed to have withdrawn from the Alliance.

The Secretariat also has the right to terminate the membership of any member at any time, upon providing written notice thereof to such member. Without limiting the foregoing, the participation of any entity in the Alliance shall terminate if and when such member: (a) no longer subscribes or adheres to the goals, objectives and/or guiding principles of the Alliance, as described in these Terms of Reference; (b) engages in activities that are not compatible with WHO Policies, and/or (c) ceases to meet the membership criteria for the Alliance, as set forth in these Terms of Reference. In such instances, the decision to terminate the involvement of a member will be made by the Secretariat, in consultation with the Steering Committee. Furthermore, in such instances, the Secretariat may endeavour to find a replacement from the same institution, should they deem it appropriate.

WHO reserves the right to withdraw from administration of the Alliance at any time, subject to providing the Alliance members with at least six (6) months' prior written notice and to the orderly conclusion of any ongoing activities. WHO also has the right, exercisable in its sole discretion, to close the Alliance, to terminate any membership, its Steering Committee, in each case, at any time upon providing written notice thereof to the member(s) concerned.

10. Monitoring, evaluation and reporting

The Secretariat, in consultation with the Steering Committee, will evaluate the overall objectives, activities, processes, and outcomes of the Alliance on an annual basis, with the aim of assessing

whether WHO should continue to manage the Alliance. The annual progress report should be submitted to the relevant WHO Secretariat, including Health and Multilateral Partnerships (HMP)

11. Communications

11.1 Visual identity

To ensure that the Alliance is deliberately communicating with one voice to external parties on topics of substance (principles, priorities, target product profiles, standards, plans and actions, funding, and all confidential information, etc.) any communication in the name of the Alliance will take place through the Secretariat or by a member of the Alliance upon request of the Secretariat.

The Alliance may develop a visual identifier, such as a logo, which will help identify the network to its audience. The visual identifier must be approved and registered by relevant departments before it is used. The visual identifier will be accompanied by the statement “WHO Managed Network”. The right to use the logo, including on publications, may be granted to members on a case-by-case basis with prior written approval of the Secretariat. Members shall not use WHO’s name, acronym and emblem. This includes, inter alia, the display of the WHO logo and name on any premises or equipment, as well as on any communication and/or training materials, training certificates, social media tools or publications.

11.2 Publications

The Alliance shall not produce publications unless exceptional approval is given by the Secretariat. The Alliance activities shall not include the development of technical materials, normative documents or policy papers. However, members of the Alliance may be invited to contribute to and/or review WHO publications, including technical materials, normative documents or policy papers which will be published in accordance with WHO publication policies⁵. Any publication by a member, other than WHO, referring to Alliance activities shall contain appropriate disclaimers as decided by WHO, including that the content does not reflect the views or stated policy of the members; such publications must be approved by WHO. The members must ensure that the work of the Alliance is not misrepresented, and appropriate disclaimers are included where necessary.

11.3 The Alliance website

The Alliance has a website that is housed within WHO’s domain. The website includes a list of members, subject to their consent.

⁵ <https://www.who.int/about/policies/publishing>

12. Finance

Members will be responsible for their own expenses in relation to all Alliance activities (including participation at meetings), unless agreed otherwise by the Secretariat. If members receive third party funding to support participation in Alliance meetings and activities, this must be disclosed to the Secretariat.

The Secretariat support and related day-to-day operations of the Alliance will be financed by voluntary contributions from the members. The Secretariat may also raise funds from other sources to support the work of the Alliance, in accordance with WHO rules and procedures, as appropriate. All Secretariat funds shall be received, administered and acknowledged in accordance with WHO's policies including its financial regulations, rules, and practices. The Secretariat reserves the right to require that the Alliance name not be used in such grant applications. Contributions by members, including donations (in cash or in-kind), will be acknowledged by the Secretariat in accordance with WHO's applicable rules, policies and practices.

13. Intellectual property and confidentiality

All Intellectual Property that is generated by the network shall vest in WHO. Depending on the agenda item being discussed, each member of the Alliance may be required to abide by confidentiality obligation and sign a standard confidentiality undertaking using the form provided by WHO for this purpose.

14. Zero tolerance for all forms of sexual misconduct and other types of abusive conduct, fraud or corruption

All Alliance members are expected to ensure that the conduct of their employees and any other persons engaged by them is consistent with the WHO standards of conduct. In particular, WHO has zero tolerance towards any form of sexual misconduct (an all-inclusive term encompassing all forms of sexual exploitation, sexual abuse, sexual harassment and sexual violence), other types of abusive conduct, fraud or corruption.

In this regard, and without limiting any other provisions contained herein, each Alliance member warrants that it shall:

(i) take all reasonable and appropriate measures to prevent any form of prohibited behaviour by any of its employees and by any other persons engaged by it to perform any activities or to provide any services for WHO on the entity's behalf. This refers, in particular, to:

a. sexual misconduct, as defined and addressed in the WHO Policy on Preventing and Addressing Sexual Misconduct;

b. other types of abusive conduct, as defined and addressed in the WHO Policy on

Preventing and Addressing Abusive Conduct; and,

- c. all forms of fraud or corruption, as defined and addressed in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption.
- (ii) promptly report any actual or suspected violations of these WHO policies of which the entity becomes aware to the WHO Office of Internal Oversight Services (“IOS”) at investigation@who.int;
- (iii) promptly communicate to IOS any measures that may be necessary or appropriate to protect the confidentiality and wellbeing of the survivor or victim; and,
- (iv) promptly respond to any actual or suspected violations of the above referenced WHO policies of which the entity becomes aware, and to cooperate with and to keep IOS informed of the status and outcome of any measures of protection, corrections to operations, investigation, and disciplinary action taken against any perpetrator by the entity.

15. Amendments

These Terms of Reference may be amended from time to time by WHO in consultation with the Steering Committee.