

Member State Information Session

Introduction to governing body processes for new Health Attachés and an overview of the intersessional schedule of meetings



Introduction

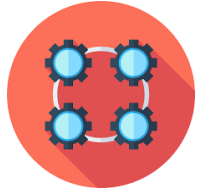
- WHO is a UN specialized agency, established on 7 April 1948 as the directing and coordinating authority on international health work
- Objective: "attainment by all peoples of the highest possible level of health" see WHO's Constitution/Basic Documents
- WHO's values: commitment to human rights, universality and equity
- General Programme of Work (GPW) summarizes this vision to "Promote health, Keep the world safe and Serve the vulnerable"



Session overview



Introduction to the WHA, the EB and its standing committees (PBAC and SCHEPPR)



Overview of ongoing intergovernmental processes mandated by the governing bodies



Focus on resolutions/decisions



Focus on the General Programme of Work (GPW) and the programme budget



Registration processes and travel support



Foundation prizes and awards



Language services



Discussion after each section



Introduction to the WHA, the EB and its standing committees (PBAC and SCHEPPR)

WHA

World Health Assembly

EB

Executive Board

PBAC

Programme, Budget and Administration Committee of the Executive Board

SCHEPPR

Standing Committee on Health Emergency Prevention, Preparedness and Response



Introduction to the WHA, the EB and its standing committees (PBAC and SCHEPPR)

WHA

For each governing body, we will address the following:

EB

- What is the purpose?
- How often does it convene?
- Who participates?
- How are the agendas set?

PBAC

- The reporting relationship will also be illustrated

SCHEPPR



What is the purpose?

- WHA is the supreme decision-making body for WHO
- Main function is to determine the policies of the Organization
- WHA appoints the Director-General, supervises financial policies, reviews and approves the proposed programme budget
- Also considers reports of the EB and determines whether further action, study, investigation or reporting may be required



WHA

World Health Assembly

How often does it convene?

- Annually in May
- Special sessions of the WHA can be convened when extraordinary circumstances arise (e.g. In December 2021, established the INB to draft and negotiate a WHO CA+)



WHA

World Health Assembly

Who participates?

- All Member States; other stakeholders and observers participate in accordance with the Rules of Procedure
- The WHA is presided over by one president and five-vice presidents, elected by Member States during the opening of the WHA; annual rotation by WHO region
- Two main Committees: **Committee A** and **Committee B**; most technical matters plus the programme budget are scheduled for discussion in Committee A (most items under pillars 1 to 3); more administrative matters are typically considered by Committee B; each committee elects a Chair, two Vice-Chairs, and a Rapporteur; annual rotation by WHO region
- In addition to 8 Officers of the WHA, there are 17 Member States on the **General Committee**; advises on the distribution of items to the committee
- There are 12 Member States on the **Committee on Credentials**; considers whether credentials submitted by Member States are in conformity with the Rules of Procedure



WHA

World Health Assembly

Other Member States may observe

General Committee

8 Officers +
17 Member States = 25

Committee on Credentials

1 Chair; 12 Member States

Plenary

1 President, 5 VPs

194 Member States + other stakeholders
(e.g. NSAs, observers, media, etc.)

*Rotation of all positions annually
in consultation with WHO regions
(i.e. Regional Committees)*

Committee A

1 Chair, 2 VCs,
1 Rapporteur

194 Member States
+ other stakeholders

Committee B

1 Chair, 2 VCs,
1 Rapporteur

194 Member States
+ other stakeholders



WHA

World Health Assembly

How are the agendas set?

- The WHA agenda is prepared by the Director-General and is considered by the EB in January each year
- The WHA agenda is typically similar to the preceding EB agenda (organized by the 4 Pillars); where WHA items have already been discussed by the EB, they are indicated as such
- There is also an indication of which items will be discussed in plenary, Committee A, and Committee B
- Some items are only discussed at the WHA rather than at the EB (e.g. progress reports are only on the WHA agenda)
- Member States may propose items for the WHA agenda 4 weeks prior to the commencement of the EB and must be accompanied by an explanatory memorandum in accordance with Rule 5 of the WHA Rules of Procedure

The screenshot shows the official agenda for the 75th World Health Assembly. At the top left is the WHO logo and the text 'World Health Organization'. To the right, there is a button labeled 'INTERACTIVE DOCUMENT' with a hand cursor icon. Below the logo, the text reads 'SEVENTY-FIFTH WORLD HEALTH ASSEMBLY' and '22-28 May 2022'. On the far right, it says 'A75/1 Rev.2' and '24 May 2022'. The main title of the document is 'Agenda' followed by 'PLENARY'. The agenda items are listed in a numbered format:

1. **Opening of the Health Assembly**
 - 1.1 Appointment of the Committee on Credentials
 - 1.2 Election of the President
 - 1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee
 - 1.4 Adoption of the agenda and allocation of items to the main committees
Documents [A75/1 Rev.1](#), [A75/45 deleted and A75/INF./6 deleted]
2. **Report of the Executive Board on its 149th and 150th sessions**
Document [A75/2](#)
3. **Address by Dr Tedros Adhanom Ghebreyesus, Director-General**
Document [A75/3](#)
4. **Post of Director-General**
 - 4.1 [deleted]
 - 4.2 Appointment of the Director-General
Documents [A75/INF./1](#), [A75/INF./2](#) and EB150/2022/REC/1, resolution EB150.R1
 - 4.3 Contract of the Director-General
Documents [A75/5](#) and EB150/2022/REC/1, resolution EB150.R2
5. [deleted]
6. [deleted]
7. **Executive Board: election**
8. **Awards**



EB

Executive Board

What is the purpose?

- The main functions of the Board are to give effect to the decisions and policies of the Health Assembly, to advise it and generally to facilitate its work

How often does it convene?

- The main Board meeting is held in January at which the Provisional agenda for the forthcoming WHA is agreed upon and resolutions for forwarding to the WHA are adopted, with a second shorter meeting in May, immediately after the Health Assembly, for more administrative matters
- Special sessions of the Board can be convened when extraordinary circumstances arise (e.g. Special session on the COVID-19 response)



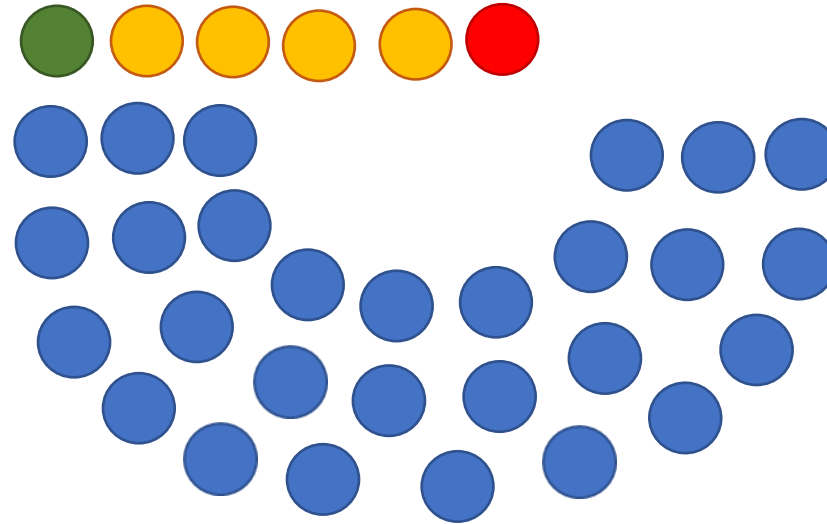
EB

Executive Board

Who participates?

- The Executive Board is composed of 34 **members** technically qualified in the field of health
- Members are elected for three-year terms
- Among these 34 members: the **Chair** of the Executive Board is elected annually by its members; **4 vice-chairs** and a **rapporteur** also elected
- Meetings are open to all Member States. Other stakeholders and observers participate in accordance with the Rules of Procedure.

Officers of the
Executive
Board



Executive
Board
Members



EB

Executive Board

How are the agendas set?

During the period covered by GPW13, agendas of the EB have been organized according to the following four pillars:

- Pillar 1: One billion more people benefitting from universal health coverage
- Pillar 2: One billion more people better protected from health emergencies
- Pillar 3: One billion more people enjoying better health and well-being
- Pillar 4: More effective and efficient WHO providing better support to countries

They contain items that have been mandated for inclusion by the Constitution, Rules of Procedure and resolutions/decisions agreed by the governing bodies



EXECUTIVE BOARD
154th session
Geneva, 22–27 January 2024

EB154/1 (draft)
28 June 2023

Draft provisional agenda

1. Opening of the session and adoption of the agenda
 2. Report by the Director-General
 3. Report of the regional committees to the Executive Board
 4. Report of the Programme, Budget and Administration Committee of the Executive Board
 5. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response
- Pillar 1: One billion more people benefitting from universal health coverage**
6. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
 7. WHO global strategy on infection prevention and control
 8. Immunization Agenda 2030
 9. End TB Strategy
 10. Road map for neglected tropical diseases 2021–2030
- Pillar 2: One billion more people better protected from health emergencies**
11. WHO's work in health emergencies
 12. Implementation of resolution WHA75.11 (2022)
 13. Global Health and Peace Initiative
 14. Poliomyelitis
 - Poliomyelitis eradication
 - Polio transition planning and polio post-certification
 15. Smallpox eradication: destruction of variola virus stocks

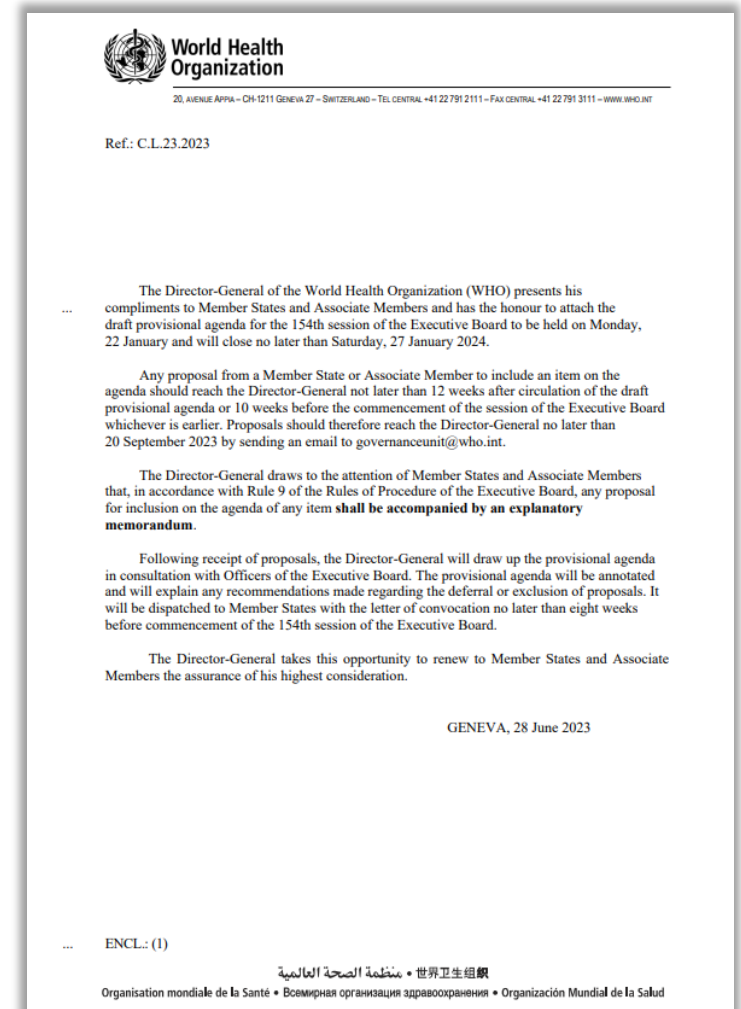


EB

Executive Board

How are the agendas set?

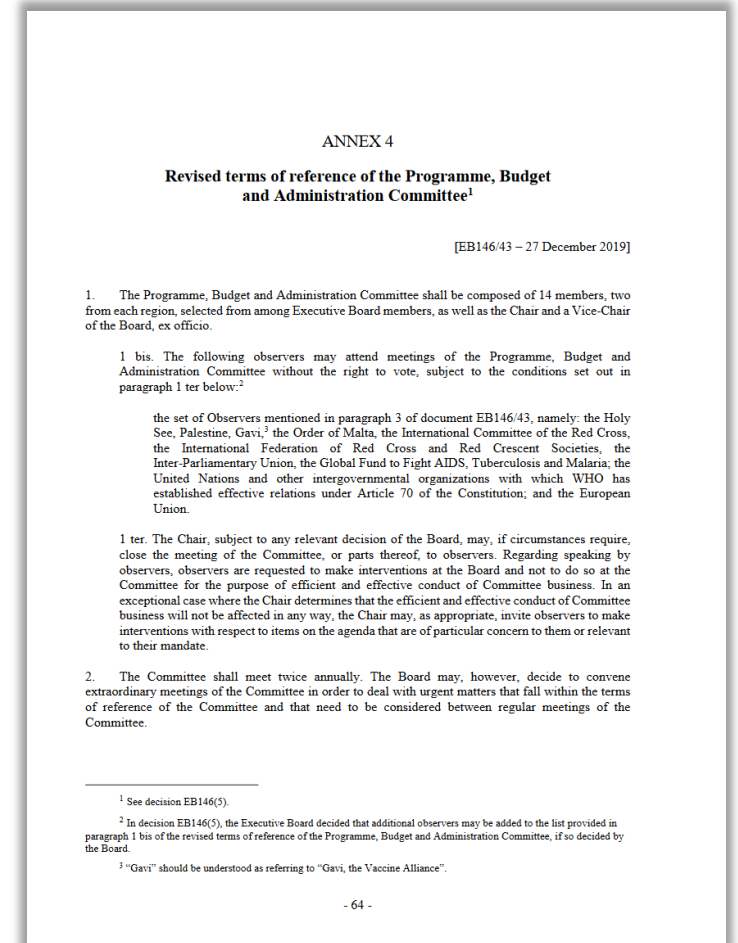
- The Director-General draws up the draft provisional agenda for the EB within 4 weeks of the closure of the previous session and circulates it to Member States
- Proposals from Member States for new agenda items may be submitted until 12 weeks after circulation (this year → **24 September 2024**) or 10 weeks before the commencement of the session, whichever is earlier (Rule 8 of the EB Rules of Procedure)
- Director-General and the Officers of the EB meet to consider proposals and finalize provisional agenda which will be considered for adoption at opening of the EB





What is the purpose?

- To review, provide guidance and, as appropriate, make recommendations to **EB** on:
 - 1) Programme planning, monitoring and evaluation
 - 2) Financial and administrative matters
 - 3) oversight of WHO's implementation of the Framework of Engagement with Non-State Actors
- To act on behalf of the EB, to examine, provide advice and make comments or recommendations on all following matters directly to the **WHA** on:
 - 1) the financial and administrative implications for the Secretariat, and relationship to the programme budget, of proposed resolutions
 - 2) the situation of Member States in arrears to an extent that would justify the application of Article 7 of the Constitution
 - 3) the Financial Report and audited financial statements, and the report of the External Auditor
 - 4) any other programme, administrative, budgetary or financial matters that the Board may deem appropriate





How often does it convene?

- The PBAC meets twice annually; once before the EB in January and once before the Health Assembly in May
- The EB may decide to convene extraordinary meetings of the PBAC in order to deal with urgent matters that fall within the terms of reference (TORs) and that need to be considered between regular meetings
- Informal meetings of PBAC members are also organized on an ad hoc basis

ANNEX 4

Revised terms of reference of the Programme, Budget and Administration Committee¹

[EB146/43 – 27 December 2019]

1. The Programme, Budget and Administration Committee shall be composed of 14 members, two from each region, selected from among Executive Board members, as well as the Chair and a Vice-Chair of the Board, ex officio.

1 bis. The following observers may attend meetings of the Programme, Budget and Administration Committee without the right to vote, subject to the conditions set out in paragraph 1 ter below:²

the set of Observers mentioned in paragraph 3 of document EB146/43, namely: the Holy See, Palestine, Gavi,³ the Order of Malta, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, the Inter-Parliamentary Union, the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations and other intergovernmental organizations with which WHO has established effective relations under Article 70 of the Constitution; and the European Union.

1 ter. The Chair, subject to any relevant decision of the Board, may, if circumstances require, close the meeting of the Committee, or parts thereof, to observers. Regarding speaking by observers, observers are requested to make interventions at the Board and not to do so at the Committee for the purpose of efficient and effective conduct of Committee business. In an exceptional case where the Chair determines that the efficient and effective conduct of Committee business will not be affected in any way, the Chair may, as appropriate, invite observers to make interventions with respect to items on the agenda that are of particular concern to them or relevant to their mandate.

2. The Committee shall meet twice annually. The Board may, however, decide to convene extraordinary meetings of the Committee in order to deal with urgent matters that fall within the terms of reference of the Committee and that need to be considered between regular meetings of the Committee.

¹ See decision EB146(5).

² In decision EB146(5), the Executive Board decided that additional observers may be added to the list provided in paragraph 1 bis of the revised terms of reference of the Programme, Budget and Administration Committee, if so decided by the Board.

³ "Gavi" should be understood as referring to "Gavi, the Vaccine Alliance".



Who participates?

- 14 members, two from each region, selected from among Executive Board members plus the Chair and a Vice-Chair of the Board (ex officio)
- Members of the Committee shall serve for **two years**
- There shall be two office-bearers: a Chair and a Vice-Chair, who shall be appointed among the Committee members and shall serve for **one year**
- The meetings of the Committee are open for all Member States
- Observers are invited to attend meetings

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How are the agendas set?

- **The PBAC agenda comprises items related to the Committee's ToRs that will be considered by the Executive Board at an upcoming session.**
- **With respect to the PBAC meetings held in May, the agenda also contains items that will be considered by the Health Assembly, in relation to which the PBAC acts on behalf of the Board to examine, provide advice and make comments or recommendations directly.**
- **The Committee's draft agenda is drawn up in consultation with the PBAC Chair.**

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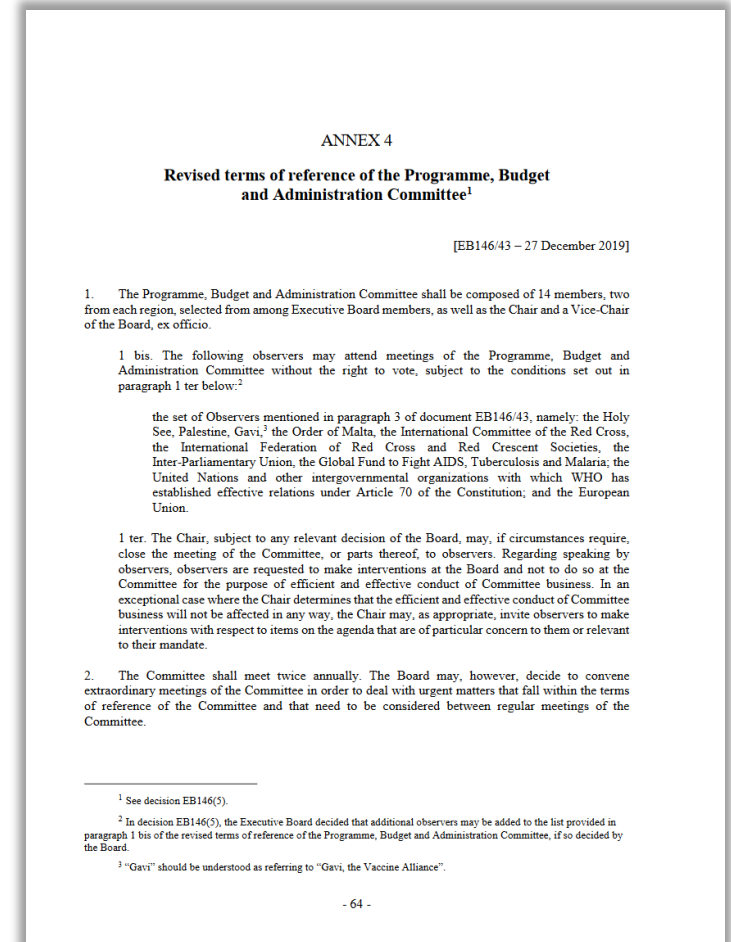
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How are the agendas set?

- The PBAC also contains an item on the report of the Independent Expert Oversight and Advisory Committee (IEOAC) , which was established by the Board and reports to PBAC on:
 - (a) Internal audit
 - (b) Evaluation
 - (c) Enterprise risk management, internal controls and compliance
 - (d) Anti-fraud and anti-corruption
 - (e) Financial statements
 - (f) Accounting
 - (g) External audit
 - (h) Values and ethics
 - (i) Allegations of inappropriate activity
 - (j) Restrictions on the scope of oversight activities
 - (k) To conduct an annual self-assessment of its performance





What is the purpose?

Two functions:

- 1) During a Public Health Emergency of International Concern (PHEIC):** Consider information about a PHEIC and needs expressed by the Member State in whose territory an event arises and provide guidance to EB and advice to the Director-General through EB on matters regarding health emergency prevention, preparedness and response, and immediate capacities of WHO Health Emergencies Programme (WHE)
- 2) Outside of a PHEIC:** Review, provide guidance and, as appropriate, make recommendations to EB regarding the strengthening and oversight of WHE and for effective health emergency prevention, preparedness and response

ANNEX

TERMS OF REFERENCE OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE

Composition and attendance

1. The Standing Committee on Health Emergency Prevention, Preparedness and Response ("the Standing Committee") shall be composed of 14 members, two from each region, selected from among Executive Board members, as well as the Chair and a Vice-Chair of the Board, ex officio, in line with the principles set out in Rule 18 of the Rules of Procedure of the Executive Board reflecting a balanced representation of developed and developing countries. Members of the Standing Committee shall serve for two years.
2. There shall be two office-bearers: a Chair and a Vice-Chair, who shall be appointed among the Committee members, in line with the principles set out in Rule 18 of the Rules of Procedure of the Executive Board, and shall serve for a one-year term.
3. The Chair and the Vice-Chair, in collective consultation with the Director-General, may invite observers¹ to attend a meeting of the Standing Committee without the right to vote if they consider that this would enhance the work of the Standing Committee on a specific item or items on the agenda of the meeting. Furthermore, the Chair and the Vice-Chair, in consultation with the Director-General, may invite experts to attend a meeting of the Standing Committee to provide advice, as appropriate. Members of the Standing Committee can also propose the invitation of relevant experts.
4. Member States in whose territory an event arises shall be invited to present their views to the Standing Committee.

Functions

5. The Standing Committee shall act as follows:
 - (a) In the event a public health emergency of international concern (PHEIC) is determined pursuant to the International Health Regulations (2005): Consider information provided by the Director-General about the event that has been determined to constitute a PHEIC as well as information and needs expressed by the Member State in whose territory an event arises and, as appropriate, provide guidance to the Executive Board and advice to the Director-General, through the Executive Board, including through a special session as needed, on matters regarding health emergency prevention, preparedness and response, and immediate capacities of the WHO Health Emergencies Programme.

¹ For the purposes of attending and addressing the Standing Committee reference to "observers" is understood as referring to the Holy See; Palestine; Gavi; the Vaccine Alliance; the Order of Malta; the International Committee of the Red Cross; the International Federation of Red Cross and Red Crescent Societies; the Inter-Parliamentary Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations and other intergovernmental organizations with which WHO has established effective relations under Article 70 of the Constitution; the European Union; and any other body so authorized for these purposes by the Executive Board.



How often does it convene?

- Twice annually for the conduct of its regular work
- In the event a PHEIC is determined, the Director-General shall convene an extraordinary meeting of the Standing Committee ideally within 24 hours.

- **First extraordinary meeting held on 15 August 2024. Related Member State information session on Friday 23 August, 14:00-16:00 CEST.**
- **Next meeting: SCHEPPR5, 3 to 4 September 2024.**

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Who participates?

- 14 members, two from each region, selected from among Executive Board members plus the Chair and a Vice-Chair of the Board (ex officio)
- Members of the Standing Committee shall serve for **two years**
- There shall be two office-bearers: a Chair and a Vice-Chair, who shall be appointed among the Committee members and shall serve for **one year**
- The meetings of the Standing Committee shall be open for all Member States
- Observers may be invited to attend meetings

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How are the agendas set?

- The agendas are developed in consultation with the Chair and Vice-Chair
- Agendas include the standing items outlined in the report of SCHEPPR4

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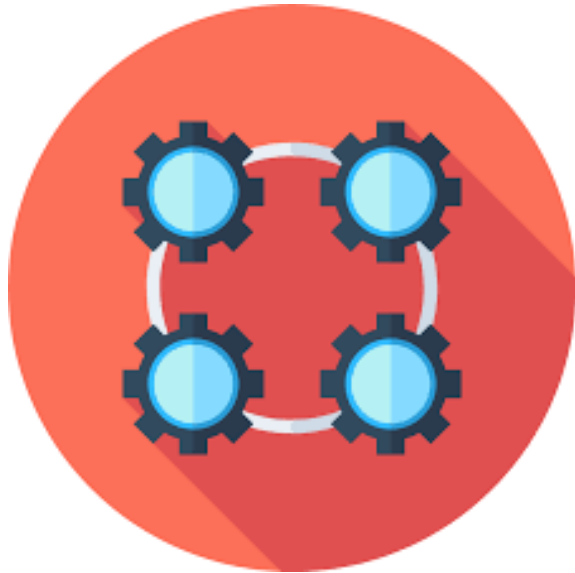
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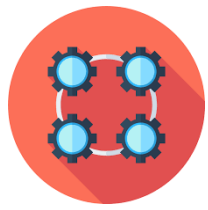
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**Pause for
discussion**

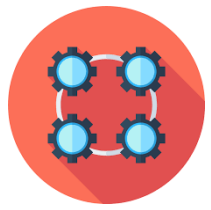


**Overview of ongoing
intergovernmental
processes mandated by
the governing bodies**



Overview of ongoing intergovernmental processes mandated by the governing bodies

- Member State mechanism on substandard and falsified medical products (MSM)
- Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB)
- Member States-led governance reform



MSM

Member State mechanism on substandard and falsified medical products

What is the mandate?

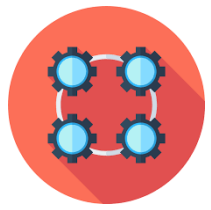
- Resolution WHA65.19 (2012) established the Member State Mechanism to address substandard and falsified medical products
- General goal is to protect public health and promote access to affordable, safe, efficacious and quality medical products, and promote the prevention and control of substandard and falsified medical products and associated activities through effective collaboration among Member States and the Secretariat

Who is involved?

- Mechanism is open to all Member States.
- Steering Committee of the Mechanism consists of, two members from each WHO region with 11 Vice-Chairs and one Chair
- Current Chair is from Rwanda; rotates every two years; next one will be from the Region of the Americas

What is expected from Member States?

- Member States invited to Chair and/or participate in working group meetings throughout the year
- Observing the Steering Committee meetings three times per year
- Participating in annual meetings of the Mechanism
- Review and feedback on, for example, draft list of prioritized activities to implement the workplan every two years



MSM

Member State mechanism on substandard and falsified medical products

Future timeline

Independent evaluation: outcome of evaluation to be considered by WHA78 through EB156 in 2025



For more information visit:

<https://www.who.int/publications/i/item/WHO-MVP-EMP-SAV-2019.04>

<https://apps.who.int/gb/sf/>

SEP

OCT

NOV

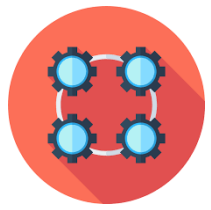
DEC

JAN

**Steering Committee Meeting + MSM13
19 and 20-22 Nov**

- Updates on the WHO Global Surveillance and Monitoring System (GSMS) and the prioritized activities for 2024–2025
- Report on the Evaluation of the Member State mechanism

Continuing the implementation of prioritized activities 2024-2025



INB

Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

What is the mandate?

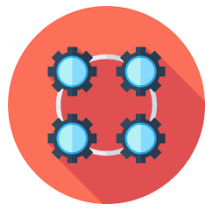
- Decision [SSA2\(5\)](#) (2021) established the INB to draft and negotiate a convention, agreement or other international instrument under the Constitution of the WHO to strengthen pandemic prevention, preparedness and response and submit its outcome for consideration by WHA77 in 2024. Decision WHA77(20) extended the mandate for the INB to finish its work as soon as possible and submit its outcome for consideration by the Seventy-eighth World Health Assembly in 2025, or earlier by a special session of the World Health Assembly if possible.

Who is involved?

- INB open to Member States, Associate Members, regional economic integration organizations.
- Bureau consists of one officer from each WHO region, including two Co-Chairs.
- Other stakeholders participate according to the following modalities (see [A/INB/10/3 Rev.1](#))

What is expected from Member States

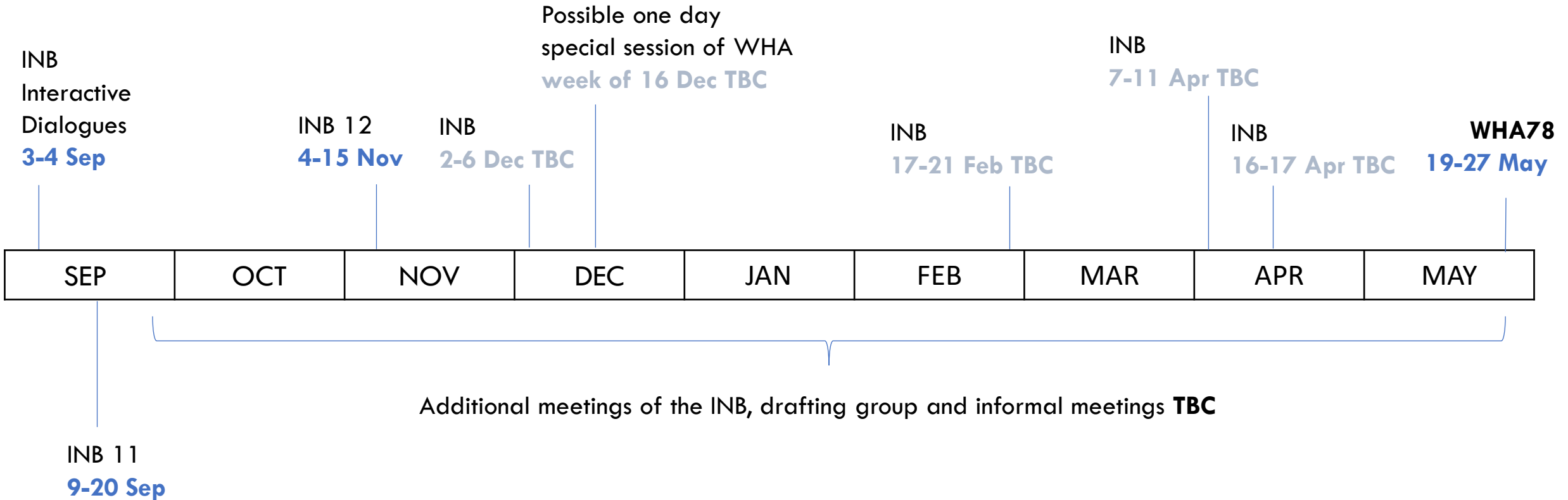
- Significant scope of work to be completed within remaining timeframe; Member States are encouraged to participate actively during INB meetings, informal meetings, and meetings of the drafting group to come to a consensus on the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

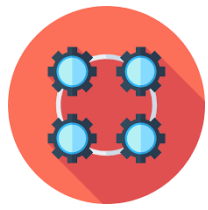


INB

Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

Future timeline






INB

Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

Additional reading

Status of the Intergovernmental Negotiating Body process:

What we have accomplished in May-July 2023




Following the [fourth meeting of the INB \(INB4\)](#) and the [fifth meeting of the INB \(INB5\)](#), it was agreed that the Bureau would present a compilation of all textual proposals shared by Member States, and propose a Bureau's text at the [Resumed Session of the INB5](#), which was held on 12-16 June 2023.

A preparatory briefing was held on 5 June 2023, which was open to relevant stakeholders. The resumed session of INB5 included a plenary that allowed all stakeholders to share their views. The Drafting Group exchanged views on selected articles of the [Bureau's text](#), and agreed to continue consideration of several articles through informal meetings of the Drafting Group. As a pilot, informal meetings on Article 9 (Research and development) of the Bureau's text were held twice on the sidelines of the Drafting Group meeting. This allowed the INB to gain a collective understanding of the variety of views expressed by Member States about each topic.

The INB agreed to a series of intersessional informal meetings for Drafting Group participants in advance of the sixth meeting of the INB (INB6), which are open to all Member States.

What the intersessional informal meetings are working towards



Informal meetings scheduled up until INB6 have focused on: Article 9 (Research and development) co-facilitated by Norway and Mexico, Article 12 (Access and benefit-sharing) co-facilitated by Indonesia and Pakistan, and Article 13 (Supply chain and logistics) co-facilitated by Australia and Ethiopia.

The Member States that have generously volunteered their support to the INB Bureau to co-facilitate discussions will report back to the INB6 on progress and achievements, including suggestions to be considered formally by the INB6. The INB Bureau warmly welcomes this initiative, which has the potential to generate increased ownership and buy-in while helping to define common ground for possible solutions on specific issues.

The WHO Secretariat has also supported the informals, including by making WHO experts available as needed to respond to legal, governance and technical questions.

Our next steps

During INB6, to be held from 17-21 July 2023, the Drafting Group will be invited to continue their work to consider the Bureau's text, starting with the remaining articles of Chapter II and thereafter Chapters III and I. The INB will also discuss next steps.

2

<https://inb.who.int/>

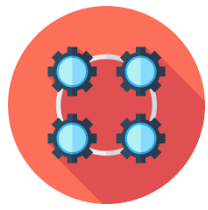


Intergovernmental Negotiating Body

Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

<p>> A/INB/10</p> <p>16-17 July 2024</p>	<p>> A/INB/9 (Resumed session and drafting group)</p> <p>29 April - 10 May 2024 and 20-24 May 2024</p>	<p>> A/INB/9</p> <p>18-28 March 2024</p>	<p>> A/INB/8</p> <p>19 February - 1 March 2024</p>
<p>> A/INB/7</p> <p>6-10 November and 4-6 December 2023</p>	<p>> A/INB/DG</p> <p>4-6 September 2023 and 22 September 2023</p>	<p>> A/INB/6</p> <p>17-21 July 2023</p>	<p>> A/INB/5 (Resumed session and drafting group)</p> <p>12-16 June 2023</p>
<p>> A/INB/5</p> <p>3-6 April 2023</p>	<p>> A/INB/4</p> <p>27 February - 3 March 2023</p>	<p>> A/INB/3</p> <p>5-7 December 2022</p>	<p>> A/INB/2</p> <p>18-21 July 2022</p>
<p>> A/INB/1 (Second resumed session)</p> <p>6-8 June 2022 15-17 June 2022</p>	<p>> A/INB/1 (First resumed session)</p> <p>14-15 March 2022</p>	<p>> A/INB/1</p> <p>24 February 2022</p>	

<https://apps.who.int/gb/inb/>



Member States-led Governance Reform

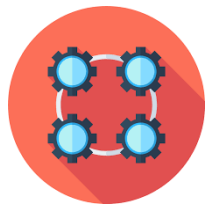
follow-up

What is the mandate?

- Decision [EB154\(3\)](#):
 - informal consultations with Member States to further elaborate on the end-to-end design of the governing bodies meeting cycle
 - draft terms of reference to strengthen the effectiveness of the functioning of the Officers of the Executive Board, for consideration by EB156
- Decision [EB154\(5\)](#), develop work plan to track achievement of / implement remaining AMSTG recommendations and reporting on progress at EB156.
- Decision [EB154\(14\)](#): i. to hold informal consultations with Member States, with a view to preparing a consultation document on measures to enhance the transparency, accountability and integrity of the process for the nomination of Regional Directors, for the consideration of the regional committees in 2024; ii. to hold additional informal consultations with Member States, taking account of the outcome of the deliberations of the regional committees, and to submit a document summarizing the outcome of those consultations, including options for consideration, as appropriate, to the EB157
- Decision [EB155\(12\)](#), continue consultations on process for handling and investigating potential allegations against WHO Directors-General
 - [WHA77\(15\)](#): Decided to defer consideration of this item to the Seventy-eighth World Health Assembly in 2025, through the EB156.

Who is involved?

- Member State Co-leads holding informal consultations open to all Member States, Associate Members, and regional economic integration organizations



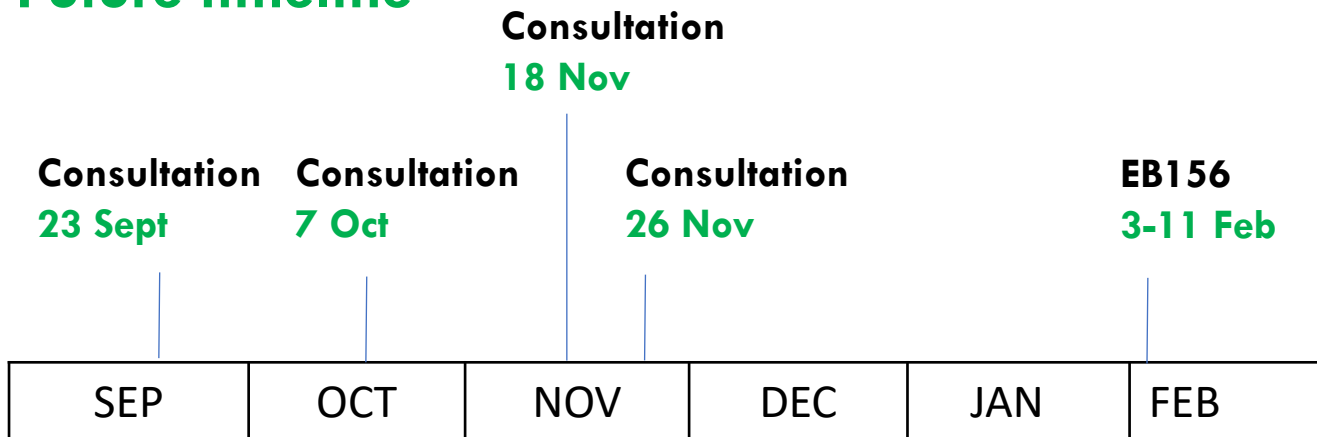
Member States-led Governance Reform

follow-up

What is expected from Member States

- The pace of work continues to operate in line with the agile spirit of the AMSTG and Member States are invited to actively contribute during the consultations and requests for input until Dec 2024

Future timeline



Results of questionnaire on the cycle of 2024 resolutions and decisions to be shared with MS

Consideration of the following topics:

- End-to-end design of the governing bodies cycle – decision EB154(3)
- Document value chain parameters, funding of GBS digital solutions plan, new initiatives/programmes measure
- Preparation of Member State recommendations and potential EB156 decision/s
- Process of handling and investigating potential allegations against WHO Directors-General



**Pause for
discussion**

Current challenges (extracted from document EB154/33 Add.1)

- Governing body agendas are too long and based almost exclusively on previous mandates and standing items, leaving an insufficient amount of time for forward-looking strategic discussion and debate
- Redundancies between governing bodies should be reduced
- An explicit process is needed whereby the governing bodies carefully consider the programmatic and financial implications for the Secretariat of draft resolutions and decisions proposed for adoption
- Approaching progress reports in a different way would allow the Organization to take stock of implementation more fully by including the efforts not only of the Secretariat but also of Member States and other stakeholders
- The volume of governing body documentation has become unmanageable
- The schedule of informal consultations on draft resolutions and decisions has become unmanageable
- Proposals for draft resolutions and decisions should be considered by the Executive Board prior to submission to the Health Assembly
- Chairs of governing body meetings should manage deliberations efficiently and encourage discussion on the most strategic matters
- Regular briefings, information sharing and training sessions should be institutionalized



**Focus on
resolutions/
decisions**



Focus on decisions/resolutions

In line with Article 23 of the Constitution, the Health Assembly has the authority to make recommendations to Members with respect to any matter within the competence of the Organization.

What is a resolution?

- A resolution is the formal expression of the opinion or will of the WHA or EB

What is a decision?

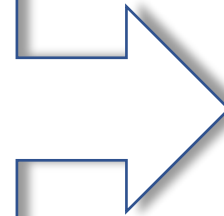
- A decision is another type of formal action taken by the Health Assembly or Board that often concerns procedural matters such as elections, appointments, and time and place of future sessions
- Decisions are also sometimes used to record the adoption of a text representing the consensus of the Health Assembly or Board



Focus on decisions/resolutions

What is the process/timeline to submit a resolution or decision?

EB153 has agreed on a “*Timeline for proposing World Health Assembly resolutions and decisions for consideration by the 154th and 156th sessions of the Executive Board*” as contained in the Appendix of document EB153/4 and elaborated in the following slides



EB153/4

Annex 2

Appendix. Timeline for proposing World Health Assembly resolutions and decisions for consideration by the 154th and 156th sessions of the Executive Board

Actions	Typical/recommended timing	Deadline for completion
0. Preparatory guidance before Member State actions Secretariat circulates to Member States: timeline; guidance templates for resolutions and decisions; guidance checklist	To align with circulation of draft Executive Board provisional agenda	For 154th session: 1 October 2023 For 156th session: 1 October 2024
1. Initiation of the process (Member States can commence this at any stage, and as early as they deem necessary to accommodate, inter alia, any planned internal and/or stakeholder consultations) 1.1 Member State(s) decide to introduce a draft Health Assembly resolution or decision 1.2 Lead Member State sponsor to contact the Secretariat to discuss the process and the instrument 1.3 Lead sponsor to contact technical unit to discuss the content, including assessment of potential duplication/synergies	For 154th session: early October 2023 For 156th session: early October 2024	
2. Concept and zero draft proposal 2.1 Lead sponsor to develop a concept paper (including, inter alia: contribution to the relevant General Programme of Work; potential duplication and/or synergies; consideration of sunseting) and circulate to Member States (recommended ahead of preparation of zero draft) 2.2 Lead sponsor to prepare and submit zero draft text to Secretariat for initial costing estimates	For 154th session: October 2023 For 156th session: October 2024	Trigger deadline 1: For 154th session: 1 November 2023 For 156th session: 2 November 2024
3. Actions upon trigger deadline: Submission of zero draft text for costing (2.2) will trigger: 3.1 Secretariat to coordinate (with lead sponsors) scheduling, room reservations, technical/logistical support for consultations (Note: Lead sponsors who complete step 2 early may request scheduling etc. at an earlier stage) 3.2 Secretariat is expected to make available to Member States (and/or publish on a secure platform) a complete list of proposed resolutions and decisions meeting the trigger deadline. Similarly, texts meeting the deadline will proceed to consultations and through to governing bodies for consideration		

https://apps.who.int/gb/ebwha/pdf_files/EB153/B153_4-en.pdf



Focus on decisions/resolutions

What is the process/timeline to submit a resolution or decision?

Step 1) Initiation of the process

By early October

1.1 Member State(s) decide to introduce a draft WHA resolution or decision

And identify under which agenda item it will be proposed

1.2 Lead Member State sponsor to contact the Secretariat to discuss the process and the instrument

Discussion with GBS/LEG

1.3 Lead sponsor to contact technical unit to discuss the content, including assessment of potential duplication/synergies



Focus on decisions/resolutions

What is the process/timeline to submit a resolution or decision?

Step 2) Concept and zero draft proposal

In October (latest 2 November)

2.1 Lead sponsor to develop a concept paper (including, inter alia: contribution to the relevant General Programme of Work; potential duplication and/or synergies; consideration of sunseting) and circulate to Member States (recommended ahead of preparation of zero draft)

2.2 Lead sponsor to prepare and submit zero draft text to Secretariat for initial costing estimates

Feedback on governance/legal/editorial aspects also provided upon request



Focus on decisions/resolutions

What is the process/timeline to submit a resolution or decision?

Step 3) Actions upon trigger deadline:

3.1 Secretariat to coordinate scheduling, room reservations, technical/logistical support for consultations with lead sponsors

3.2 Secretariat to compile a complete list of proposed resolutions and decisions meeting the trigger deadline and share with Member States



Focus on decisions/resolutions

What is the process/timeline to submit a resolution or decision?

Step 4) Consultations among Member States: ← **From October until December (ideally 6 December)**

4.1 Secretariat to publish dates for informal consultations on the online informal list of intergovernmental meetings and provide connection details to lead sponsor

4.2 Lead sponsor to circulate zero draft text, initial costing and meeting invitations to Member States

4.3 Lead sponsor to conduct consultations, supported throughout by the Secretariat (including moderation, on-screen text editing, costing, technical advice and other support, as needed)

4.4 Lead sponsor to achieve consensus text and finalize co-sponsors



Focus on decisions/resolutions

What is the process/timeline to submit a resolution or decision?

Step 5) Submission of text

5.1 Lead sponsor to submit text to the Secretariat (by email to governanceunit@who.int)

5.2 Secretariat to produce a conference paper containing the proposal for consideration in all official languages, as well as the final version of the document, outlining the relevant financial and administrative implications

If lead sponsor is a non-EB member, an EB member must be a co-sponsor

Co-sponsors can be confirmed by email to cosponsorship@who.int



Focus on decisions/resolutions

What is the process/timeline to submit a resolution or decision?

Step 6) Consideration by governing bodies

6.1 The Executive Board may decide whether to recommend the proposal for adoption to the World Health Assembly, or indicate that further consultations are required

6.2 If adopted by the World Health Assembly, Secretariat to reflect financial impact of resolutions and decisions in subsequent update to the programme budget, where applicable

If EB recommends adoption by the WHA, no further action needed during intersessional period



Focus on decisions/resolutions

Checklist

- Identification of relevant EB agenda item
 - Contact the Secretariat and discuss the process of proposing a resolution/decision
 - Assessment of potential duplication/synergies through discussion with the relevant WHO technical team
 - Preparation of concept note for distribution to Member States (by 2 November)
 - Preparation of zero draft of resolution text for distribution to Member States with support from Secretariat as necessary (by 2 November) using template
 - Inclusion of reporting requirements in zero draft
- Identification of individual(s) to chair informal consultations
 - Coordination with Secretariat to identify slots to hold informal consultations (starting in October)
 - Email invitations to Member States to join informal consultations
 - Finalization of text once consensus has been reached (ideally by 6 December)
 - Identification of co-sponsors (including at least one EB-member)
 - Submission of text to governanceunit@who.int by 10 January



Focus on decisions/resolutions- Template

Decision EB153(2) requested the Director-General “to prepare a template to guide Member States in their preparation of Health Assembly resolutions and/or decisions”

Element	Description
[Title]	Either the title of the agenda item or another title which is descriptive and informative
[Co-Sponsors]	List the sponsoring Member States in alphabetical order
The Executive Board, having considered the report by the Director-General,	Identify the title of the report and provide a footnote which contains the document symbol.
Recommends to the [Seventy-eighth] World Health Assembly the adoption of the following [resolution]/[decision]	This sentence should be included for EB resolutions recommending either resolutions or decisions for adoption by WHA.



Focus on decisions/resolutions- Template

Element	Description
Decided to recommend to the [Seventy-eighth] World Health Assembly the adoption of the following [resolution]/[decision]:	This sentence should be included for EB decisions recommending either resolutions or decisions for adoption by WHA.
The [Seventy-eighth] World Health Assembly, Having considered the report by the Director-General [insert reference to report],	Both resolutions and decisions begin by referring to the relevant governing body and report
<ul style="list-style-type: none">▪ The text of each preambular paragraph begins with a word or phrase like: Recalling..., Concerned that..., Having considered..., Bearing in mind..., Aware...▪ Preambular paragraphs introduce the background, context, and justifications for the resolution's content▪ The number of preambular paragraphs should be limited to avoid becoming overly lengthy, repetitive or redundant	Resolutions may contain preambular paragraphs



Focus on decisions/resolutions- Template

Element	Description
<ul style="list-style-type: none">▪ The text of each operative paragraph of a resolution begins with a verb in the present tense (e.g. URGES..., DECIDES..., REQUESTS...); in contrast, the text of each operative paragraph of a decisions is proceeded by “decided to” (e.g. decided to urge..., request..., to encourage)▪ The number of operative paragraphs should be determined by the scope of the resolution or decision and the various actions or measures required to address the issue adequately▪ Operative paragraphs are the heart of resolution and decisions, as they contain the actionable items that the resolution or decision seeks to convey (for Member States, the Director General and other Stakeholders as necessary in separate paragraphs, e.g. OP1, OP2, OP3, etc)▪ Each operative paragraph should focus on a specific action, request, or directive related to the issue at hand▪ Important to ensure that each operative paragraph is clear, concise, and well-structured, so that the implementation of the resolution's objectives can be effectively carried out▪ Essential to strike a balance between being comprehensive and avoiding excessive detail that might hinder the resolution's clarity and effectiveness	<p>Resolutions and decisions both contain operative paragraphs. The difference is simply that for decisions, the operative paragraph is proceeded by “decided to”</p>



Focus on decisions/resolutions- Template

Element	Description
<ul style="list-style-type: none"><li data-bbox="104 468 1549 682">▪ In decision WHA72(22), the Health Assembly decided “that resolutions and decisions should provide for clear reporting requirements, including reporting cycles of up to six years, with biennial reports, unless otherwise advised by the Director-General”.<li data-bbox="104 753 1447 853">▪ It may be otherwise advised if reporting could be consolidated into existing reporting requirements on similar subjects<li data-bbox="104 925 1574 1025">▪ Since 2014, progress reports are considered by the Health Assembly only, in accordance with resolution WHA67.2	<p data-bbox="1612 468 2448 625">Both resolutions and decisions contain reporting requirements, which must be time-limited.</p> <p data-bbox="1612 753 2466 968"><i>Ex) to request the Director-General to report back on progress in the implementation of this [resolution]/[decision] to the World Health Assembly in 2026, 2028 and 2030</i></p>



Focus on decisions/resolutions

Some final thoughts on drafting resolutions:

- To ensure that resolutions and decisions have greatest impact, they should be short, concise and clear
- Longer resolutions take longer to negotiate and reach consensus



Focus on the General Programme of Work (GPW) and the programme budget (PB)



Introduction to WHO budgeting and planning

Imre Hollo

holloi@who.int

WHO Budget 101

The budget is not a funded budget:

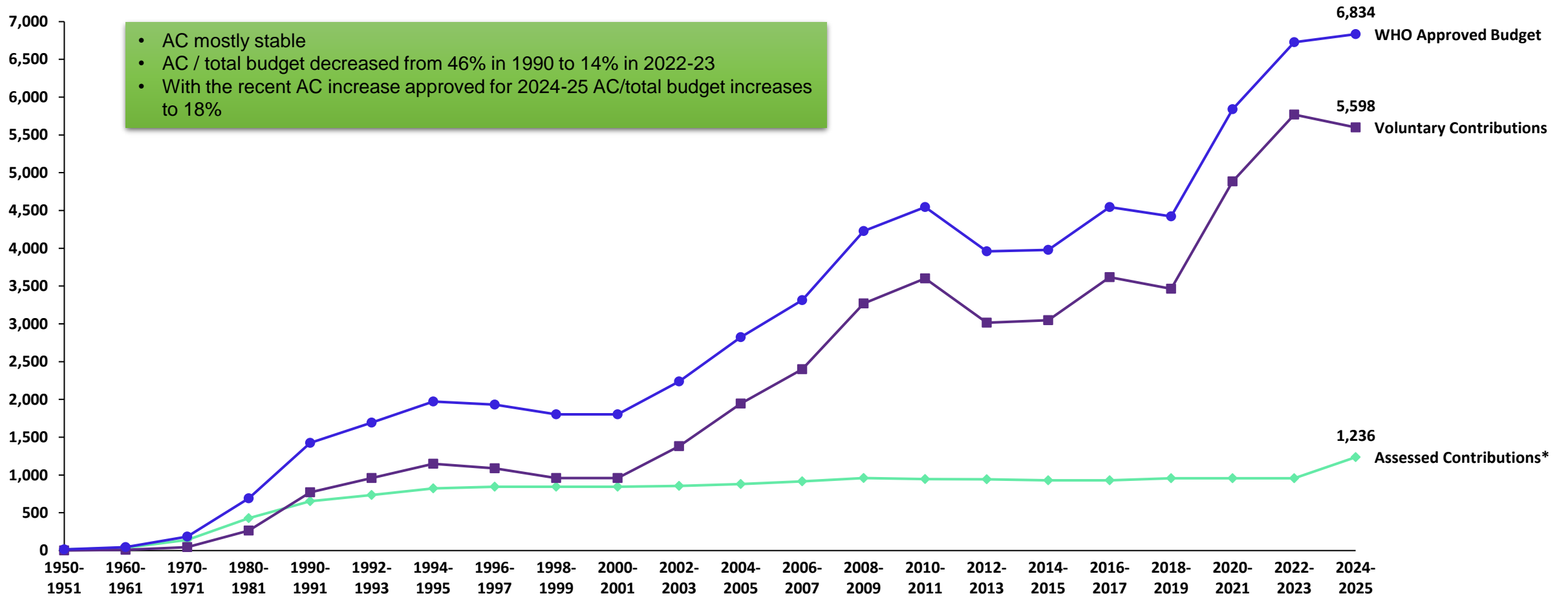
Budget

≠

Funding

What do Member States approve? Member States approve the proposed plan of work for the next two years, along with its estimated costing. Based on this approval, WHO seeks funding to finance the plan.

WHO's budget from 1990 to 2025*



* Considers the AC increase recently approved as per WHA76.1

Challenges

1 Governance



- Financing patterns not necessarily aligned with the approval of strategic priorities as part of the Programme Budget during the WHA

2 Persisting pockets of poverty



- Priority programme areas (e.g. mental health, nutrition, etc.) continue to be underfunded

3 Timely response to the changing public health environment



- Sustainable funding is critical to respond to the changing public health environment and to address areas – such as emergency preparedness, noncommunicable diseases, universal health coverage – that traditionally do not appeal to a broad spectrum of voluntary contributors

Challenges

4 Quality – Attracting talent



- Large number of short term contracts, consultants, difficult workforce planning

5 Vulnerability – reliance on top donors



- Top 5 donors of voluntary contributions represent between 30% and 60% financing of Programme budget outcomes in the Programme budget 2020-2021.

6 Administrative burden on managing small grants



- Secretariat manages thousands of awards across hundreds of budget centres, which represents a significant administrative burden

7 Perception of neutrality



- WHO is also a norm-setting agency. Ensuring independence in normative areas is vital.

WG on Sustainable Financing

- Landmark decision [WHA75\(8\)](#), implementing recommendations as contained in [A75/9](#)

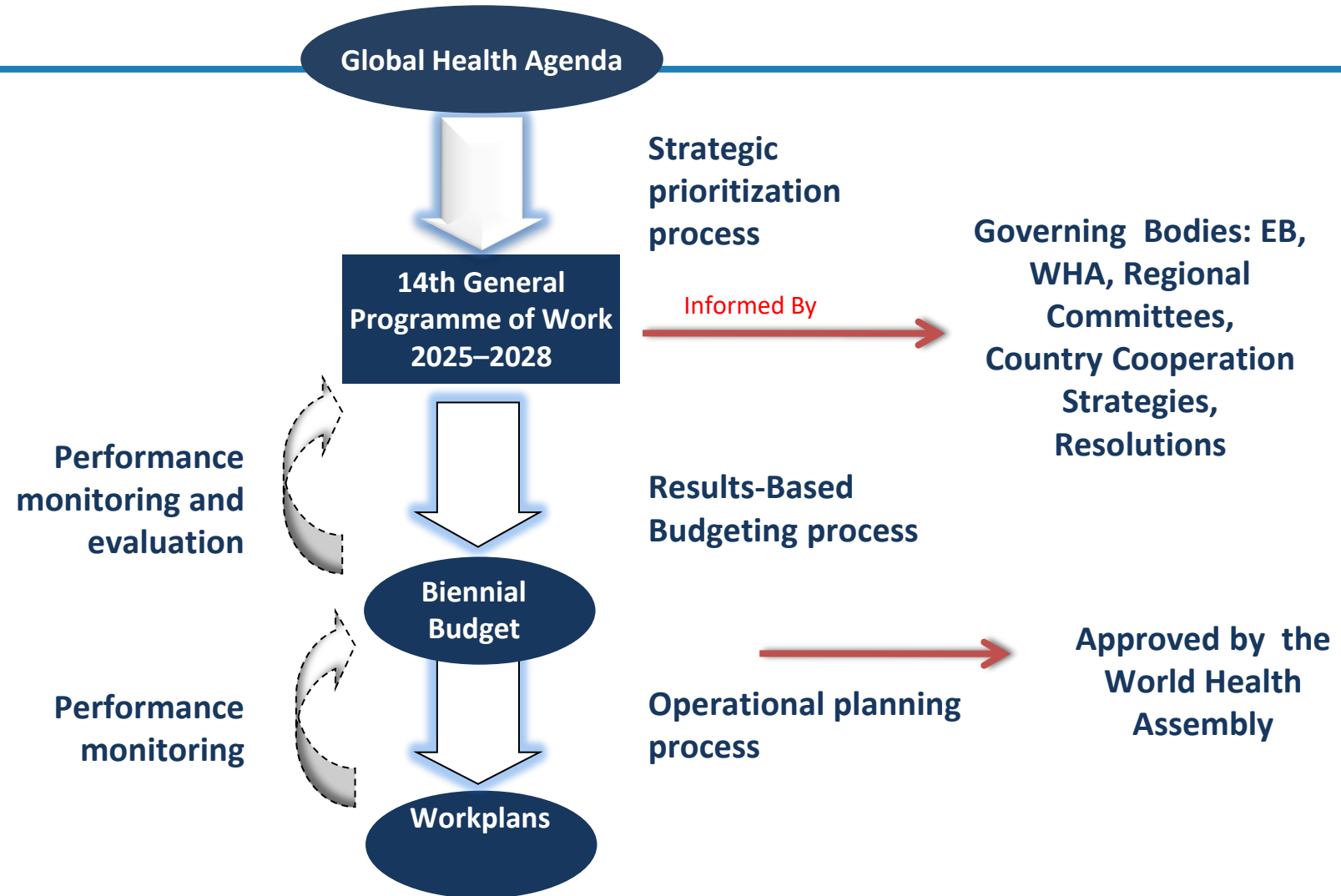


Germany UN Geneva    on Twitter

“The WG on Sustainable Financing successfully concluded with a clear aspiration to increase @WHO assessed contributions to 50% of the base budget, following up on key recommendation of the @TheIndPanel. 🙌 Thanks to all member states!”

twitter.com

Planning Framework



GPW14 - Part 1 | Health & well-being in an increasingly complex world

In the face of key megatrends.....

.....health gains are already slowing!



Climate change



Human migration



Spillover events



Geopolitical change

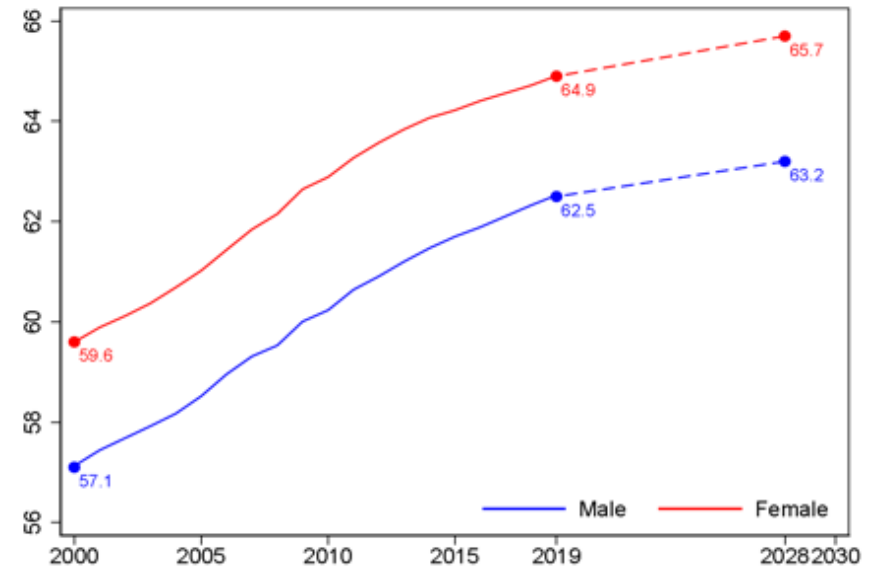


Science & technology



Demographic shifts

Healthy Life Expectancy (HALE) since 2000



Source: Estimates and preliminary forecasts based on Global Health Estimates 2019 and UNPD World Population Prospects 2022.

GPW14 Part 2 | a global health agenda & 6 strategic objectives for 2025-2028



GPW14 part 3 & 4 | WHO's contribution to GPW 14

Specific WHO cross-cutting **'corporate outcomes'** (*technical & enabling*)

NEW! Parts 3 & 4 | delineating 'joint' & 'corporate' outcomes

'joint' outcomes – Member States-led, collective work with WHO & partners

'corporate' outcomes – WHO-led cross-cutting work with commitment and collaboration of Member States & partners



NEW! Corporate outcomes – WHO's role in delivering GPW14

Strategic Objective & Joint Outcomes

Corporate Outcomes

POWER
PERFORM

- 1 Effective WHO health leadership through **convening, agenda-setting, partnerships & communications** advances the draft GPW 14 outcomes & the goal of leaving no one behind
- 2 Timely delivery, expanded access & uptake of **high-quality WHO normative, technical & data products** enable impact at country level
- 3 WHO **tailored country support and cooperation** accelerates progress on health
- 4 A **sustainably financed & efficiently managed WHO**, with **stronger oversight and accountability and strengthened country capacities** better enables its workforce, partners & Member States

Part 4 | indicative financial envelope – further engagement with MSs

Indicative GPW14 financial envelope

	2025	2026	2027	2028	Total
PB 2024-25 Base	2,484	2,484	2,484	2,484	9,936
Country strengthening		193.5	193.5	193.5	581
Strengthening accountability		50	50	50	150
Polio transition			157.5	157.5	315
Strengthening data and innovation			75	75	150
GPW14 Envelope					11,132

✓ Need estimate based on approved PB24-25
✓ Polio eradication timeline kept (Pakistan and Afghanistan in Base as of 2027)
✓ Country Office level reaches close to 75% Base (inc. polio, data/innovation)
✓ Nothing is deprioritized from approved PB24-25

- The bottom-up prioritization exercise (to prioritize outcomes) is currently on-going based on these indicative figures as a starting point

The prioritization process will inform the draft proposed PB26-27 to be presented to Regional Committees – starting in August 2024

Budget Summary: Base Programmes

Core Mandate of WHO

- Largest part of Proposed Programme Budget 2026-2027
- Includes country, regional, and global strategic priority-setting

Proposed Budget Increase: 11% (US\$562m) explained by main areas of Investment

- Technical country capacity strengthening: US\$ 387 million
- Data and innovation: US\$ 75 million
- Enhanced accountability: US\$ 100 million
- Major office increases explained by these areas of investment

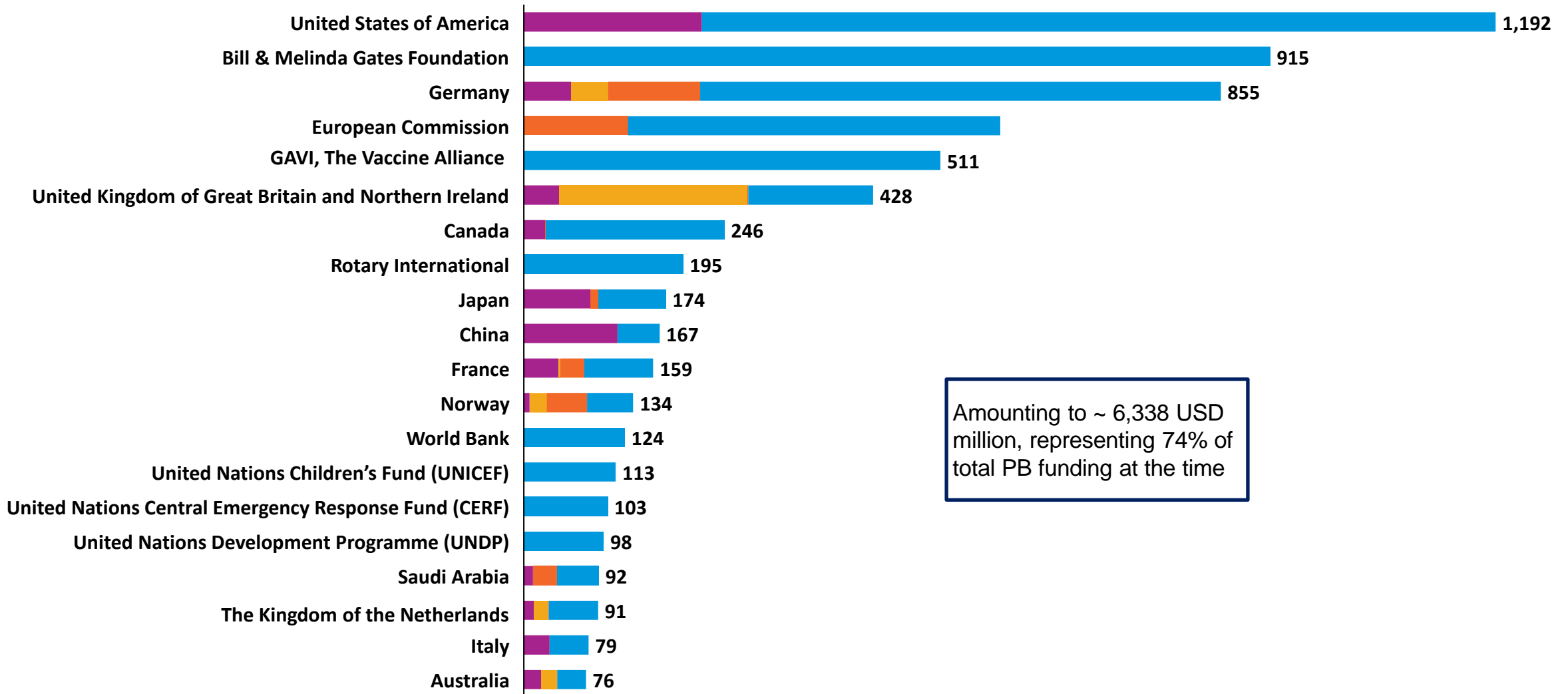
Proposed programme budget 2026–2027: Base segment by Major Office

Major Offices	Approved Programme budget 2024–2025 (US\$ million)	Proposed Programme budget 2026–2027 (US\$ million)	Difference between approved and Proposed programme budget 2024-2025(%)
Africa	1,326.6	1,509.5	+14%
The Americas	295.6	349	+18%
South-East Asia	487.3	537.2	+10
Europe	363.5	419.7	+15
Eastern Mediterranean	618.4	743.3	+20%
Western Pacific	408.1	463	+13%
Headquarters	1,468.6	1,508.6	+3%
Grand Total	4,968.2	5,530.2	+11%

Top 20 contributors (US\$ million - as at 30 April 2023)

584

Total PB
(incl. projections)



Amounting to ~ 6,338 USD million, representing 74% of total PB funding at the time

AC CVC VC - thematic VC - specified

Proposed Programme Budget 2024-2025

Official document and
Member State Portal and Programme budget
digital platform

Programme Budget 2024-2025

Main Document: A76/4

https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_4-en.pdf


Resolution: A76.1

https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R1-en.pdf




The redesign of the Programme Budget, including through a digital platform, was underpinned by three main objectives


3 main objectives...



Improve transparency, clarity and accountability



Provide both high-level strategic information and enough details for Members States to fully exercise their strategic oversight on budget matters



Facilitate reading and understanding of Programme Budget and its underlying development process

... guided the development of the design and content of the Programme budget digital platform

Programme budget digital platform

Programme budget executive summary


Outcome narratives

Output narratives and delivery
(incl. indicators)

Priority-setting & budget costing
dashboards

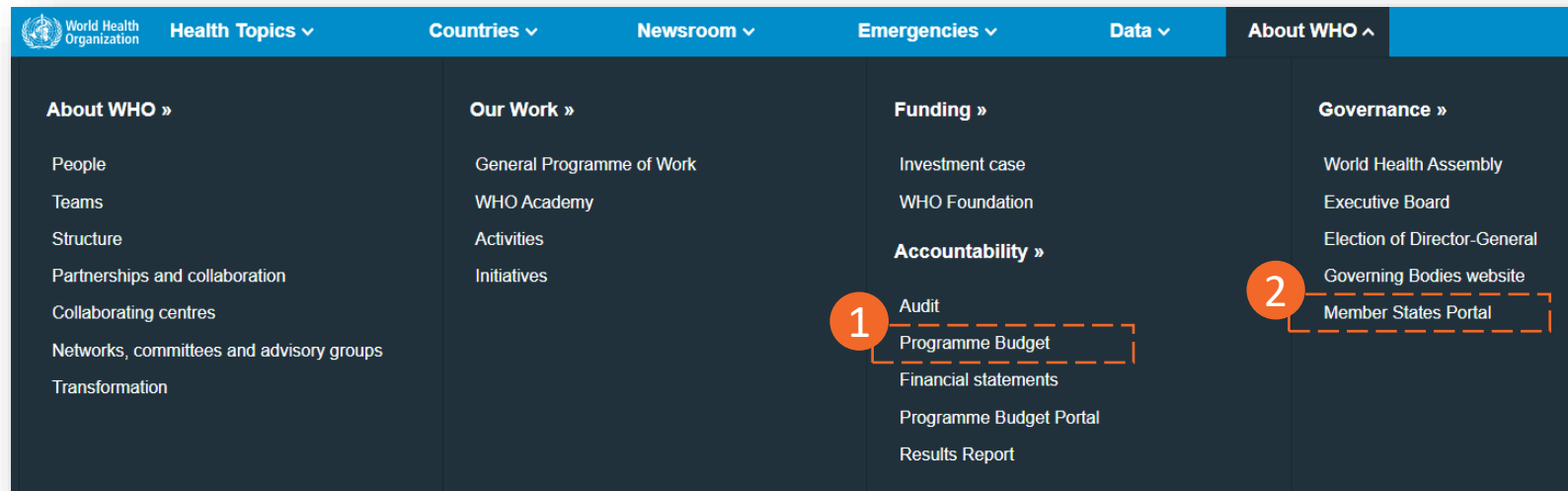
WHO budget explainers:

- Allocation of flexible funds and KPI proposal
- Modelling phased assessed contributions increase (2023-31)
- Programme Budget costing process
- Financing 80% of high priority outputs' budget
- Setting technical priorities at country-level
- Results-based management
- Resolutions and decisions with costing

 New elements

It is accessible since January 2023 through the main WHO website

The Programme Budget Digital Platform is available [here](#) and can be accessed via two main channels on WHO's website:



1 Under the accountability page of the 'About WHO' section

2 Through the new Member States Portal



WHO Programme Budget Web Portal – history and context



HOME

OUR WORK

BUDGET & FINANCING

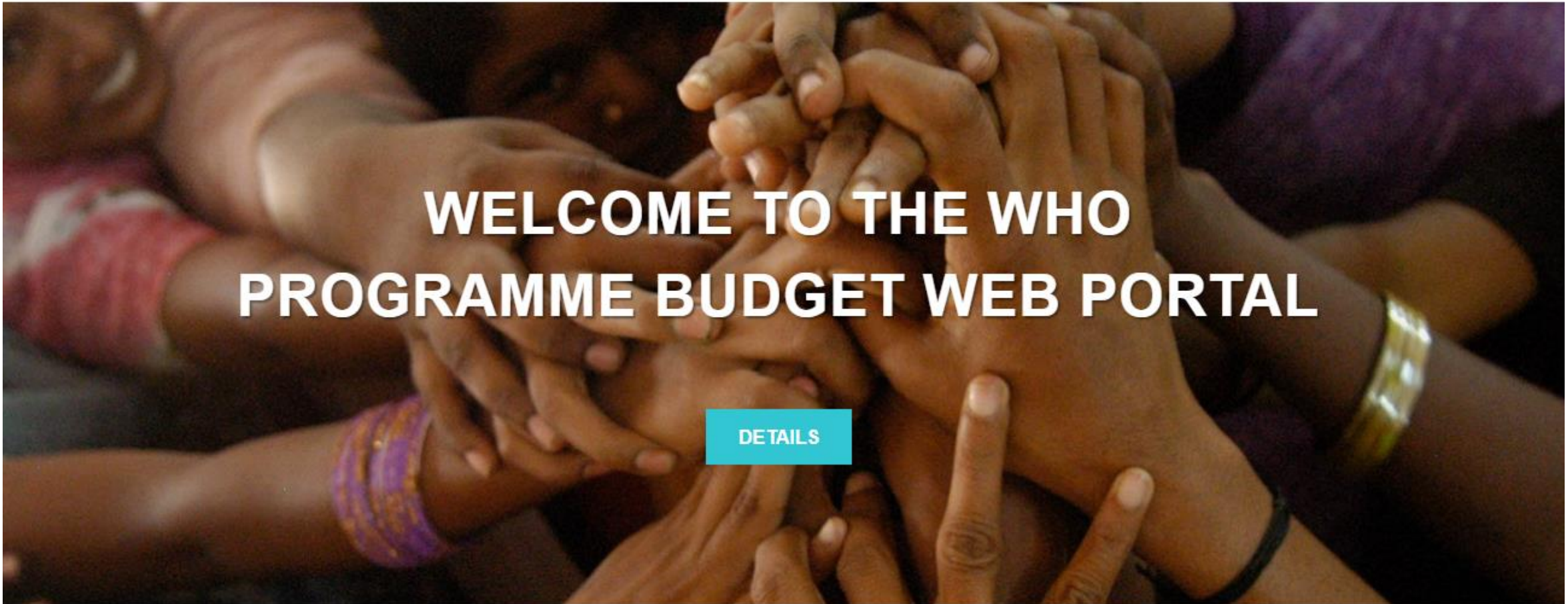
REGIONS

CONTRIBUTORS

WHO



2022-23



WELCOME TO THE WHO PROGRAMME BUDGET WEB PORTAL

DETAILS

THE WHO PROGRAMME BUDGET PORTAL

Welcome to WHO's Programme Budget Portal,



CURRENT BIENNIUM: 2022-23

Choose your biennium using below selector.

2022-23

WHO Programme Budget Web Portal – Dimensions

The WHO Programme Budget Web Portal bridges programmatic delivery, results and financial information over the course of a given biennium and throughout a given GPW

It offers detailed funding information at geographic, programmatic and contributor levels

Supports the integration of contributor outreach and strategic resource requirements in terms of allocation

Offers dedicated contributors' sections for certain type of contributions

- Core Voluntary Contributions (CVC)

- In-Kind / In Service

- PIP Framework

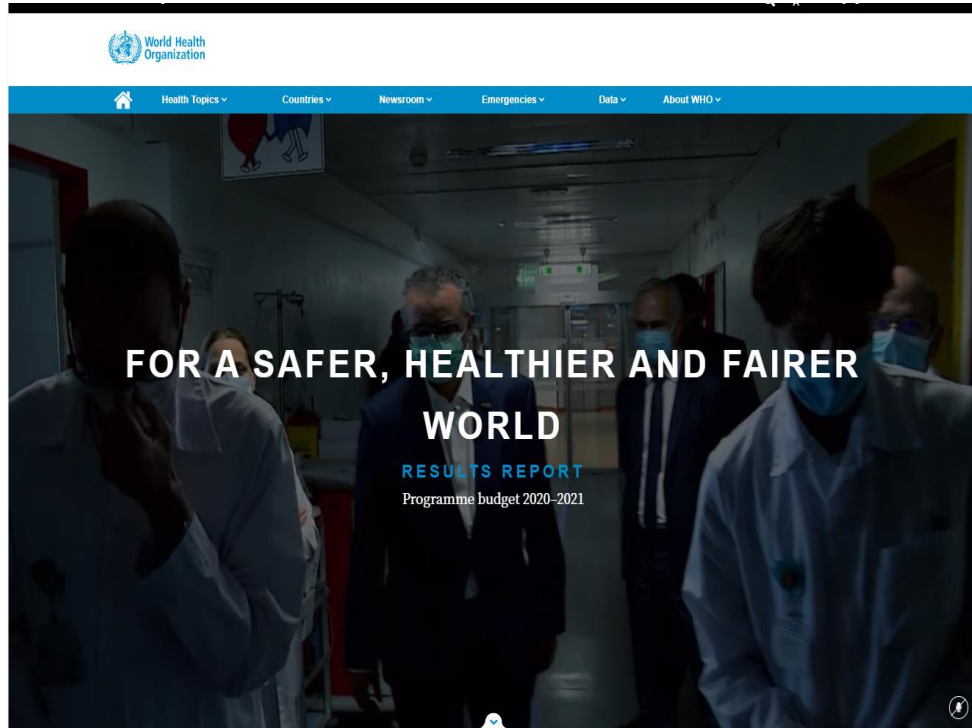
Offers two monthly–updated data download capabilities

- IATI-compliant country files

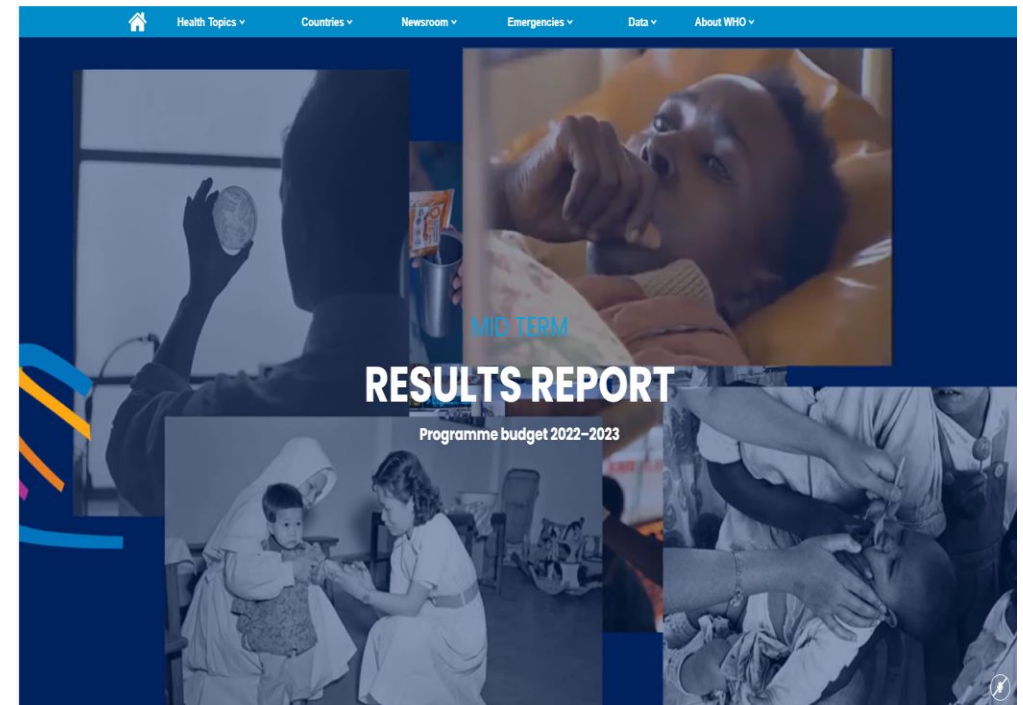
- Tabular data export

Provides a search engine for any given resolution/decision made by a WHO governing body since 2000

Improved Accountability for Results: WHO Results Report



<https://www.who.int/about/accountability/results/who-results-report-2020-2021>



<https://www.who.int/about/accountability/results/who-results-report-2022-mtr>

How to read WHO Programme budget

Programme budget 2022-2023

With the 13th GPW as the foundation:

- Programming framework: 3 strategic priorities (billions), 1 crosscutting pillar and 12 outcomes
- Results structure: outcomes, outputs
- Performance framework: the triple billion targets, outcome indicators, output measurements
- Budget framework: major office by segment, country and regional offices level, by outcome

PB 2022-2023 document structure

Total PB document: 129
pages

- ❑ Introduction
- ❑ Monitoring and reporting
- ❑ Implementation overview (9 chapters for technical outcomes 1.1-3.3 describing WHO's programme in each outcome)
- ❑ More effective and efficient WHO providing better support to countries (3 chapters describing outcomes 4.1-4.3 of the crosscutting pillar)

PB 2022-2023 Introduction

- **Key strategic focus** of the proposed programme budget in a high-level summary form (what is different and why?)
- **High-level budget considerations** (how numbers are different and why?)
- **Main budget considerations** by Major office, outcome, country level
- **Financing outlook**

Demonstrating link between programme and budget

All main budget figures and tables

Highlighters of Region specific budget focus

Many explainers (e.g. what are budget segments? Enabling functions, etc.)

... must read

PB 2022-2023 document structure: outcome

IMPLEMENTATION OVERVIEW

Outcome 1.1. Improved access to quality essential health services irrespective of gender, age or disability status

Together with Member States, we aim to strengthen health and community systems to progress towards achieving universal health coverage, whereby all people and communities have access to the full range of essential services across the life course through a strong and resilient, people-centred health system, without suffering from financial hardship. On this journey, WHO's focus is on accelerating progress towards universal public health goods, providing differentiated

Box 1. Indicators associated with outcome 1.1

- 1.1.IND.1 Maternal mortality ratio
- 1.1.IND.2 Proportion of births attended by skilled health personnel
- 1.1.IND.3 Under-5 mortality rate
- 1.1.IND.4 Neonatal mortality rate
- 1.1.IND.5 Proportion of women of reproductive age (15–49 yrs) who have their need for family planning satisfied with modern methods

TABLE 13. PROPOSED BUDGET FOR OUTCOME 1.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1. Improved access to quality essential health services	396.9	83.6	221.1	102.1	161.9	118.9	348.4	1 432.8
Total outcome 1.1	396.9	83.6	221.1	102.1	161.9	118.9	348.4	1 432.8

PB 2022-2023 document structure: output

Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

For health care to be truly universal and resilient to disruptive emergencies, health systems must be redesigned around people, with high-quality and strong linkages between communities and health institutions. When health systems are people-centred, they are often more effective and efficient, fostering stronger individual, family and community engagement in their own health and promoting better health literacy. A key priority for achieving this output is a renewed focus on integrated service delivery networks, with an emphasis on safe and quality primary health care service health outcomes and reach

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by supporting global and national efforts to achieve universal health coverage and enact the vision of the Declaration of Astana. The Secretariat will work with the Universal Health Coverage 2030 Partnership and other partners to complete and implement the Global Action Plan for Healthy Lives and Well-being for All, including the Primary Health Care Accelerator, the Primary Health Care Operational Framework and other high-impact disease and condition-specific flagship initiatives and related global campaigns.

The Secretariat will **support countries** to:

- expand access to comprehensive care across the care continuum – from promotion and prevention to treatment, rehabilitation and palliative care – and across delivery platforms, including self-care, home care, community health centres, school health services, primary care, specialized services and emergency and hospital care in the public and private sectors, using both traditional and innovative delivery approaches, such as digital health;
- promote and institutionalize an integrated approach to health systems strengthening and health security efforts across legislative, policy, planning and operational levels in order to ensure resilience in public health in all contexts and changing epidemiology;

In producing **global public health goods**, the Secretariat will:

- develop evidence-based norms, standards and guidance on: strengthening population-based approaches to planning, organizing and delivering services; using key policy levers to strengthen integrated and people-centred health service delivery through a primary health care approach; building an organizational safety culture; assessing, measuring and improving patient safety; promoting good-quality health services delivery; integrating traditional and complementary medicine; integrating high-impact communicable disease prevention and responses into health benefit packages; implementing

LEADING INDICATORS

Number of countries with comprehensive essential service packages defined based on integrated models of care
Number of countries with quality strategies aligned with national health policies or plans
Number of countries with up-to-date performance assessments on the provision of primary health care



**Pause for
discussion**



Registration processes and travel support

Registration process for constitutional meetings

1. **INDICO registration is required**
2. **Registration link and deadline**
3. **Creation of INDICO profile**
4. **Participants' registration**
5. **Status of registration**
6. **Visa support letters**

Constitutional meetings: https://apps.who.int/gb/gov/en/dates-of-meetings-eb_en.html

Registration process for other intergovernmental processes (INB)

1. **INDICO registration for in-person participation (as per the previous slide)**
2. **Registration through HQgoverningbodies@who.int for virtual participation**
 - a. **A Note Verbale is not necessary**
 - b. **Only changes in the delegation should be communicated to the Secretariat, including the Member State (MS), the name of participant and their e-mail**
 - c. **Registered participants will be receiving a personalized zoom link from registrations@who.int**
3. **Registration is not necessary for MS information sessions, a standard link is sent with the invitation.**

Travel support for governing body meetings

1. **Least Developed Countries (LDCs):** <https://www.un.org/ohrlls/content/list-lDCs>
2. **EB members:** https://apps.who.int/gb/gov/en/composition-of-the-board_en.html
3. **PBAC members:** https://apps.who.int/gb/pbac/e/e_pbac-members.html
4. **SCHEPPR members:** https://apps.who.int/gb/scheppr/e/e_scheppr-members.html

1. References

1. Decision

1. [WHA74\(19\) https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74\(19\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(19)-en.pdf)

2. Resolution:

1. **WHA50.1 Reimbursement of travel expenses for attendance at the Health Assembly**

Travel support for governing body meetings

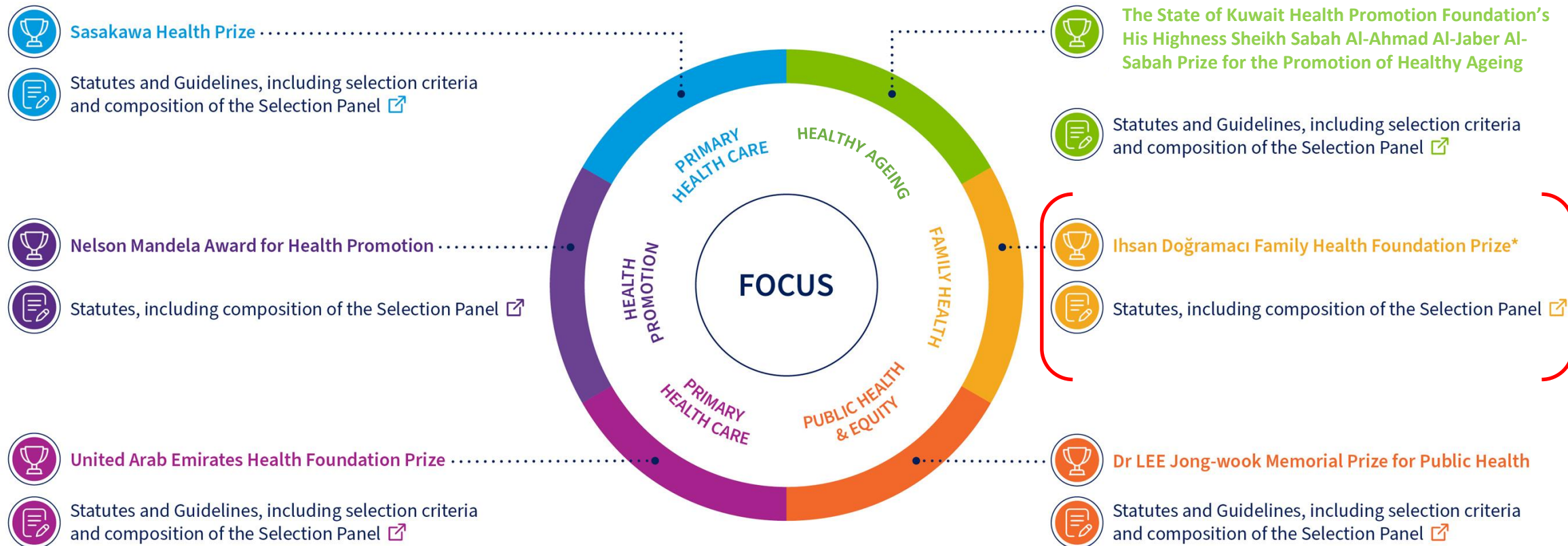
- 1. Least Developed Countries (LDCs) (upon request):**
Reimbursement with Swissbankers cards at the Palais des Nations
- 2. EB/PBAC/SHEPPR members (upon request):**
Reimbursement by bank transfer
Two options:
 - booking with WHO travel agency**
 - reimbursement according to WHO maximum liability**

Reimbursement of travel costs should be made within the time stipulated in the invitation communication



**Foundation
prizes and
awards**

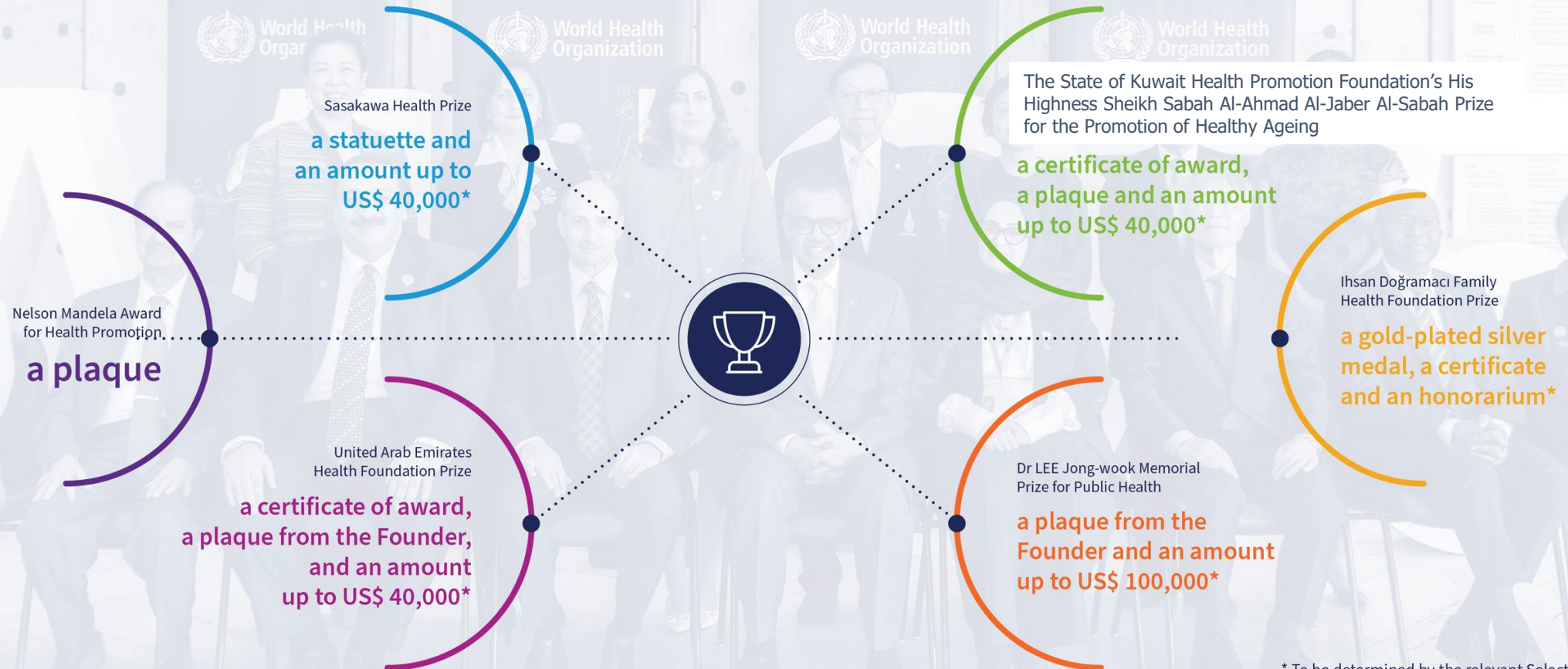
About the Public Health Prizes and Awards: focus and statutes



*Only awarded every 2 years.

The awards ceremony

The laureates' public health achievements are recognized at an awards ceremony held as part of the Plenary meeting of the World Health Assembly every year in May. Laureates receive the following recognitions:

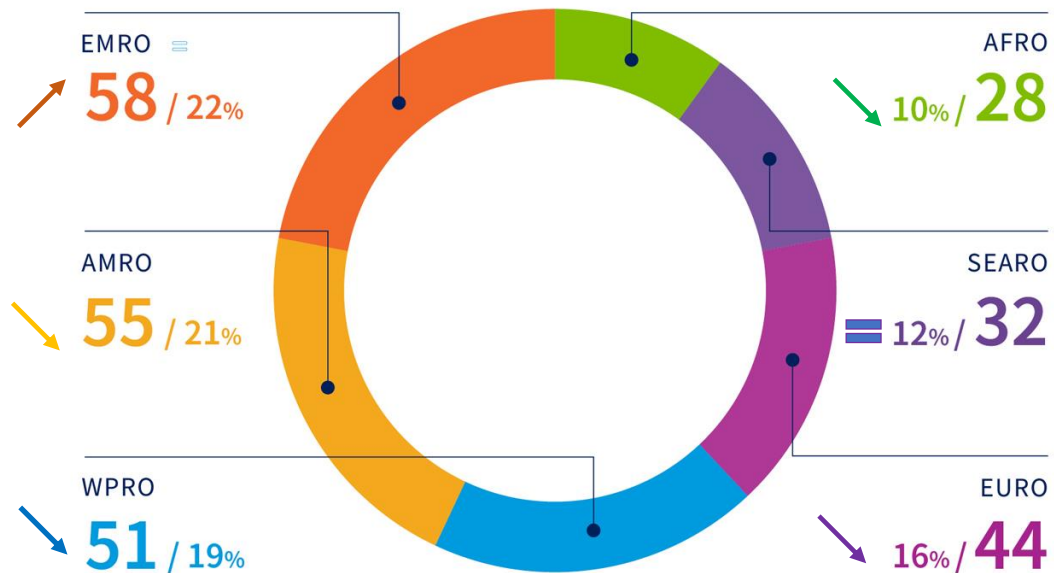


* To be determined by the relevant Selection Panel.

About the candidatures:

regional and annual distribution 2017-2023

NUMBER OF APPLICATIONS BY REGION*




38% of WHO Member States have submitted candidatures for any award since 2017. Applications received from 20 Member States in 2023 (average annual level since 2017).

NUMBER OF APPLICATIONS BY YEAR*

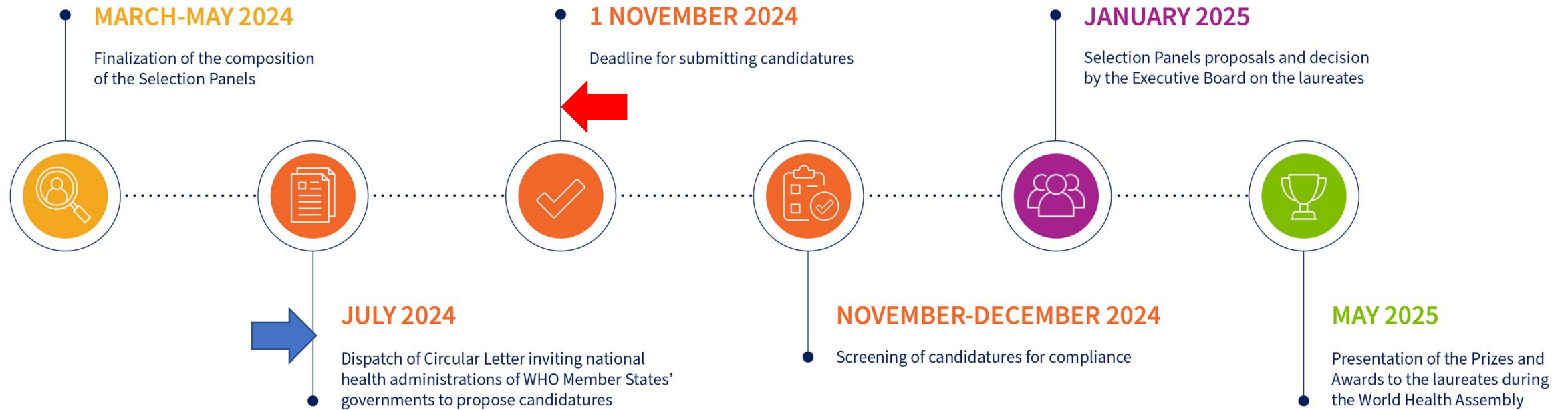


2023 applications have exceeded the 2019-20 level.

 **2024** more than 70 applications

*This corresponds to the full set of applications received every year. Applications are screened for compliance, and a small number of applications may not be deemed compliant.

2025 Timeline for Prizes and Awards administered by the WHO Director-General



Procedure for submitting candidates for the prizes and award in 2025



01



WHO Member States submit nominations for candidates by email to **foundationprizes@who.int** by the timeline.

02



The candidature must include:
a transmittal letter or Note Verbale; the candidature form(s) in English, French or Spanish; both documents must be signed and stamped by the submitting national health authority; and adequate justification and documentation should be enclosed.

03



Each national health administration can nominate only one candidate per award.

04



Candidates not selected in past years can be nominated again.

05



Current or former WHO staff member and current members of the Executive Board are ineligible to receive such prizes and award.

06



Former laureates of a Prize may put forward the name of a candidate for that same Prize.

- Partners story: [Six partners on a global journey to celebrate excellence in public health \(who.int\)](#)
- Available resources for Member State outreach: [background material](#), [information on 2025 process](#), and [fliers](#) available in all six official languages to support your outreach
- “Tips for applications” sessions for MS upon request to WHO regions

<https://apps.who.int/gb/awards/>

Queries: foundationprizes@who.int

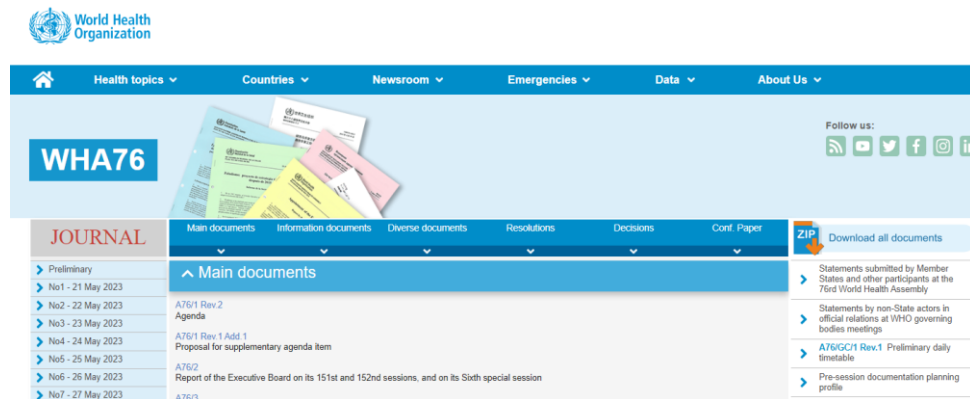
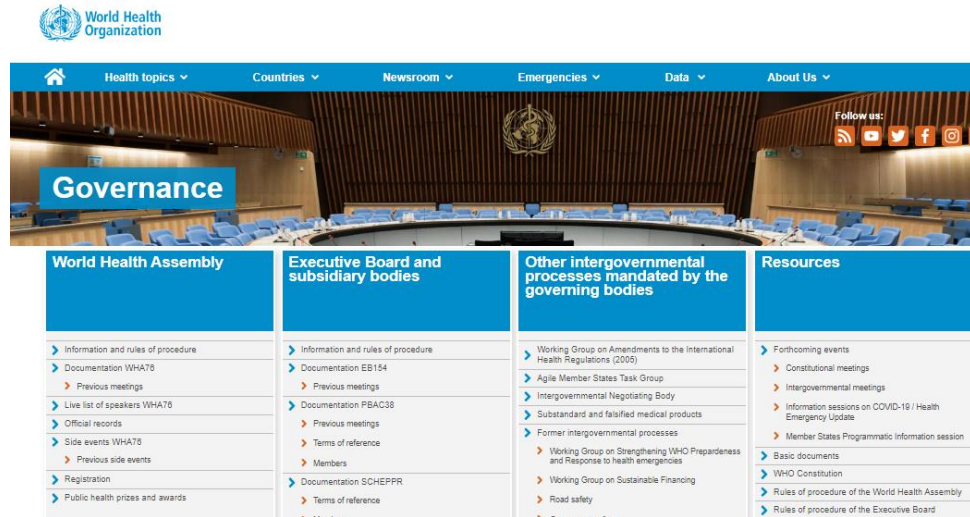
Thank you!



**Language
services**

Language Services

- GBS documentation services/English editing
- Translation: 6 languages
 - Governing bodies documentation (e.g. EB, WHA and related processes)
 - Corporate (e.g. press communications, correspondence, training materials)
 - Technical (e.g. publications, guidelines)
- Interpretation services
 - Governing bodies meetings
 - Other meetings
- GBS Governance website
<http://apps.who.int/gb/gov/>



GBS meetings and multilingualism

- Multilingualism is a core concept in the UN system and a cornerstone for multilateralism
- Two principles: parity and plurality of official languages
- GBS meetings are fully multilingual, and delegations can address them in any of the six official languages
- GBS documentation is systematically translated into all official languages, with the only exception of summary records



Interpretation in virtual and hybrid meetings

- High quality audio is essential for participants to be able to follow proceedings and especially for interpretation
- Background noise and sudden noise interference can affect the sound input to interpretation channels and can adversely affect interpreters' hearing
- Participants not in the room should follow technical guidance provided and test sound quality in advance
- Participants not in the room who wish to speak should use a unidirectional desktop microphone, plugged into the laptop by USB cable (rather than a headset microphone)
- Turn off mobile phones and close windows
- If sound quality is not adequate, interpretation may be interrupted
- Send pre-prepared statements to interpret@who.int



Language services: transformation and innovation

- LNG introduced computer assisted translation and neural machine translation (powered by ai) in May 2020
- WHO is the lead Organization for health-related terminology in UNTERM (UN system wide terminology database)
- These innovations were key for LNG to cope with the upsurge of demand during the COVID pandemic
- UN interpreter assignment system (eAPG) introduced in May 2023
- UN XML document standard (AKN4UN): project launched November 2022
 - Resolutions and decisions portal: pilot for some languages at the end of 2024





Final discussion

Supplementary Information



**Answers to
frequently asked
questions on
other matters**



Answers to frequently asked questions on other matters

Q

How can my delegation arrange a meeting (courtesy visit, bilateral, etc.) with the Director-General?

A

Contact his office by email:

Giselle von Guilleaume

Executive Assistant to Dr Tedros Adhanom Ghebreyesus

Email: dgoffice@who.int; cc: richardsong@who.int

Tel.: +41 22 791 2631



Answers to frequently asked questions on other matters



Where can I find the slides presented during the information sessions that I may have missed?



These are available online here:

<https://apps.who.int/gb/MSPI/>

The screenshot shows a webpage titled "Governance" with a sub-header "Member States Programmatic Information session". Below the header, there is a paragraph explaining that presentations are from WHO information sessions for Member States. A list of sessions follows, each with a date and a link to the presentation.

Date	Topic
14 July 2023	Towards GPW14 (2025-2028): Proposed development & consultative process
3 July 2023	Universal Health and Preparedness Review (UHPR)
30 June 2023	Update on the SDG3 Global Action Plan
19 June 2023	Addressing the sensory functions coverage gap: reaching the people in need of spectacles and hearing care Health equity for persons with disabilities



Answers to frequently asked questions on other matters



Where can I find official meeting documentation?



Please bookmark our website now:

<https://apps.who.int/gb/gov/>



 Governance			
World Health Assembly	Executive Board and subsidiary bodies	Other intergovernmental processes mandated by the governing bodies	Resources
<ul style="list-style-type: none">Information and rules of procedureDocumentation WHA76<ul style="list-style-type: none">Previous meetingsLive list of speakers WHA76Official recordsSide events WHA76<ul style="list-style-type: none">Previous side eventsRegistrationPublic health prizes and awards	<ul style="list-style-type: none">Information and rules of procedureDocumentation EB154<ul style="list-style-type: none">Previous meetingsDocumentation PBAC38<ul style="list-style-type: none">Previous meetingsTerms of referenceMembersDocumentation SCHEPPR<ul style="list-style-type: none">Terms of referenceMembersDocumentation IEOAC<ul style="list-style-type: none">Terms of referenceMembersOfficial recordsOfficers of the Board	<ul style="list-style-type: none">Working Group on Amendments to the International Health Regulations (2005)Agile Member States Task GroupIntergovernmental Negotiating Body<ul style="list-style-type: none">Substandard and falsified medical productsFormer intergovernmental processes<ul style="list-style-type: none">Working Group on Strengthening WHO Preparedness and Response to health emergenciesWorking Group on Sustainable FinancingRoad safetyGovernance reformProcess for the election of the Director-General 2017Framework of Engagement with Non-State Actors (FENSA)	<ul style="list-style-type: none">Forthcoming events<ul style="list-style-type: none">Constitutional meetingsIntergovernmental meetingsInformation sessions on COVID-19 / Health Emergency UpdateMember States Programmatic Information sessionBasic documents<ul style="list-style-type: none">WHO ConstitutionRules of procedure of the World Health AssemblyRules of procedure of the Executive BoardForward-looking planning schedule of expected agenda itemsVideo material about Governing Bodies

Governance

World Health Assembly

- Information and rules of procedure
- Documentation WHA76
 - Previous meetings
- Live list of speakers WHA76
- Official records
- Side events WHA76
 - Previous side events
- Registration
- Public health prizes and awards

Executive Board and subsidiary bodies

- Information and rules of procedure
- Documentation EB154
 - Previous meetings
- Documentation PBAC38
 - Previous meetings
 - Terms of reference
 - Members
- Documentation SCHEPPR
 - Terms of reference
 - Members
- Documentation IEOAC
 - Terms of reference
 - Members
- Official records
- Officers of the Board
- Composition of the Board

Other intergovernmental processes mandated by the governing bodies

- Working Group on Amendments to the International Health Regulations (2005)
- Agile Member States Task Group
- Intergovernmental Negotiating Body
- Substandard and falsified medical products
- Former intergovernmental processes
 - Working Group on Strengthening WHO Preparedness and Response to health emergencies
 - Working Group on Sustainable Financing
 - Road safety
 - Governance reform
 - Process for the election of the Director-General 2017
 - Framework of Engagement with Non-State Actors (FENSA)
 - Follow-up of the report of the Consultative Expert Working Group on Research and Development
 - Formal Meeting of Member States to conclude the work on the development of a global plan of action to strengthen the role of the health system to address interpersonal violence, in particular in addressing

Resources

- Forthcoming events
 - Constitutional meetings
 - Intergovernmental meetings
 - Information sessions on COVID-19 / Health Emergency Update
 - Member States Programmatic Information session
- Basic documents
- WHO Constitution
- Rules of procedure of the World Health Assembly
- Rules of procedure of the Executive Board
- Forward-looking planning schedule of expected agenda items
- Video material about Governing Bodies



Answers to frequently asked questions on other matters



How is the WHO calendar of Member State meetings organized and where can I find it?



- Constitutional meetings are prioritized on the calendar (WHA, EB, PBAC, SHCEPPR)
- Other processes mandated by the governing bodies are scheduled next (INB, WGIHR, MSM)
- Other meetings including time-sensitive consultations and information sessions mandated by the governing bodies are scheduled next
- Information sessions and other briefings are prioritized internally and then scheduled when and if space is available on the calendar.
- The Secretariat makes every effort to avoid overlapping Member State meetings
- The calendar is updated regularly on our website. **PLEASE CHECK IT FREQUENTLY:**
https://apps.who.int/gb/gov/en/intergovernmental-meeting_en.html



Answers to frequently asked questions on other matters



Where can I find the WHO organigram?



The Organigram for WHO Headquarters as of 15 May 2024 is available online here: <https://www.who.int/about/structure>



Answers to frequently asked questions on other matters



Who should I contact if I have more questions?



Consult the organigram to discuss technical issues with the relevant technical units. For GBS matters please use the following email addresses:

hqgoverningbodies@who.int – for registration matters; issues related to prizes/awards; change of contact points

governanceunit@who.int – for governance issues, including the organization of informal consultations, the submission of draft resolutions and decisions, and the management of the agenda of the governing body meetings

cosponsorship@who.int – only to confirm co-sponsorship of a decision/resolution

GBS-IT-support@who.int – to resolve connectivity issues during virtual/hybrid GBS meetings, including if you did not receive a link



Answers to frequently asked questions on other matters

Q

Will these slides be shared after the session?

A

Yes! They will be sent by email shortly.