1. This document addresses three mandates. Part A looks at the constitutional mandate of the Executive Board and contains proposals on how to improve the efficiency of the Board’s meetings and its capacity to give strategic direction to the Organization. Part B addresses decision WHA69(8) (2016), which requested the Director-General, inter alia, “to prepare an analysis of the current Rules of Procedure of the Executive Board and Rules of Procedure of the World Health Assembly in order to identify interpretational ambiguities and gaps in the processes for the inclusion of additional, supplementary and urgent agenda items and to make recommendations on the further improvement of those processes; and to report to the Seventy-first World Health Assembly through the Executive Board”. Part C responds to decision EB141(8) (2017), in which the Board requested, inter alia, “that the Secretariat’s analysis of current Rules of Procedure of the Executive Board and Rules of Procedure of the World Health Assembly in respect of additional, supplementary and urgent items, to be prepared in accordance with decision WHA69(8), also address other ambiguities, gaps and other shortcomings in the Rules of Procedure of the governing bodies”.

2. In August and September 2017, the Secretariat held an online consultation on the matters addressed in this report. The document that supported the consultation can be accessed on the WHO website. The consultation was complemented by an informal face-to-face meeting on 21 September 2017 in Geneva, to which representatives of all Member States were invited, and at which the matters addressed in Parts A and C of this report were discussed in greater detail.

A. Measures to improve the efficiency of the Governing Bodies and its focus on strategic issues

3. As recommended by the Officers of the Executive Board, the scope of the consultation on the Rules of Procedure of the Executive Board and the Rules of Procedure of the World Health Assembly, held in response to decisions WHA69(8) and EB141(8), was expanded to include the methods of work of the governing bodies. The consultation document solicited the comments of Member States regarding various governing body practices employed by other United Nations

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agencies, and some WHO Regional Offices. Through the consultation processes, Member States expressed the views set out below.

- The Board currently functions similarly to a small-scale version of the Health Assembly, with the broad participation of all Member States, irrespective of whether they are members of the Board, as well as all other categories of participants. There is thus little differentiation between the levels of participation of the 34 Board Members and the Member States not represented on the Board.

- Discussions during sessions of the Executive Board are often lengthy and cover many of the same matters discussed by the Health Assembly. Participants deliver a series of consecutive prepared statements on nearly all technical agenda items. Discussions therefore often lack substantial interaction or debate, and do not necessarily focus on the most important and strategic issues.

- There is duplication between the work of the Health Assembly and that of the Board. The division of labour between the two governing bodies should be clarified to ensure greater efficiency and complementarity between them.

- Steps should be taken to reduce the number of agenda items and improve the overall management of sessions of the Board, including by focusing discussions on the essential points where action or guidance is requested, dispensing with the practice of delivering statements that focus on domestic experiences, and discouraging the repetition of points already made by other Member States, especially in statements delivered on behalf of a given region.

4. While the Secretariat was encouraged to make suggestions for improving the methods of work of the Executive Board, thereby addressing the concerns raised, the need to ensure continued inclusiveness, transparency and decision-making by consensus was also emphasized. In response, the Secretariat has outlined the following options for consideration by the Board.

STRENGTHEN THE STRATEGIC ROLE OF THE EXECUTIVE BOARD

(a) Establish a clear distinction between the modalities for the participation of Executive Board members and non-members in sessions of the Board

5. This could be achieved by amending the Rules of Procedure of the Executive Board to permit Board members only to take the floor during the session, with the views of other Member States being expressed by the Board members they elected. This would require redefining the role of the Executive Board members to include, to the extent possible, coordinating the positions of Member States within their respective regions. The Secretariat would provide assistance in that regard, including by providing briefings to support the coordination of positions within the regional groups. The topics and schedules of the briefings would be selected in close cooperation with the six regional coordinators. In the event of a divergence of views among Member States in a given region,

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2 Sessions of the Executive Board, which are, in principle, meetings of thirty-four members, are often attended by approximately 1,200 participants during the January sessions and 500 participants during the May sessions.
3 These include Associate Members, observers, non-State actors in official relations and intergovernmental organizations in effective relations.
individual Member States could articulate their positions in writing for publication on the governing bodies website. A variation on this suggestion might involve Member States with positions that do not align with the rest of their region, requesting permission, as an exceptional measure, to take the floor for one minute to summarize how their position diverges from that of the region, and indicate that their contribution will be submitted for posting on the governing bodies website. Under the current Rules of Procedure of the Executive Board, written statements may be posted on the website, but do not form part of the official records of the session unless also delivered orally during the meeting (see Section C).

(b) Enhance the role of the Officers of the Executive Board, such that they work collectively during intersessional periods to prepare for sessions of the Board

6. In addition to the twice yearly teleconferences that have traditionally been organized among the Director-General and the Officers of the Executive Board to prepare the provisional agendas of the Board's two annual sessions,¹ the Officers would meet more frequently and in person, including to prepare a proposed programme of work, discuss methods of work, and deal with any other matters requiring guidance by the Board in the upcoming session. During recent meetings, the Officers have emphasized the importance of face-to-face meetings. Additional meetings could be held, as needed, in Geneva or elsewhere. In line with usual practices, the records of these meetings would be circulated to Member States.

(c) Provide information about the costing implications of draft resolutions and decisions in a clearer and more timely manner for better informed decision-making

7. Since 2005, reports on the administrative and financial implications of proposed draft resolutions and decisions have been provided.² The quality of these reports, however, have varied. There are several reasons for this, including the inconsistent application of a costing methodology, time constraints, complexity and the timeframes for implementation of the resolutions. To promote more coherent and actionable resolutions and decisions that make governing body discussions more priority-focused, the Secretariat proposes to develop a more robust methodology for determining the cost implications of draft resolutions and decisions and devote more time to considering them during governing body meetings by opening the floor for a discussion on the financial and programmatic implications, with a representative of the Secretariat available to answer any specific questions. This would help determine whether the adoption of proposed resolutions and decisions could be accommodated within the Organization's existing budget or whether budget increases would be required. If necessary, budget increases may be then also be discussed.

8. To facilitate this, the Board may wish to consider revising the deadline for the submission of draft resolutions and decisions, bringing it forward from the end of the first day of the session to two weeks before the opening of the session. In this way, the Secretariat would have adequate time to apply the methodology and prepare more substantial reports on financial implications for

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¹ According to Rule 8 of the Rules of Procedure of the Executive Board, “The provisional agenda of each session shall be drawn up by the Director-General in consultation with the Officers of the Board, on the basis of the draft provisional agenda and any proposals received . . .”.
² See resolution WHA58.4 (2005).
consideration during the session. The current practices of submitting proposals for draft resolutions and decisions at the closure of the first day of the session gives insufficient time for thorough analyses and preparation of reports on the financial and programmatic implications. During the consultation, most Member States agreed that stricter time limits would be beneficial. This change would require an amendment to the Rules of Procedure of the Executive Board (see section C).

(d) **Promote participation of women in governing body meetings**

9. Invitation letters to recent WHO constitutional meetings refer to resolution WHA49.9 (May 1996) on employment and participation of women in the work of WHO and Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) and invite Member States to consider gender balance in the composition of their delegations. To promote the participation of women in governing body meetings, and in line with the WHO 2023 gender targets to achieve gender parity in the heads of delegations to the Health Assembly, the governing bodies are invited to consider requesting that the Secretariat track and share information on the gender of delegates participating in meetings. The governing bodies may also wish to request that the Secretariat track and share information on the gender of officers and presiding officers of governing body meetings; over the past twenty years, only 25% of Health Assembly presidents and Executive Board chairmen have been female.

**IMPROVE AGENDA MANAGEMENT**

(e) **Undertake an exercise to “sunset” or establish an end date for resolutions and decisions containing unspecified reporting requirements**

10. Since 2010, the Health Assembly has adopted, on average, 24 resolutions and 15 decisions each year, many of which have contained new reporting requirements. These requirements vary widely from annual reports until a fixed end date, to those that neither specify the frequency of reporting, nor the occasions on which reports should be submitted. There are approximately 80 unspecified reporting requirements.

11. There are two main challenges associated with reporting requirements. First, new reporting requirements translate into additional agenda items, thereby increasing the pressure on already heavy agendas. Second, with respect to resolutions and decisions that contain unspecified reporting requirements.

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1 See the draft thirteenth general programme of work (document EB142/3).
2 The table below summarizes reporting requirements mandated between 2010 and 2017

<table>
<thead>
<tr>
<th>Health Assembly session</th>
<th>Resolutions</th>
<th>Decisions</th>
<th>New reporting requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA70 (2017)</td>
<td>16</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>WHA69 (2016)</td>
<td>25</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>WHA68 (2015)</td>
<td>20</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>WHA67 (2014)</td>
<td>25</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>WHA66 (2013)</td>
<td>24</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>WHA65 (2012)</td>
<td>23</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>WHA64 (2011)</td>
<td>28</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>WHA63 (2010)</td>
<td>28</td>
<td>10</td>
<td>23</td>
</tr>
</tbody>
</table>
requirements, it is not clear when WHO’s mandate to undertake the actions required by those resolutions and decisions will expire. As a result, the mandates outlined in such draft resolutions or decisions may be considered to continue indefinitely.

12. With regard to new reporting requirements, the Secretariat recommends a maximum of three biennial reports over a six-year period.\(^1\) In respect of existing reporting requirements, the global governing bodies are invited to consider undertaking an exercise to establish an end date or "sunset" some resolutions and decisions, as has been recently done by some WHO regional offices.\(^2\) In the regional offices, such exercises have involved setting up an internal committee to review resolutions and decisions, which made recommendations on whether the resolutions or decisions contained mandates that: were still active; had been superseded by another mandate; or had been satisfied. Some of the committees issued recommendations, for consideration by the relevant governing body, on "sunset"ing some resolutions and streamlining the reporting requirements of others. Should a similar exercise be undertaken at the global level, an internal committee could be established to recommend end dates for resolutions and decisions with unspecified reporting requirements and streamline resolutions and decisions that have multiple reporting requirements. Those recommendations would be submitted to the governing bodies for consideration.

13. One variation of this proposal might involve the Secretariat developing options on the best way to consider reports on progress in implementing resolutions and decisions. During the consultation process, representatives of several Member States noted that, in resolution EB67.2, the Executive Board had decided that progress reports would be considered by the Health Assembly only. Yet, several considered that progress reports are often not given due consideration, as they are usually taken up towards the end of the Health Assembly when there is considerable time pressure for the main committees to complete consideration of all agenda items. Moreover, representatives of several Member States considered that the function of reviewing progress in the implementation of resolutions and decisions would be better placed with the Executive Board, given its constitutional mandate to "give effect to the decisions and policies of the Health Assembly".\(^3\) In response to these concerns, the Secretariat could collect information on how other United Nations organizations and agencies report on progress and outline options for more meaningful consideration of such reports in the context of WHO global governing bodies.

14. In addition, the Secretariat is analysing the link between resolutions and decisions and the priorities outlined in the draft thirteenth general programme of work. In this regard, the Secretariat will include in the five-year assessment of the Thirteenth General Programme of Work a summary of draft resolutions and decisions agreed during the period 2019–2023 and their programmatic and budgetary impacts.

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1 This recommendation has previously been made to the governing bodies, including in document EB136/6 (paragraph 6).
2 The Region of the Americas and the South-east Asia, European and Eastern Mediterranean regions.
3 See article 28 of the Constitution of the World Health Organization.
15. In preparing the provisional agenda for the 142nd session of the Executive Board, the Director-General and Officers of the Board proposed a new structure for the Board’s agendas, to be applied as from the 142nd session. The new structure aims to focus discussions on matters of strategic priority. This focus could be sharpened further in future and the Board’s overall efficiency increased by providing, prior to each session, a document listing each agenda item, outlining the corresponding action requested of the Executive Board, and proposing how each item will be handled. The document could, for example, propose that more time be allotted to the discussion of items under which the Board is requested to consider a draft resolution or decision or provide specific guidance, and less time to items that the Board is requested simply to note. At the opening of the session, Board members would have the opportunity to comment on and suggest adjustments to the proposal before agreeing on the approach to be taken.

16. In this regard, the Secretariat would provide more detail in its reports to the Board regarding the action requested, such as by outlining specific questions or identifying the points on which guidance is requested. The Secretariat would also update the forward-looking schedule of agenda items developed in response to decision WHA69(8), to chart more clearly the work of the governing bodies relative to each agenda item, with the aim of minimizing overlap in discussions of the Executive Board, Health Assembly and Programme Budget and Administration Committee. This might include, for example, removing items from the agenda of one governing body, when they already appear on the agendas of the others. Alternatively, if an item is required to appear on the agenda of more than one governing body, the Chairman may clearly reference previous discussions and invite Member States to deliver statements only if they have additional information to add or further questions to pose.

STREAMLINE MANAGEMENT OF THE SESSION

(g) Expand the use of the governing bodies website for posting statements

17. In recent governing body meetings, the Secretariat has provided for the posting of statements on the governing bodies website, which allows Member States to deliver abridged statements orally during the session and to post the full versions, and any additional information, online. As a next step, use of the website could be developed further to allow Member States to post statements describing their domestic experiences relevant to any given technical agenda item, thus enabling the discussion during the session to focus directly on aspects related to the specific action requested of the Executive Board. As indicated in paragraph 5 of this report, statements appearing on the website will not form part of the official record unless they have also been delivered orally during the meeting (see also section C below).

(h) Management of the session by the Chairman

18. In relation to the previous suggestion on broadening the use of the website to post statements, the Chairman of the Executive Board would be invited to manage the discussion in such a way that the reading of statements outlining domestic experiences would be strongly discouraged. The Chairman would also be invited to encourage the delivery of regional statements and strongly discourage any repetition by representatives of individual Member States of the views expressed
therein. In this regard, the Secretariat proposed developing a guide to chairing governing body meetings and to offer training for presiding officers, at their request.

(i) Paperless meetings

19. Several United Nations agencies\textsuperscript{1} and WHO regional offices have either eliminated or considerably reduced the use of paper during their governing body meetings. In some instances, documents are only printed for delegations that order them in advance. With a view to reducing WHO’s ecological footprint, Member States are invited to consider moving to a paperless system during governing body meetings. In 2016 and 2017 alone, some US$ 733,000 was spent on printing and document preparation for the Board and the Health Assembly, which could have been saved by going paperless.

B. Interpretational ambiguities and gaps in the processes for the inclusion of additional, supplementary and urgent agenda items

20. Further to the Health Assembly’s request in decision WHA69(8), the Seventieth World Health Assembly considered a proposal by the Secretariat, in which items proposed for direct inclusion on the provisional agenda of the Health Assembly under Rule 5 of its Rules of Procedure would be accompanied by an explanatory memorandum, analogous to the procedure used to prepare the provisional agenda of the Executive Board.\textsuperscript{2} A decision was made to defer consideration of this matter to the 142nd session of the Executive Board.\textsuperscript{3}

21. The requirement for an explanatory memorandum to accompany proposals for additional agenda items is intended to strengthen the Board’s role in preparing the provisional agenda of the Health Assembly.\textsuperscript{4} Two options are presented for the Health Assembly’s consideration, both of which would require amendment of Rule 5 of its Rules of Procedure (Table 1):

(a) the explanatory memorandum would provide a basis for the Board to decide whether to include, defer or exclude the proposed item from the provisional agenda of the Health Assembly; or

(b) the explanatory memorandum would provide a basis for the Board to advise the Health Assembly to defer the proposed item to a future Health Assembly. In such a case, the item would nonetheless appear on the provisional agenda of the Health Assembly, albeit with a recommendation that would be considered by the General Committee.\textsuperscript{5}

22. The first option confers a discretion on the Board to decide on the inclusion, exclusion or deferral of proposed items, whereas the second option envisages only an advisory role for the Board, with each proposal and recommendation being discussed and decided on by the Health Assembly.

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\textsuperscript{1} Including ITU and UNEP.
\textsuperscript{2} See document A70/51, paragraphs 6–12.
\textsuperscript{3} See document WHA70/2017/REC/3, summary record of Committee B, third meeting, section 3; fourth meeting, section 2; and fifth meeting, section 2.
\textsuperscript{4} Rule 9 of the Rules of Procedure of the Executive Board.
\textsuperscript{5} Rule 31(c) of the Rules of Procedure of the Health Assembly.
### Table 1. Proposed options for amending Rule 5 of the Rules of Procedure of the World Health Assembly

<table>
<thead>
<tr>
<th>Option (a)</th>
<th>Option (b)</th>
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</thead>
<tbody>
<tr>
<td><strong>Rule 5</strong></td>
<td><strong>Rule 5</strong></td>
</tr>
<tr>
<td>The Board shall include in the provisional agenda of each regular session of the Health Assembly inter alia:</td>
<td>The Board shall include in the provisional agenda of each regular session of the Health Assembly inter alia:</td>
</tr>
<tr>
<td>(a) the annual report of the Director-General on the work of the Organization; (b) all items that the Health Assembly has, in a previous session, ordered to be included; (c) any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period.</td>
<td>(a) the annual report of the Director-General on the work of the Organization; (b) all items that the Health Assembly has, in a previous session, ordered to be included; (c) any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period; (d) any item proposed by a Member or by an Associate Member; (e) subject to such preliminary consultation as may be necessary between the Director-General and the Secretary-General of the United Nations, any item proposed by the United Nations; (f) any item proposed by any other organization of the United Nations system with which the Organization has entered into effective relations.</td>
</tr>
<tr>
<td>The Board may recommend the deferral, if it deems that action appropriate, of any item under (d), (e) and (f) above to a future Health Assembly. Any proposal for inclusion on the provisional agenda of any item under (d), (e) and (f) above shall be accompanied by an explanatory memorandum that shall reach the Director-General no later than four weeks before the commencement of the session of the Board at which the provisional agenda of the Health Assembly is to be prepared.</td>
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</table>

### C. Further ambiguities, gaps and other shortcomings in the rules of procedure of the governing bodies

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1 Deletions are shown with strikethrough; insertions are shown in **bold** type face.
23. In advance of the online and informal consultations in August and September 2017, the Secretariat identified 11 issues for consideration under this heading.

24. Through the online and informal consultations held in August and September 2017, the Secretariat received views from Member States participating in the consultations on all points.

(a) Provision of written statements for the record

25. The current rules require delegations to make oral interventions at meetings of the Health Assembly and Executive Board, in order for the statements to be reflected in the official records.1 The Secretariat asked Member States whether these rules should be amended to allow delegations to submit written statements for inclusion in the record in addition to or instead of oral interventions. While representatives of some Member States expressed support for such amendments, others expressed reservations. Several noted that the use of written statements could help reduce the time taken by speakers reporting on their domestic situation. It was emphasized, however, that if written statements were permitted, there should be a safeguard to prevent the inclusion of any statements targeting other Member States.

26. Many contributors to the consultation also emphasized that allowing written statements should not restrict delegations’ right to make oral interventions on the agenda items under consideration. There was some convergence of opinion around a potential length limit for written statements, corresponding to the three-minute time limit for oral interventions (equivalent to approximately 350 words). The questions of whether written statements should be limited to certain subject matter and whether they (or summaries thereof) should be included in the official record of meetings of the governing bodies, were not resolved through the consultation. Against this background, the Secretariat seeks further guidance from Member States as to whether the rules should be amended to allow delegations to submit written statements in addition to, or instead of, their oral interventions for inclusion in the written records.

(b) Voting by electronic means at the Health Assembly and the Executive Board

27. The Secretariat asked Member States whether the Rules of Procedure should be amended to allow for the possibility of electronic voting, where appropriate systems are available. Member States expressed broad support for this, while stressing that provision for electronic voting should in no way be seen as compromising the consensus-based approach usually taken by WHO’s governing bodies. It was clear that the question of electronic voting for secret ballots, in particular for the election of the Director-General, should be seen as a separate matter.

(c) Consideration of credentials at the Health Assembly

28. Member States were asked whether the requirement for a hard copy original of credentials at the Health Assembly should be dispensed with and, in particular, whether the process for

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1 One formal exception to this rule exists in the WHO context: pursuant to resolution WHA50.18, “delegates wishing to do so may submit prepared statements of not more than 600 words for inclusion in the verbatim records of the plenary meetings” of the Assembly on the report of the Executive Board and the address by the Director-General.
consideration of credentials should rely exclusively on the scanned copy of credentials uploaded onto the Secretariat’s online registration system. Those who responded to this question in the consultation did so affirmatively. The majority of responses favoured retaining the approach whereby the task of examining credentials is delegated to a Committee on Credentials of the Health Assembly.

(d) Better reflection of gender equity in the language of the rules of procedure

29. Member States were in favour of amending the Rules of Procedure to replace gender-specific language with gender-neutral language throughout, as appropriate to each language version. This could be achieved by amending or adding to masculine terms such as “he”, “his”, “him”, “Chairman” and “Vice-Chairmen” when referring to executive heads, meeting officers or delegates.

(e) Time limits for submitting draft resolutions and decisions

30. The Secretariat asked Member States, inter alia, whether the time limits currently in place for the submission of draft resolutions and decisions should be restricted to allow delegations more time to consult in advance of meetings to discuss the proposed text. Most of the views expressed through the consultation were affirmative, with proposals for specific time limits ranging from two working days to one month before the close of the first day of a regular session of the governing body concerned. Some contributors also proposed that more effective informal consultations on draft resolutions and decisions, held in advance of meetings of the governing bodies, could make stricter time limits unnecessary. Participants in the consultation were also of the view that the current rules should be enforced more strictly.

(f) Clarification of entitlement to vote between delegates, alternates and advisers attending the Health Assembly

31. Member States were asked whether the number of alternates in each delegation should be limited to three, to mirror the number of delegates, while leaving the number of advisers unrestricted; and whether the Rules should be amended to clarify that only delegates and alternates may be designated to vote in plenary meetings of the Assembly, while any member of the delegation may be designated to vote in committee meetings. Member States participating in the consultation expressed support for an amendment clarifying that only delegates and alternates may be designated to vote in plenary meetings of the Assembly. In contrast, they did not support the suggestion to limit the number of alternates in each delegation to three.

(g) Better reflection of established practice regarding the summary and verbatim records of the Health Assembly

32. Member States were in favour of amending the provisions relating to verbatim and summary records of the governing bodies to reflect more accurately the current practice of preparing official meeting records. Accordingly, the proposed amendments would clarify that official records shall be prepared in English; verbatim records of plenary meetings of the Health Assembly
shall be made in the form of digital audio recordings; and no records shall be made of meetings of the sub-committees of the Health Assembly.

(h) **Introduction of a motion to suspend the debate**

33. Member States expressed support for making provision in the rules of procedure for a “motion to suspend the debate” on an item under discussion. This amendment would formalize the practice of suspending the debate on a matter under consideration, often to allow for informal consultations among delegations, or to enable a drafting group to take up its work.

(i) **Clarification of terminology regarding public and private meetings of the Board**

34. Member States were in favour of renaming "open" meetings of the Executive Board as "private", to align the terminology with that of the Health Assembly. "Open" meetings of the Board are in fact closed to the public and are thus similar in nature to "private" meetings of the Health Assembly. A redesignation of these meetings as "private" would therefore help to avoid confusion.

(j) **Alignment of the rules of procedure with the Framework of Engagement with Non-State Actors**

35. Member States supported revising the rules of procedure to reflect the provisions and terminology of the Framework of Engagement with Non-State Actors. The rules of procedure currently refer to “nongovernmental organizations”, in line with Article 71 of the WHO Constitution and the Principles governing relations between the World Health Organization and nongovernmental organizations. The Framework, which replaces the Principles, enables the establishment of formal official relations with a broader range of non-State actors, including nongovernmental organizations, international business associations and philanthropic foundations.

36. Finally, Member States were in favour of renumbering the rules of procedure to facilitate reading. This is reflected in the draft decisions contained in Annexes A and B to this report. Should this proposal be adopted, the Secretariat will prepare a comparative table showing the old and the new numbering.

37. Based on the clarifications received from Member States on points (a) to (j) above, the Secretariat has prepared two draft decisions, both annexed to this document. If adopted, these would amend the rules of procedure of the Executive Board and of the World Health Assembly, in line with the views expressed in the consultations.

**ACTION BY THE EXECUTIVE BOARD**
Part A

38. The Executive Board is requested to provide guidance on the options outlined in part A of this report, including the specific questions below.

(a) Should only Member States entitled to designate a member of the Executive Board be permitted to take the floor during the session, with the views of other Member States being expressed only by the Board members that they elected? This proposal would have implications for Rule 3 of the Rules of Procedure of the Executive Board, which currently provides representatives of Member States and Associate Members not represented on the Board with the right to speak after members of the Board.

(b) Should the role of the Officers of the Board be enhanced such that they work collectively during intersessional periods, including to prepare a proposed programme of work, discuss methods of work, and deal with any other matters requiring guidance by the Board in relation to the upcoming session?

(c) Should the Secretariat develop a more robust methodology to determine the cost implications of draft resolutions and decisions, and should more time be devoted to considering those implications during discussions of the resolutions and decisions in governing body meetings? In this regard, should the deadline for submission of proposed draft resolutions and decisions be revised from the end of the first day of a regular session to two weeks in advance of the opening of the session? Should reporting on the Thirteenth General Programme of Work 2019–2013 include a summary of resolutions and decisions agreed during that period and their programmatic and budgetary impacts?

(d) Should the governing bodies request that the Secretariat track and share information on the gender of delegates participating in meetings and serving as officers and chairmen of governing body meetings?

(e) Should the Secretariat undertake an exercise to propose to the governing bodies end dates for resolutions and decisions with unspecified reporting requirements and streamlined reporting requirements in instances where resolutions and decisions have multiple reporting requirements? In this connection, should the Secretariat collect information on how other United Nations organizations and agencies report on progress in implementing resolutions and decisions and outline suggestions for more thorough consideration of such reports?

(f) In advance of each session of the Executive Board, should the Secretariat circulate, for the consideration of Board members, a document listing each agenda item and outlining the corresponding action requested of the Board and a proposal on how each item will be handled?

(g) Should the use of the governing bodies website for statements under technical agenda items be developed further, including to accommodate statements on country experiences?

(h) Should chairpersons be invited to manage discussions in a way that encourages regional statements and discourages any duplication of statements or statements outlining country experiences?

(i) Should meetings of the WHO governing bodies be paperless, except in cases where Member States order documentation in advance of the meeting?

Part B

39. The Executive Board is invited to adopt the draft decision contained in Annex 1 to this report.
Part C

40. In respect of point (a), the Board is invited to provide clarification on whether the rules should be amended to allow written statements submitted by the delegations in addition to, or instead of, oral interventions, to form part of the written record, taking into account the considerations outlined in paragraph 25 of this report.

41. In respect of points (b) to (j), the Board is invited to adopt the two draft decisions contained in Annexes 2 and 3 to this report.
Annex 1

The Executive Board, having noted the report by the Director-General on WHO reform, decided to recommend to the Seventy-first World Health Assembly the adoption of the following draft decision:

The Seventy-first World Health Assembly, decided:

(1) to adopt the amendments to Rule 5 of the Rules of Procedure of the World Health Assembly as set out in the [first][second]\(^1\) option presented in the report of the Director-General, in accordance with Rule 119 of the Rules of Procedure of the World Health Assembly, with effect from the closure of its Seventy-first session;

(2) to recommend that explanatory memoranda referred to in the third paragraph of Rule 5 of the Rules of Procedure of the World Health Assembly, as amended, be limited to 500 words.

\(^1\) Depending on the option chosen by the Health Assembly.
Annex 2

The Executive Board, having noted the report by the Director-General on WHO reform, decided:

(1) to adopt gender-neutral language throughout the Rules of Procedure of the Executive Board and to request the Director-General to make appropriate amendments to replace or supplement gender-specific language, where this is used, to indicate both feminine and masculine;

(2) to further amend the Rules of Procedure of the Executive Board as set out in the Appendix to this decision;

(3) to request the Director-General to renumber the Rules of Procedure of the Executive Board, at an appropriate time, taking into account the amendments adopted through this decision.

Appendix ¹

<table>
<thead>
<tr>
<th>Point in the report</th>
<th>Rule of Procedure of the Executive Board no.</th>
<th>Current version</th>
<th>Amended version</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>45</td>
<td>The Board shall normally vote by show of hands, except that any member may request a roll-call which shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.</td>
<td>The Board shall normally vote by show of hands, except that any member may request a <strong>recorded vote</strong> roll-call which shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot. Where an appropriate electronic system is available, the Board may decide to conduct any vote under this rule by electronic means.</td>
</tr>
<tr>
<td>b.</td>
<td>45 bis</td>
<td>N/A</td>
<td>When the Executive Board conducts a recorded vote without using electronic means, the vote shall be conducted through a roll-call, which shall be taken</td>
</tr>
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¹ Deletions are shown with strikethrough; insertions are shown in **bold** type face.
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<thead>
<tr>
<th>b.</th>
<th>46</th>
<th>The vote of each member participating in any roll-call shall be inserted in the records.</th>
<th>The vote of each member participating in a recorded vote any roll-call shall be inserted in the records.</th>
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<tr>
<td>e.</td>
<td>28 bis</td>
<td>Proposals for resolutions or decisions to be considered by the Board relating to items of the agenda may be introduced until the close of the first day of the session. However, if a session is scheduled for two days or less, such proposals may be introduced no later than 48 hours prior to the opening of the session. The Board may, if it deems it appropriate, permit the late introduction of such proposals.</td>
<td>Proposals for resolutions or decisions to be considered by the Board relating to items of the agenda may be introduced until [one month before the opening of] [two weeks before the opening of] [ten days before the opening of] [one week before the opening of] [two days before the opening of] [the close of] the first day of the session. However, if a session is scheduled for two days or less, such proposals may be introduced no later than 48 hours prior to the opening of the session. The Board may, if it deems it appropriate, permit the late introduction of such proposals.</td>
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<td>g.</td>
<td>20</td>
<td>The Secretariat shall prepare summary records of the meetings. These summary records shall be prepared in the working languages and shall be distributed to the members as soon as possible after the close of the meetings to which they relate. Members shall inform the Secretariat in writing of any corrections they wish to have made, within such period of time as shall be indicated by the Director-General, having regard to the circumstances.</td>
<td>The Secretariat shall prepare summary records of the meetings of the Board and reports of the meetings of the committees of the Board to the Board. These summary records shall be prepared in the working languages English and shall be distributed to the members as soon as possible after the close of the meetings to which they relate. Members shall</td>
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<td>h.</td>
<td>33</td>
<td>During the discussion on any matter, a member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules “suspension of the meeting” means the temporary cessation of the business of the meeting and “adjournment of the meeting” the termination of all business until another meeting is called. During the discussion on any matter, a member may move the suspension or the adjournment of the meeting or the suspension of the debate. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules “suspension of the meeting” means the temporary cessation of the business of the meeting, and “adjournment of the meeting” the termination of all business until another meeting is called, and “suspension of the debate” the postponement of further debate on the subject under discussion until later in the same session.</td>
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<tr>
<td>i.</td>
<td>7(b)</td>
<td>Attendance at meetings of the Board shall, in addition to members of the Board, their alternates and their advisers, be as follows: ... Open meetings: Member States not represented on the Board and Associate Members and the Secretariat Attendance at meetings of the Board shall, in addition to members of the Board, their alternates and their advisers, be as follows: ... Open Private meetings: Member States not represented on the Board and Associate Members and the Secretariat</td>
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<tr>
<td>j.</td>
<td>4</td>
<td>Subject to the terms of any relevant agreement, representatives of the United Nations and of other intergovernmental organizations with which the Organization has Subject to the terms of any relevant agreement, representatives of the United Nations and of other intergovernmental</td>
<td></td>
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<tr>
<td>established effective relations under Article 70 of the Constitution may participate without vote in the deliberations of meetings of the Board and its committees. Such representatives may also attend and participate without vote in the deliberations of the meetings of subcommittees or other subdivisions if so invited.</td>
<td>organizations with which the Organization has established effective relations under Article 70 of the Constitution may participate without vote in the deliberations of meetings of the Board and its committees. Such representatives may also attend and participate without vote in the deliberations of the meetings of subcommittees or other subdivisions if so invited.</td>
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Representatives of nongovernmental organizations in official relations with the Organization may participate in the deliberations of the Board as is provided for participation in the Health Assembly in the “Principles governing relations between the World Health Organization and nongovernmental organizations”.

Representatives of nongovernmental organizations non-State actors in official relations with the Organization may participate in the deliberations of the Board as is provided for participation in the Health Assembly in the “Principles governing relations between the World Health Organization and nongovernmental organizations”.

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**Annex C**

The Executive Board, having noted the report by the Director-General on WHO reform, decided to recommend to the Seventy-first World Health Assembly the adoption of the following draft decision:

The Seventy-first World Health Assembly, having noted the report by the Director-General on WHO reform, decided:

(1) to adopt gender-neutral language throughout the Rules of Procedure of the World Health Assembly and to request the Director-General to make the necessary amendments to replace or supplement gender-specific language where this is used to indicate both feminine and masculine;
(2) to further amend the Rules of Procedure of the World Health Assembly as set out in the Appendix to this decision.

(3) to request the Director-General to renumber the Rules of Procedure of the World Health Assembly, at an appropriate time, taking into account the amendments adopted through this decision.

Appendix ¹

<table>
<thead>
<tr>
<th>Point</th>
<th>Rule of Procedure of the World Health Assembly no.</th>
<th>Current version</th>
<th>Amended version</th>
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<tbody>
<tr>
<td>b.</td>
<td>72</td>
<td>The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot.</td>
<td>The Health Assembly shall normally vote by show of hands, except that any delegate may request a <strong>recorded vote</strong> roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot. Where an appropriate electronic system is available, the Health Assembly may decide to conduct any vote under this rule by electronic means.</td>
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<tr>
<td>b.</td>
<td>72 bis</td>
<td>N/A</td>
<td>When the Health Assembly conducts a recorded vote without using electronic means, the vote shall be conducted by roll-call, which shall be taken in the English or French alphabetical order of the names of the Members. The name of the Member to vote first shall be determined by lot.</td>
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<tr>
<td>b.</td>
<td>73</td>
<td>The vote of each Member participating in any roll-call shall be inserted in the record of the</td>
<td>The vote of each Member participating in a <strong>recorded vote</strong> roll-call shall be inserted in the</td>
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¹ Deletions are shown with strikethrough; insertions are shown in **bold** type face.
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<tr>
<td>c. and j.</td>
<td>22</td>
<td>(a) Each Member, Associate Member and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives, including all alternates, advisers and secretaries.</td>
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<td>Each Member, Associate Member, and participating intergovernmental organization and invited non-governmental organization non-State actor shall communicate to the Director-General, if possible not less than fifteen days before the date fixed for the opening of the session of the Health Assembly, the names of its representatives. In the case of delegations of Members and Associate Members, such communications shall take the form of credentials, indicating the names of its delegates, alternates and advisers, and, including all alternates, advisers and secretaries.</td>
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<td>(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State or by the Minister for Foreign Affairs or by the Minister of Health or by any other appropriate authority.</td>
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<td>(b) The credentials of delegates of Members and of the representatives of Associate Members shall be delivered to the Director-General, if possible not less than one day before the opening of the session of the Health Assembly. Such credentials shall be issued by the Head of State, the Head of Government, or by the Minister for Foreign Affairs, or by the Minister of Health or by any other appropriate authority. Such credentials may be sent electronically or hand-delivered to the Director-General.</td>
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<tr>
<td>c</td>
<td>23</td>
<td>A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members.</td>
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</table>
|   |   | A Committee on Credentials consisting of representatives of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine whether the credentials of Members and Associate Members are in
Members and report to the Health Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision. The Bureau of the Committee shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly. Meetings of the Committee on Credentials shall be held in private.

Formal proposals relating to items of the agenda may be introduced until the first day of a regular session of the Health Assembly and no later than two days before the opening of a special session. All such proposals shall be referred to the committee to which the item of the agenda has been allocated, except if the item is considered directly in a plenary meeting.

Conformity with the requirements of the Rules of Procedure credentials of delegates of Members and of the representatives of Associate Members and report to the Health Assembly thereon without delay. Any delegate or pending a decision by the Health Assembly on their credentials, representatives to whose admission a Member has made objection shall be seated provisionally with the same all the rights pertaining to their participation in the Health Assembly, as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision. The Bureau of the Committee President shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly, received after the Committee on Credentials has met. Meetings of the Committee on Credentials shall be held in private.

Formal proposals relating to items of the agenda may be introduced until one month before the opening of the Health Assembly and no later than two days before the opening of a special session. All such proposals shall be referred to the committee to which the item of the agenda has been allocated, except if the item is considered directly in a plenary meeting.
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<td>item is considered directly in a plenary meeting. <strong>The Health Assembly may, if it deems it appropriate, permit the late introduction of proposals.</strong></td>
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<td>f.</td>
<td>19</td>
<td>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization. In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point.</td>
<td>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental and non-governmental organizations admitted into relationship with the Organization. In plenary meetings the chief delegate may designate another delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point, but the latter shall not vote in the name of his delegation on any question. shall not have the right to vote.</td>
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<td>g.</td>
<td>88</td>
<td>Verbatim and summary records and the Journal of the Health Assembly shall be drawn up in the working languages.</td>
<td>Verbatim and summary records and the Journal of the Health Assembly shall be drawn up in the working languages. <strong>Summary records of the Health Assembly</strong></td>
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Verbatim records shall be made in the language of delivery. Verbatim records of all plenary meetings and summary records of the meetings of the General Committee and of committees and sub-committees shall be made by the Secretariat. Unless otherwise expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Credentials other than the report presented by the Committee to the Health Assembly.

The summary records referred to in Rule 90 shall be sent as soon as possible to delegations, to representatives of Associate Members and to the representatives of the Board, who shall inform the Secretariat in writing not later than forty-eight hours thereafter of any corrections they wish to have made.

As soon as possible after the close of each session, copies of all verbatim and summary records, resolutions, recommendations and other formal decisions adopted by the Health Assembly shall be transmitted by the Director-General to Members and Associate Members, to the United Nations and to all specialized agencies with which the Organization has entered into effective relations. The records of private meetings shall be transmitted to the participants only.
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<th>59</th>
<th>During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules &quot;suspension of the meeting&quot; means the temporary postponement of the business of the meeting and &quot;adjournment of the meeting&quot; the termination of all business until another meeting is called.</th>
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<td>3</td>
<td>Notices convening a regular session of the Health Assembly shall be sent by the Director-General not less than sixty days and notices convening a special session not less than thirty days before the date fixed for the opening of the session, to Members and Associate Members, to representatives of the Board and to all participating intergovernmental and non-governmental organizations admitted into relationship with the Organization invited to be represented at the session. The Director-General may invite States having made application for membership, territories on whose behalf application for associate membership has been made, and States which have signed but not accepted the Constitution to send observers.</td>
</tr>
<tr>
<td>h.</td>
<td>During the discussion of any matter, a delegate or a representative of an Associate Member may move the suspension or the adjournment of the meeting. Such motions shall not be debated, but shall immediately be put to a vote. For the purpose of these Rules &quot;suspension of the meeting&quot; means the temporary postponement of the business of the meeting and &quot;adjournment of the meeting&quot; the termination of all business until another meeting is called.</td>
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| j. | Notices convening a regular session of the Health Assembly shall be sent by the Director-General not less than sixty days and notices convening a special session not less than thirty days before the date fixed for the opening of the session, to Members and Associate Members, to representatives of the Board and to all participating intergovernmental and non-governmental organizations admitted into relationship with the Organization invited to be represented at the session. The Director-General may invite States having made application for membership, territories on whose behalf application for associate membership has been made, and States which have signed but not accepted the Constitution to send observers.
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<th>to sessions of the Health Assembly.</th>
<th>accepted the Constitution to send observers to sessions of the Health Assembly.</th>
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<td>j.</td>
<td>14</td>
<td>Copies of all reports and other documents relating to the provisional agenda of any session shall be made available on the Internet and sent by the Director-General to Members and Associate Members and to participating intergovernmental organizations at the same time as the provisional agenda or not less than six weeks before the commencement of a regular session of the Health Assembly; appropriate reports and documents shall also be sent to nongovernmental organizations admitted into relationship with the Organization in the same manner.</td>
<td>Copies of all reports and other documents relating to the provisional agenda of any session shall be made available on the Internet and sent by the Director-General to Members and Associate Members and to participating intergovernmental organizations at the same time as the provisional agenda or not less than six weeks before the commencement of a regular session of the Health Assembly; appropriate reports and documents shall also be sent to nongovernmental organizations admitted into relationship non-State actors in official relations with the Organization in the same manner.</td>
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<tr>
<td>j.</td>
<td>19</td>
<td>Plenary meetings of the Health Assembly will, unless the Health Assembly decides otherwise, be open to attendance by all delegates, alternates and advisers appointed by Members, in accordance with Articles 10–12 inclusive of the Constitution, by representatives of Associate Members appointed in accordance with Article 8 of the Constitution, and the resolution governing the status of Associate Members, by representatives of the Board, by observers of invited non-Member States and territories on whose behalf application for associate membership has been made, and also by invited representatives of the United Nations and of other participating intergovernmental organizations and non-governmental organizations admitted into relationship with the Organization. In plenary meetings the chief delegate may designate another delegate who shall have the right</td>
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delegate who shall have the right to speak and vote in the name of his delegation on any question. Moreover, upon the request of the chief delegate or any delegate so designated by him the President may allow an adviser to speak on any particular point.

| j. | 47 | Representatives of non-governmental organizations with which arrangements for consultation and co-operation have been made, in accordance with Article 71 of the Constitution, may be invited to attend plenary meetings and meetings of the main committees of the Health Assembly and to participate without vote therein in accordance with those arrangements, when invited to do so by the President of the Health Assembly or by the chairman of a main committee, respectively. | Representatives of non-governmental organizations—non-State actors with which arrangements for consultation and co-operation have been made, in accordance with Article 71 of the Constitution, may be invited to attend plenary meetings and meetings of the main committees of the Health Assembly and to participate without vote therein in accordance with those arrangements, when invited to do so by the President of the Health Assembly or by the chairman of a main committee, respectively. |