

# Governance reform

## Paper for consultation with Member States

### Rules of Procedure of the World Health Assembly and the Executive Board

1. This document is intended to form the basis of the informal consultation with Member States to be held in Geneva on 12 and 13 September 2018, chaired by the Chairperson of the Executive Board, H.E. Ambassador Maria Nazareth Farani Azevêdo. It focuses, under headings A to F, on six items. Of the six, four were identified under point 4 of the white paper on governance reform distributed during the 143rd session of the Executive Board in May 2018, as matters that would require both changes to the Rules of Procedure and further information or clarification. A further item arose during the associated debate. The present document also focuses on an item identified under point 3 of the white paper, in relation to reporting requirements and the sunseting of resolutions, as a matter that does not require changes to the Rules of Procedure, but does require further information or clarification.

#### A. Preparation of the agenda of the World Health Assembly by the Executive Board

##### Questions for consultation

*Option 1: Should the Board be able to decide whether to include in the provisional agenda of the World Health Assembly items proposed by Member States, the United Nations or other organizations of the United Nations system?*

*Option 2: Should the Board be able to recommend to the World Health Assembly that items proposed by Member States, the United Nations or other organizations of the United Nations system be deferred to a future World Health Assembly?*

2. The provisional agenda of each regular session of the World Health Assembly is prepared each January by the Board after consideration of the proposals submitted by the Director-General. According to Rule 5 of the Rules of Procedure of the Health Assembly the Board “shall” include, in the provisional agenda of each regular session of the World Health Assembly, *inter alia*, any item proposed by Member States, the United Nations or other organizations of the United Nations system. Both options require a change of Rule 5 of the Rules of Procedure of the Health Assembly.

3. Option 1 confers discretion on the Board to decide on the inclusion, deferral or exclusion of proposed items from the provisional agenda of the World Health Assembly. This should reduce the length of the debate at the World Health Assembly, but could potentially make debates in the Board more controversial and lengthy.

4. Option 2 envisages only an advisory role for the Board, with each proposed item and recommendation for deferral, if any, being discussed and decided on by the World Health Assembly through its General Committee. This would allow a preliminary assessment of the proposed items to be made by the Executive Board, while leaving the final decision on their inclusion, deferral or exclusion to the World Health Assembly.

5. Both proposed options share the characteristic that items proposed for inclusion on the provisional agenda of the World Health Assembly would, in the future, have to be accompanied by an

explanatory memorandum.<sup>1</sup> The two options are set out in Annex 1. Memoranda should be limited to 500 words in order to facilitate translation into all the other official languages and timely distribution; if Member States agreed with either of the options proposed in Annex 1, a decision point to reflect this 500-word limit could be proposed to the Executive Board at its 144th session in January.

## **B. Time-limits for tabling draft resolutions and/or decisions to the Executive Board or World Health Assembly**

### **Questions for consultation**

#### **1. *Moving the deadline for proposing draft resolutions and/or decisions to the Executive Board and the World Health Assembly***

*Option 1: Should such deadline remain unchanged?*

*Option 2: Should such deadline be ten working days before the opening of the session?*

#### **2. *Should the World Health Assembly be provided with some flexibility exceptionally to allow the late submission of proposals?***

6. The current default rule for the Board is that draft resolutions and decisions may be tabled until the close of the first day of the session with a possibility for the Board to exceptionally permit the late introduction (Rule 28 bis). The current default rule for the World Health Assembly is that such drafts may be tabled until the first day of the Health Assembly (without a possibility to exceptionally permit their introduction beyond that point).

7. One option would be to leave the current rules unchanged, which would allow Member States to continue to enjoy the current degree of flexibility, but would continue to leave very little time between the tabling of drafts and their formal consideration in the Executive Board and the Health Assembly.

8. Another option would be to move the deadline for proposing draft resolutions and/or decisions to the Executive Board and the World Health Assembly to ten working days before the opening of the sessions. Changing the deadline would require amendments to Rule 28 bis of the Rules of Procedure of the Executive Board and Rule 48 of the Rules of Procedure of the World Health Assembly. However, this option would present the following advantages. A time limit of ten working days would leave a Member State proposing a draft decision or resolution sufficient time to prepare the draft before tabling it. At the same time, it would leave a substantive amount of time for consideration, discussion and further informal negotiation in respect of the tabled draft before consideration, discussion and negotiation of the tabled draft during the relevant governing bodies meeting. Informal consultations could be held both prior to, and following, the tabling of the draft decision or resolution. Ten working days would constitute a short but concise deadline; where the governing body meeting starts on a Monday, it would also mean that there would be two weekends between the expiry of the deadline and the opening of the session of the governing body. This option would also require minimal adjustments on the part of delegations. Additionally, it would provide the Secretariat with a minimum period of time to prepare meaningful information on the financial and administrative implications of the proposed drafts.

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<sup>1</sup> Rule 9 of the Rules of Procedure of the Executive Board requires such explanatory memoranda. They must take into account the criteria established by the Executive Board in resolution EB121.R1 (2007), and identify linkages to the general programme of work and the programme budget in line with decision EB134(3) (2014).

9. Finally, if Member States wished to provide the World Health Assembly with the authority to exceptionally permit the late introduction of draft resolutions and/or decisions, an authority that the Executive Board already enjoys as per Rule 28 bis of its Rules of Procedure, Rule 48 of the Rules of Procedure of the World Health Assembly would have to be amended in order to say at the end that “the Health Assembly may, if it deems it appropriate, permit the late introduction of proposals”.

### **C. Alignment of the terminology used in the Rules of Procedure of the governing bodies with that used in the Framework of Engagement with Non-State Actors**

#### **Question for consultation**

*Should the draft proposals for aligning the terminology used in the Rules of Procedure of the governing bodies with that used in the Framework of Engagement with Non-State Actors, which are set out in Annex 3, be formally proposed to the Executive Board at its 144th session in January 2019?*

10. 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 of Engagement with non-State actors adopted by WHA 69.10, which replaces the Principles, enables the establishment of official relations with a broader range of non-State actors, including nongovernmental organizations, international business associations and philanthropic foundations. Corresponding proposals for amendment of Rule 4 of the Rules of Procedure of the Executive Board 6 EB143/3 and Rules 3, 14, 19, 22 and 47 of the Rules of Procedure of the World Health Assembly appear in the annexes.

### **D. Submission of written statements in lieu of/in addition to the delivery of oral interventions**

#### **Questions for consultation**

*1. Should opportunities be expanded for submitting written statements for temporary posting on a dedicated webpage?*

*2. Should such written statements become part of the formal official records of meetings of the governing bodies?*

*3. How could the right of reply be safeguarded in relation to written statements?*

11. Following the introduction of the traffic light system that implies, on some occasions, that delegations reduce the length of their statements to remain within the allotted time, and taking into consideration the conclusions of the debate on the method of work of the governing bodies at the 136th session of the Executive Board,<sup>1</sup> the Secretariat established a webpage where written statements can be posted in the language of submission. However, only statements made orally during the session are currently recorded through the formal official records of the governing bodies.

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<sup>1</sup> See document EB136/2015/REC/2, summary records of the fourth meeting.

12. If Member States wished to expand opportunities for delegations to submit written statements, without restricting the right of delegations to make oral interventions, two options could be considered.

13. Option 1 would be to permit the submission of written statements of not more than 350 words for inclusion in an annex to the official records whenever the oral intervention was not delivered, or not delivered in full, during the meeting. Although the length of written statements so provided would be limited in line with the limits for oral interventions, they would formally become part of the official records and be translated into English. Potential delays in releasing the final version of the official records as well as financial implications of translation costs would also need further consideration.

14. Option 2 would be to continue and expand the existing practice of enabling delegations to submit written statements for temporary publication on the website, without such statements becoming part of the official records. Proceeding in this manner would allow a degree of additional flexibility in respect of the permissible length of statements for submission, but would not necessarily ensure that statements submitted would be accessible in all languages. Additionally, statements would only be available online for a limited period of time.

15. During the discussion at the 143rd session of the Executive Board, and at the consultations preceding that session, it was emphasized that, if the opportunities to submit statements in writing were expanded, there should, in any case, be a safeguard to prevent the publication of statements targeting other Member States. If opportunities to submit statements in writing were expanded, one potential safeguard, for consideration and discussion, could be to invite or urge Member States, through decision points of the governing bodies, not to target other Member States in their statements in writing. Another potential safeguard could be for the Secretariat to submit statements that appear to mention and/or target other Member States to the President of the Health Assembly and/or Chairperson of the Executive Board for review before publication.

16. Concern was also expressed regarding how Member States might exercise the right of reply to statements in writing. One means of ensuring this could be to permit delegations to exercise their right of reply in writing where the statement to which they wish to reply was made in writing, within a limited timeframe. If Member States so wished, this would, irrespective of whether option 1 or 2 above was preferred, require amending Rules 57 and 30 bis of the Rules of Procedure of, respectively, the World Health Assembly and the Executive Board regarding the right of reply.

## **E. Participation of non-State actors in governing body meetings**

### **Question for consultation**

*How could the participation of non-State actors in governing bodies be made more meaningful and effective?*

17. Non-State actors participate at meetings of WHO's governing bodies on the basis of Article 71 of WHO's Constitution,. Since the Third World Health Assembly this participation was defined by the "Principles Governing Relations between the World Health Organization and Nongovernmental Organizations",<sup>1</sup> which were replaced at the Sixty-ninth World Health Assembly by the Framework of

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<sup>1</sup> Resolution WHA3.114 (1950).

Engagement with Non-State Actors.<sup>1</sup> the Framework of Engagement with Non-State Actors has not significantly changed the modalities of participation of non-State actors in official relations.

18. Although the number of speakers making interventions on behalf of non-State actors has significantly increased, their contribution tends to be less meaningful due to the modalities of their involvement. Dissatisfaction with the current system has been expressed by Member States and echoed in two letters from groups of non-State actors.

19. In 2002 there were 189 nongovernmental organizations in official relations. In 2018 there are 214 non-State actors in official relations. In 2002, 444 delegates representing 88 nongovernmental organizations attended the Fifty-fifth World Health Assembly, in 2018 1500 delegates representing 127 non-State actors attended the Seventy-first World Health Assembly. Between 1998 and 2002, on average 16 nongovernmental organizations made a statement at the World Health Assembly and 11 at the Executive Board.<sup>2</sup> In 2018 non-State actors made a total of 236 statements at the World Health Assembly. The highest number of statements were made by the following non-State actors: Global Health Council (15), Medicus Mundi (14), Medical Student Associations (12) and World Medical Association (11). Non-State actors spoke to 22 agenda items. Some items attracted great interest, such as: the draft thirteenth general programme of work, 2019–2023 (36), the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (31), Access to medicines (24), the Global Strategy for Women’s, Children’s and Adolescents’ Health (20162030) (20), the preparation of a high-level meeting of the General Assembly on ending tuberculosis (15), Maternal, infant and child nutrition (15). In 2018, the largest delegations of non-State actors at the World Health Assembly were Global Health Council (98), International Council of Nurses (69), Medicus Mundi International (60) World Federation of Public Health Associations (59), International Federation of Medical Student Associations (57).

20. If limits were imposed on the number of delegates of non-State actors and/or on the number of non-State actors’ interventions, this might be balanced by measures strengthening the meaningful involvement of the non-State sector. One possibility might be to provide consolidated input from non-State actors at the opening of agenda items as is the case for reports of the Executive Board’s Programme, Budget and Administration Committee.

## **F. Methods of work of the World Health Assembly and the Executive Board**

### **Question for consultation**

*How could resolutions and decisions whose mandates have been satisfied, or for which multiple interlinked reporting requirements exist, be better managed?*

21. During the Executive Board’s 143rd session, the Chairperson noted that further information or clarification would be required in order for the Board to take an informed decision on a proposal that the Secretariat undertake an exercise to: (i) “sunset”, or propose end dates for, resolutions and

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<sup>1</sup> See document WHA69/2015/REC/1, resolution WHA69.10 and Annex 5.

<sup>2</sup> See document A56/46, paragraph 7.

decisions<sup>1</sup> with unspecified reporting requirements; and (ii) streamline resolutions and decisions with multiple reporting requirements. This section of the paper aims to provide Member States with the necessary details.

22. In recent years, an average of 22 resolutions and 15 decisions have been adopted by the Health Assembly each year. A large number of these are recommended by the Executive Board to the World Health Assembly for adoption, as the Health Assembly is the supreme decision-making body of the Organization. Several of the newly adopted resolutions and decisions will contain additional reporting requirements for the Organization. Currently, the agendas of WHO's governing bodies include items that respond to some 250 reporting requirements.

23. Such reporting requirements may be reflected on the agendas of the governing bodies as items listed under the section on progress reports – which, in line with resolution WHA67.2 (2014), are considered only by the World Health Assembly – or they may take the form of substantive agenda items, depending upon the scope of the reporting requirements concerned. In the context of WHO reform, the Secretariat has advocated to have reporting requirements limited to a maximum of three biennial reports over a period of six years. However, reporting requirements vary widely – from those that require annual reports up until a certain date to those that neither specify the frequency of reporting, nor the occasions on which such reports should be provided. There are approximately 80 such unspecified reporting requirements.

24. There are two main challenges associated with reporting requirements. First, each cycle of governing body meetings results in a significant number of additional reporting requirements, thereby increasing the pressure on already crowded agendas and perpetuating the challenge of effective agenda management. Overcrowded agendas have amplified the strain on delegations preparing for substantive discussion and debate; have made it difficult for governing bodies meetings to cover all agenda items within the normal working hours of each day; and have complicated the task of keeping the work of the governing bodies' focused on WHO's strategic priorities. Secondly, with respect to resolutions and decisions that contain unspecified reporting requirements, it may be unclear as to when WHO's mandate to undertake the actions required by those resolutions and decisions ceases. As a result, some mandates may be considered as continuing indefinitely. Such a lack of clarity is not conducive to the careful calibration of work towards achieving the Organization's objectives and priorities.

25. In recent years, four of WHO's regional offices have undertaken exercises aimed at sunseting resolutions and decisions. These processes involved setting up a working group or technical committee to review draft resolutions and decisions, which made recommendations on whether the resolutions or decisions contained mandates that: (1) were still active; (2) had been superseded by another mandate; or (3) had been satisfied. The recommendations were submitted to the relevant governing body. For more information regarding the reviews undertaken by the WHO regional offices, see the Table below.

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<sup>1</sup> WHO resolutions are political instruments and represent decisions taken by the World Health Assembly and/or the Executive Board. While WHO decisions are typically meant to address procedural matters, such as elections, appointments and the time and place of future sessions, they have also been used to express consensus of Member States on a text related to a report.

**Table. Exercises at Regional Office level to sunset resolutions and decisions**

Regional Office	Description
The Americas	<p>In response to a mandate of the Executive Committee, a report was presented in 2014 to the 53rd Directing Council of the Pan American Health Organization, 66th session of the Regional Committee for the Americas, on the assessment done by the Bureau on the resolutions adopted by that Organization over a period of 15 years (1999–2013).<sup>1</sup>The Directing Council considered the report and requested that a deeper analysis of the resolutions be undertaken and presented to the governing bodies. The report provided a detailed assessment of the resolutions adopted over a period of 17 years (1999–2015). It also included a proposed resolution with specific recommendations for sunsetting resolutions, or maintaining them as active or conditional active. For the purpose of the study, the Regional Director commissioned the office of the Deputy Director to form an interprogrammatic working group comprising representatives from all the departments. The working group developed a methodology, which included establishing criteria for determining whether a resolution can be classified as active, conditional active, or sunset, and for analyzing the resolutions.<sup>2</sup> The recommendations of the working group were submitted to and endorsed by the Regional Committee.<sup>3</sup></p>
South-East Asia	<p>The 68th session of the Regional Committee for South-East Asia recommended:</p> <p>(1) the establishment of an informal working group consisting of members from Bangladesh, India and Thailand to study actions taken by the WHO Eastern Mediterranean and European regions of WHO in this regard; and</p> <p>(2) the organization of a technical consultation with Member States from the next High-Level Preparatory (HLP) meeting of July 2016 to decide on a set of criteria and time frame for phasing out resolutions that have already been implemented or acted upon, or that have outlived their utility and relevance.</p> <p>A total of 78 resolutions from the period 2000–2015 were reviewed by the informal working group and it was agreed that the resolutions would be grouped into three categories, namely: “Active”, “Conditional Sunset” and “Complete Sunset”. A technical consultation of Member States was convened on 7 and 8 July 2016 to consider the report of the working group and provide guidance and/or recommendations on the review of past resolutions. The outcome of the technical consultation was submitted to the HLP meeting, held to prepare for the Regional Committee. The recommendations of the HLP were submitted to the Regional Committee for consideration and decision.</p>
Europe	<p>Following the submission of a background document to the 62nd session of the Regional Committee for Europe, which contained a study of resolutions, the Regional Committee asked the Secretariat to review all resolutions currently in force and submit a document to its 63rd session, identifying those resolutions that were no longer relevant and proposing reporting schedules and sunsetting, where appropriate.</p> <p>The Secretariat established an internal working group comprising senior-level staff to review resolutions approved over a 10-year period (2003–2012) and identify, duplicate and/or supersede resolutions that were still in force. The Secretariat presented proposals and Member States were provided the opportunity to submit comments on the proposal through an online consultation held in June and July 2013. The proposals were discussed with the Standing Committee of the Regional Committee and then submitted to the Regional Committee for consideration.</p>

<sup>1</sup> Document CD53/INF/5.

<sup>2</sup> Document CD55/18, Rev. 1.

<sup>3</sup> Resolution CD55.R11.

Regional Office	Description
Eastern Mediterranean	As part of the audit resolution and monitoring process, and in line with WHO reform, a process of review of resolutions was undertaken relating to resolutions adopted between 2000 and 2011. An inter-departmental technical review committee, under the leadership of the Director of Programme Management, reviewed a total of 134 resolutions issued by the Regional Committee between 2000 and 2011. The aim was to assess progress made in implementing the actions recommended in the resolutions. Based on the assessment, the review committee made recommendations as to whether each resolution should remain active, be considered for retirement ('conditional sunset') or be fully retired ('complete sunset'). A detailed worksheet was developed to standardize work within the review committee. It included a column outlining the rationale for and possible implications of the recommended actions. <sup>1</sup>

26. The sunsetting of resolutions and decisions by the global governing bodies would support efforts towards more effective agenda management and result in greater clarity as to the expiration of mandates in respect of resolutions and decisions that have unspecified reporting requirements. Should a review of resolutions and decisions by the global governing bodies be undertaken, possible steps might include establishing a group to take the work forward; defining objectives; and devising a methodology. It might be useful to consider focusing on a particular timeframe, as well as whether it would be better to review all resolutions and decisions across all categories of work or to begin by focusing on a limited number of categories. At the same time, the review would take into consideration any resolutions and decisions with multiple reporting requirements and make proposals for streamlining them. The outcome of the review by the group and specific proposals would be submitted to the governing bodies for consideration.

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<sup>1</sup> Document EM/RC60/INF.DOC.8.



ANNEX 1

**TABLE. PROPOSED OPTIONS FOR AMENDING RULE 5 OF THE RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY<sup>1</sup>**

Current version	Option 1	Option 2
<p style="text-align: center;"><i>Rule 5</i></p> <p>The Board shall include in the provisional agenda of each regular session of the Health Assembly inter alia:</p> <p>(a) the annual report of the Director-General on the work of the Organization;</p> <p>(b) all items that the Health Assembly has, in a previous session, ordered to be included;</p> <p>(c) any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period;</p> <p>(d) any item proposed by a Member or by an Associate Member;</p> <p>(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;</p> <p>(f) any item proposed by any other organization of the United Nations system with which the Organization has entered into effective relations.</p>	<p style="text-align: center;"><i>Rule 5</i></p> <p>The Board shall include <del>on</del> the provisional agenda of each regular session of the Health Assembly inter alia:</p> <p>(a) the annual report of the Director-General on the work of the Organization;</p> <p>(b) all items that the Health Assembly has, in a previous session, ordered to be included;</p> <p>(c) any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period.</p> <p><b>The Board shall consider including on the provisional agenda of each regular session of the Health Assembly:</b></p> <p><del>(d)</del> any item proposed by a Member or by an Associate Member;</p> <p><b>(be)</b> 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;</p> <p><del>(e)</del> any item proposed by any other organization of the United Nations system with which the Organization has entered into effective relations.</p> <p><b>Any proposal for inclusion on the provisional agenda of any item under the second paragraph of</b></p>	<p style="text-align: center;"><i>Rule 5</i></p> <p>The Board shall include <del>on</del> the provisional agenda of each regular session of the Health Assembly inter alia:</p> <p>(a) the annual report of the Director-General on the work of the Organization;</p> <p>(b) all items that the Health Assembly has, in a previous session, ordered to be included;</p> <p>(c) any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period;</p> <p>(d) any item proposed by a Member or by an Associate Member;</p> <p>(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;</p> <p>(f) any item proposed by any other organization of the United Nations system with which the Organization has entered into effective relations.</p> <p><b>The Board may recommend the deferral, if it deems that action appropriate, of any item under</b></p>

<sup>1</sup> Deletions are shown with strikethrough; insertions are shown in bold.

Current version	Option 1	Option 2
	<p><b>this Rule 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.</b></p>	<p><b>(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.</b></p>

ANNEX 2

**PROPOSED OPTIONS FOR AMENDING RULES 28 BIS AND 48 OF THE RULES OF PROCEDURE OF THE EXECUTIVE BOARD AND THE WORLD HEALTH ASSEMBLY, RESPECTIVELY.<sup>1</sup>**

**Table 1. Rules of Procedure of the Executive Board: Rule 28 bis**

Current version	Proposed amended version
<p style="text-align: center;"><i>Rule 28 bis</i></p> <p>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.</p>	<p style="text-align: center;"><i>Rule 28 bis</i></p> <p>Proposals for resolutions or decisions to be considered by the Board relating to items of the agenda may be introduced until <b>ten working days before the opening of</b> <del>the close of</del> 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.</p>

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<sup>1</sup> Deletions are shown with strikethrough; insertions are shown in bold.

**Table 2. Rules of Procedure of the World Health Assembly: Rule 48**

Current version	Proposed amended version
<p style="text-align: center;"><i>Rule 48</i></p> <p>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.</p>	<p style="text-align: center;"><i>Rule 48</i></p> <p>Formal proposals relating to items of the agenda may be introduced until <b>ten working days before the opening day of the first day</b> 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. <b>The Health Assembly may, if it deems it appropriate, permit the late introduction of proposals.</b></p>

ANNEX 3

**DRAFT PROPOSALS TO ALIGN THE TERMINOLOGY IN THE RULES OF PROCEDURE WITH THE FENSA TERMINOLOGY.<sup>1</sup>**

**Table 1. Rules of Procedure of the Executive Board**

Current version	Proposed amended version
<p style="text-align: center;"><b>Rule 4</b></p> <p>Subject to the terms of any relevant agreement, representatives of the United Nations and of other intergovernmental 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 sub-committees or other subdivisions if so invited.</p> <p>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”.</p>	<p style="text-align: center;"><b>Rule 4</b></p> <p>Subject to the terms of any relevant agreement, representatives of the United Nations and of other intergovernmental 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 sub-committees or other subdivisions if so invited.</p> <p>Representatives of <del>nongovernmental organizations</del> <b>non-State actors</b> in official relations with the Organization may participate in the deliberations of the Board as is provided for <del>participation in the Health Assembly in the “Principles governing relations between the World Health Organization and nongovernmental organizations”</del> <b>participation in the Health Assembly in the Framework of Engagement with Non-State Actors.</b><sup>2</sup></p>

**Table 2. Rules of Procedure of the World Health Assembly**

Current version	Proposed amended version
<p style="text-align: center;"><b>Rule 3</b></p> <p>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</p>	<p style="text-align: center;"><b>Rule 3</b></p> <p>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 <del>and non-governmental organizations admitted into relationship with</del></p>

<sup>1</sup> Deletions are shown with strikethrough; insertions are shown in bold.

<sup>2</sup> See p. xxx.

Current version	Proposed amended version
<p>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 to sessions of the Health Assembly.</p>	<p><b>organizations and non-State actors admitted into official relations</b><sup>1</sup> 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 to sessions of the Health Assembly.</p>
<p style="text-align: center;"><b>Rule 14</b></p> <p>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.</p>	<p style="text-align: center;"><b>Rule 14</b></p> <p>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 <del>nongovernmental organizations admitted into relationship</del> <b>non-State actors in official relations</b> with the Organization in the same manner.</p>
<p style="text-align: center;"><b>Rule 19</b></p> <p>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.</p>	<p style="text-align: center;"><b>Rule 19</b></p> <p>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 <b>organizations and non-State actors in official relations</b> <del>and non-governmental organizations admitted into relationship with the Organization.</del></p>
<p style="text-align: center;"><b>Rule 22<sup>2</sup></b></p> <p>Each Member, Associate Member and participating intergovernmental and invited non-governmental organization shall communicate to the Director-General, if possible not less than fifteen days before the</p>	<p style="text-align: center;"><b>Rule 22</b></p> <p>Each Member, Associate Member, and participating intergovernmental <b>organization</b> and <del>invited non-governmental organization</del> <b>non-State actor in official relations</b> shall communicate to the Director-General, if</p>

<sup>1</sup> In accordance to the Framework of engagement with non-State actors, see p. xxx.

<sup>2</sup> In order to assist the reader, the text of this Rule is already showing the amendments, concerning other unrelated matters, that were recommended by the Executive Board at its 143rd session in May 2018 for adoption by the Health Assembly at its Seventy-second session in May 2019, through decision EB143(7).

<b>Current version</b>	<b>Proposed amended version</b>
<p>opening 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 shall be issued by the Head of State, the Head of Government, the Minister of Foreign Affairs, the Minister of Health or by any other appropriate authority. Such credentials may be sent electronically or hand-delivered to the Director-General.</p>	<p>possible not less than fifteen days before the opening 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 shall be issued by the Head of State, the Head of Government, the Minister of Foreign Affairs, the Minister of Health or by any other appropriate authority. Such credentials may be sent electronically or hand-delivered to the Director-General.</p>
<p style="text-align: center;"><b>Heading between Rule 43 and Rule 44</b></p> <p style="text-align: center;">PARTICIPATION OF REPRESENTATIVES OF ASSOCIATE MEMBERS AND OF INTERGOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS AND OF OBSERVERS OF NON-MEMBER STATES AND TERRITORIES</p>	<p style="text-align: center;"><b>Heading between Rule 43 and Rule 44</b></p> <p style="text-align: center;">PARTICIPATION OF REPRESENTATIVES OF ASSOCIATE MEMBERS AND OF INTERGOVERNMENTAL AND <del>NON-GOVERNMENTAL</del> ORGANIZATIONS AND <b>NON-STATE ACTORS</b> AND OF OBSERVERS OF NON-MEMBER STATES AND TERRITORIES</p>
<p style="text-align: center;"><b>Rule 47</b></p> <p>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.</p>	<p style="text-align: center;"><b>Rule 47</b></p> <p>Representatives of <del>non-governmental organizations</del> <b>non-State actors</b> 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.</p>

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