
Provisional agenda item 6.1

EB159/4

7 May 2026

Report by the Officers of the Executive Board on future modalities of the governance reform pilot

1. The Director-General has the honour to transmit herewith to the Executive Board at its 159th session the report submitted by the Officers of the 157th and 158th sessions of the Executive Board (see the Annex and its Appendices).

Action by the Executive Board

2. The Board is invited to note the report and consider the draft decision proposed in document EB159/4 Add.1.

Annex

Governance reform measures led by the Officers of the Executive Board

Implementation parameters and future modalities

Introduction

1. Through its decision EB158(21) (2026), the Executive Board at its 158th session, held in February 2026, requested:
 - (a) the current sitting Officers of the Board to continue Member State consultations at the global and regional levels on the design of a pilot to implement the provisions outlined in paragraphs 8, 9, 11, 12, 13, 14(a)–(c), and 14(f) of the Appendix to document EB158/36, for application ahead of and during the Eightieth (2027) and Eighty-first (2028) World Health Assemblies;
 - (b) the design of the pilot to include parameters for implementing the pilot, including an implementation timeline, reporting and assessment intervals, and metrics for assessing the measures piloted;
 - (c) all-Member State consultation on the elements referenced in paragraphs 14(d) and (e), 24, 26 and 29 of the Appendix to document EB158/36, and whether they might be included at a later stage of the pilot; and
 - (d) the current sitting Officers of the Board to report on the future modalities of the pilot for consideration by the Executive Board at its 159th session (May 2026).
2. Regional consultations were conducted by the Officers of the Executive Board with their respective regions through March 2026. These consultations were structured around a questionnaire that was designed to provide guidance to the Officers of the Executive Board on what the design of the pilot should include.
3. Following the regional consultation process, two all-Member State consultations were held in Geneva on 30 March and 8 April 2026 (with support for virtual participation). These consultations discussed the details required to finalize the implementation of the agreed reform measures, as contained within Appendixes 1, 2 and 3 below. Member States also discussed the design of the pilot, including the metrics and assessment process

Implementation of agreed reform measures

4. The implementation of agreed reform measures will be centred on updates to the timeline, checklist and template process for proposing draft resolutions and draft decisions.
5. **Appendix 1 proposes updates to the timeline for proposing World Health Assembly resolutions and decisions.** These updates reflect the provisions outlined in paragraphs 8, 9, 11, 12, 13, 14(b)–(c), and 14(f) of the Appendix to document EB158/36, in accordance with decision EB158(21).

6. **Appendix 2 proposes updates to the template and checklist for Member States preparing Health Assembly resolutions and decisions.** These updates reflect:

- (a) the strengthened criteria outlined in paragraph 14(a) of the Appendix to document EB158/36;
- (b) the agreed amendment to the criteria outlined in paragraph 2(b) of decision EB158(21); and
- (c) the provision outlined in paragraph 14(c) of the Appendix to document EB158/36.

Design of the pilot

7. The scope of the initial pilot will be limited to the implementation of the provisions outlined in paragraphs 8, 9, 11, 12, 13, 14(a)–(c), and 14(f) of the Appendix to document EB158/36.

Metrics for assessing the measures piloted

8. Assessment of the piloted measures will focus on four overarching categories:

- (a) process adherence;
- (b) product usability;
- (c) Member State experience; and
- (d) quantitative impacts.

9. **Process adherence** will be assessed through the following metrics:

- (a) percentage of draft proposals satisfying agreed criteria;
- (b) percentage of draft proposals submitted before or at the deadline; and
- (c) difference between the number of agreed resolutions and the “manageable” number of resolutions according to Secretariat guidance.

10. **Product usability** will be assessed through a Member State survey to collect data on the following metrics:

- (a) percentage of Member States who find the cover page and Secretariat advice useful to inform decision-making; and
- (b) percentage of Member States who find new processes and products clear and easy to use.

11. **Member State experience** will be assessed through a Member State survey to collect data on the following metrics:

- (a) percentage of Member States reporting “unsustainable” consultation workloads; and

(b) percentage of responses citing support for informed decision-making, including:

- improved process transparency;
- access to required information ;
- broader participation in decision-making.

12. **Quantitative impact** can be assessed using financial analysis to determine the following metric:

- current and future budgetary implications of the resolutions and decisions adopted compared to previous cycles.

13. Once the metrics are agreed by Member States, the Secretariat will be tasked to undertake the necessary data collection during the assessment period. The Secretariat will be responsible for developing the methodology and process for data collection, based on guidance by Member States. Collected data will then be provided to the Member State-Led Governance Reform (MSLGR) model to enable its assessment of the piloted measures and to inform their recommendations on the way forward.

Implementation timeline

14. In accordance with decision EB158(21), the implementation of the pilot will commence following agreement at EB159 for application ahead of and during the Eightieth (2027) and Eighty-first (2028) World Health Assemblies. The pilot will end at the conclusion of the Eighty-first World Health Assembly. Continuation of the implemented measures will require consideration by Member States.

Reporting and assessment intervals

15. Following agreement on the implementation of governance reform measures at the 159th session of the Executive Board, the Executive Board may consider at its 161st session any immediate adjustments for application ahead of the Eighty-first Health Assembly cycle, if an urgent need is identified. Following the Eightieth World Health Assembly, the Secretariat will initiate the evaluation of the pilot, including circulation of the Member State survey. Findings will be consolidated in a report prepared by the MSLGR model for consideration at the 47th meeting of the Programme, Budget and Administration Committee (PBAC) and the 162nd session of the Executive Board, including advice on recommended refinements and a proposed way forward for Member State consideration. At the Eighty-first World Health Assembly, Member States will be invited to consider the adoption of the report's recommendations.

16. **An assessment process template is set out in Appendix 3, which aims to support consistency in piloting and evaluating future agreed measures.** The template is intended to provide a common framework for implementation, assessment intervals and reporting, while allowing flexibility in the evaluation process to reflect the scope and context of individual measures.

Next steps

17. Following the 159th session of the Executive Board and the conclusion of the terms of the current Officers of the Board, the continuation of the work set out in this implementation plan will be progressed as part of the wider implementation of the recommendations of the Agile Member States Task Group, through the MSGLR model established by decision EB158(22). This includes management of the pilot system, reporting of the evaluation of implemented measures and discussing future measures for pilot.

18. During the consultation period, Member States were unable to agree on a timeline for implementation of the outstanding elements referenced in paragraphs 14(d) and (e), 24, 26 and 29 of the Appendix to document EB158/36. Member States agreed that further discussions on the details and impacts of these elements, including whether they might later be included in the pilot, will be conducted through the MSGLR model established by decision EB158(22).

Appendix 1

Updated timeline for proposing World Health Assembly resolutions and decisions

Substantive process changes appear in red and are in accordance
with the measures agreed by decision EB158(21)

Additional implementation details required to operationalize
the agreed measures appear in blue

Actions		Timing
0	Preparatory guidance before Member State action The Secretariat to make available to all Member States: – Resolution and decision proposal timeline – Resolution and decision template and checklist – Initial guidance on the number of resolutions and decisions that could reasonably be considered by Member States during the negotiation period of the current cycle.	For EB 160th session: 1 September 2026 For EB 162nd session: 1 September 2027
1	Initiation of the process Initiation of the process can be started by Member States at any time before the stated time frame. The process consists of: 1.1. Member State (proposer) decides to introduce a draft Health Assembly resolution or decision. 1.2. Proposer to contact the Secretariat to discuss the process and the proposal. 1.3. Secretariat to discuss the content with proposer, including initial confirmation that the resolution or decision does not duplicate existing mandates and activities. 1.4. Proposer to develop and provide early draft and concept note to the Secretariat via a secure WHO webpage, for initial costings and for guidance relating to adherence to criteria.	Aim to provide early draft to Secretariat in late September Allow Secretariat 10 days to provide the required costing, and guidance back to the proposer
2	Finalization of concept note and zero draft proposal 2.1. Proposer to consider Secretariat's guidance and complete and attach to the zero draft a cover page, stating the proposal's adherence to the criteria. 2.2. Proposer is encouraged to make further edits at this stage to ensure adherence to criteria or provide a rationale on the cover page for any criteria not met. 2.2.1. Proposers could request additional Secretariat feedback prior to formal submission. 2.3. Proposer submits zero draft text and concept note to Secretariat through the secure WHO webpage.	Trigger deadline 1: For EB 160th session: 16 October 2026 For EB 162nd session: 15 October 2027

	Actions	Timing
3	Consultations among Member States Following the trigger deadline on the submission of zero draft proposal: 3.1. The Secretariat to circulate to all Member States the link and password to a secure WHO webpage containing: – a list of all resolutions and decisions that will be considered through this process during this cycle – zero drafts, concept notes and initial costings for each proposal – guidance on the number of resolutions and decisions that could reasonably be considered during the negotiation period of the cycle without resorting to out-of-hours meetings. 3.2. The Secretariat to coordinate (with proposer) scheduling, room reservations, technical/logistical support for consultations. 3.2.1. Secretariat and proposer to consider scheduling of consultations (with a focus on time between consultations) to ensure that all Member States can adequately and meaningfully engage with each consultation. 3.2.2. Secretariat and proposer retain flexibility on scheduling, but as a matter of good practice should aim to have a minimum of five business days between the circulation of consultation documents and the consultation. 3.2.3. Secretariat should, in the first instance, preference the scheduling of consultations for proposals that have met the criteria requirements in full (as identified by the proposer) or proposals that address a public health emergency of international concern or humanitarian crisis. Consultations will still go ahead for all proposals. 3.3. Secretariat to publish dates for informal consultations on the online informal list of intergovernmental meetings and provide connection details to all Member States through the secure webpage. 3.4. Proposer to circulate meeting invitations and other relevant consultation documents to all Member States through email and the secure webpage. 3.5. Proposer to conduct consultations, supported throughout by the Secretariat (including moderation, on-screen text editing, costing, technical advice and other support, as needed). 3.6. Secretariat to support and/or enable Member States to calculate the cost estimates of changes to the zero draft text. 3.7. Proposer to achieve consensus text and finalize co-sponsors.	Secretariat to circulate proposals to all Member State by: For EB 160th session: 23 October 2027 For 162nd session: 22 October 2027 Aim to complete consultations for 160th session by 18 December 2026 Aim to complete consultations for 162nd session by 17 December 2027
4	Submission of text 4.1. Proposer (or, if non-EB member, then EB co-sponsor) to submit text to the Secretariat for final costings through the secure webpage. 4.1.1. Co-sponsors to be confirmed through the secure webpage. Actions upon trigger deadline: Submission of consensus text to Secretariat (4.1) will trigger the following actions. 4.2. Secretariat to conduct final costing of all consensus text resolutions and develop a single overview document, presenting the consolidated cost estimates, noting the financial and administrative implications of implementing each resolution. 4.3. Secretariat to produce a conference paper containing the final version of the document.	Trigger deadline 2: Three weeks before the start of PBAC session

Actions		Timing
5	PBAC to review budgetary implications of resolutions and decisions 5.1. Under a singular standing agenda item, PBAC to review resolution from a financial perspective and provide recommendations to the Executive Board. 5.1.1 To support Member State discussion on this item, the Secretariat should prepare an agenda paper that outlining the financial implications of all resolutions considered that cycle and their respective impact on the budget. 5.2 The second PBAC meeting of the year (May) to consider the financial implications of any outstanding resolutions and decisions being consulted on during the intersessional period.	Relevant scheduled governing body meeting
6	Consideration by governing bodies 6.1. The Executive Board may decide whether to recommend the proposal for adoption to the World Health Assembly or indicate that further consultations are required. 6.2. If adopted by the World Health Assembly, Secretariat to reflect the financial impact of resolutions and decisions in a subsequent update to the programme budget, where applicable.	Relevant scheduled governing body meeting
7	Evaluation and reporting Secretariat reports back to the governing bodies on the implementation (including evaluated performance) of the resolution or decision according to the mandate.	Reporting intervals should be based on mandate management advice provided by the Secretariat

Appendix 2

Updated template and checklist for Member States preparing Health Assembly resolutions and/or decisions

Cover page – criteria *[new product]*

Instructions: 1. Attach the cover page to your proposal prior to sending it to Secretariat for initial comment. 2. Secretariat provides guidance and information to assist the proposer in determining compliance with criteria. 3. Proposer to consider Secretariat guidance and complete the <i>Criterion Met</i> and <i>Rationale</i> (if applicable) sections.			
Criteria		Criterion met (yes or no)	Secretariat guidance
1	Aligns with the results of programme budget prioritization processes, as demonstrated by a clear link to a GPW outcome and the priority ranking of the outcome as outlined by programme budget prioritization.		
2	Addresses a clear gap within the GPW or an emerging global health priority for which the WHO has a defined and accepted role with a comparative advantage. All actions included in the proposal should complement established and ongoing WHO activities. Proposals should seek synergies with other United Nations agencies, in accordance with each agency's mandate. This is demonstrated by confirming that actions in the draft resolution are not duplicative of active resolutions and decisions and the work of other UN or relevant global health agencies.		
3	Includes a clear and measurable outcome , with clear global relevance to Member States across regions. To demonstrate this, Member States are encouraged to seek co-sponsorship from at least three Member States across two WHO regions (inclusive of proposer's region) at the zero draft stage. Where multiple outcomes are included, they must be cohesive and directly related to the purpose of the draft resolution, as identified by the concept note.		
4	Addresses an issue that represents a significant public health burden , as demonstrated by links to relevant WHO or UN reported data , such as, but not limited to, WHO Global Health Observatory data or 2030 Agenda for Sustainable Development reporting.		
5	Clearly indicates the financial and resourcing implications for the Secretariat , ensuring that new activities are within the Organization's implementation capacity, avoiding adoption of resolutions that realistically may not be successfully implemented.		
6	Presents a clear rationale why this issue should uniquely be addressed by a World Health Assembly resolution or decision (compared to other advocacy or awareness measures) within the current governing body cycle. The rationale should reference convenience, timeliness, opportunity or alignment with other milestones.		
Rationale (if applicable) If proposal does not meet all criteria or is submitted outside the agreed timeline:¹			
Does the proposal address a current public health emergency of international concern, including a pandemic emergency as recognized by WHO? ² (yes/no):			
Please provide rationale for why not all criteria have been met (including but not limited to proposals that address public health emergency of international concerns).			

¹ See Appendix 1.

² As defined by article 1 of the [International Health Regulations \(2005\)](#) and declared by the WHO Director-General.

Template *[updated]*

[Descriptive title]

[Co-sponsors listed alphabetically]

Section 1 – Procedural opening	
The Executive Board, having considered the report by the Director-General, *(insert footnote with document symbol)	
Option A: For resolutions Recommends to the [Seventy-ninth] World Health Assembly the adoption of the following [resolution]/[decision]:	Option B: For decisions Decided to recommend to the [Seventy-ninth] World Health Assembly the adoption of the following [resolution]/[decision]:
The [Seventy-ninth] World Health Assembly, Having considered the report by the Director-General [insert reference to the report];	
Section 2 – Preambular paragraphs (resolutions only)	
Guidance: Preambular paragraphs provide the background, context and justification for the content of a resolution. Each paragraph should begin with a word or phrase such as “Recalling”, “Concerned that”, “Having considered”, “Recognizing”, “Bearing in mind” or “Aware”. Keep paragraphs concise and avoid repetition. Examples are set out below.	
[Recalling resolution WHA[XX].[XX] on ...] [Recognizing the need to ...] [Noting with concern ...] [Acknowledging the guidance provided in ...]	
Section 3 – Operative paragraphs (resolutions and decisions)	
Guidance: Operative paragraphs are the heart of resolutions and decisions, outlining the actions to be undertaken. In resolutions, each operative paragraph should begin with a capitalized verb in the present tense, such as “URGES”, “DECIDES” or “REQUESTS”. In decisions, each operative paragraph should be preceded by the word “Decided”. Each paragraph should address a specific action directed to Member States and the Director-General. If relevant, a paragraph may be included that “Encourages” additional stakeholders to support Member States to implement the resolution. Overall, the total number of paragraphs should reflect the scope of work required without becoming overly detailed. Ensuring that each operative paragraph is clear, concise and well structured will help to support effective implementation and maintain the overall clarity and coherence of the resolution or decision. Reporting requirements should be based on advice provided by the Secretariat. Examples are set out below.	

Option A: For resolutions 1. URGES Member States: (1) [to strengthen...] (2) [to enhance...] (3) [to uphold...] 2. REQUESTS the Director-General: (1) [to assess...] (2) [to recognize...] (3) to report on progress made on this resolution as part of reporting on [existing resolution/existing reporting mandate] in 20XX and 20XX...* <u>or</u> to report to the XX World Health Assembly, through the Executive Board, on progress made in implementing this resolution...** 3. [<i>Optional, if necessary</i>] Encourages relevant stakeholders, [including intergovernmental organizations, philanthropic agencies, academic institutions, professional societies, civil society, private-sector partners and donors], to support Member States and, in line with the Framework of Engagement with Non-State Actors, and where applicable, WHO, in implementing the actions provided for in this resolution, as appropriate. *If reporting requirements are to be included under existing reporting mandates. **If the resolution falls under a new, stand-alone reporting mandate.	Option B: For decisions Decided: (1) [to reiterate...] (2) [to request...] (3) [to recognize...] (4) [to further note...] (5) [to invite...]
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Checklist *[existing product]*

For proposer to track the process – not required criteria

Process changes appear in red

- ☐ Identification of relevant EB agenda item
- ☐ Contact the Secretariat and discuss the process of proposing a resolution/decision
- ☐ Assessment of potential duplication/synergies through discussion with the relevant WHO technical team
- ☐ Preparation of concept note for distribution to Member States (**by 16 October**)
- ☐ Preparation of zero draft of resolution text for distribution to Member States with support from Secretariat as necessary (**by 16 October**) using template
- ☐ Inclusion of reporting requirements in zero draft
- ☐ Identification of individual(s) to chair informal consultations
- ☐ Coordination with Secretariat to identify slots to hold informal consultations (**starting in late September**)
- ☐ Email invitations to Member States to join informal consultations using most up-to-date contact list provided by the Secretariat
- ☐ Finalization of text once consensus has been reached (**ideally by 18 December**)
- ☐ Identification of co-sponsors (including at least one EB member)
- ☐ Submission of text through **the secure web portal**.

Appendix 3

Proposed assessment process template for piloting future measures

Timeline can be adapted to fit the requirements of agreed measures

Actions		Timing
1	Agreement of new measure(s), including process for piloting and metrics for assessment – Member States consider and agree on the content and implementation details of new measures. – Member States decide whether new measures should be immediately formalized or undergo a pilot process. – If a pilot process is agreed, Member States confirm the process for piloting agreed new measures, including assessment intervals and metrics for assessment.	Executive Board (February) <i>Prior to implementation</i>
2	Implementation of new measures	Implementation date based on agreement and proposed measure
3	Consideration of immediate amendments – Member States consider any immediate adjustments that should be made to the implemented measures only if an urgent need is identified.	Executive Board (February) <i>During first year of implementation</i>
4	Initiation of pilot assessment – Member State-Led Governance Reform (MSLGR) model to begin the assessment of the measure, with Secretariat support, as needed. The assessment process will be based on agreed metrics.	Executive Board (May) <i>After one year of implementation</i>
5	Publication of pilot assessment results and consideration of ways forward – Secretariat to provide advice on how to formalize measures, if agreed. – The MSLGR submits a report on the pilot assessment, including results, findings and suggested ways forward. – Executive Board considers the report and recommends any refinements to pilot measures and what processes should be formalized. – World Health Assembly considers the recommendations.	Executive Board (February) and World Health Assembly (May) <i>During second year of implementation</i>