

Participation of Member States in WHO meetings

Voluntary Health Trust Fund for small island developing States (terms of reference)

Report by the Director-General

1. Through resolution WHA75.18 (2022), “Outcome of the SIDS Summit for Health: For a Healthy and Resilient Future in Small Island Developing States”, the Health Assembly decided to propose a Voluntary Health Fund for Small Island Developing States (SIDS) in WHO, with the terms of reference to be tabled at the Seventy-sixth World Health Assembly in conjunction with a report from the Secretariat. The purpose of the Fund would be, inter alia, to facilitate the participation of SIDS in WHO meetings and to support the provision of technical assistance and capacity-building in favour of SIDS on issues of direct relevance to this group of Member States.
2. Member States held informal consultations during 2023 to discuss and agree on the draft terms of reference to be presented at the Seventy-sixth World Health Assembly. The agreed terms of reference are presented in the Annex.
3. In resolution WHA75.18 the Director-General was also requested to report to the Seventy-seventh World Health Assembly in 2024 on the progress made in implementing the resolution as well as the outcome of the second SIDS Summit for Health, which was initially intended to be held in 2023, two years after the first Summit hosted by WHO.¹ Under the leadership of Fiji and on behalf of the group of SIDS that are Member States of WHO, the Secretariat received a request to postpone the second SIDS Summit for Health to 2024 given the many other high-level events focused on SIDS to be held in 2023, which will exhaust the limited capacity and resources of many SIDS that are Member States of WHO. Therefore, a decision is required from the Health Assembly to request the Director-General to report to the Seventy-eighth World Health Assembly in 2025 on the progress made in implementing resolution WHA75.18, as well as the outcome of the second SIDS Summit for Health, which is proposed to be postponed until 2024.

¹ See <https://www.who.int/initiatives/strategic-actions-in-small-island-developing-states/> (accessed 8 May 2023).

ACTION BY THE HEALTH ASSEMBLY

4. The Health Assembly is invited to consider the following draft decision:

The Seventy-sixth World Health Assembly, having considered the draft terms of reference for a Voluntary Health Fund for Small Island Developing States and the request to postpone the convening of the second SIDS Summit for Health until 2024,¹

Decided:

- (1) to adopt the terms of reference for a Voluntary Health Fund for Small Island Developing States;²
- (2) to request the Director-General:
 - (a) to make the necessary arrangements to make the Health Fund operational;
 - (b) to report on the Health Fund's operations, including its terms of reference, at the Eightieth World Health Assembly, as indicated in the relevant section of the Fund's terms of reference.

¹ Document EB153/4.

² See document A76/34, Annex.

ANNEX

**TERMS OF REFERENCE FOR A VOLUNTARY HEALTH FUND
FOR SMALL ISLAND DEVELOPING STATES****1. Introduction**

1.1 Small island developing States (SIDS), as listed by the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States, are faced with grave developmental and health challenges, which are disproportionately posed by climate change, natural and human-made hazards, environmental degradation, health emergencies, the loss of biodiversity, the ongoing impact of the coronavirus disease (COVID-19) pandemic, external economic shocks, malnutrition, communicable and noncommunicable diseases, mental health and other health issues that exacerbate their vulnerability. The Seventy-fifth World Health Assembly acknowledged and recognized the need to further develop the capacities of SIDS to address these matters and stimulate their participation in the work of the Secretariat in these areas.

1.2 Therefore, the Seventy-fifth World Health Assembly decided to propose a Voluntary Health Fund for SIDS, with the terms of reference to be tabled at the Seventy-sixth World Health Assembly in 2023, with a view, *inter alia*, to facilitating the participation of SIDS in WHO meetings and supporting the provision of technical assistance and capacity-building in favour of SIDS on issues of direct relevance to SIDS.

2. Purposes and principles

2.1 The overall purpose of the Fund is to facilitate the participation in WHO meetings of SIDS that are Member States of WHO and to support the provision of technical and assistance and capacity-building in favour of SIDS on issues of direct relevance to their situation, namely:

- (i) to facilitate their participation in annual World Health Assembly sessions and any other formal meetings of bodies established by any of the WHO governing bodies, including negotiating sessions, in particular by providing travel and accommodation, where appropriate, in line with current practices for funding the participation of Member States in WHO meetings, and consistent with WHO's rules, regulations, policies and procedures; and
- (ii) to support the provision of technical assistance and capacity-building on key principle health concerns and challenges for SIDS, as indicated in the preamble of resolution WHA75.18.

2.2 The support of the Fund will be available to delegations of SIDS, both resident and non-resident in Geneva.

3. Governance

3.1 Donor contributions to the Fund will be used to fund the participation of SIDS within the framework of the terms of reference of the Fund and subject to WHO Financial Regulations and Financial Rules, policies and procedures.

3.2 To ensure efficient, transparent and accountable administration and to support uniform and consolidated reporting, the WHO Secretariat is designated as the Fund Manager for the Fund. WHO will administer the operationalization of the Fund in accordance with WHO Financial Regulations and Financial Rules.

4. Contributions to the Fund

4.1 Contributions to the Fund may be accepted from governments, intergovernmental or nongovernmental organizations, and non-State actors in line with the Framework of Engagement with Non-State Actors, foundations and the public at large, in accordance with WHO Financial Regulations and Financial Rules, policies and procedures.

4.2 Contributions to the Fund will be accepted in United States dollars or any fully convertible currency. Such contributions shall be deposited into a bank account, as designated by WHO as the Fund Manager and recorded in accordance with WHO Financial Regulations and Financial Rules.

4.3 The value of the contribution payment, if made in a currency other than United States dollars, shall be determined by applying the United Nations operational rate of exchange in effect on the date of payment. Gains and losses on currency exchanges shall be recorded in the Fund.

5. Reporting, transparency and accountability

5.1 WHO, as the Fund Manager, will prepare annual consolidated programmatic and financial reports covering the funding received, its utilization and the results achieved, and will make these reports publicly available. The Fund will be subject to the full oversight practices of WHO, including the internal and external audit procedures of WHO.

6. Selection Committee

6.1 WHO will advise on the status of the Fund.

6.2 In the event that the Fund is sufficient to provide support as described in Section 2, a SIDS Voluntary Health Fund Selection Committee will be established consisting of six (6) representatives, one (1) from each WHO region, with preference given to SIDS that are Member States of WHO in that region, if any. Each representative shall serve a term of one year and will be eligible for reappointment at the end of their term. Decisions will be taken by consensus. No Committee member should serve more than two consecutive terms. Committee meetings shall be chaired by a SIDS member appointed by the SIDS that are Member States of WHO and co-Chaired by WHO.

6.3 Committee members shall recuse themselves from deliberating on proposals that benefit the country they represent.

6.4 The Committee will also be responsible for:

- (i) providing recommendation on the meeting(s) and technical assistance and capacity-building programmes that are a priority for SIDS participation;
- (ii) providing guidance on the eligibility criteria and the application process;
- (iii) providing strategic guidance on the Fund;

- (iv) providing advice on the criteria for technical review of the purpose of the fund, subject to WHO Financial Regulations and Financial Rules, policies and procedures;
- (v) prioritizing the provision of funding to eligible proposals recommended by the Fund Manager, based on the funds available;
- (vi) reviewing periodic progress reports on the Fund's utilization;
- (vii) working with donors to provide communication around their support to the Fund; and
- (viii) approving the anticipated secretariat costs submitted by the Secretariat.

6.5 As the Fund Manager, WHO will be responsible for:

- (i) accepting financial contributions from donors;
- (ii) assisting in advocating with donors to support the Fund;
- (iii) managing the communication, such as the dissemination of information, the setting up of the webpage for ease of application and the issuance of completion certificate;
- (iv) administering funds received, in accordance with WHO Financial Regulations and Financial Rules, policies and procedures and the Fund's terms of reference;
- (v) establishing a set of criteria for technical review of proposals, in line with WHO policies and procedures;
- (vi) assessing proposals for utilization of the Fund against WHO Financial Regulations and Financial Rules, policies and procedures and the Fund's terms of reference, and reporting to the Committee those proposals that meet the criteria;
- (vii) overseeing the overall monitoring and evaluation of the achievement of the objectives of the Fund, as well as the progress of the financial contributions and utilization of the Fund;
- (viii) where proposals recommended by the Committee incorporate travel-related financing for sponsored participants or delegates, formulating the amounts payable and disbursing them in accordance with current practices for funding participation of Member States in WHO's meetings; and
- (ix) providing reports to the Committee on the achievement of the objectives of the Fund, including notification that the Fund has been utilized.

6.6 The Fund Manager and the Committee will be jointly responsible for the mobilization of resources for the Fund. The Secretariat will advise the Committee on the anticipated costs incurred on the Secretariat in the administration of the Fund, and with the approval of the Committee the costs will be financed by the Fund.

7. Application process

7.1 Depending on the level of funding available, the Committee will assess, select and decide the meeting(s) and technical assistance and capacity-building programmes that will require funding support. A SIDS Member State may wish to decline or postpone any funding support by advising the Committee, in which case the funding support shall be made available to another SIDS Member State of WHO, as recommended by the Committee.

7.2 SIDS that are Member States of WHO will be informed of the available funding opportunity through the WHO established channels of communication and will be advised, depending on their needs, to submit their application.

7.3 Any application submitted should be in line with the guidance that will accompany the instructions as in 7.2 above.

7.4 Upon receipt of application(s) and after the deadline indicated, the Chair of the Selection Committee will convene the Committee meeting in line with Section 6 of the terms of reference of the Fund.

8. Eligibility criteria

8.1 *Who can apply.* In relation to the funding support under paragraph 2.1(i) above, only government officials/civil servants from SIDS that are Member States of WHO, as provided under Annex 1.A below, who are based in their home country or any of their relevant missions abroad, are eligible to apply.

8.2 *Duration.* The duration of the delegates programme coincides with the duration of annual World Health Assembly sessions, or any other formal meetings of bodies established by any of the WHO governing bodies, including negotiating sessions. As for the World Health Assembly session, a one-day or two-day induction course will be organized in Geneva by the Selection Committee prior to the beginning of the session.

8.3 *Scope of financial coverage.* The Fund financially supports the programmes described under Section 2 above. Regarding Section 2.1(i) above, the Fund supports the programme in the form of a weekly or monthly stipend for the duration of the programme and covers the cost of a round-trip ticket in economy class, based on WHO rules on travel. The participant is responsible for arranging her/his own temporary accommodation in Geneva and covering it with the weekly or monthly stipend. The Fund does not cover health insurance costs or other expenses, including personal expenses, during the participant's stay in Geneva. The participant is responsible for obtaining necessary visa(s) and health insurance.

8.4 *How to apply.* At the time of the application, the candidate must have:

- (i) an advanced university degree in a relevant health discipline, climate change, international relations, political science, law or any other related discipline. Significant relevant experience may be considered in lieu of an advanced university degree;
- (ii) a minimum of three (3) years' experience in the government of her/his home country, with relevant experience in the field of health and intergovernmental affairs;
- (iii) a good understanding of any of the official WHO languages; and

(iv) a commitment to sharing the knowledge and experience gained during the technical assistance and capacity-building programmes with their colleagues.

Interested and qualified candidates must submit applications through their ministry of foreign affairs, their permanent mission to the United Nations Office at Geneva or their mission accredited to WHO headquarters in Geneva.

8.5 *Additional information.* The Committee may provide additional information in relation to the requirements that should be met by the applicants, such as an application form, a note verbale template, a visa information form, email contacts and the due date for application. The Committee, depending on the availability of funds in the Fund, may advise on other funding support, such as that required under Section 2.1(ii) above.

9. Final provisions

9.1 These terms of reference will be reviewed by the World Health Assembly every four (4) years.

9.2 In the event of termination of the Fund, any balance remaining at the time the Fund is closed shall be disposed of in a manner that is consistent with WHO Financial Regulations and Financial Rules.

Appendix 1

Annex 1.A. Members of the World Health Organization¹ that are considered small island developing States according to the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States,² by WHO region and status of least developed country³

WHO region	WHO Member State	UN Member State	Least developed country
African Region (6)			
1. Cabo Verde	•	•	
2. Comoros	•	•	•
3. Guinea-Bissau	•	•	•
4. Mauritius	•	•	
5. Sao Tome and Principe	•	•	•
6. Seychelles	•	•	
Region of the Americas (16)			
7. Antigua and Barbuda	•	•	
8. Bahamas	•	•	
9. Barbados	•	•	
10. Belize	•	•	
11. Cuba	•	•	
12. Dominica	•	•	
13. Dominican Republic	•	•	
14. Grenada	•	•	
15. Guyana	•	•	
16. Haiti	•	•	•
17. Jamaica	•	•	
18. Saint Kitts and Nevis	•	•	

¹ Basic documents: forty-ninth edition (including amendments adopted up to 31 May 2019). Geneva: World Health Organization; 2020. Annex 1: Members of the World Health Organization (<https://apps.who.int/gb/bd/>, accessed 26 April 2023).

² List of SIDS, UN Members and Non-UN Members/Associate Members of the Regional Commissions (<https://www.un.org/ohrlls/content/list-sids>, accessed 3 May 2023).

³ List of LDCs (<https://www.un.org/ohrlls/content/list-ldcs>, accessed 3 May 2023).

WHO region	WHO Member State	UN Member State	Least developed country
19. Saint Lucia	•	•	
20. Saint Vincent and the Grenadines	•	•	
21. Suriname	•	•	
22. Trinidad and Tobago	•	•	
South-East Asia Region (2)			
23. Maldives	•	•	
24. Timor-Leste	•	•	•
Western Pacific Region (15)			
25. Cook Islands	•	No	
26. Federated States of Micronesia	•	•	
27. Fiji	•	•	
28. Kiribati	•	•	•
29. Marshall Islands	•	•	
30. Nauru	•	•	
31. Niue	•	No	
32. Palau	•	•	
33. Papua New Guinea	•	•	
34. Samoa	•	•	
35. Singapore	•	•	
36. Solomon Islands	•	•	•
37. Tonga	•	•	
38. Tuvalu	•	•	•
39. Vanuatu	•	•	

Appendix 2

Annex 1.B. Associate Members of the World Health Organization¹ and non-members of the United Nations that are considered small island developing States according to the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States,² and that are associate members of the United Nations regional commissions²

American Samoa

Anguilla

Aruba

Bermuda

British Virgin Islands

Cayman Islands

Commonwealth of Northern Marianas

Curacao

French Polynesia

Guadeloupe

Guam

Martinique

Montserrat

New Caledonia

Puerto Rico (*Associate Member of WHO*)

Saint Maarten

Turks and Caicos Islands

United States Virgin Islands

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¹ Including territories not members of WHO in their own right. Basic documents: forty-ninth edition (including amendments adopted up to 31 May 2019). Geneva: World Health Organization; 2020. Annex 1: Members of the World Health Organization (as at 31 May 2019) (<https://apps.who.int/gb/bd/>, accessed 3 May 2023).

² List of SIDS, UN Members and Non-UN Members/Associate Members of the Regional Commissions (<https://www.un.org/ohrlls/content/list-sids>, accessed 3 May 2023).