

Governance

Report by the Secretariat

1. Following the request made at the ninth meeting of the Member State mechanism,¹ this report provides an overview of the governance-related aspects concerning the Member State mechanism. The information contained in this report is entirely based on the existing procedures governing the Member State mechanism, as set forth in the relevant resolutions and decisions of the Health Assembly and decisions adopted by the Member State mechanism. Such resolutions and decisions continue to apply.

Establishment

2. The Member State mechanism was established by the Sixty-fifth World Health Assembly through resolution WHA65.19 (2012). The goal, objectives and terms of reference of the Member State mechanism are set out in the Annex to that resolution.

3. The structure, governance and funding of the Member State mechanism, including the composition and functions of its Steering Committee, were further defined in Appendix 1 to the report of the first meeting of the Member State mechanism in 2012² and through the subsequent decisions of the Member State mechanism itself.

Composition and chairmanship of the Steering Committee

4. The Steering Committee is composed of two Vice-Chairpersons for each WHO region. Vice-Chairpersons act on behalf of their respective Member States.³ Vice-Chairpersons are also expected to work closely with their respective region with a view to facilitating the provision of input on intersessional work and activities by all Member States. The selection of Vice-Chairpersons takes place following consultations among the Member States of each region.

5. The chairmanship of the Member State mechanism rotates among the six WHO regions in English alphabetical order.⁴ The terms of office of the Chairperson and Vice-Chairpersons of the Steering Committee expire at the end of every second regular session of the Member State mechanism.⁵

6. At its ninth meeting in December 2020, the Member State mechanism decided to extend the terms of the current Chairperson and Vice-Chairpersons of the Steering Committee by one year, such that their

¹ Document A/MSM/9/7, paragraph 24.

² Document A66/22.

³ As agreed by the Member State mechanism at its second meeting (see document A67/29, paragraph 9).

⁴ As decided by the Health Assembly through decision WHA66(10) (2013) and subsequently confirmed by the Member State mechanism at its fourth meeting (see document A69/41, paragraph 21).

⁵ Document A69/41, paragraph 21.

terms would expire at the closure of the tenth meeting of the Member State mechanism in 2021 and would therefore be aligned with the time frame established for the application of the current list of prioritized activities.¹ Subsequent terms of Chairpersons and Vice-Chairpersons will continue to expire at the closure of every second regular session of the Member State mechanism.

Workplan and prioritized activities

7. The workplan of the Member State mechanism is set out in Appendix 2 to the report of its second meeting.² A list of prioritized activities, in line with the workplan, is prepared biennially by the Steering Committee and presented to the Member State mechanism for agreement.

8. The current list of prioritized activities to implement the workplan of the Member State mechanism was agreed by the Member State mechanism at its eighth meeting in 2019 and covers the biennium 2020–2021.³ The next list of prioritized activities, covering the biennium 2022–2023, will be considered by the Member State mechanism at its tenth meeting in 2021.

Reporting

9. In accordance with resolution WHA65.19, the Member State mechanism submitted annual reports on progress and recommendations to the Health Assembly through the Executive Board for the first three years. Following the completion of that period, the Member State mechanism has continued to submit reports to the Health Assembly through the Executive Board every two years.

10. The Member State mechanism submitted its most recent report to the Seventy-fourth World Health Assembly in May 2021.⁴ The document consisted of the reports of both the eighth and ninth meetings of the Member State mechanism.

11. Technical documents produced by the working groups established in the context of the Member State mechanism are considered by the Member State mechanism itself, to which the working groups ultimately report. Technical documents prepared by the working groups are thus referred to in the reports of the annual meetings of the Member State mechanism and do not need to be submitted to the Health Assembly for consideration.

Definitions

12. In decision WHA70(21) (2017), the Health Assembly decided “to endorse the definitions set out in Appendix 3 to the Annex to document A70/23” and “to request the Director-General to replace the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” with “substandard and falsified medical products” as the term to be used in the name of the Member State mechanism and in all future documentation on the subject of medical products of this type”. Accordingly, since the adoption of that decision, the Secretariat has used the expression “substandard and falsified medical products” in all materials related to or arising from the Member State mechanism.

¹ Document A/MSM/9/7, paragraph 26.

² Document A67/29.

³ See document A/MSM/8/4, Annex.

⁴ The document was submitted to the Executive Board at its 148th session (see document EB148/12).

Working groups

13. The Health Assembly decided that the Member State mechanism “may establish subsidiary working groups from among its members to consider and make recommendations on specific issues”.¹ The Member State mechanism further decided that “all intersessional work is open to input from all Member States”² and that “working groups could be set up by the mechanism on a case-by-case basis to meet between formal meetings, in order to undertake technical work, taking into account financial implications and the agreed workplan”.³

14. In accordance with the above, membership of the working groups is open to Member States only. At the same time, expert advice may be sought on specific topics and relevant stakeholders may be invited to provide input on specific matters, in accordance with WHO rules and policies.

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¹ Resolution WHA65.19.

² And, where applicable, regional economic integration organizations.

³ See document A66/22, Appendix 1.