Proposed method of work and terms of reference

BACKGROUND

1. In May 2021, through resolution WHA74.7 (2021), the Health Assembly established the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (the “Working Group”).

2. Structurally, the Working Group will operate as a subdivision of the Health Assembly.1 As such, it will consider and make recommendations to the Health Assembly on matters specifically assigned to it by the latter, namely those indicated in resolution WHA74.7 and decision WHA74(16) (2021).

3. The method of work and terms of reference of the Working Group will be defined and agreed upon by the Working Group itself, as requested by the Health Assembly. A proposed approach to working methods and terms of reference is provided below for consideration. It is based on the relevant provisions of resolution WHA74.7 and decision WHA74(16) that address aspects of the Working Group’s operation, and on the practices developed in connection with other WHO intergovernmental processes. It reflects the outcomes of the first meeting of the Working Group and comments from Member States to the previous draft proposed method of work and terms of reference.

PROPOSED METHOD OF WORK AND TERMS OF REFERENCE

Objectives

4. Pursuant to resolution WHA74.7, the Working Group will consider the findings and recommendations of:

   • the Independent Panel for Pandemic Preparedness and Response;
   • the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response; and
   • the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.

The Working Group will also take into account the relevant work of WHO, including that stemming from resolution WHA73.1 (2020) and decision EB148(12) (2021), as well as the work of

---

1 In accordance with Rule 41 of the Rules of Procedure of the Health Assembly.
Member States, other relevant bodies, organizations, non-State actors and any other relevant information. The Working Group will report on the above as provided in paragraph 6.

5. In accordance with decision WHA74(16), the Working Group will prioritize the assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response, and report thereon as provided in paragraph 7.

**Reporting, deliverables, and timeline**

6. Pursuant to resolution WHA74.7, the Working Group will submit a report on the matters referred to in paragraph 4, with proposed actions for the WHO Secretariat, Member States and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.

7. In accordance with decision WHA74(16), the Working Group will provide a report on the matter referred to in paragraph 5 to the special session of the Health Assembly due to take place from Monday, 29 November 2021 to Wednesday, 1 December 2021.

8. Furthermore, a notional timeline and list of deliverables are contained as a separate Annex to this proposed method of work and terms of reference, and may be updated as the Working Group progresses its work.

**Participation and conduct of business**

9. The Working Group will be open to all WHO Member States\(^1\)\(^2\) and will work in an inclusive manner.

10. The Working Group will conduct its business (including, for the avoidance of any doubt, the activities of subgroups, if any) on the basis of consensus.

**Participation of relevant stakeholders**

11. In accordance with its mandate, the Working Group may invite relevant stakeholders to attend meetings of the Working Group, or parts thereof, or to provide input, as appropriate, to the topics under discussion. The two overriding principles for the involvement of relevant stakeholders in the Working Group are transparency and predictability.

12. Relevant stakeholders invited to contribute to the Working Group will not take part in the making of recommendations by the Working Group, which will be done in closed sessions.

13. Inputs provided by relevant stakeholders to the Working Group will fully respect the principle of germaneness and will be subject to potential calls to order by the Co-Chairs.

---

\(^1\) Per the text adopted by the First World Health Assembly on 21 July 1948, this term shall be read to include Associate Members with respect to the Working Group.

\(^2\) And regional economic integration organizations, as appropriate.
14. At its first meeting, the Working Group agreed to invite Observers\textsuperscript{1} to participate in the first meeting of the Working Group and subsequent meetings, and to act as technical resources in the Working Group’s deliberations generally.

15. Representatives of the United Nations and of other intergovernmental organizations with which WHO has established effective relations under Article 70 of the WHO Constitution are invited to participate as observers in meetings of the Working Group and as technical resources in the Working Group’s deliberations generally.

16. The Working Group may also decide, following a proposal by the Bureau, to invite other relevant stakeholders, including non-State actors and individual experts, to:

(a) attend meetings (or specific sessions) of the Working Group and, at the Working Group’s request, provide input on specific topics under discussion; and/or

(b) contribute to in-person, hybrid, virtual or written consultations on specific topics, to be held in the intersessional period, mindful that the proceedings of such consultations, if any, may be webcast via secure links (as is technically feasible), if so decided by the Working Group, and invited stakeholders will be required to register in order to participate.

17. The question of participation and the modalities thereof for relevant stakeholders invited pursuant to paragraph 16 are to be determined by the Working Group. The Bureau will identify and propose, for the Working Group’s consideration, topics for which relevant stakeholders may be invited to provide input pursuant to paragraph 16. In so doing, the Bureau will take into account, as appropriate: the specific objectives and needs of the Working Group; the item(s) under discussion; the stakeholder’s context of accountability; the stakeholder’s work, focus, and/or expertise with respect to pandemic preparedness and response-related matters, One Health matters, cross-cutting issues among the various existing instruments in the health domain, and/or global health security matters; and promotion of the geographical representation of relevant stakeholders.

Meetings

18. The Working Group held its first meeting on 15–16 July 2021, and will meet thereafter at the request of the Bureau, as frequently as necessary.\textsuperscript{2}

19. Meetings of the Working Group will be held either in person (at WHO headquarters in Geneva, Switzerland), in hybrid format or virtually, as appropriate.

20. To the extent possible, meetings will be carefully organized to ensure that delegates from capitals in the different regions are given an opportunity to participate equally in the sessions.

\textsuperscript{1} In WHO, the term “Observer” has traditionally been used to designate a limited number of entities that have been invited to attend in an observer capacity open meetings of the Health Assembly, or any of its main committees, and of the Executive Board. Currently, the Observers are the Holy See; Palestine; Gavi, the Vaccine Alliance; the Order of Malta; the International Committee of the Red Cross; the International Federation of Red Cross and Red Crescent Societies; the Inter-Parliamentary Union; and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

\textsuperscript{2} Dates have been proposed for three further meetings as follows: 1–3 September, 4–6 October, and 1–3 November 2021.
Subgroups and intersessional work

21. To advance discussions between Working Group sessions, the Bureau of the Working Group may request the WHO Secretariat to organize intersessional briefings and exchange sessions with Member States on matters assigned to the Working Group by the Health Assembly.

22. As needed, and mindful of resource constraints, the Working Group may set up a limited number of subgroups to advance discussions on the objectives of the Working Group. In considering the establishment of possible subgroups, any duplication of work will be avoided.

23. Subgroups, if any, will be open to participation by all Member States.

24. Subgroups, if any, will, unless otherwise agreed by Member States, be chaired by one of the four Vice-Chairs.

25. Chairs of subgroups, if any, will report orally on the outcome of their deliberations at the close of each subgroup session. Such reports will be recorded and made available to all Member States. Chairs of subgroups, if any, will also provide a summary (or, alternatively, a written report) of the proceedings of each subgroup session, if any, at the next meeting of the Working Group.

26. Subgroups, if any, may meet in the intersessional period and will only meet sequentially, not in parallel.

27. For the avoidance of any doubt, the terms above regarding participation of relevant stakeholders (paragraphs 11 to 17) apply to subgroups, if any.

Bureau of the Working Group

28. The Working Group will have a Bureau comprising six officers (two Co-Chairs and four Vice-Chairs), one from each WHO region. These officers were appointed at the Working Group’s first meeting.

29. The Bureau will meet in person, in hybrid format or virtually, as frequently as necessary, which may include between meetings of the Working Group.

30. The Bureau will facilitate the work of the Working Group, in close dialogue with its membership. In that regard, the functions of the Bureau will include:

   (a) to propose working methods of the Working Group;

   (b) to draw up the provisional agenda of Working Group meetings;

   (c) to consider documents prepared in advance of Working Group meetings, including to facilitate the timely dispatch of working documents;

   (d) to coordinate work among subgroups, if any;

__________________________

1 And regional economic integration organizations, as appropriate.
(e) to propose to Member States for their consideration ways forward on substantive matters, including, for example, through “Chair proposals” (but not to decide substantive matters); and

(f) to prepare the draft reports of the Working Group, based on the proceedings and discussions during the Working Group sessions.

31. Following Working Group meetings, the Bureau will circulate draft summary reports of recommendations, next steps, and discussions to Member States for review and comment. Summaries will be tabled for Member State approval at the following meeting of the Working Group.

32. To further coordination among relevant governing body-mandated workstreams, the Bureau may invite the Chair of the Working Group on Sustainable Financing to meetings of the Working Group and/or Bureau, and further collaborate with the Working Group on Sustainable Financing on modalities to be determined. Meetings of the Bureau and the Chair of the Working Group on Sustainable Financing will be duly reported to the Working Group.

Support from the WHO Secretariat

33. The WHO Secretariat will provide support to the Working Group by:

   (a) convening its meetings at the request of the Bureau, as necessary;

   (b) providing complete, relevant and timely information to the Working Group for its discussions;

   (c) allocating the resources necessary for the Working Group to carry out its mandate; and

   (d) providing information on anticipated cost and source of funding.

   = = =