Dear Secretariat,

After participating in the recent informal consultation with Member States and non-State actors on *WHO's engagement with non-State actors*, 17-18 October, Chile would like to add additional comments in regards to prioritizing certain issues in the process going forward.

Chile wishes to highlight that after extremely useful comments and guidance by a wide range of participants at the informal consultation, it has become even clearer that, going forward, WHO Member States, in close collaboration with the Secretariat, need to prioritize on developing a robust, clear and precise operational model so as to effectively enhance WHO's engagement with non-State actors, in a sustainable manner, whatever the final framework of interaction will ultimately look like. We are specifically referring here to giving substantial analysis, review and refinement to the four pillars that should necessarily define and guide the management of these engagements. These four pillars include the 3 proposed by the Secretariat (due diligence, management of risk, including conflict of interest, and transparency) and a forth pillar on assessment of public health added value, proposed by Finland and one that Chile strongly supports.

Chile strongly believes that clearly defining these four pillars should be the first and most important prerequisite for enhancing WHO's engagement with non-State actors, while also allowing and guiding options of non-engagement and disengagement.

Whatever inclusive list of non-State actors Member States eventually define, whatever the grouping or subgrouping of typologies of interaction we decide, however multidimensional the matrix becomes, whatever innovative platforms of register or participation we propose, we need to first strengthen these 4 pillars that should serve as precise, cross-cutting and sustainable tools to guide, filter and define all of the above, however they are structured today and into whatever they evolve in the future.

Chile is concerned that, in the Secretariat's own words presented in the October 8 discussion paper, these tools are currently of "limited" use, are "not conducted systematically", some "do not function well" and/or are "sometimes bypassed" which "leads to insufficient coherence in decision-making on engagement". We strongly urge that, in subsequent discussion papers and consultations, these tools, processes and responsibilities should be clarified, expanded and strengthened, with specific attention given to identifying what works and what doesn't and why. We would appreciate further development of options for the management of WHO's engagement, in regards to the efficiency and effectiveness of these 4 pillars, building upon and refining existing structures.

Sincerely,

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