



Concept for Informal meetings for Member States, non-State actors and the Secretariat leading to the World Health Assembly

Non-State actors in official relation are able to attend the WHO governing bodies as observers and make statements on technical topics of their interest, at the discretion of the Chair of the meeting. However, the number of non-State actors interested in proceedings of the WHO Governing Bodies and wishing to make statements has increased substantially in recent years. The possibility of addressing WHO's governing bodies after Member States' representatives have taken the floor on a given topic does not result in a meaningful engagement, and has little impact on the content or direction of the debate. Member States and non-State actors alike have, albeit for different reasons, expressed dissatisfaction with the current system of the non-State actors participation in the governing bodies. In addition, a survey conducted by the Secretariat with non-State actors showed that they are interested in having more exchanges on technical topics with WHO technical units and Member States. The Member States had requested the Secretariat to make a proposal to address the above issues and to increase non-State actors involvement in WHO's governing bodies.

In response to the request, the [report from the Director-General on WHO reform](#): Involvement of non-State actors in WHO's governing bodies to the WHO Executive Board in its 148th meeting proposed, inter alia, that involvement of the non-State actors in official relations in WHO governing bodies could be improved by organizing a virtual informal meeting for interested non-State actors in official relations, Member States, representatives of WHO regional and country offices and the Secretariat, in addition to non-State actors' regular participation in the WHO governing body meetings. It was proposed that the meeting would be organized on trial basis prior to the 74th World Health Assembly, in a virtual format.

The Executive Board agreed to the proposal with the condition that the time constraints of Member States, during the time leading up to the Health Assembly, would be taken into consideration. It was also requested that the Secretariat would consult with Member States and non-State actors to set the agenda for the trial meeting. Furthermore, after the trial phase, a web-based consultation will be undertaken to get feedback from, Member States, non-State actors and WHO, and this should be reported on to the Executive Board at its 150th session.

Timing of the informal meeting

The meeting is scheduled to take place 20-22 April 2021. These dates were chosen because many of the Assembly documents are expected to have been published by then. Furthermore, the meeting is scheduled almost 5 weeks before the Assembly, which will ensure that it does not coincide with the period of Member States meetings just ahead of the Assembly.

Agenda

The agenda for the meeting will be organized along the Health Assembly agenda and [the 13th GPW](#) 3 pillars, i.e. Pillar 1: One billion more people benefitting from universal health coverage; Pillar 2: One billion more people better protected from health emergencies; and Pillar 3: One billion more people enjoying better health and well-being. Specific items within pillars to be addressed have been selected through consultation with non-State actors and Member States. In addition, sustainable financing, which is part of

the Pillar 4: More effective and efficient WHO providing better support to countries will also be addressed during the session.

There will be two 3-hour sessions each of the 3 days. Four of the sessions will be between the Secretariat and non-State actors to allow broad discussions on technical issues, and two will be organized with Member States participation. The timings for the meetings have been chosen to allow participation from around the world at least in part of the events. Three different Health Assembly agenda items under the relevant GPW13 pillars will be presented for discussion at each session; during the first session the non-State actors will discuss the items with technical units, and during the second session non-State actors will have the opportunity to discuss the same items with the Member States.

Below a table for the proposed schedule and the agenda items for the informal meeting (the timings are Central European Summer Time GMT+2):

Day	Time	GPW13 Pillar	Participation
Tuesday 20.4.	9:00- 9:15	Opening by the WHO Director General	Non-State actors
	9:15- 12:00 (55min/ item)	<i>Pillar 2: Public health emergencies: preparedness and response</i> <ul style="list-style-type: none"> • 17.1 COVID-19 response • 17.3 WHO's work in health emergencies • 18. Mental health preparedness for and response to the COVID-19 pandemic 	Non-State actors & WHO Secretariat
Tuesday 20.4.	14:00- 17:00 (55 min/ item)	<i>Pillar 2: Public health emergencies: preparedness and response</i> <ul style="list-style-type: none"> • 17.1 COVID-19 response • 17.3 WHO's work in health emergencies • 18. Mental health preparedness for and response to the COVID-19 pandemic 	Non-State Actors, WHO & Member States
Wednesday 21.4.	12:00- 14:30 (50 min/ item)	<i>Pillar 1: One billion more people benefitting from universal health coverage</i> <ul style="list-style-type: none"> • 14. Health in the 2030 Agenda for Sustainable Development • 15. Health workforce • 16. Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) 	Non-State Actors & WHO Secretariat
Wednesday 21.4.	16:30- 19:00	<i>Pillar 3: One billion more people enjoying better health and well-being</i> <ul style="list-style-type: none"> • 22.1 Social determinants of health 	Non-State Actors, & WHO Secretariat

	(50 min/ item)	<ul style="list-style-type: none"> 23. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children <p><i>Pillar 1: One billion more people benefitting from universal health coverage</i></p> <ul style="list-style-type: none"> 13.3. Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products 	
Thursday 22.4.	9:00- 12:00 (55 min/ item)	<p><i>Pillar 1: One billion more people benefitting from universal health coverage</i></p> <ul style="list-style-type: none"> 15. Health workforce <p><i>Pillar 3: One billion more people enjoying better health and well-being</i></p> <ul style="list-style-type: none"> 22.1 Social determinants of health <p><i>Pillar 4: More effective and efficient WHO providing better support to countries</i></p> <ul style="list-style-type: none"> 11. Proposed programme budget 2022–2023: Sustainable Financing 	Non-State Actors, WHO & Member States
Thursday 22.4.	15:00- 16:00 16:00- 18:30	<p>Dialogue session Non-State actors and WHO Director General</p> <p>Non-State actors' preliminary organization into constituencies for making statements</p>	<p>Non-State actors</p> <p>Non-State actors</p>

The Health Assembly items proposed for the informal meeting agenda is based on:

1. the number of Assembly agenda items under pillars 1, 2 and 3
2. whether the Assembly agenda items have already reviewed and updated by the Executive Board;
3. interest in the item confirmed by non-State actors.

For example, under the pillar 3 there are only two items in the World Health Assembly agenda; thence those both items were selected.



For the items where the Assembly document has been published, there will be no introduction at the beginning of the session. For items where the document has not yet been published, the Secretariat will give a short introductory presentation on the main point of the item.

The sessions will be organized around a facilitated discussion with questions from the floor followed by panel discussion. There will be at least 4 persons in each of the panels, selected in collaboration with Member States, non-State actors and WHO Secretariat. WHO technical unit will be presented in each of the panel. Questions or statements can be submitted in advance through Slido, to allow grouping of similar questions.

Format for each topic discussion is planned as follows:

- Presentation of panel members
- Presentation of agenda (10 minutes),
- Questions/statements from floor and Slido, responses by panel (30 minutes)
- Discussion by the panel (10 minutes)
- Response from the Secretariat

During the last session of the third day (Thursday 22 April), a short session is proposed to be organized for non-State actors to have an exchange with the DG.

Constituency statements

On 22 April there will a session for non-State actors only to have a space to discuss and plan, with the Secretariat facilitation, constituencies for making statements. The items on which constituency statement will be made will be decided based on the expected popularity of the items, i.e. those items that attract the most statements from non-State actors, and proposals received from non-State actors before and during the informal meeting.

Other arrangements

The meeting will take place virtually, and streamed on WHO website. Modalities on the registration be sent ahead of the meeting with the details for connecting to the meeting. One representative per non-State actor is invited to take the floor during a discussion on an agenda item, this person can be different for different items. Other representatives from non-State actors may listen to the proceedings through the weblink to be provided.

Questions/statements can be and are encouraged also to be submitted in advance.

There will be simultaneous interpretation in the 6 official languages.

Provisional agenda of the Seventy-fourth World Health Assembly¹

PLENARY

1. Opening of the Health Assembly

- 1.1 Appointment of the Committee on Credentials
- 1.2 Election of the President
- 1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee
- 1.4 Adoption of the agenda and allocation of items to the main committees

2. Report of the Executive Board on its 147th and 148th sessions, and on its special session on the COVID-19 response

3. Address by Dr Tedros Adhanom Ghebreyesus, Director-General²

4. Invited speaker(s)

5. Admission of new Members and Associate Members [if any]

6. Executive Board: election

7. Awards

8. Reports of the main committees

9. Closure of the Health Assembly

COMMITTEE A

10. Opening of the Committee¹

Pillar 4: More effective and efficient WHO providing better support to countries

Budget matters

11. Proposed programme budget 2022–2023

¹ In accordance with Rules 3 and 4 of the Rules of Procedure of the World Health Assembly, the provisional agenda (providing document numbers) will be dispatched, together with the notice of convocation, not less than 60 days before 24 May 2021.

- Sustainable financing

12. WHO results framework: an update

Pillar 1: One billion more people benefitting from universal health coverage

13. Review of and update on matters considered by the Executive Board

13.1 Global action on patient safety

13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

- Oral health

13.3 Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products

13.4 Global strategy and plan of action on public health, innovation and intellectual property

13.5 Antimicrobial resistance

13.6 Substandard and falsified medical products

13.7 Standardization of medical devices nomenclature

13.8 Immunization Agenda 2030

13.9 Integrated people-centred eye care, including preventable vision impairment and blindness

14. Health in the 2030 Agenda for Sustainable Development

15. Health workforce

- Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)
- Global Strategic Directions for Nursing and Midwifery

16. Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

Pillar 2: One billion more people better protected from health emergencies

17. Public health emergencies: preparedness and response

17.1 COVID-19 response

17.2 Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

17.3 WHO's work in health emergencies

- Strengthening WHO's global emergency preparedness and response
- Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)

17.4 Implementation of the International Health Regulations (2005)

18. Mental health preparedness for and response to the COVID-19 pandemic

19. The public health implications of implementation of the Nagoya Protocol

20. Enhancement of laboratory biosafety

21. Poliomyelitis

- Polio eradication
- Polio transition planning and polio post-certification

Pillar 3: One billion more people enjoying better health and well-being

22. Review of and update on matters considered by the Executive Board

22.1 Social determinants of health

23. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children

COMMITTEE B

24. Opening of the Committee

25. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

Pillar 4: More effective and efficient WHO providing better support to countries

26. Review of and update on matters considered by the Executive Board

Managerial, administrative and governance matters

26.1 Update on the Infrastructure Fund

- Update on information management and technology
- Geneva buildings renovation strategy

26.2 WHO transformation

26.3 WHO reform

- WHO reform: governance
 - WHO reform: World health days
 - Review of entitlements of members of the Executive Board
 - WHO reform: involvement of non-State actors in WHO's governing bodies
- 26.4 Global strategies and plans of action that are scheduled to expire within one year
- WHO global disability action plan 2014–2021: better health for all people with disability
 - The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021

26.5 Process for the election of the Director-General of the World Health Organization

Staffing matters

26.6 Human resources: annual report

26.7 Report of the International Civil Service Commission

26.8 Amendments to the Staff Regulations and Staff Rules [if any]

27. Appointment of representatives to the WHO Staff Pension Committee

28. Report of the United Nations Joint Staff Pension Board

29. Financial matters

29.1 WHO programme and financial reports for 2020–2021, including audited financial statements for 2020

29.2 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution

29.3 Special arrangements for settlement of arrears [if any]

29.4 Scale of assessments 2022–2023

29.5 Amendments to the Financial Regulations and Financial Rules [if any]

29.6 Assessment of new Members and Associate Members [if any]

30. Audit and oversight matters

30.1 Report of the External Auditor

30.2 Report of the Internal Auditor

30.3 External and internal audit recommendations: progress on implementation

31. Management and legal matters

31.1 International Agency for Research on Cancer: amendments to Statute

31.2 Agreements with intergovernmental organizations [if any]

32. Collaboration within the United Nations system and with other intergovernmental organizations

33. Updates and future reporting

- Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured
- Rheumatic fever and rheumatic heart disease
- WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments
- The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond

34. Matters for information

34.1 Progress reports

Pillar 1: One billion more people benefitting from universal health coverage

A. Sustainable health financing structures and universal coverage (resolution WHA64.9 (2011))

B. Prevention of deafness and hearing loss (resolution WHA70.13 (2017))

C. Promoting the health of refugees and migrants (decision WHA72(14) (2019))

D. Eradication of dracunculiasis (resolution WHA64.16 (2011))

E. Progress in the rational use of medicines (resolution WHA60.16 (2007))

F. Global technical strategy for malaria 2016–2030 (resolution WHA68.2 (2015))



Pillar 2: One billion more people better protected from health emergencies

G. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))

Pillar 3: One billion more people enjoying better health and well-being

H. Water, sanitation and hygiene in health care facilities (resolution WHA72.7 (2019))

I. Plan of action on climate change and health in small island developing States (decision WHA72(10) (2019))

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