

## **Proposed method of work**

### **BACKGROUND**

1. In May 2022, through decision WHA75(9), the Health Assembly decided “to continue the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, with a revised mandate, including as appropriate and if agreed within each region, the rotation of the Bureau, and name (the “Working Group on Amendments to the International Health Regulations (2005)” (WGIHR)) to work exclusively on consideration of proposed targeted amendments to the International Health Regulations (2005), consistent with decision EB150(3) (2022), for consideration by the Seventy-seventh World Health Assembly in 2024”.
2. The Working Group on Amendments to the International Health Regulations (2005) (the “Working Group”) is a continuation of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, which was established in May 2021 through resolution WHA74.7 and which completed its work by submission of its report to the Seventy-fifth World Health Assembly in 2022.<sup>1</sup>
3. Structurally, the Working Group will operate as a subdivision of the Health Assembly.<sup>2</sup> 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 decision WHA75(9).
4. The method of work of the Working Group will be defined and agreed upon by the Working Group itself. A proposed approach to working methods is provided below for consideration. This approach is based on the relevant provisions of decision WHA75(9), the agreed method of work of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, and the practices developed in connection with other WHO intergovernmental processes, including the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the “INB”).

### **PROPOSED METHOD OF WORK**

#### **Objectives**

5. Pursuant to decision WHA75(9), the Working Group will propose a package of targeted amendments for consideration by the Seventy-seventh World Health Assembly, in accordance with Article 55 of the International Health Regulations (2005) and taking into consideration the report of

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<sup>1</sup> Document A75/17.

<sup>2</sup> In accordance with Rule 41 of the Rules of Procedure of the Health Assembly.

the Review Committee regarding amendments to the International Health Regulations (2005). In accordance with decision EB150(3), referred to in decision WHA75(9), the Working Group will conduct its work with the understanding that this would not lead to a reopening of the entire instrument for renegotiation. Such amendments should be limited in scope and address specific and clearly identified issues; challenges, including equity, technological or other developments; or gaps that could not effectively be addressed otherwise but that are critical to supporting effective implementation and compliance of the International Health Regulations (2005) and their universal application for the protection of all people of the world from the international spread of disease in an equitable manner.

### **Reporting and timeline**

6. Pursuant to decision WHA75(9), the Working Group will propose a package of targeted amendments for consideration by the Seventy-seventh World Health Assembly, in accordance with Article 55 of the International Health Regulations (2005).

7. Furthermore, a provisional timeline will be developed for consideration by the Working Group as it progresses in its work.

### **Participation and conduct of business**

8. The Working Group will be open to all WHO Member States<sup>1,2</sup> and will work in an inclusive manner.

9. 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, and in line with the Rules of Procedure of the World Health Assembly.

### **Participation of relevant stakeholders**

10. Pursuant to decision WHA75(9) and in recognition of the importance of broad engagement to ensuring a successful outcome, the Working Group may, to the extent it so decides and in accordance with the relevant Rules of Procedure and resolutions and decisions of the Health Assembly, seek the participation of the following entities in its work: representatives of organizations of the United Nations system and other intergovernmental organizations with which WHO has established effective relations; observers;<sup>3</sup> representatives of non-State actors in official relations with WHO; States Parties to the International Health Regulations (2005) that are not Member States of WHO; and any other relevant stakeholders and experts and expert bodies, as deemed appropriate by the Working Group.

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<sup>1</sup> In accordance with the text adopted by the First World Health Assembly on 21 July 1948, this term shall be understood to include Associate Members with respect to the Working Group.

<sup>2</sup> And regional economic integration organizations, as appropriate.

<sup>3</sup> See paragraph 11 (b) and (c).

11. In such cases where the Working Group engages with relevant stakeholders, the following principles shall apply.

(a) Stakeholder engagement and participation will be governed by transparency and predictability.

(b) Relevant stakeholders will attend open sessions of the Working Group but will not take part in any decision-making processes, in line with the Rules of Procedure of the World Health Assembly.

(c) Inputs provided by relevant stakeholders will fully respect the principle of relevance and will be subject to calls to order by the Co-Chairs.

## **Meetings**

12. The Working Group will hold its first meeting on 14–15 November 2022 and will meet thereafter at the request of the Co-Chairs, as frequently as necessary.

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

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

## **Subgroups and intersessional work**

15. To advance discussions between Working Group sessions, the Bureau of the Working Group may request the WHO Secretariat to organize intersessional briefings and information sessions with Member States<sup>1</sup> on matters assigned to the Working Group by the Health Assembly.

16. The Working Group may convene a limited number of subgroups to advance discussions on the objectives of the Working Group, as needed. When deciding upon the establishment of possible subgroups, due consideration should be given to avoiding duplication of work. Efforts should also be made to minimize the number of subgroups in order to support inclusiveness in the Working Group's activities. The Bureau will coordinate meetings to ensure that meetings of different subgroups and the meetings of other relevant WHO workstreams do not overlap. Subgroups may meet in the intersessional period and will only meet sequentially.

17. Subgroups, if any, will be open to participation by all Member States.<sup>1</sup>

18. Subgroups, if any, will be chaired by one of the four Vice-Chairs, unless otherwise agreed by the Working Group.

19. 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.<sup>1</sup>

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<sup>1</sup> And regional economic integration organizations, as appropriate.

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.

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

21. For the avoidance of any doubt, the terms above regarding participation of relevant stakeholders (paragraphs 10 and 11) apply to subgroups, if any.

### **Bureau of the Working Group**

22. The Working Group will have a Bureau comprising six officers (two Co-Chairs and four Vice-Chairs), one from each WHO region.

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

24. 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 to:

- (a) propose methods of work of the Working Group;
- (b) draw up the provisional agenda of Working Group meetings;
- (c) consider documents prepared in advance of Working Group meetings, including to facilitate the timely dispatch of working documents;
- (d) coordinate work among subgroups, if any;
- (e) regularly coordinate with the Bureau of the INB, including to ensure alignment of meetings schedules and workplans;
- (f) make proposals to Member States<sup>1</sup> on ways forward for their consideration; and
- (g) facilitate the preparation of Working Group reports, based on the proceedings and discussions during the Working Group sessions, including the final report to the Seventy-seventh World Health Assembly, in accordance with decision WHA75(9).

25. Procedural reports shall be prepared at the end of each Working Group meeting.

26. To further coordination among relevant governing bodies-mandated workstreams, the Bureau may invite the Co-Chairs of the INB to meetings of the Working Group and/or meetings of its Bureau on modalities to be determined.

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<sup>1</sup>And regional economic integration organizations, as appropriate.

**Support from the WHO Secretariat**

27. 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 costs and sources of funding.

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