

## **Proposed method of work**

### **BACKGROUND**

1. In December 2021, through decision SSA2(5) (2021), the World Health Assembly, at its second special session, established, in accordance with Rule 41 of its Rules of Procedure, an intergovernmental negotiating body open to all Member States and Associate Members<sup>1</sup> (the “INB”).
2. Structurally, the INB 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 Health Assembly, as indicated in decision SSA2(5).
3. Per decision SSA2(5), the INB will define and agree on its working methods and timelines, consistent with that decision and based on the principles of inclusiveness, transparency, efficiency, Member State leadership and consensus. A proposed method of work, based on the relevant provisions of decision SSA2(5) and the practices developed in connection with other WHO intergovernmental processes, is provided below for consideration.

### **METHOD OF WORK**

#### **Objectives**

Pursuant to decision SSA2(5):

4. The INB was established to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB.
5. In furtherance of the above, the INB shall determine an inclusive Member State led process, to be facilitated by the INB’s co-chairs and vice-chairs, to first identify the substantive elements of the instrument, and then to begin the development of a working draft, to be presented, on the basis of progress achieved, for the consideration of the INB at its second meeting, to be held no later than 1 August 2022, at the end of which the INB will identify the provision of the WHO Constitution under which the instrument should be adopted.

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

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

6. The process referred to in paragraph 5 above should be informed by evidence and should take into account the discussions and outcomes of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, considering the need for coherence and complementarity between the process of developing the new instrument and the ongoing work under resolution WHA74.7 (2021), particularly with regard to implementation and strengthening of the International Health Regulations (2005). In addition to the provisions of decision of SSA2(5), the INB will take into account, inter alia, the discussions and outcomes of other ongoing WHO-related workstreams, as appropriate, including to avoid any duplication of efforts and to facilitate a consistent approach.

### **Reporting**

7. Pursuant to decision SSA2(5), the INB shall submit its outcome for consideration by the Seventy-seventh World Health Assembly, with a progress report to the Seventy-sixth World Health Assembly.

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

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

9. The INB 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 SSA2(5), the INB may, to the extent it so decides, in accordance with relevant Rules of Procedure and resolutions and decisions of the Health Assembly, involve the participation of the following entities, recognizing the importance of broad engagement to ensure a successful outcome: 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; and other relevant stakeholders and experts and expert bodies, as decided by the INB.

11. When the INB engages with relevant stakeholders, pursuant to the above, the following shall apply:

- (a) the overriding principles are transparency and predictability;

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<sup>1</sup> 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 INB.

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

<sup>3</sup> 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.

- (b) relevant stakeholders will attend open sessions of the INB and will not take part in decision-making by the INB, in line with the Rules of Procedure of the World Health Assembly; and
- (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 of the INB**

12. Pursuant to decision SSA2(5), the INB is to:
- (a) hold its first meeting no later than 1 March 2022, to elect its co-chairs and vice-chairs, and to define and agree on its method of work and timelines, consistent with the aforementioned decision and based on the principles of inclusiveness, transparency, efficiency, Member State leadership and consensus;
  - (b) First identify the substantive elements of the instrument and to then begin the development of a working draft to be presented, on the basis of progress achieved, for the consideration of the INB at its second meeting, to be held no later than 1 August 2022, at the end of which the INB will identify the provision of the WHO Constitution under which the instrument should be adopted; and
  - (c) hold subsequent meetings at the request of the co-chairs, as frequently as necessary.
13. Meetings of the INB will be held either in person (at WHO headquarters in Geneva, Switzerland), with remote participation or virtually, as appropriate, taking into account the global epidemiological situation and advice provided by the WHO HQ Access to Campus committee.

## **Open-ended subgroups (including drafting groups), and intersessional work**

14. To advance discussions between INB sessions, the Bureau of the INB or the INB itself may request the WHO Secretariat to organize intersessional briefings and consultations with Member States<sup>1</sup> on matters assigned to the INB by the Health Assembly.
15. The INB may set up a limited number of subgroups, to advance discussions on the objectives of the INB, as needed. In considering the establishment of possible subgroups, duplication of work will be avoided and efforts will be made to minimize the number of subgroups, to support inclusiveness. The Bureau will coordinate meetings to ensure that meetings of different subgroups and the meetings of other relevant WHO workstreams do not overlap with one another. Subgroups may meet in the intersessional period and will only meet sequentially.
16. Subgroups will be open to participation by all Member States.<sup>2,3</sup>

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

<sup>2</sup> 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 INB.

<sup>3</sup> And regional economic integration organizations, as appropriate.

17. Subgroups will be chaired by one of the four vice-chairs unless otherwise agreed by the INB .
18. Chairs of subgroups will report verbally on the findings or outcomes of their deliberations at the close of each subgroup session and provide short informal written summaries. Chairs of subgroups will also provide a verbal summary of the proceedings of each subgroup session at the opening of the next meeting of the INB.
19. The rules governing the participation of relevant stakeholders in the INB (paragraphs 10 and 11 above) shall also apply to their participation in subgroups.
20. Participation in drafting groups will be limited to Member States,<sup>1,2</sup> unless otherwise agreed by the INB.
21. Procedural reports shall be prepared at the end of each INB meeting.

### **Bureau of the INB**

22. The INB will have a Bureau comprising six officers, one from each of the six WHO regions: two co-chairs, reflecting a balance of developed and developing countries, and four vice-chairs. The INB agrees that the co-chairs and vice-chairs bear equal responsibility in coordinating the work of the Body, especially with regards to facilitating the process mentioned in paragraph 5, above.
23. The Bureau will meet in person, in hybrid format or virtually, as frequently as necessary, including between meetings of the INB. Summaries of Bureau meetings will be circulated to Member States.<sup>1,2</sup>
24. The Bureau, led by the co-chairs, will facilitate the work of the INB, in close dialogue with its membership. In that regard, the functions of the Bureau will be:
  - (a) to propose the working methods of the INB;
  - (b) to schedule INB meetings, and draw up the provisional agenda of those meetings;
  - (c) to consider, as applicable, documents prepared in advance of INB meetings, including to facilitate the timely dispatch of working documents;
  - (d) to coordinate work among subgroups, if any;
  - (e) to facilitate an inclusive Member State led process to first identify the substantive elements of the instrument and then to begin the development of a working draft;
  - (f) to make proposals to Member States<sup>1,2</sup> on ways forward, for their consideration; and

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- (g) to facilitate preparation and submission of the outcome of the INB to the World Health Assembly, per decision SSA2(5).

### **Support from the WHO Secretariat**

- 25. The WHO Secretariat will provide support to the INB by:
  - (a) convening its meetings at the request of the co-chairs, as frequently as necessary;
  - (b) holding public hearings, further to decision SSA2(5), and consistent with standard WHO practice, prior to the second meeting of the INB to inform its deliberations and thereafter if so requested by the INB;
  - (c) facilitating the participation, to the extent the INB so decides, in accordance with relevant Rules of Procedure and resolutions and decisions of the Health Assembly, of representatives of organizations of the United Nations system and other intergovernmental organizations with which WHO has established effective relations, Observers, representatives of non-State actors in official relations with WHO, and of other relevant stakeholders and experts as decided by the INB, recognizing the importance of broad engagement to ensure a successful outcome;
  - (d) providing the INB with the necessary services and facilities for the performance of its work, including complete, relevant and timely information and advice; and
  - (e) keeping the INB, including the Bureau, updated on other ongoing WHO workstreams, as appropriate.

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