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WIMUN SINGAPORE 2025

SIMULATION HANDBOOK

WORLD HEALTH ASSEMBLY

World Health Assembly Simulation Handbook

The World Health Organization's Constitution came into force on 7 April 1948 – a date which is now celebrated every year as World Health Day. There are now more than 8000 people from more than 150 countries working for WHO in 150 country offices, in 6 regional offices and at WHO's headquarters in Geneva.

The World Health Organization (WHO) was founded on the principle that health is a human right and all people should enjoy the highest standard of health. This aspiration towards better health for everyone, everywhere has guided the Organization's work ever since.

The link between health and peace is embedded in the WHO Constitution which recognizes that "the health of all peoples is fundamental to the attainment of peace.

"The World Health Assembly (WHA) is the decision-making body of the World Health Organization (WHO). It is attended by delegations from all 194 WHO Member States and focuses on a specific health agenda prepared by the Executive Board. ¹

WHO serves as a global leader in health matters, providing guidance and leadership in setting health priorities and responding to global health challenges like pandemics.

Its main functions include:

- Conducting and supporting research on health issues;
- Monitoring global health trends and providing evidence-based data;
- Establishing international health standards;
- Assisting countries in strengthening their health systems and supporting immunization campaigns, combating infectious diseases, and addressing noncommunicable diseases like heart disease and diabetes;
- Helping countries prepare for and respond to health emergencies;
- Providing a forum for governments, international organizations, and other stakeholders to discuss health issues and build global health consensus.

¹ Liechtenstein is currently the only UN member not in the WHO membership. Two of the members of the WHO, the Cook Islands and Niue, are self-governing countries in free association with New Zealand.



Short history of WHO's priorities

During WHO's early history, its priorities focused on targeting single diseases like malaria, tuberculosis, venereal diseases, mother and child health, and nutrition.

During the term of WHO's third Director-General, Dr. Halfdan Mahler, who served from 1973 to 1988, WHO shifted its focus to promoting and implementing primary health care, an approach that focused on education, promoting proper nutrition, providing safe water and basic sanitation, maternal and child health care, immunizations, and access to essential drugs. This shift was instrumental in leading to the current priority of Universal Health Coverage that is an important element of Target 3.82 of Sustainable Development Goal 3 (Global Health and Well-being).

In 2017, Dr. Tedros Adhanom Ghebreyesus, the Director-General of WHO, announced the Triple Billion Targets³ with the aim of strengthening the organization's focus on measurable outcomes and providing a clear vision for improving global health. These targets grew out of the recognition that despite global progress in health, significant gaps remained in achieving universal health coverage (UHC), ensuring preparedness for health emergencies, and promoting healthier populations. The framework was developed to align WHO's goals with the 2030 Agenda for Sustainable Development. A detailed description of these priorities can be found in the [13th General Program of Work \(GPW 13\)](#). These priorities can be expressed in their simplest form as: promote health, keep the world safe, and serve the vulnerable.

Impact of WHO on our Lives

The norms and standards established by the WHO throughout its history have had a significant impact on the daily lives of every human being on this planet. Every person is impacted daily by the global standards and guidelines WHO has set on the quality of the air we breathe and the water we drink and by its recommendations promoting a healthy diet and physical activity to prevent diabetes, cancer, lung, and heart disease. WHO has also had an impact through the recommendations it makes to countries on monitoring child growth, vaccinations, the availability of safe, modern contraceptives, the use of seat belts and helmets to improve road safety, the needs of older people, the prevention of secondhand smoke and anti-smoking policies, HIV testing, access to safe and affordable medicines, protection of people from catastrophic health expenditures, reducing inequalities in access to quality health care services, and much more.

The single biggest achievement of WHO is the eradication of smallpox in 1980 which over time had killed about 300 million persons in the twentieth century alone.

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- 2 Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
 - 3 The Triple Billion targets are:
 - 1 billion more people benefitting from universal health coverage without financial hardship
 - 1 billion more people better protected from health emergencies
 - 1 billion more people enjoying better health and well-being



WHO Structure

The **World Health Organization (WHO)** is a specialized agency of the United Nations, responsible for **global health leadership and coordination**. Its structure is designed to address health challenges at the **global, regional, and country levels** through collaboration among its member states and partners. Here's a brief overview of its structure:

The **World Health Assembly (WHA)** is the decision-making body of the WHO, comprising representatives from all 194 member states. It meets annually to set priorities, approve budgets, and adopt health policies and strategies. Its workload is split between two Committees: **Committee A** (technical and programmatic matters) and **Committee B** (administrative and financial matters).

At WIMUN Singapore 2025, we will only be simulating Committee A which:

1. Addresses specific health issues such as HIV/AIDS, malaria, tuberculosis, non-communicable diseases, or pandemics like COVID-19,
2. Approves frameworks or action plans for disease prevention, control, and treatment,
3. Develops programs to provide technical support and capacity building for countries in areas such as vaccine rollouts, strengthening health system, or emergency preparedness,
4. Discusses WHO's role and response in global health emergencies, such as outbreaks of Ebola, cholera, or new pandemics,
5. Addresses cross-cutting public health issues such as climate change and health, mental health, and health diplomacy through global programs and campaigns, and
6. Sets goals for public health improvements, such as reductions in maternal mortality or achieving immunization coverage targets.

The **Executive Board** is composed of 34 health experts elected by the WHA. It meets twice a year to implement decisions, advise the WHA, and provide guidance on technical and administrative matters.

The **Secretariat** is the operational arm of the WHO, led by the Director-General (currently Dr. Tedros Adhanom Ghebreyesus).

It includes technical experts, staff, and offices at the global, regional, and country levels. The Secretariat is responsible for executing the WHA's decisions, coordinating health initiatives, and providing technical support to member states.

Six **regional offices** oversee health activities specific to their regions:

- Africa (AFRO)
- Americas (PAHO)
- South-East Asia (SEARO)
- Europe (EURO)
- Eastern Mediterranean (EMRO)
- Western Pacific (WPRO)
- They adapt WHO's global policies to regional contexts and collaborate with member states in their respective regions.

Additionally, WHO operates over 150 country offices, providing on-the-ground support to member states on local health challenges, including technical assistance, emergency response, and capacity building.



The Stages of Assembly Sessions

Assembly sessions are divided into the following segments:

A. THE OPENING PLENARY OF THE ASSEMBLY

The simulation begins with an Opening Plenary of the World Health Assembly where delegates will adopt their Provisional Agenda, review the Organization of Work and listen to remarks from senior officials of the WHO as well as members of the Global Model WHO Senior Secretariat. Additionally, a group of GMWHO delegates will be selected to deliver statements on behalf of one of the WHO regional organizations.

B. COMMITTEE A MEETINGS

The simulation of the World Health will focus on one issue that has been allocated to Committee A: Mental Health and Youth.

Committee A meetings commence after the Opening Plenary and will be divided into the following segments:

Adoption of the Organization of Work (formal Committee meeting)

The first formal meeting of Committee A begins with the adoption of the Organization of Work by consensus. The Organization of Work outlines how the time will be divided over the three days of the simulation of Committee A.

Briefing by WHO Expert (formal Committee meeting)

An interactive session with a WHO expert on each of the agenda items. Following remarks from the expert, delegates get an opportunity to ask questions about the topic they have been assigned.

Drafting and merging of conference papers (informal consultations)

All of the delegates work together to draft the text of a draft resolution that gets tabled for consideration in Committee A. This process is divided into the following steps:

1. Draft conference papers in regional groups: Before delegates will be split into four regional groupings, the Committee as a whole must agree on four broad areas they will focus on in the operative section of their draft resolution. Once the delegates have agreed on the areas they will focus on, they will be divided into their regional groups to draft their resolution.
2. Merge the different drafts: The delegates must merge their different draft resolutions in a process called the Vienna Formula. When all four drafts are initially combined, the draft resolution will be about 80 paragraph long (including both preambular and operative paragraphs). The aim of the Vienna Formula is to reduce the length of the draft to about 35 paragraphs through a combination of merging paragraphs with overlapping content and deleting paragraphs delegates think are not needed.



The Stages of Assembly Sessions (cont.)

B. COMMITTEE A MEETINGS (CONT.)

Drafting and merging of conference papers (informal consultations) (cont.)

- The negotiations during the Vienna Formula are led by four Co-chairs, selected by each regional group. Any delegate can be a Co-chair and can take over the negotiations on behalf of their regional group. There is no limit to how many times the Co-chair can change during the merging of the different draft resolutions.
3. Submit the draft: Once the draft has been reduced to about 35 paragraphs (preambulary and operative paragraphs combined), it is tabled for consideration by the Committee.

Line by line review (informal consultations) (informal consultations)

Once a draft resolution has been submitted for consideration, delegates review the text line by line to create a compilation text that contains a complete list of amendments proposed by delegates. These amendments are neither friendly or unfriendly and are never voted on during informal consultations. Every time the wording of an entire paragraph has been agreed to by all the delegates, it is marked "Agreed ad ref" to indicate that the Committee has temporarily agreed to the text in that paragraph until the entire negotiation process has been completed.

Debate of amendments (information consultations)

After delegates have had an opportunity to propose whatever changes they would like to make to each paragraph in the preambular and operative section, delegates engage in an informal debate with the goal of reaching consensus on the amendments that have been proposed.

The debate of amendments will initially be moderated by the Chair. The debate will begin by first giving the delegate who proposed an amendment in a particular paragraph a chance to explain why they think it should be adopted by the Committee. If there are no objections the amendment will be inserted into the draft resolution. If one or more delegates object, they will be given a chance to explain why they disagree. The debate will continue until all delegates agree on whether to keep the amendment, delete it or accept an alternate wording of the amendment. Most of the time, when there is an objection to an amendment, consensus is reached by finding an alternate wording of the amendment that addresses the objection(s) that were voiced.

At any point during the debate, the Chair can recommend or the delegates can request an unmoderated debate on a particular amendment or group of amendments. Sometimes the negotiations move more quickly toward consensus when the delegates control the discussion themselves. It is common during a simulation for delegates to move back and forth between a moderated and unmoderated debate.



The Stages of Assembly Sessions (cont.)

B. COMMITTEE A MEETINGS (CONT.)

If delegates find they are having trouble reaching consensus or are unwilling to make any compromises in the interest of finding consensus, the amendment will be “bracketed” or set aside for further discussion later on, so that the Committee can continue with the debate on the remaining amendments.

After going through all the amendments at least once, the Committee should return to those amendments that have been “bracketed.” The presiding officer will also act as a Facilitator to help delegates reach agreement on these amendments.

After all amendments have been debated and agreement has been reached on whether an amendment should be accepted without any changes, whether a revised version of the amendment should be accepted or whether a delegate who proposed an amendment agrees to withdraw it, the Moderator will scroll through the entire resolution paragraph by paragraph and ask the delegates to carefully read the text one last time to make sure there are no further objections.

If new objections are raised during the final review, each amendment will be discussed until agreement has been reached on all of the new amendments and every paragraph is marked “Agreed ad ref”.

If consensus has been reached early, the Drafting Group can go back and add more text. What new text is added must be reviewed and any amendments that are proposed to the new text must be debated in the manner set forth in this handbook.

Before going back to the final formal meeting of Committee A, delegates must decide whether they wish to be listed as a sponsor of the resolution for final approval.

Adoption of reports and resolution (formal meeting of Committee A)

Before taking action on the resolution, the Committee holds a general discussion on the agenda item where delegates are invited to make comments on agenda item that was assigned on Mental Health and Youth and/or on the draft resolution that was just negotiated. During the General Discussion, delegates can make statements that highlight those elements of the resolution that reflect their government’s priorities and/or share their positive or negative reactions to the negotiation process. This is also a time when a delegate who wishes dissociate from a particular paragraph would let the Committee know their position and explain to the Committee the reasons why they are disassociating from one or more paragraphs in the resolution. It is not unusual for governments to agree to adopt a resolution by consensus (i.e., without putting it to a vote), yet at the same time choose to dissociate itself from one or more of the recommendations made in the operative section.

The Committee will then move to adopt the draft resolution and send it to the WHA Plenary for final approval.



The Stages of Assembly Sessions (cont.)

C. CLOSING PLENARY OF THE ASSEMBLY

The final phase of the simulation includes a Closing Plenary of the Assembly led by the President where delegates will adopt their resolution by consensus a second time. A resolution adopted in Committee is only a recommendation and does not become official until it is adopted by the WHA Plenary.

That is why it is adopted twice, once in Committee and then again in the Plenary.

Delegates may take the floor after the resolution is adopted for any final statements.

Before the Assembly is closed, the Chairs of Committee A are given the floor to summarize the work completed in the Committee. Following these comments, the Director-General and then the President of the Assembly make their final statements before the Assembly is gavelled closed.

Things to Know about the Rules of Procedure

1. The presiding officer of a Plenary meeting or a meeting of Committee A will never ask, "Are any points or motions on the floor?" during meetings.
2. Parliamentary points (e.g., Points of Personal Privilege, Points of Information, and Points of Inquiry) and motions (e.g., Motion for Moderated or Unmoderated Caucuses, Motion to Set Agenda, Motions to Set Speaking Time, Motion to Move to Voting Procedures, etc.) **are not allowed** during the conference. These are parliamentary rules of procedure and they are not used at the United Nations because it is not a Parliament.
3. There are only two rules used in the UN and in Model UN that are the same: a Point of Order and the Right of Reply. But since most of time in the conference is spent in informal consultations where there are no rules of procedure, these two rules are typically never used.
4. Speeches are never interrupted either in Plenary meetings or formal meetings of Committee A.
5. Delegates will not be allowed to yield their time to the Chair or another delegation.
6. Signatories are not required in order for a resolution to be considered. When there are multiple versions of a draft resolution on an agenda item, the Committee will merge the drafts so that no more than one resolution is submitted to the Bureau for consideration in each Committee.
7. During informal consultations on a draft resolution, delegates are encouraged to work together to achieve consensus on the wording of the resolution that is under consideration.
8. Delegates can make a statement during the General Discussion following the negotiations on the draft resolution to put on the record of the meeting any comments they may have about the outcome of their negotiations or any reservations they may have on particular paragraphs that they wish to disassociate from.



Terms used in the simulation of the WHA

1. **Bureau:** refers to the President and Vice-Presidents who are officials selected to preside over Plenary meetings of the WHA. Since it is not possible to elect a President for an online simulation, one has been appointed in advance.
2. **Facilitator:** The Facilitator is responsible for helping the delegates reach consensus during the informal consultations on the text of the draft resolution. The Chair will serve as Facilitator during negotiations.
3. **Tabling a resolution:** refers to the act of submitting a resolution to the Bureau for consideration. This action does not require signatories.
4. **Drafting Group:** The group of delegates who participate in informal consultations to negotiate the text of a resolution.
5. **Paragraphs:** Model UN conferences around the world are used to referring to the clauses or sub-clauses of a resolution. At the United Nations, these are referred to as paragraphs and sub-paragraphs. Resolutions are not legal documents and the use of the term clauses is therefore not appropriate.
6. **Consensus:** Consensus occurs when all of the delegations in a Committee reach agreement on the wording of every paragraph in a draft resolution and are ready to adopt it without voting on it. This is the goal of the negotiation process. In order to reach consensus delegates have to be ready to make compromises.
7. **Explanation of position:** When consensus has been reached and a resolution is adopted without a vote, any delegate can make a statement where they voice their government's intent to disassociate from particular paragraphs in the draft resolution that their government does not agree with. It is possible to agree to adopt a resolution without a vote and still have elements of a resolution that a Member State is not entirely pleased with. Or the statement may express disappointment that something important to a delegation was left out of the resolution.

Terms not used in the simulation of the CSW

1. **Dais:** This term is not used at the UN and is therefore not a part of the terminology of the WIMUN approach. The proper term to use when referring to the officials presiding over a meeting is the Bureau.
2. **House:** In some conferences, the person presiding over a meeting may say, "Will the House come to order" if the delegates are making too much noise. Again, since the UN is not a Parliament, it is inappropriate to refer to the World Health Assembly as the "House" when addressing delegates.
3. **Friendly and Unfriendly amendments:** These terms are not used at the UN and do not apply the negotiation process which focuses on reaching consensus among all delegates.
4. **Moderated and Unmoderated Caucuses:** These terms do not exist at the UN. While there are moderated and unmoderated debates, these are not the same as moderated and unmoderated caucus. For example, during an unmoderated debate, delegates are focused exclusively a reaching consensus on an amendment that has been proposed. During an unmoderated caucus, on the other hand, delegates are free to talk about anything from discussing possible solutions to a problem to forming groups with delegates who have similar ideas which are not specifically related to reaching agreement on the wording of a text.
5. **Clauses:** Model UN conferences around the world refer to the clauses of a draft resolution. In contrast, the editorial guidelines at the UN refer to them as paragraphs and sub-paragraphs. The term "clause(s)" is never used when referring to real UN resolutions.



Drafting a WHA Resolution

Every resolution is divided into two sections that consist of preambular and the operative paragraphs.

Preambular paragraphs begin with a word or phrase in the present participle (e.g., Recalling) and always ends with semi-colon, except for the last preambular paragraph which ends in a comma. Preambular paragraphs are not numbered.

Operative paragraphs begin with a word or phrase in the third person singular present tense that is written in all caps (e.g., URGES). Each operative paragraph begins with a chapeau that ends with colon (e.g., URGES Member States:) followed by a series of subparagraphs that begin with the infinitive followed by a verb in the simple present tense, e.g., (1) to improve prevention and control of diabetes throughout the life course;

There is only one period in the entire resolutions at the very end of the last paragraph. No matter how many pages a resolution is, it nothing more than one long sentence.

The preambular paragraphs set the stage and context for the operative section.

The best way to learn about how to write a good resolution is to study and compare them. Here are some tips about what goes into a good resolution.

TYPE OF CONTENT TO INCLUDE IN THE PREAMBLE WITH EXAMPLES FOR EACH

When reading this section, please keep in mind that the aim is to give you an idea of the range of content that could be included in a resolution and does not mean that this content is always included in a resolution.

- 1.If there is a report by the Director-General on the agenda item that is the focus of a resolution, the preambular section usually highlights the report. When this occurs, the paragraph always begins with "Having considered..." (e.g., Having considered the consolidated report by the Director-General;). The document symbol for the report is always included in a footnote.^[1]
- 2.The preamble usually includes past resolutions that the World Health Assembly has taken on the agenda item that is being discussed:

The World Health Assembly,

Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

3. The preambular paragraphs also include information about the concerns that are driving the debate of the agenda item that is under consideration. This is where you could include statistics to make it clear why this is a problem the international community should be involved in addressing:

[1]Document A74/10 Rev.1.

Drafting a WHA Resolution (cont.)

TYPE OF CONTENT TO INCLUDE IN THE PREAMBLE WITH EXAMPLES FOR EACH (CONT.)

Noting with concern that, according to WHO, each year, 15 million people between the ages of 30 and 69 years die from a noncommunicable disease and that the current levels of decline in the risk of dying prematurely from noncommunicable diseases are insufficient to attain Sustainable Development Goal target 3.4 by 2030;

Deeply concerned that more than 420 million people are living with diabetes worldwide today, and that this number is estimated to rise to 578 million by 2030, and 700 million by 2045;

4. The preamble would also note other actions taken by the WHO, Member States, or other parts of the UN system:

Welcoming the convening of the WHO Global Conference on Noncommunicable Diseases,⁵ which was organized by Uruguay and WHO, co-chaired by Finland, the Russian Federation and Uruguay, from 18 to 20 October 2017 in Montevideo;

Welcoming also the convening of the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control, hosted by the Government of Denmark and WHO from 9 to 11 April 2018 in Copenhagen, recognizing the need to prioritize tackling noncommunicable diseases as an essential pillar of sustainable development and an integral part of countries' efforts towards universal health coverage;

Recalling the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, adopted at the 9th Global Conference on Health Promotion, held in China from 21 to 24 November 2016;

Recalling also United Nations General Assembly resolution 72/274 (2018) on the scope, modalities, format and organization of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,

5. Only UN documents are referred to in the body of an WHA resolution. If there are other resources, reports or books that were used while doing research and they were not published by the UN, they should not be included in the resolution.

[Please note when recalling a UN General Assembly resolution in a World Health Assembly resolution, you must write it as follows: United Nations General Assembly resolution 72/274 (2018). The first number - 72 - indicates the GA session that the resolutions was adopted in and the second number - 274 - the order in which the resolution was adopted during that session. And that is followed by the year it was adopted in parentheses - (2018). In contrast, WHA resolutions - WHA60.17 (2007) —do not write out the full name, instead they use the acronym WHA followed by the session it was adopted – 60 –, the order in which it was adopted – 17 – and finally the year it was adopted in parentheses, (2007). But unlike GA resolutions which use a slash, the session and order in which the resolutions was adopted is separated by a period —60.17]



Drafting a WHA Resolution (cont.)

CONTENT TO BE INCLUDED IN OPERATIVE PARAGRAPHS WITH EXAMPLES

First and foremost, the operative paragraphs should consist of recommended actions that Member States, civil society, the private sector and the Director-General should take to address the concerns outlined in the preamble.

Each operative paragraph begins with a chapeau that identifies a particular group or individual that the World Health Assembly wants to take action on a particular issue. Each chapeau is followed by a list of actions.

1. Actions for Member States

The first operative paragraph typically focuses on actions Member States should take and begins with the verb “URGES” to introduce the chapeau as illustrated below:

1. URGES Member States:

- (1) to continue to step up efforts on the prevention and control of non-communicable diseases in order to attain Sustainable Development Goal target 3.4 by 2030;
- (2) to actively engage in the preparations at national, regional and global levels for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;

2. Actions for Civil Society and Private Sector

The second operative paragraph typically focuses on actions that civil society and the private sector should taken and begins with the words “CALLS ON”, or “INVITES” as illustrated below.

The chapeau that introduces the second operative paragraph can be very general:

2. CALLS UPON international organizations and other stakeholders:

or more specific:

2. INVITES relevant national, regional and international partners, from within and beyond the health sector, along with other relevant stakeholders, including the private sector:

or even more detailed:

2. INVITES relevant international stakeholders such as nongovernmental organizations, academic institutions, private sector entities and philanthropic foundations, as appropriate: within and beyond the health sector:

It is up to the delegates to decide how general or specific they want to be in the chapeau of the second operative paragraph.



Drafting a WHA Resolution (cont.)

CONTENT TO BE INCLUDED IN OPERATIVE PARAGRAPHS WITH EXAMPLES (CONT.)

The chapeau is followed by a list of actions that Member States would like civil society to take:

- (1) to support all countries, upon their request, in implementing their national action plans, in strengthening their health systems to respond to the COVID-19 pandemic;
- (2) to work collaboratively at all levels to develop, test, and scale-up production of safe, effective, quality, affordable medicines and vaccines for the COVID-19 response;
- (3) to address the proliferation of disinformation and misinformation particularly in the digital sphere and to supported the distribution of science-based data and information to the public;

The last operative paragraph typically focuses on actions Member States would like the Director-General of the World Health Organization to take as illustrated below:

3. REQUESTS the Director-General:

- (1) to continue to work with the United Nations Secretary-General and relevant multilateral organizations, on a comprehensive and coordinated response across the United Nations system to support Member States in their responses to the COVID-19 pandemic;
- (2) to continue to build and strengthen the capacities of WHO at all levels.

These three sections occur in most WHA resolutions and should be included in the resolutions drafted in Committee A.

Drafting a WHA Resolution (cont.)

WHA resolutions follow certain editorial guidelines that differ from those found in other UN resolutions.

First, both preambular and operative paragraphs end in a semi-colon (;) except for the last preambular paragraph that ends in a comma and the last operative paragraph that ends in a period.

Second, the verb that begins an operative paragraph is written in caps (i.e., URGES).

A list of terms commonly used in WHA resolutions will be provided separately before the conference.

The best way to learn how to write a good resolution is to read them and analyze how they are structured: https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R16-en.pdf

Some delegates have asked about whether certain recommendations are allowed or common in WHA resolutions. One is about whether it is possible to request funding from other parts of the UN system, like the World Bank in the resolution. The answer is this is not normally done. Some resolutions have sections encouraging certain actions from other UN entities or stakeholders but this does not include requests for funding. The actions referred to are more along the lines of supporting certain areas of work.

Another question delegates have asked is whether a request to form a subcommittee could be included in a WHA resolution. The WHA does not usually set up sub-committees. Subcommittees are usually created by the Executive Board not through a WHA resolution.

A third question is whether Committee A can request the WHO to set up ad hoc committees. Here too, the WHO Governing Bodies don't normally set up ad hoc committees either.

The Governing Bodies do sometimes set up intergovernmental working groups (IGWG) that meet between World Health Assembly sessions in formal meetings in order to reach agreement on a specific matter that has been assigned to them and then submit the outcome of their discussions to the governing bodies for consideration. The World Health Organization (WHO) has established several intergovernmental working groups to address specific health-related issues. For example:

- In December 2021, the WHO established the Intergovernmental Negotiating Body (INB) that was given the task of drafting and negotiating a WHO convention, agreement, or other international instrument related to pandemic prevention, preparedness, and response. This was driven by the need to strengthen the global response to future pandemics, learning from the impact of COVID-19. The outcome of the INB's work was the finalization of a proposed WHO Pandemic Agreement that was adopted at the Seventy-eighth World Health Assembly on 27 May 2025. This historic agreement aims to improve global coordination and make the world more equitable and safer from future pandemics .

With regard to ad hoc committees, there is an ad hoc Interagency Coordination Group on Antimicrobial Resistance that was set up by the UN Secretary-General provide practical guidance for approaches needed to ensure sustained global action to address antimicrobial resistance but this was outside of the WHO.

