WORLD HEALTH ASSEMBLY
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wfuna
World Federation of United Nations Associations

WFUNA
Email: globalmodelun@wfuna.org
Phone: +41 (0) 22 917 32 74
Instagram: @globalmodel

GLOBAL MODEL WHO 2026

SIMULATION HANDBOOK

WORLD HEALTH ASSEMBLY (WHA)

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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 WorldHealth 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 tenure of WHO's third Director-General, Dr. Halfdan Mahler, who served from 1973 to 1988, WHO shifted its focus toward primary health care. Rather than concentrating mainly on treating illness in hospitals, primary health care emphasized bringing essential health services closer to where people live. This approach was based on the belief that good health depends not only on medical treatment but also on ensuring that everyone has access to basic health services. Over time, this philosophy evolved into the concept of Universal Health Coverage (UHC), which seeks to ensure that all people can obtain the health services they need without suffering financial hardship. Today, Universal Health Coverage is one of WHO's highest priorities and is reflected in Target 3.8 of Sustainable Development Goal 3 on Good Health and Well-being.

In 2017, Dr. Tedros Adhanom Ghebreyesus, the Director-General of WHO, announced the Triple Billion Targets 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 14th General Program of Work (GPW 14). 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 breath 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.

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).

Committee A is responsible for:

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

Committee B is responsible for:

1. Reviewing and approving the official WHO Programme Budget, assessing financial statements, establishing Member State contribution scales, and managing the collection of financial arrears.
2. Managing internal operational systems, approving structural management frameworks, and overseeing staff regulations, human resource policies, and the health of the organizational infrastructure.
3. Drafting, updating, and monitoring global health regulations and voluntary codes of practice—such as the International Health Regulations (IHR) or ethical recruitment codes—and handling treaty interpretations or state compliance disputes.
4. Evaluating reports from the External Auditor, Internal Oversight Services, and Independent Expert Advisory Committees to ensure financial transparency and prevent fraud or organizational mismanagement.
5. Coordinating formal agreements with non-State actors, non-governmental organizations, and other United Nations entities to define how external partners can collaborate with the WHO.

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:

- Regional Office for Africa (AFRO)
- Regional Office for the Americas (AMRO also known as PAHO)
- Regional Office for South-East Asia (SEARO)
- Regional Office for Europe (EURO)
- Regional Office for Eastern Mediterranean (EMRO)
- Regional Office for 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.

Topics

Two High School simulations of Committee A will focus on the following topics:

- Committee A1: Urban Health
- Committee A2: Oral Health

and three University simulations of Committee A will focus on the following topics:

- Committee A3: AI, Health Information and Trust
- Committee A4: Plastics and Health
- Committee A5: Addressing the commercial determinants of health

For the first time in the history of our conference, we will be simulating Committee B. at the University level. The agenda item allocated to this Commitee will focus on:

- Committee B: Ethical governance of international recruitment of health personnel

This agenda item has been allocated to Committee B rather than Committee A because it deals with creating rules, laws, and paperwork to manage how countries hire workers from each other, rather than treating patients or running a medical program.

Documents delegates will need to prepare for their simulation focusing on these agenda items will be posted on the webpage set up for each simulation topic.

The Stages of Committee A &B Sessions

Opening Plenary

The simulation of the World Health will focus on one issue that has been allocated to Committee A: Vaccine Hesitancy in the Context of Behavioral Sciences. Committee A meetings 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.

Informal Consultations

General Discussion of Zero Draft (see definition on pg. 6)

Once the Plenary meeting is adjourned, both Committee A and Committee B will transition into informal consultations where they will review the Zero Draft of their conference paper with aim of identifying which delegations are supportive of your positions, which ones are opposed, which ones are unclear and which ones seem indifferent. This is a time to start building relationships as well as a time to assess the barriers to finding common ground and strategizing how to overcome these barriers. During these informal consultations, delegates will be asked to start drafting the amendments they want to propose and to identify other delegations they want to approach to see if they might be interested in co-sponsoring particular amendments.

Committee A Sessions (cont.)

Line by line review (informal consultations)

Once delegates have had time to meet in their regional groups to discuss the Zero Draft, they will 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.

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.

Committee A Sessions (cont.)

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 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 common 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.

Following the discussion, an Assistant Director-General will make comments on remarks made by Member States. The Committee will then move to adopt the draft resolution and send it to the WHA Plenary for final approval.

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 issubmitted 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 negations 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 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. ***Zero Draft:*** *A Zero Draft is the first working version of an outcome document used to begin negotiations. It is not a final text, and it is not expected to reflect the views of all delegations. Instead, it serves as a starting point for discussion..*
4. ***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.
5. ***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.
6. ***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 WHA

1. ***Dais:*** This term is not used at the UN and is therefore not a part of the terminology of the Consensus approach. The proper term to use when referring to the officials presiding over a meeting is the Bureau.
2. ***House:*** *I*n 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 reachingconsensus 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 AND ORDER 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. It also aims to serve as a guideline on how to decide the order in which to include content when drafting a resolution or merging content from different resolutions on the same agenda item.

If there is a report by the Director-General on the agenda item that is the focus of a resolution, the preambular section usually by referencing the report. When this occurs, the paragraph always begins with "Having considered..." (e.g., Having considered the consolidated report by the Director-General4;). The document symbol for the report is always included in a footnote.
The preamble usually includes past resolutions that the 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;

4 Document A74/10 Rev.1.

Drafting a WHA Resolution (cont.)

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:

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;

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 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;

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.

Drafting a WHA Resolution (cont.)

[Please note when recalling a UN General Assembly resolution in your report, you must write out the name of the Organ, i.e., United Nations General Assembly resolution 72/274 (2018). In addition, session number - 72 - and the order in which the resolution was adopted - 274 - are divided by a slash - 72/274. And that is followed by the year it was adopted in parentheses - (2018).

In contrast, WHA resolutions - WHA60.17 (2007) —use the acronym WHA followed by the session it was adopted - 60 - and the order in which it was adopted - 17 - with a period in between the two, i.e., 60.17 and finally the year it was adopted is added in parentheses at the end, i.e., 60.17 (2007).

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.

The first operative paragraph typically focuses on actions Member States should take and begins with 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;

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 or very specific about the range of relevant actors that Member States think should take action as illustrated in the following three examples:

CALLS UPON international organizations and other stakeholders:

or

Drafting a WHA Resolution (cont.)

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

or

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

2. CALLS UPON international, regional, national, and local partners and stakeholders from across the health, education, and social sectors, as appropriate:

(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;

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

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 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 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. Usually subcommittees are created by the Executive Board not through a WHA resolution. The WHO Executive Board, for example, has two sub-committees: the programme budget and administration committee- https://apps.who.int/gb/ebwha/pdf_files/EB146-REC1/B146_REC1-en.pdf#page=82 and a standing committee on health emergency prevention, preparedness and response- https://apps.who.int/gb/scheppr/pdf_files/TOR/B151(2)-en.pdf. Subcommittees are set up quite rarely.

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. What the Governing Bodies do sometimes set up are intergovernmental working groups (IGWG) that meet between sessions in formal meetings in order to reach agreement on a matter and submit the outcome to the governing bodies. Examples include the working group on SSFFC (https://apps.who.int/gb/sf/e/ssffc_wg1.html and https://apps.who.int/gb/sf/e/ssffc_wg2.html , the outcome of which was adopted in resolution WHA 65.19; the working group on the process and methods of election of the Director-General (https://apps.who.int/gb/EDG/) and the pandemic influenza preparedness framework- https://apps.who.int/gb/pip/).

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.