

Annex 1. Vacancies on WHO governing bodies and committees: process and criteria for nominations and elections

WHO governing bodies

Underlying principles and selection criteria

1. Regarding the election of membership to WHO governing bodies and committees, Rules 14.2.1 and 14.3 of the [Rules of Procedure of the Regional Committee for Europe](#) set out the need for equitable geographical distribution, adequate representation of the interests of the WHO European Region, the opportunity for all Member States in the Region to participate over time in the work of WHO governing bodies and committees, as well as other considerations relevant to maximizing the effectiveness of the work of the governing bodies and committees.
2. Equitable geographical distribution is ensured through the creation of three subregional groupings of Member States (resolution [EUR/RC63/R7](#), Annex 1).
3. Other selection criteria refer to:
 - (a) the equal opportunity for each Member State to serve on WHO governing bodies and committees;
 - (b) the candidate countries' past engagements and collaborations with WHO and their commitment to WHO's priorities at the global and regional levels, as reflected in the Thirteenth General Programme of Work, 2019–2025, and the European Programme of Work, 2020–2025 – “United Action for Better Health”; and
 - (c) the proposed representatives' broad mix of skills and practical experience in public health and in national administration, as well as gender balance (as further detailed in Annex 2 of resolution [EUR/RC63/R7](#)).

The nomination process: applicable rules and practices

4. The process for selecting Member States in the Region to serve on WHO governing bodies and other committees is governed by Rules 14.2 and 14.3 of the Rules of Procedure of the Regional Committee for Europe.
5. Following notification by the Regional Director, Member States are required to submit their nomination, with (1) a curriculum vitae, in a standard format, of the representative they intend to nominate if elected, as well as (2) a letter of intent explaining their relationship with WHO, their commitment to WHO priorities at the global and regional levels, and the contribution that they would make as a member of the specific body or committee (Rule 14.2.2 (a)).
6. After the deadline for submitting nominations is passed, the Secretariat first reviews the validity of the nominations received, namely, checking if each nomination was received within the deadline and with all the necessary documentation. Then, this information is compiled in the Membership of WHO bodies and committees document and communicated to the members of the SCRC.
7. Based on this information, the SCRC is asked to review all nominations received and identify which candidates in its opinion would best meet the criteria enumerated in the Rules of Procedure and relevant resolutions. This is done in a private session, usually held during the fourth session of the SCRC in June. The outcome of these deliberations are reflected in an assessment report that is sent to the candidate countries.

In so doing, the SCRC in the first instance tries to seek consensus among Member States submitting nominations in case there are more candidates than seats (Rule 14.2.2 (b)). SCRC members representing a Member State that submitted its nomination for one of the vacant seats shall abstain from the assessment of received candidacies for that particular body or committee.

8. If consensus is not possible, and if immediately prior to the start of the Regional Committee session there would still be more nominations than seats to be filled for a specific body and within a particular subregional group, the SCRC will submit the relevant assessment report to the Regional Committee for its information (Rule 14.2.2 (c)).

9. If consensus is still not reached by the time of the actual selection, the Regional Committee will proceed to an election by secret ballot in accordance with Rule 43. Candidate Member States must be represented during the relevant agenda item at the Regional Committee session (Rule 14.2.2 (d)).

Requirements for submitting nominations

10. Nominations received **no later than 31 May 2024** will be presented to the Regional Committee at its 74th session in October 2024. Nominations should be submitted to the following email address: eugovernance@who.int.

11. Each candidature must be accompanied by a curriculum vitae in standard format and a letter of intent.

Curriculum vitae

12. A curriculum vitae needs to be completed for the representative whom a Member State intends to appoint if elected for any of the above-mentioned bodies and committees. The templates in standard format are attached.

Letter of intent

13. The letter of intent must be written in one of the four official languages of the Region and should not exceed 600 words in length. It should include a short description of the following items:

- (a) an overview of the key elements of the relations between WHO and the nominating Member State, including events or programmes of particular relevance to the Member State concerned;
- (b) which WHO priorities the nominating Member State plans to represent during its three-year membership term; and
- (c) how the nominating Member State plans to achieve those priorities during its three-year term, and the reasons why the Member State is applying for membership of a governing body.

14. To facilitate a comparative consideration of the candidacies submitted by Member States, the letter of intent may include:

- (a) a record of Member States' engagement with WHO's governance and technical activities, for example, active participation in governing bodies' meetings, the country's financial and/or technical support to the Special Programme and its interest in the fields of family planning, research and development and in human reproduction and fertility regulation, as demonstrated by national policies and programmes; active participation and involvement in intergovernmental negotiations launched under the aegis of WHO; compliance with reporting requirements to WHO at regional or global level; as well as other examples considered relevant by Member States to demonstrate a high level of engagement with WHO;

-
- (b) details and evidence of their commitment to the implementation of global and regional WHO policies considered as a priority by them within the framework of their national health policies as well as their foreign policy; and
 - (c) details of how they aim to engage and cooperate with WHO if elected, and the contributions they intend to make as members of the PCC HRP.