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Late release of World Health Organization governing body documents: Trends in documentation timing at the World Health Assembly and Executive Board and considerations for Member State engagement

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Abstract: Timely access to documentation is essential for meaningful participation in global health governance. At the World Health Organization (WHO), governing body documents for the World Health Assembly (WHA) and the Executive Board (EB) provide the basis on which Member States assess agenda items, consult domestically, and prepare their negotiating positions. In this sense, the timing of document release directly affects transparency, accountability, and quality of decision-making. This study examines trends in documentation timing between 2016 and 2026 using data from the WHO governing body documentation portal. The findings show a clear and sustained shortening of the interval between document release and opening of WHA sessions since 2021, reaching the lowest level observed during the study period. By contrast, timelines for the EB, which were affected during the COVID-19 period, have largely recovered, suggesting that earlier circulation remains feasible in practice. Although this analysis does not directly measure downstream effects, shorter preparation periods may constrain Member States' ability to review materials carefully, coordinate across institutions, and develop negotiation strategies. These constraints may be felt most strongly by countries with limited participation capacities, potentially widening existing disparities in participation. A recent case further illustrates how late document release can affect not only meeting procedures but also depth and coherence of discussions. Despite ongoing WHO governance reforms, the timeliness of documentation has received limited attention. Ensuring earlier circulation and closer adherence to existing timelines would be a practical step toward strengthening transparency, equity, and effectiveness in global health governance.

***Keywords*:** global health governance, global health diplomacy, WHO governance reform, decision-making process, quality of deliberation

1. Introduction

Within the World Health Organization (WHO), governing body documents for the World Health Assembly (WHA) and the Executive Board (EB) form a central part of the decision-making process. They allow Member States to understand agenda items, consult relevant ministries and experts at the national level, and prepare their negotiating positions. WHO plays a distinctive role in the global health architecture, with responsibilities such as norm-setting, international coordination, and responses to public health emergencies. In this setting, documentation is not simply procedural. It shapes how Member States engage in discussions and, ultimately, how decisions are made.

The importance of timing in document circulation is explicitly recognized in WHO rules of procedure, which state that, as a general rule, reports and other documents should be made available at least six weeks before the opening of a session (*1,2*). This is intended to give delegations sufficient time to prepare and to support informed and inclusive deliberations. Timely documentation therefore represents an important operational condition for transparency and accountability in governance (*3*).

In recent years, however, documents have increasingly been issued shortly before meetings. This raises concerns about whether Member States

have adequate time to review materials, coordinate domestically, and engage fully in intergovernmental discussions. This paper examines trends in documentation timing between 2016 and 2026 and considers their implications for governance within WHO, with particular attention to how changing timelines may shape Member State engagement.

2. Empirical trends in documentation timing, 2016–2026

This analysis draws on data from the WHO governing body documentation portal (*4*) to assess timing of governing body documents for WHA and EB sessions between 2016 and 2026. Document release dates were obtained from dates displayed on document webpages within the portal, using the English-language version as reference when multiple language versions were available. To ensure comparability, only even-numbered EB sessions were included because odd-numbered EB sessions, which were held immediately after WHA, typically contain substantially fewer agenda items and associated documents. WHA73 (2020), which was conducted in a virtual and split format due to the COVID-19 pandemic, was also excluded.

Analysis focused on substantive policy documents available to Member States in relation to each governing body session. Excluded document categories included agenda documents, Director-General's addresses, sessional committee reports and other procedural documents, Programme, Budget and Administration Committee (PBAC) reports, draft resolutions and draft decisions, including associated financial and administrative implication documents, and corrigenda. These document types primarily reflect procedural matters, committee deliberations, negotiation outcomes, or administrative processes rather than substantive policy content intended for advance consideration by Member States. Revised documents issued after session opening were excluded because the original version may already have been available before the session, making timing of document availability difficult to assess consistently. Revised documents issued before session opening were included using the publication date of the revised version. Documents without identifiable publication dates were also excluded. After applying these criteria, a total of 1009 documents across 21 meetings were included in the analysis.

The findings indicate a clear shift in documentation timing for the WHA. Between 2016 and 2019, documents were typically issued around one month prior to sessions (Table 1). Since 2021, however, this interval has shortened considerably (Figure 1). The six-week benchmark specified in WHO rules of procedure corresponds to 42 days before opening of a session. Since 2021, WHA documents have been released substantially closer to session opening than this, with

Table 1. Average number of days between document release and the opening of the World Health Assembly (WHA) and the even-numbered sessions of the WHO Executive Board (EB), 2016–2026

Year	World Health Assembly (WHA)				Executive Board (EB)			
	Session	No. of documents*	Mean days before opening	95% CI	Session	No. of documents*	Mean days before opening	95% CI
2016	WHA69	67	30.75	24.52–36.97	EB138	58	34.45	28.73–40.17
2017	WHA70	59	27.98	22.84–33.12	EB140	49	39.43	33.24–45.62
2018	WHA71	42	41.48	35.06–47.89	EB142	35	31.91	25.46–38.37
2019	WHA72	54	33.11	27.93–38.29	EB144	45	43.73	40.35–47.12
2020	WHA73		excluded**		EB146	51	52.31	48.60–56.03
2021	WHA74	51	18.76	15.08–22.45	EB148	46	12.30	9.50–15.11
2022	WHA75	56	17.11	13.40–20.81	EB150	47	29.72	25.04–34.40
2023	WHA76	44	15.95	11.66–20.25	EB152	52	39.63	35.72–43.55
2024	WHA77	30	28.50	22.73–34.27	EB154	52	31.71	27.72–35.70
2025	WHA78	37	13.27	9.33–17.21	EB156	48	27.81	23.04–32.59
2026	WHA79	33	10.91	8.18–13.64	EB158	53	45.15	40.85–49.46

*Analysis was restricted to substantive policy documents and excluded procedural, negotiation-derived, and administrative documents, as detailed in the main text. **WHA73 (2020) was excluded because it was conducted in a virtual and split format during the COVID-19 pandemic.

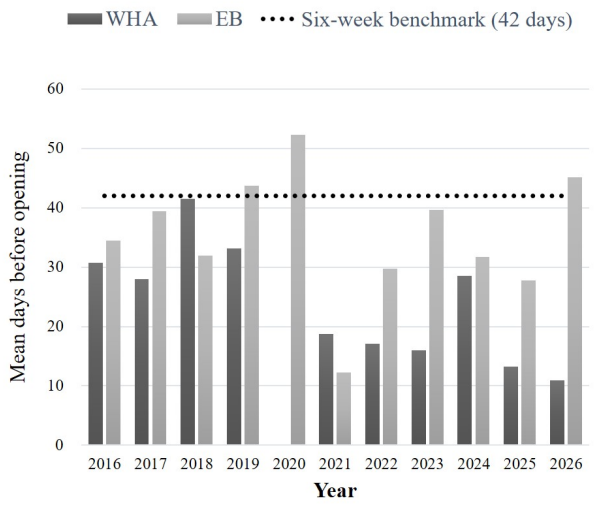

Figure 1. Trend in the average number of days between document release and opening of the World Health Assembly (WHA) and even-numbered Executive Board (EB) sessions, 2016–2026. WHA73 (2020) was excluded due to its virtual and split format during the COVID-19 pandemic. Only even-numbered EB sessions were included because odd-numbered sessions typically contain substantially fewer documents and are therefore less comparable. Analysis was restricted to substantive policy documents and excluded procedural, negotiation-derived, and administrative documents as detailed in the main text. The dotted horizontal line indicates six-week documentation benchmark (42 days) specified in the WHO Rules of Procedure.

lead times falling to 18.76 days for WHA74 (2021) and reaching 10.91 days for WHA79 (2026)—the lowest level observed during the study period.

In contrast, EB documentation shows a different trajectory. Although timelines declined during the COVID-19 period, they have since recovered, reaching approximately 45 days before EB158 (2026). This suggests that timely circulation remains operationally feasible but is not consistently implemented across governing bodies. Divergence in documentation timelines between the WHA and the EB may reflect differences not only in institutional function but also in processes through which consensus is formed. In particular, issues that remain unresolved at the EB level may require additional negotiation among Member States in the lead-up to the WHA, potentially delaying finalization and release of documentation. Conversely, documents prepared for the EB may in some cases be circulated at an earlier stage of policy development, prior to extensive Member State negotiation. While present analysis does not directly test these mechanisms, these observations suggest that institutional and political factors may contribute to differences in documentation timing and warrant further empirical investigation.

3. Implications for Member State engagement

Delays in documentation represent more than an operational issue; they affect how Member States engage in decision-making. National policymaking typically involves multiple stages, including inter-ministerial coordination, expert review, and consultation with domestic stakeholders. These processes take time, and compressed timelines can disrupt them. Implications are also visible in negotiation dynamics. Effective participation depends on the ability to anticipate alternative scenarios and prepare negotiation strategies in advance. Late release of documents constrains such preparation and may increase reliance on Secretariat framing, as effective participation in global health diplomacy depends on advance preparation and strategic positioning (*5*).

These effects are not evenly distributed. Countries with more constrained participation capacities, or smaller delegations are more vulnerable to shortened preparation periods, potentially reinforcing existing asymmetries in influence during negotiations (*6*). This raises concerns not only about efficiency, but also about equity in global governance. The issue has also been raised by Member States in recent WHO governing body discussions, underscoring importance of timely documentation for effective participation.

Recent cases illustrate how implications of delayed documentation can vary depending on context. For example, document A79/8 on the Open-ended Intergovernmental Working Group on the WHO Pandemic Agreement (*7*) was issued five days before the session, following intensive negotiations among Member States. In such cases, where Member States are directly involved in ongoing negotiation processes, later document circulation may be difficult to avoid and does not necessarily undermine participation, as substantive engagement occurs through other channels.

By contrast, document A79/24 on reform of the global health architecture and the UN80 Initiative (*8*) was issued eleven days before the WHA. Given that it was also scheduled for consideration by PBAC, this effectively left only six days for preparation from the perspective of PBAC participants. When travel time to Geneva and practical constraints of delegation coordination are taken into account, this timeframe is, in practice, highly constrained for adequate preparation. For an agenda item of such institutional significance, these conditions may have limited both substantive review and domestic coordination. A further example illustrates related concerns. The "Financing, Implementation and Performance Framework for the Programme Budget 2026–2027" (A79/15) (*9*) was released only two days before the relevant PBAC session. Given its central role in guiding decisions on financing and performance, this short timeframe may have limited detailed analysis and coordination.

Taken together, these examples suggest that delays in documentation can have different implications depending on nature of the agenda item and extent of prior Member State engagement. However, where late release occurs

in absence of sustained negotiation processes, it is more likely to affect depth and coherence of deliberation. These concerns are heightened in the current global context, where ongoing WHO governance reforms, broader UN system discussions, and increasing financial constraints make informed and timely decision-making ever more critical.

4. Documentation delays and WHO governance reform

Documentation timeliness remains a relatively under-addressed issue within ongoing WHO governance reform. While recent efforts have focused on financial sustainability and accountability, operational dimensions such as documentation practices have received comparatively less attention (*10-12*). At the same time, the policy environment has become more complex, with parallel processes such as revision of the International Health Regulations and negotiations on a pandemic agreement placing additional demands on documentation systems (*13,14*).

Institutional responses have begun to emerge. A decision adopted by the EB allows for deferral of agenda items when documentation is not made available in a timely manner (*15*). However, the practical impact of such measures has been limited, particularly in WHA sessions, suggesting a gap between formal rules and operational practice.

Transparency and accountability depend not only on availability of information but also on its usability (*3*). Timely documentation should therefore be understood as a structural element of governance, consistent with WHO's constitutional framework (*16*). More fundamentally, timely documentation is not merely an administrative requirement but a prerequisite for meaningful Member State participation in WHO decision-making processes. Evidence from global health treaty implementation further underscores the role of institutional design in shaping outcomes (*17*).

Addressing documentation delays will require practical measures, including earlier circulation of draft materials to facilitate preliminary review, stricter adherence to existing timelines to ensure predictability, and more consistent application of deferral mechanisms when deadlines are not met. Additional options could include routine public reporting of documentation timeliness and explanatory reporting for substantial delays, helping to strengthen transparency and accountability in documentation practices.

5. Limitations

This analysis has several limitations. First, it evaluates documentation timing rather than direct measures of Member State preparation, negotiation behaviour, or quality of deliberation. Consequently, the effects discussed in this paper should be interpreted as plausible implications rather than empirically demonstrated outcomes. Second, the analysis does not assess differences in participation capacity across Member States and therefore cannot determine how documentation timing may affect countries differently. Third, the analysis focused on substantive policy documents circulated prior to opening of governing body sessions, consistent with the study's aim of examining documentation timing. As a result, procedural documents, negotiation-derived materials, and other excluded categories were not assessed. Finally, this analysis does not investigate underlying causes of documentation delays, which may reflect a combination of Secretariat processes, intergovernmental negotiations, and other factors involved in document development. Further work exploring both causes and consequences of documentation delays could help strengthen the evidence base for governance reform.

6. Conclusions

This analysis shows that the interval between document release and session opening has shortened significantly over the past decade, particularly for the WHA, and that this trend persists. Timely documentation is not merely a procedural concern but a prerequisite for effective, equitable, and legitimate decision-making. Ensuring that Member States have adequate time to review and engage with key documents is essential for maintaining transparency, accountability, and meaningful participation in global health governance. As WHO reforms continue, improving timeliness of documentation should be recognized as a practical and immediate priority for strengthening governance in practice.

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