DNDi statement on Agenda Item 22.1: **WHO reform – Involvement of non-State actors in WHO’s governing bodies**

DNDi highly values and greatly benefits from its interaction with Member States through WHO governance mechanisms. The legitimacy and effectiveness of global health policy derives from inclusion. To respond to global health challenges, input from a full range of actors representing Member States’ geographical and socio-economic diversity must be brought to bear. Both governments and civil society must be able to express diverse views in order to identify areas of contention and consensus.

Efforts to strengthen engagement with non-State actors should prioritize the need to retain a genuine plurality of views. Unlike disease- or issue-specific initiatives, a challenge for the only global multilateral health forum is that there are few existing or necessarily natural constituencies. As Member States themselves will know, constituency building is a long and fraught process that comes with the inherent risks of privileging the loudest and the largest, and silencing the least powerful and most vulnerable.

Investment in preparation and dialogue to shape future modalities for engagement is therefore a prerequisite for reform. Broad constituency building should be formally integrated into governance processes and facilitated through regional meetings in all six WHO regions. We share the view that additional, inclusive opportunities should be developed, including through online fora.