

RESOLUTIONS

EB122.R1 Poliomyelitis: mechanism for management of potential risks to eradication

The Executive Board,

Having considered the report on poliomyelitis: mechanism for management of potential risks to eradication,¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:²

The Sixty-first World Health Assembly,

Having considered the report on poliomyelitis: mechanism for management of potential risks to eradication;

Recalling resolution WHA60.14, which urged Member States in which wild poliovirus is still present, especially the four countries in which poliomyelitis is endemic, to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

Recognizing the need to make rapidly available the necessary financial resources to eradicate poliomyelitis and minimize the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

Recognizing the need for international coordination of the strategies to minimize and manage the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission globally;

Noting that planning for such international consensus must begin as soon as possible after transmission of wild poliovirus is interrupted globally,

1. URGES all remaining poliomyelitis-affected Member States to engage all levels of political and civil society in order to ensure that every child is consistently reached and vaccinated during every supplementary immunization activity against poliomyelitis, so that all remaining transmission of wild poliovirus is interrupted rapidly;

2. URGES all Member States:

(1) to strengthen active surveillance of acute flaccid paralysis in order to detect rapidly any circulating poliovirus and prepare for certification of poliomyelitis eradication;

¹ Document EB122/6.

² See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

(2) to complete the activities outlined in phase I of the WHO global action plan for laboratory containment of wild polioviruses¹ and prepare to implement appropriate long-term safeguards and biocontainment conditions for remaining wild polioviruses within at most 12 months after detection of the last case of poliomyelitis caused by a circulating wild virus;

(3) to achieve rapidly and to maintain routine immunization coverage against poliomyelitis at a level greater than 80% of the childhood population;

(4) to make available rapidly the necessary financial resources to eradicate poliomyelitis and minimize the risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

3. REQUESTS the Director-General:

(1) to continue to provide technical support to the remaining countries affected by poliomyelitis in their efforts to interrupt the final chains of transmission of wild poliovirus;

(2) to assist in mobilizing the financial resources necessary for full implementation of the intensified eradication effort and for ensuring that the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis are minimized;

(3) to undertake the necessary research to characterize fully the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis and to develop appropriate strategies and products for managing these risks, including safer processes for production of inactivated poliovirus vaccine and affordable strategies for its use;

(4) to develop a new strategy for renewed fight to eradicate poliomyelitis from the remaining countries drawing on experience from regions where poliomyelitis is eradicated and on operations research in order to determine the most efficient and cost-effective interventions;

(5) to report to the Health Assembly when she determines that transmission of wild poliovirus type 1 is likely to have been interrupted globally, and to submit with that report a proposal or proposals for review by the Executive Board for a mechanism to mitigate the risk of the reintroduction of poliovirus that does not involve amending the International Health Regulations (2005) or developing another binding instrument.

(Second meeting, 21 January 2008)

¹ Second edition, document WHO/V&B/03.11.

EB122.R2 Strategies to reduce the harmful use of alcohol

The Executive Board,

Having considered the report on strategies to reduce the harmful use of alcohol,¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:

The Sixty-first World Health Assembly,

Having considered the report on strategies to reduce the harmful use of alcohol and the further guidance on strategies and policy element options therein;

Reaffirming resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems: development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse and WHA57.16 on health promotion and healthy lifestyles;

Recalling resolution WHA58.26 on public-health problems caused by harmful use of alcohol and decision WHA60(10);

Noting the report by the Secretariat presented to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including the addendum on a global assessment of public health problems caused by harmful use of alcohol;²

Noting the second report of the WHO Expert Committee on Problems Related to Alcohol Consumption³ and acknowledging that effective strategies and interventions that target the general population, vulnerable groups, individuals and specific problems are available and should be optimally combined in order to reduce alcohol-related harm;

Mindful that such strategies and interventions must be implemented in a way that takes into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;

Deeply concerned by the extent of public health problems associated with harmful use of alcohol, including injuries and violence, and possible links to certain communicable diseases, thereby adding to the disease burden, in both developing and developed countries;

Mindful that international cooperation in reducing public-health problems caused by the harmful use of alcohol is intensifying, and of the need to mobilize the necessary support at global and regional levels,

¹ Documents EB122/10 and EB122/10 Corr.1.

² Documents A60/14 and A60/14 Add.1.

³ WHO Technical Report Series, No. 944, 2007.

1. URGES Member States:

(1) to collaborate with the Secretariat in developing a draft global strategy on harmful use of alcohol based on all evidence and best practices, in order to support and complement public health policies in Member States, with special emphasis on an integrated approach to protect at-risk populations, young people and those affected by harmful drinking of others;

(2) to develop, in interaction with relevant stakeholders, national systems for monitoring alcohol consumption, its health and social consequences and the policy responses, and to report regularly to WHO's regional and global information systems;

(3) to consider strengthening national responses, as appropriate and where necessary, to public health problems caused by harmful use of alcohol, on the basis of evidence on effectiveness and cost-effectiveness of strategies and interventions to reduce alcohol-related harm generated in different contexts;

2. REQUESTS the Director-General:

(1) to prepare a draft global strategy to reduce harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options, taking into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;

(2) to ensure that the draft global strategy will include a set of proposed measures recommended for States to implement at the national level, taking into account the national circumstances of each country;

(3) to include full details of ongoing and emerging regional, subregional and national processes as vital contributions to a global strategy;

(4) to collaborate and consult with Member States as well as with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol;

(5) to submit to the Sixty-third World Health Assembly, through the Executive Board, a draft global strategy to reduce harmful use of alcohol.

(Fourth meeting, 22 January 2008)

EB122.R3 Implementation of the International Health Regulations (2005)

The Executive Board,

Having considered the report on implementation of International Health Regulations (2005),¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:²

The Sixty-first World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005);

Recalling resolution WHA58.3 on revision of the International Health Regulations, which decided that the Sixty-first World Health Assembly would consider the schedule for the submission of further reports by States Parties and the Director-General on the implementation of the International Health Regulations (2005) and the first review of their functioning, pursuant to paragraphs 1 and 2 of Article 54 of the Regulations;

Underscoring the importance of establishing a schedule to review and evaluate the functioning of Annex 2, pursuant to paragraph 3 of Article 54 of the International Health Regulations (2005);

Mindful of the request to the Director-General in resolution WHA59.2 on application of the International Health Regulations (2005) to report to the Sixtieth World Health Assembly and annually thereafter on progress achieved in providing support to Member States on compliance with, and implementation of, the International Health Regulations (2005);

Recognizing the need to rationalize reporting on all aspects of implementation of the International Health Regulations (2005) in order to facilitate the work of the Health Assembly,

1. REAFFIRMS its commitment to implement fully the International Health Regulations (2005) in accordance with the purpose and scope set out in Article 2 and the principles embodied in Article 3 of the Regulations;

2. DECIDES:

(1) in accordance with paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations biennially, with the next report to be submitted to the Sixty-third World Health Assembly;

(2) in accordance with paragraph 2 of Article 54 of the International Health Regulations (2005), that the first review of the functioning of the Regulations shall be made by the Sixty-third World Health Assembly;

¹ Document EB122/8.

² See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

(3) in accordance with paragraph 3 of Article 54 of the International Health Regulations (2005), that the first review and evaluation of the functioning of Annex 2 shall be submitted to the Sixty-third World Health Assembly for its consideration;

3. URGES Member States:

(1) to ensure that the contact details of the centre that has been designated as the National IHR Focal Point are complete and up to date and to encourage relevant staff within the centre to access and use the Event Information Site on the WHO web site;

(2) to take steps to ensure that the national core capacity requirements specified in Annex 1 to the Regulations are developed, strengthened and maintained, in accordance with Articles 5 and 13 of the International Health Regulations (2005);

(3) to designate an expert, if they have not already done so, for the IHR Roster of Experts, in accordance with Article 47 of the International Health Regulations (2005);

(4) to continue to support each other and collaborate with WHO in the implementation of the International Health Regulations (2005), in accordance with resolution WHA58.3 and relevant provisions of those Regulations;

4. REQUESTS the Director-General:

(1) to submit every two years a single report, including information provided by States Parties and about the Secretariat's activities, to the Health Assembly for its consideration, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);

(2) to provide support to Member States with the most vulnerable health systems in strengthening core capacity requirements for surveillance and response at airports, ports and ground crossings, paying special attention to the sub-Saharan Africa laboratory network.

(Fifth meeting, 23 January 2008)

EB122.R4 Climate change and health

The Executive Board,

Having considered the report on climate change and health,¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:

The Sixty-first World Health Assembly,

Having considered the report on climate change and health;

¹ Document EB122/4.

Recalling resolution WHA51.29 on the protection of human health from risks related to climate change and stratospheric ozone depletion and acknowledging and welcoming the work carried out so far by WHO in pursuit of it;

Recognizing that, in the interim, the scientific evidence of the effect of the increase in atmospheric greenhouse gases, and of the potential consequences for human health, has considerably strengthened;

Noting with concern the recent findings of the Intergovernmental Panel on Climate Change that the effects of temperature increases on some aspects of human health are already being observed; that the net global effect of projected climate change on human health is expected to be negative, especially in developing countries, small island developing States and vulnerable local communities which have the least capacity to prepare for and adapt to such change, and that exposure to projected climate change could affect the health status of millions of people, through increases in malnutrition, in death, disease and injury due to extreme weather events, in the burden of diarrhoeal disease, in the frequency of cardiorespiratory diseases, and through altered distribution of some infectious disease vectors;

Noting further that climate change could jeopardize achievement of the Millennium Development Goals, including the health-related Goals, and undermine the efforts of the Secretariat and Member States to improve public health and reduce health inequalities globally;

Recognizing the importance of addressing in a timely fashion the health impacts resulting from climate change due to the cumulative effects of emissions of greenhouse gases, and further recognizing that solutions to the health impacts of climate change should be seen as a joint responsibility of all States;

Recognizing the need to assist Member States in assessing the implications of climate change for health and health systems in their country, in identifying appropriate and comprehensive strategies and measures for addressing these implications, in building capacity in the health sector to do so and in working with government and nongovernmental partners to raise awareness of the health impacts of climate change in their country and take action to address them;

Further recognizing that strengthening health systems to enable them to deal with both gradual changes and sudden shocks is a fundamental priority in terms of addressing the direct and indirect effects of climate change for health,

1. REQUESTS the Director-General:

(1) to continue to draw to the attention of the public and policy-makers the serious risk of climate change to global health security and to the achievement of the health-related Millennium Development Goals, and to work with FAO, WMO, UNDP, UNEP, the United Nations Framework Convention on Climate Change secretariat, and other appropriate organizations of the United Nations, in the context of United Nations reform initiatives, and with national and international agencies, to ensure that these health impacts and their resource implications are understood and can be taken into account in further developing national and international responses to climate change;

(2) to engage actively in the UNFCCC Nairobi Work Programme on Impacts, Vulnerability and Adaptation to Climate Change, in order to ensure its relevance to the health sector, and to keep Member States informed about the work programme in order to facilitate their participation in it as appropriate and access to the benefits of its outputs;

(3) to continue close cooperation with Member States and appropriate United Nations organizations, other agencies and funding bodies in order to develop capacity to assess the risks from climate change for human health and to implement effective response measures, by promoting further research and pilot projects in this area, including work on:

- (a) health vulnerability to climate change and the scale and nature thereof;
- (b) health protection strategies and measures relating to climate change and their effectiveness, including cost-effectiveness;
- (c) the health impacts of potential adaptation and mitigation measures in other sectors such as water resources, land use, and transport, in particular where these could have positive benefits for health protection;
- (d) decision-support and other tools, such as surveillance and monitoring, for assessing vulnerability and health impacts and targeting measures appropriately;
- (e) assessment of the likely financial costs and other resources necessary for health protection from climate change;

(4) to consult Member States on the preparation of a workplan for scaling up WHO's technical support to Member States for assessing and addressing the implications of climate change for health and health systems, including practical tools and methodologies and mechanisms for facilitating exchange of information and best practice and coordination between Member States, and to present a draft workplan to the Executive Board at its 124th session.

(Fifth meeting, 23 January 2008)

EB122.R5 Health of migrants

The Executive Board,

Having considered the report on health of migrants,¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:

The Sixty-first World Health Assembly,

Having considered the report on health of migrants;

Recalling the United Nations General Assembly resolution 58/208 underlining the need for a high-level dialogue on the multidimensional aspects of international migration and development (New York, 23 December 2003);

¹ Document EB122/11.

Recalling the first plenary session of the United Nations General Assembly on migration issues and the conclusions of the High-level Dialogue on Migration and Development (New York, 14–15 September 2006) with their focus on ways to maximize the development benefits of migration and to minimize its negative impacts;

Recognizing that the revised International Health Regulations (2005) include provisions relating to international passenger transport;

Recalling resolutions WHA57.19 and WHA58.17 on international migration of health personnel: a challenge for health systems in developing countries, calling for support to the strengthening of health systems, in particular human resources for health;

Recognizing the need for WHO to consider the health needs of migrants in the framework of the broader agenda on migration and development;

Recognizing that health outcomes can be influenced by the multiple dimensions of migration;

Noting that some groups of migrants experience increased health risks;

Recognizing the need for additional data on migrants' health and their access to health care in order to substantiate evidence-based policies;

Taking into account the determinants of migrants' health in developing intersectoral policies to protect their health;

Mindful of the role of health in promoting social inclusion;

Acknowledging that the health of migrants is an important public health matter for both Member States and the work of the Secretariat;

Noting that Member States have a need to formulate and implement strategies for improving the health of migrants;

Noting that policies addressing migrants' health should be sensitive to the specific health needs of women, men and children;

Recognizing that health policies can contribute to development and to achievement of the Millennium Development Goals,

1. CALLS UPON Member States:

- (1) to promote migrant-sensitive health policies;
- (2) to promote equitable access to health promotion and care for migrants, subject to national laws and practice, and devise mechanisms for enhancing the health of migrants;
- (3) to assess and analyse trends in migrants' health, disaggregating health information by relevant categories;
- (4) to identify better the gaps in service delivery in order to improve the health of all populations, including migrants;

- (5) to gather, document and share information and best practices for meeting migrants' health needs in countries of origin or return, transit and destination;
- (6) to raise health service providers' and professionals' cultural and gender sensitivity to migrants' health issues;
- (7) to train health professionals to deal with the health issues associated with population movements;
- (8) to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migratory process;
- (9) to promote strengthening of health systems in developing countries;
- (10) to contribute to the reduction of the global deficit of health professionals and its consequences on the sustainability of health systems and the attainment of the Millennium Development Goals;

2. REQUESTS the Director-General:

- (1) to promote migrants' health on the international health agenda in collaboration with other relevant international organizations;
- (2) to explore policy options and approaches for improving the health of migrants;
- (3) to analyse the major challenges to health associated with migration;
- (4) to support the development of regional and national assessments of migrants' health status and access to health care;
- (5) to promote the inclusion of migrants' health in the development of regional and national health strategies where appropriate;
- (6) to help to collect and disseminate data on migrants' health;
- (7) to promote dialogue and cooperation on migrants' health among all Member States involved in the migratory process, within the framework of the implementation of their health strategies;
- (8) to promote interagency, interregional and international cooperation on migrants' health with an emphasis on developing partnerships with other organizations and considering the impact of other policies;
- (9) to encourage the exchange of information through a technical network of collaborating centres, academic institutions and other key partners in order to further research into migrants' health and to enhance capacity for technical cooperation;
- (10) to submit to the Sixty-third World Health Assembly, through the Executive Board, a report on the implementation of this resolution.

EB122.R6 Appointment of the Regional Director for the Americas

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering the nomination made by the Regional Committee for the Americas at its fifty-ninth session,

1. REAPPOINTS Dr Mirta Roses Periago as Regional Director for the Americas as from 1 February 2008;
2. AUTHORIZES the Director-General to issue a contract to Dr Mirta Roses Periago for a period of five years as from 1 February 2008, subject to the provisions of the Staff Regulations and Staff Rules.

(Seventh meeting, 24 January 2008)

EB122.R7 Global immunization strategy

The Executive Board,

Having considered the report on the global immunization strategy,¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:²

The Sixty-first World Health Assembly,

Having considered the report on the global immunization strategy;

Applauding the remarkable investments in human and financial resources made by Member States and partner agencies in support of vaccines and immunization as well as the launch of innovative financing mechanisms such as the International Finance Facility for Immunisation, and the advance market commitment for a pneumococcal conjugate vaccine through the GAVI Alliance;

Recalling resolution WHA56.20 on reducing global measles mortality, and commending Member States' and their partners' success in exceeding the goal of reducing deaths worldwide due to measles by 50% by the end of 2005 compared with the 1999 level;

Commending also Member States' and their partners' progress in increasing the availability, affordability and uptake of hepatitis B vaccine worldwide;

Encouraged by the progress in molecular biology and genetics that is accelerating the discovery and development of new vaccines and by the increasing number of developing-

¹ Document EB122/14.

² See Annex 3 for the financial and administrative implications for the Secretariat of the resolution.

country manufacturers producing vaccines that meet WHO requirements for vaccines of assured quality;

Alarmed that many developing countries are not on track to meet the internationally agreed target in Millennium Development Goal 4 for reducing the under-five mortality rate;

Concerned that there are insufficient resources available for introduction of new vaccines, especially in low-income and middle-income countries;

Stressing the vital role that vaccine and immunization programmes can play in reducing infant mortality and in facilitating the delivery of a package of life-saving interventions,

1. URGES Member States:

(1) to implement fully the strategy for reducing measles mortality in order to achieve the goal set in the Global Immunization Vision and Strategy 2006–2015 of a 90% reduction in the global measles mortality rate between 2000 and 2010;

(2) to enhance efforts to improve delivery of high-quality immunization services in order to achieve the target of equitable coverage of at least 80% in all districts by 2010 set in the Global Immunization Vision and Strategy 2006–2015;

(3) to further expand access to, and coverage of, available and cost-effective new life-saving vaccines of assured quality, in accordance with national priorities, for all target populations in order to accelerate the achievement of Millennium Development Goal 4;

(4) to develop, strengthen and/or maintain surveillance systems for vaccine-related adverse events;

2. REQUESTS the Director-General:

(1) to work with Member States to sustain political commitment at all levels for achieving high immunization coverage rates with all available cost-effective vaccines;

(2) to collaborate with international partners, including UNICEF and the GAVI Alliance, in order to continue to mobilize the financial resources required to achieve the objective;

(3) to collaborate with international partners and donors as well as vaccine producers to mobilize necessary resources to support low-income and middle-income countries with the aim of increasing the supply of affordable vaccines of assured quality;

(4) to take measures, as appropriate, to assist developing countries to establish and strengthen their capacity for vaccine research, development and regulation, for the purpose of improving the output of vaccine production with the aim of increasing the supply of affordable vaccines of assured quality;

(5) to provide guidelines and technical support to Member States in order to minimize vaccine-related adverse events;

(6) to facilitate scientific, technical and financial investments in the research and development of safe and effective vaccines against poverty-related and neglected diseases;

(7) to monitor progress towards achievement of global immunization goals and report on such progress to the Sixty-fourth World Health Assembly.

(Seventh meeting, 24 January 2008)

EB122.R8 Method of work of the Health Assembly

The Executive Board,

Having considered the report on method of work of the Health Assembly,¹

1. DECIDES to amend Rules 9 and 38 of the Rules of Procedure of the Executive Board as follows, with effect from the closure of its 122nd session:

Rule 9

[...]

Any proposal for inclusion on the agenda of any item under (c), (d), (e) and (f) above shall be accompanied by an explanatory memorandum, except in the case of standing or recurring items proposed by the Director-General under (f).

Rule 38

If two or more proposals are moved, the Board shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

2. RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:

The Sixty-first World Health Assembly,

Having considered the report on methods of work of the Health Assembly;

1. DECIDES to add to its Rules of Procedure of the World Health Assembly a new Rule 12bis, as follows:

Rule 12bis

At each session the provisional agenda and, subject to Rule 12, any proposed supplementary item, together with the report of the General Committee thereon, shall be

¹ Document EB122/21.

submitted to the Health Assembly for its adoption as soon as possible after the opening of the session.

2. DECIDES to delete Rules 24 and 25 of the Rules of Procedure of the World Health Assembly;

3. DECIDES to amend Rules 26, 31, 34, 36, and 68 of the Rules of Procedure of the World Health Assembly as follows, on the understanding that the Rules of Procedure shall be renumbered as a consequence of the deletion of Rules 24 and 25:

Rule 26

At each regular session, the Health Assembly shall elect a President and five vice-presidents, who shall hold office until their successors are elected.

Rule 31

The General Committee of the Health Assembly shall consist of the President and vice-presidents of the Health Assembly, the chairmen of the main committees of the Health Assembly established under Rule 34 and that number of delegates to be elected by the Health Assembly as shall provide a total of twenty-five members of the General Committee, provided that no delegation may have more than one representative on the Committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.

[...]

Rule 34

[...]

The chairmen of these main committees shall be elected by the Health Assembly.

Rule 36

Each main committee shall elect two vice-chairmen and a rapporteur.

Rule 68

If two or more proposals are moved, the Health Assembly shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

4. DECIDES that the Health Assembly shall continue to follow its current practice concerning equitable geographical representation in the nomination of candidates for elected positions in the Health Assembly and its subsidiary bodies, with a view to such nominations being received by the Director-General no later than the opening of each session of the Health Assembly.

5. FURTHER DECIDES that the foregoing changes to its Rules of Procedure shall take effect from the closure of its Sixty-first session.

(Eighth meeting, 24 January 2008)

EB122.R9 Multilingualism: implementation of action plan

The Executive Board,

Having considered the progress report on multilingualism: implementation of action plan,¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:

The Sixty-first World Health Assembly,

Convinced of the relevance of the recommendations made in the report of the Joint Inspection Unit² entitled Multilingualism and access to information: case study on the World Health Organization, which was submitted to the first meeting of the Programme, Budget and Administration Committee of the Executive Board;

Having considered the report by the Secretariat entitled Multilingualism: plan of action³ and recalling the provisions relating to multilingualism contained in the Medium-term strategic plan 2008–2013 (resolution WHA60.11);

Also recalling the resolutions and rules relating to language use in WHO, and in particular resolution WHA50.32 on respect for equality among the official languages and resolution WHA51.30 concerning the availability of governing body documents on the Internet and resolution EB105.R6 on the use of languages in WHO;

Considering that the universality of the organizations of the United Nations system is based on, among other things, language diversity and equality among the official and working languages chosen by the Member States;

Welcoming in this regard the resolution on multilingualism (61/266) adopted by the United Nations General Assembly in May 2007;

Commending the report by the Secretariat entitled Multilingualism: plan of action³ submitted to the Executive Board at its 121st session in May 2007;

1. REQUESTS the Director-General to implement, as rapidly as possible, the plan of action contained in the Secretariat's report,³ and in particular the following points:

(1) preparation, before the 124th session of the Executive Board, of a timetable for implementation of the plan of action and a table showing the financial implications globally fitting within the framework of the Medium-term strategic plan 2008–2013;

(2) preparation of a strategy to set translation priorities, associating Member States by means of a mechanism of informal consultations to be defined;

¹ Document EB122/29, section H.

² Document JIU/REP/2003/4.

³ Documents EB121/6 and EB121/6 Corr.1.

2. ALSO REQUESTS the Director-General to ensure:
 - (1) equal respect for linguistic diversity at WHO headquarters, regional offices and country offices;
 - (2) establishment of a database to make it possible to determine in which official languages of the Organization members of WHO staff belonging to the professional category are fluent;
 - (3) that health-care background is taken into account when recruiting WHO language-services staff;
 - (4) encouragement for and promotion of access to quality language training for all the Organization's staff;
3. REQUESTS the Director-General to report to the Sixty-second World Health Assembly on the implementation of this resolution, and to report biennially thereon.

(Ninth meeting, 25 January 2008)

EB122.R10 Confirmation of amendments to the Staff Rules¹

The Executive Board,

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2008 concerning the remuneration of staff in the professional and higher categories, the mobility and hardship scheme and resignation.

(Ninth meeting, 25 January 2008)

EB122.R11 Confirmation of amendments to the Staff Rules

The Executive Board,

Having considered the report on confirmation of amendments to the Staff Regulations and Staff Rules,²

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:

The Sixty-first World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

¹ See Annex 1.

² Document EB122/30.

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 172 546 per annum before staff assessment, resulting in a modified net salary of US\$ 125 155 (dependency rate) or US\$ 113 332 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 189 929 per annum before staff assessment, resulting in a modified net salary of US\$ 136 454 (dependency rate) or US\$ 122 802 (single rate);
3. ESTABLISHES the salary of the Director-General at US\$ 233 720 per annum before staff assessment, resulting in a modified net salary of US\$ 164 918 (dependency rate) or US\$ 146 662 (single rate);
4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2008.

(Ninth meeting, 25 January 2008)

EB122.R12 Relations with nongovernmental organizations¹

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,²

1. DECIDES to admit into official relations with WHO the International AIDS Society, International Network of Women Against Tobacco, International Society for Telemedicine & eHealth, and Stichting Health Action International;
2. DECIDES to confirm the admission into official relations with WHO of the European Generic Medicines Association, International Centre for Trade and Sustainable Development, and MSF International;
3. DECIDES to confirm the provisional official relations of Knowledge Ecology International, Inc. for the purpose of participating in the work of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, and decides to defer any further consideration of official relations status beyond this provisional status;
4. DECIDES to discontinue official relations with the following nongovernmental organizations: Commonwealth Medical Association, German Pharma Health Fund e.V., International Association for Maternal and Neonatal Health, International Federation for Housing and Planning, International Society for Preventive Oncology, International Society of Nurses in Cancer Care, and the World Federation of Nuclear Medicine and Biology.

(Ninth meeting, 25 January 2008)

¹ See Annexes 2 and 3.

² Document EB122/34.

EB122.R13 Female genital mutilation

The Executive Board,

Having considered the report on female genital mutilation,¹

SUBMITS to the Sixty-first World Health Assembly for its consideration the following resolution:²

The Sixty-first World Health Assembly,

Having considered the report on female genital mutilation;

Recalling resolution WHA47.10 on Maternal and child health and family planning: traditional practices harmful to the health of women and children;

[Reaffirming

OR

Reaffirming the goals and commitments contained in

OR

Recalling]

the Beijing Declaration and Platform for Action of the Fourth World Conference on Women (Beijing, 1995), the Programme of Action of the International Conference on Population and Development (Cairo, 1994) and their five- and ten-year reviews [**and related reports**], as well as the United Nations Millennium Declaration 2000 and the commitments relevant to the girl child made at the United Nations General Assembly special session on children (2002), and in United Nations General Assembly resolution 60/1 on the 2005 World Summit Outcome;

Affirming that the International Covenant on Civil and Political Rights (1976), the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Convention on the Rights of the Child (1989), constitute an important contribution to the legal framework for the protection and promotion of the human rights of girls and women, and recognizing the importance African States attach to the African Charter on the Rights and Welfare of the Child (1990) and the Solemn Declaration on Gender Equality in Africa (2004) in this regard;

Recognizing the entry into force of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted in Maputo on 11 July 2003, whose provisions on female genital mutilation mark a significant milestone towards the abandonment of this practice;

¹ Document EB122/15.

² See Annex 3 for the financial and administrative implications for the Secretariat of the resolution.

Recalling also resolution 51/2 of the United Nations Commission on the Status of Women¹ on ending female genital mutilation (March 2007);

Recognizing that female genital mutilation violates the human rights of girls and women including their right to the enjoyment of the highest attainable standard of physical and mental health;

Noting that, whereas there is evidence of decline in the practice, it is still widespread in some parts of the world, with an estimated 100 million to 140 million girls and women having undergone the practice and at least another three million being at risk of undergoing the practice every year;

Deeply concerned about the serious health consequences of female genital mutilation; the risk of immediate complications, which include severe pain, shock, haemorrhage, tetanus, sepsis, urine retention, ulceration of the genital region and injury to adjacent genital tissue; the long-term consequences, which include increased risk of maternal morbidity, recurrent bladder and urinary tract infection, cysts, infertility and adverse psychological and sexual consequences; and increased risk of neonatal death for babies born to mothers having undergone female genital mutilation;

Also concerned about emerging evidence of an increase in carrying out female genital mutilation by medical personnel in all regions where it is practised;

Emphasizing that concerted action is needed in sectors such as education, finance, justice and women's affairs as well as in the health sector, and that many different kinds of actor must be engaged, from governments and international agencies to nongovernmental organizations,

1. URGES all Member States:

- (1) to accelerate actions towards the elimination of female genital mutilation, including education and information necessary for full understanding of the gender, health and human rights dimensions of female genital mutilation;
- (2) to enact and enforce legislation to protect girls and women from all forms of violence, particularly female genital mutilation, and ensure implementation of laws prohibiting female genital mutilation by any person, including medical professionals;
- (3) to support and enhance community-based efforts to eliminate the practice of female genital mutilation, particularly ensuring men's and local leaders' participation in the process to eliminate the practice;
- (4) to work with all sectors of government, international agencies and nongovernmental organizations in support of the abandonment of the practice as a major contribution to attainment of the Millennium Development Goals on promoting gender equality and empowerment of women, reducing child mortality, and improving maternal health;
- (5) to formulate and promote guidelines for the care, particularly during childbirth, of girls and women who have undergone female genital mutilation;

¹ Document E/CN.6/2007/L.3.

[(6) to develop or reinforce social and psychological support services and care and to take measures to improve health

, including sexual and reproductive health care,

OR

care and services including those for sexual and reproductive health,

in order to assist women and girls who are subjected to this violence;]

2. REQUESTS the Director-General:

(1) to increase support to Member States for implementing actions to advocate for the elimination of female genital mutilation and other forms of violence against girls and women;

(2) to work with partners both within and outside the United Nations system to promote actions to protect the human rights of girls and women;

(3) to increase support for research on different aspects of female genital mutilation in order, inter alia, to achieve its elimination;

(4) to assist Member States with strengthening their health information systems for monitoring progress made towards elimination of female genital mutilation;

(5) to report every three years, to the Health Assembly, through the Executive Board, on actions taken by the WHO Secretariat, Member States and other partners.

(Ninth meeting, 25 January 2008)

DECISIONS

EB122(1) Review of nongovernmental organizations in official relations with WHO

The Executive Board, having considered and noted the report of its Standing Committee on Nongovernmental Organizations concerning the review of one third of the nongovernmental organizations in official relations with WHO,¹ and following up decision EB120(2), reached the decisions set out below.

Noting with appreciation their collaboration with WHO and commending their continuing dedication to the work of WHO, the Board decided to maintain in official relations with WHO the nongovernmental organizations whose names are followed by an asterisk in the Annex to the report.

Noting that reports had not been received or had been received too late, or that further information was required, the Board decided to defer until its 124th session the review of relations with the following nongovernmental organizations: Aga Khan Foundation, Alzheimer's Disease International, Collegium Internationale Neuro-Psychopharmacologicum, Commonwealth Association for Mental Handicap and Developmental Disabilities, Family Health International, HelpAge International, Inclusion International, Inter-African Committee on Traditional Practices affecting the Health of Women and Children, International Association for Adolescent Health, International Association for Suicide Prevention, International Council for Control of Iodine Deficiency Disorders, International Ergonomics Association, International Federation on Ageing, International League against Epilepsy, International Non Governmental Coalition Against Tobacco, International Pediatric Association, International Physicians for the Prevention of Nuclear War, International Planned Parenthood Federation, International Union for Health Promotion and Education, International Union of Nutritional Sciences, International Union of Psychosocial Science, International Women's Health Coalition, La Leche League International, Medical Women's International Association, Rehabilitation International, The Population Council, World Association of Girl Guides and Girl Scouts, World Confederation for Physical Therapy, World Federation for Mental Health, and the World Federation of the Deaf.

Welcoming the agreements for collaboration between WHO and the International Society for Biomedical Research on Alcoholism and the World Organization of the Scout Movement, the Board decided to maintain these nongovernmental organizations in official relations with WHO.

Noting the report from the International Society for Environmental Epidemiology and taking into consideration the continuing interest of WHO in collaboration, the Board decided to defer the review of relations with the Society an additional year in order to enable the Society to submit a report on collaboration for review by the Board at its 124th session.

Noting that reports of collaboration remained outstanding from the following nongovernmental organizations: the International Epidemiological Association, the International Society of Hematology, the International Union of Microbiological Societies, and the World Federation for Ultrasound in Medicine and Biology, the Board decided to defer the review of relations with these nongovernmental

¹ Document EB122/34.

organizations for a further year and requested that they should be informed that, if the reports were not received in time for consideration by the Executive Board at its 124th session, official relations would be discontinued.

(Ninth meeting, 25 January 2008)

EB122(2) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2008 to Professor Sayed Adeeb ul Hassan Rizvi (Pakistan) for his significant contribution to public health in the Eastern Mediterranean Region. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.

(Ninth meeting, 25 January 2008)

EB122(3) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2008 to the Movement for Reintegration of People Affected by Hansen's Disease (MORHAN), Brazil, for its outstanding innovative work in health development. The laureate will receive US\$ 40 000.

(Ninth meeting, 25 January 2008)

EB122(4) Award of the Francesco Pocchiari Fellowship

The Executive Board, having considered the report of the Francesco Pocchiari Fellowship Committee, awarded the Francesco Pocchiari Fellowship for 2008 to Dr Uranchimeg Davaatseren (Mongolia) and Dr Intesar Alsaidi (Yemen). The laureates will each receive US\$ 10 000.

(Ninth meeting, 25 January 2008)

EB122(5) Award of the United Arab Emirates Health Foundation Prize

The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2008 to the Children's Cancer Hospital, Cairo (Egypt) for its outstanding contribution to health development. The laureate will receive US\$ 40 000.

(Ninth meeting, 25 January 2008)

EB122(6) Award of the State of Kuwait Prize for Research in Health Promotion

The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the State of Kuwait Prize for Research in Health Promotion in 2008 to Dr Zaza Metreveli (Georgia) and Dr Chuon Chantopheas (Cambodia) for their outstanding contribution to health development. The laureates will each receive US\$ 20 000.

(Ninth meeting, 25 January 2008)

EB122(7) Establishment of the Dr LEE Jong-wook Memorial Prize for Public Health

The Executive Board, having considered the proposal of the Republic of Korea to establish an award for research in the areas of HIV/AIDS, communicable diseases and neglected tropical diseases, approved in principle the establishment of an award entitled the “Dr LEE Jong-wook Memorial Prize for Public Health”, for which the proposed statutes are to be elaborated in cooperation with the Republic of Korea and submitted for the approval of the Board at its 123rd session, together with recommendations for covering the administrative costs incurred with respect to such an award.

(Ninth meeting, 25 January 2008)

EB122(8) Dissolution of the Darling Foundation

The Executive Board, having considered the report by the Director-General on administration and award of the Darling Foundation Prize: proposed dissolution, agreed to dissolve the Darling Foundation as proposed by the Director-General, and requested the Director-General to take all necessary action to effect the dissolution subject to all approvals and action required under Swiss law.

(Ninth meeting, 25 January 2008)

EB122(9) Provisional agenda for, and duration of, the Sixty-first World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Sixty-first World Health Assembly,¹ recalling its earlier decision that the Sixty-first World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 19 May 2008, and closing no later than Saturday, 24 May 2008,² and recalling also the agreement made during discussion of item 4.14 of the present session on monitoring of health-related Millennium Development Goals, approved the provisional agenda of the Sixty-first World Health Assembly, as amended.

(Ninth meeting, 25 January 2008)

EB122(10) Date and place of the 123rd session of the Executive Board

The Executive Board decided that its 123rd session should be convened on Monday, 26 May 2008, at WHO headquarters, Geneva, and should close no later than Thursday, 29 May 2008.

(Ninth meeting, 25 January 2008)

¹ Document EB122/22.

² See decision EB121(10).

EB122(11) Informal consultation on the draft global strategy on noncommunicable diseases

The Executive Board decided to invite submission to the Director-General of written comments on the draft global strategy on noncommunicable diseases, and further decided that an informal consultation on the draft strategy would be held in Geneva early in 2008, on a date to be agreed. Member States would be notified of the arrangements by *note verbale*. The conclusions would be submitted to the Sixty-first World Health Assembly.

(Fourth meeting, 22 January 2008)

EB122(12) Method of work of the Health Assembly

The Executive Board decided that the Programme, Budget and Administration Committee, at its eighth meeting, should consider ways in which the meetings of the General Committee at the Health Assembly could be made more efficient and less time-consuming.

(Eighth meeting, 24 January 2008)

ANNEXES

ANNEX 1

Confirmation of amendments to the Staff Regulations and Staff Rules¹

Report by the Secretariat

[EB122/30 – 10 December 2007]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.²
2. The amendments described in section I of this document stem from decisions expected to be taken by the United Nations General Assembly at its sixty-second session on the basis of recommendations made by the International Civil Service Commission in its annual report for 2007.³ Should the United Nations General Assembly not approve the Commission's recommendations, an addendum to this document will be issued.
3. The amendments described in section II have been made in the light of experience and in the interests of good human resources management.
4. The amendments have no financial implications in respect of the biennium 2008–2009.
5. The amended Staff Rules are set out in [Appendix1].

I. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF DECISIONS EXPECTED TO BE TAKEN BY THE UNITED NATIONS GENERAL ASSEMBLY AT ITS SIXTY-SECOND SESSION ON THE BASIS OF RECOMMENDATIONS OF THE INTERNATIONAL CIVIL SERVICE COMMISSION

Remuneration of staff in the professional and higher categories

6. The Commission recommended to the United Nations General Assembly that the current base/floor salary scale for the professional and higher categories should be increased by 1.97% through the standard consolidation method of increasing base salary and commensurately reducing post adjustment multiplier points (i.e. on a “no loss, no gain” basis) with effect from 1 January 2008.

¹ See resolutions EB122.R10 and EB122.R11.

² *Basic documents*, 46th ed., Geneva, World Health Organization, 2007.

³ Document A/62/30.

7. Amendments to Appendix 1 of the Staff Rules have been prepared accordingly and are attached at [Appendix 2 to this document].

Salaries of staff in ungraded posts and of the Director-General

8. Subject to the decision of the United Nations General Assembly in respect of the recommendation in paragraph 6 above, the Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board should recommend to the Sixty-first World Health Assembly modifications in the salaries of Assistant Directors-General and Regional Directors. Thus, as from 1 January 2008, the gross salary for Assistant Directors-General and Regional Directors would be US\$ 172 546 per annum, and the net salary US\$ 125 155 (dependency rate) or US\$ 113 332 (single rate).

9. Based on the adjustments to salaries described above, the salary modification to be authorized by the Health Assembly for the Deputy Director-General would entail, as from 1 January 2008, a gross salary of US\$ 189 929 per annum with a corresponding net salary of US\$ 136 454 (dependency rate) or US\$ 122 802 (single rate).

10. The salary adjustments described above would imply similar modifications to the salary of the Director-General. The salary to be authorized by the Health Assembly, as from January 2008, would therefore be US\$ 233 720 per annum gross, US\$ 164 918 net (dependency rate) or US\$ 146 662 net (single rate).

II. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF EXPERIENCE AND IN THE INTERESTS OF GOOD HUMAN RESOURCES MANAGEMENT

Mobility and hardship scheme

11. Editorial changes have been made to Staff Rules 360, 360.1 and 360.2 in order to indicate that the mobility and hardship scheme is composed of three separate allowances, namely those for: mobility, hardship and non-removal. This change also serves to reflect more appropriately the amendments to the mobility and hardship scheme that the United Nations General Assembly approved at its sixty-first session and decided to implement with effect from 1 January 2007.¹

Resignation

12. Staff Rules 1010.1 and 1010.2 have been amended in order to specify, respectively, the notice period for and implications of resignation, according to the types of appointment.

ACTION BY THE EXECUTIVE BOARD

13. [This paragraph contained two draft resolutions, which were adopted at the eleventh meeting as resolution EB122.R10 and resolution EB122.R11, respectively.]

¹ Resolution 61/239.

Appendix 1

TEXT OF AMENDED STAFF RULES

360. MOBILITY AND HARDSHIP SCHEME

360.1 The following staff members shall receive non-pensionable allowances designed to recognize varying degrees of hardship at different official stations and provide incentives for mobility, in accordance with conditions established by the Director-General:

360.1.1 staff members, except those appointed under Rules 1310 and 1330, who are assigned or transferred to an official station for a period of one year or longer; and

360.1.2 [No change]

360.2 The mobility and hardship scheme is composed of three allowances: mobility, hardship and non-removal, and shall be paid as determined by the Director-General on the basis of conditions and procedures agreed among the international organizations in the United Nations common system.

[No further changes]

.....

1010. RESIGNATION

1010.1 Subject to the conditions stated in Rule 1010.2, staff members holding continuing or fixed-term appointments may resign on giving three months' notice. Staff members holding temporary appointments of more than 60 days may resign on giving one month's notice. Temporary staff members appointed for a shorter period shall give the notice specified in their appointment. The Director-General may shorten or waive the required notice period at his discretion.

1010.2 A staff member holding an appointment of one year or more or an appointment of less than one year which is subsequently extended resulting in an uninterrupted period of service of one year or more, who resigns before completing a year of service forfeits all entitlement to repatriation transportation at the Organization's expense for himself, his spouse and dependent children and their possessions.

[No further changes]

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Appendix 2

Salary scale for staff in the professional and higher categories:¹ annual gross base salaries and net equivalent after application of staff assessment in (US dollars)² (effective 1 January 2008)

Level	Step														
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
		*	*	*	*	*									
D-2 Gross	141 524	144 528	147 534	150 566	153 709	156 854									
Net D	104 736	106 779	108 823	110 868	112 911	114 955									
Net S	96 219	97 944	99 663	101 375	103 084	104 784									
					*	*	*	*	*						
P6/D-1 Gross	129 304	131 944	134 579	137 219	139 859	142 496	145 135	147 775	150 431						
Net D	96 427	98 222	100 014	101 809	103 604	105 397	107 192	108 987	110 780						
Net S	89 129	90 689	92 245	93 797	95 346	96 892	98 432	99 971	101 505						
										*	*	*			
P-5 Gross	106 907	109 153	111 399	113 641	115 888	118 131	120 378	122 622	124 868	127 112	129 356	131 601	133 847		
Net D	81 197	82 724	84 251	85 776	87 304	88 829	90 357	91 883	93 410	94 936	96 462	97 989	99 516		
Net S	75 432	76 789	78 141	79 493	80 842	82 187	83 532	84 873	86 213	87 550	88 885	90 216	91 547		
												*	*	*	
P-4 Gross	87 790	89 836	91 882	93 926	95 974	98 019	100 071	102 235	104 403	106 566	108 734	110 899	113 066	115 232	117 400
Net D	67 709	69 182	70 655	72 127	73 601	75 074	76 548	78 020	79 494	80 965	82 439	83 911	85 385	86 858	88 332
Net S	63 052	64 394	65 734	67 071	68 408	69 744	71 079	72 411	73 742	75 073	76 401	77 729	79 056	80 381	81 705
													*	*	*
P-3 Gross	71 729	73 622	75 518	77 410	79 306	81 197	83 090	84 986	86 881	88 774	90 669	92 560	94 457	96 349	98 242
Net D	56 145	57 508	58 873	60 235	61 600	62 962	64 325	65 690	67 054	68 417	69 782	71 143	72 509	73 871	75 234
Net S	52 408	53 662	54 918	56 171	57 427	58 679	59 932	61 188	62 440	63 694	64 944	66 195	67 443	68 693	69 943
												*			
P-2 Gross	58 401	60 097	61 790	63 485	65 179	66 871	68 567	70 257	71 953	73 649	75 340	77 038			
Net D	46 549	47 770	48 989	50 209	51 429	52 647	53 868	55 085	56 306	57 527	58 745	59 967			
Net S	43 662	44 769	45 872	46 978	48 082	49 188	50 312	51 432	52 557	53 679	54 799	55 924			
P-1 Gross	45 493	46 942	48 386	49 836	51 440	53 068	54 699	56 326	57 951	59 581					
Net D	36 849	38 023	39 193	40 367	41 537	42 709	43 883	45 055	46 225	47 398					
Net S	34 760	35 840	36 921	38 001	39 080	40 159	41 240	42 307	43 369	44 431					

¹ Appendix 1 to the Staff Rules.

² D = Rate applicable to staff members with a dependent spouse or child; S = Rate applicable to staff members with no dependent spouse or child.

* = the normal qualifying period for a within-grade increase between consecutive steps is one year, except at those steps marked with an asterisk, for which a two-year period at the preceding step is required (Staff Rule 550.2).

ANNEX 2

Nongovernmental organizations admitted into, or maintained in, official relations with WHO by virtue of resolution EB122.R12 and decision EB122(1)

[EB122/34 – 25 January 2008]

Aga Khan Foundation
Alzheimer's Disease International
Collegium Internationale Neuro-Psychopharmacologicum
Commonwealth Association for Mental Handicap and Developmental Disabilities
European Generic Medicines Association
Family Health International
HelpAge International
Inclusion International
Industry Council for Development
Inter-African Committee on Traditional Practices affecting the Health of Women and Children
International AIDS Society
International Association for Adolescent Health
International Association for Child and Adolescent Psychiatry, and Allied Professions
International Association for Suicide Prevention
International Association for the Study of Obesity
International Association of Cancer Registries¹
International Bureau for Epilepsy
International Catholic Committee of Nurses and Medico-social Assistants¹
International Centre for Trade and Sustainable Development
International Commission on Occupational Health
International Commission on Radiological Protection²
International Confederation of Midwives³
International Conference of Deans of French-Language Faculties of Medicines¹
International Council for Control of Iodine Deficiency Disorders
International Epidemiological Association
International Ergonomics Association
International Federation of Biomedical Laboratory Science¹
International Federation of Gynecology and Obstetrics
International Federation of Medical Students Associations¹
International Federation on Ageing
International Lactation Consultant Association
International League against Epilepsy
International League of Dermatological Societies¹
International Medical Informatics Association¹
International Network of Women Against Tobacco

¹ Activities concern the period 2004–2006.

² Activities concern the period 2003–2005.

³ Activities concern the period 2002–2007.

International Non Governmental Coalition Against Tobacco
International Occupational Hygiene Association
International Pediatric Association
International Physicians for the Prevention of Nuclear War
International Planned Parenthood Federation
International Society for Biomedical Research on Alcoholism
International Society for Burn Injuries¹
International Society for Environmental Epidemiology
International Society for Prosthetics and Orthotics
International Society for Telemedicine & eHealth
International Society of Andrology
International Society of Hematology
International Society of Physical and Rehabilitation Medicine
International Special Dietary Foods Industries
International Union for Health Promotion and Education
International Union of Microbiological Societies
International Union of Nutritional Sciences
International Union of Psychosocial Science
International Women's Health Coalition
Italian Association of Friends of Raoul Follereau
Knowledge Ecology International, Inc.²
La Leche League International
Medical Women's International Association
MSF International
Multiple Sclerosis International Federation
OXFAM¹
Rehabilitation International
Stichting Health Action International
The Population Council
World Association for Psychosocial Rehabilitation
World Association of Girl Guides and Girl Scouts
World Confederation for Physical Therapy
World Federation for Mental Health
World Federation for Ultrasound in Medicine and Biology
World Federation of Neurology
World Federation of Occupational Therapists
World Federation of the Deaf
World Organization of the Scout Movement
World Psychiatric Association¹
World Vision International* (2004–2006)

¹ Activities concern the period 2004–2006.

² Provisionally admitted into official relations for the purpose of participating in the work of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, pursuant to decision EB120(3).

ANNEX 3

Financial and administrative implications for the Secretariat of resolutions adopted by the Executive Board

1. Resolution EB122.R1 Poliomyelitis: mechanism for management of potential risks to eradication

2. Linkage to programme budget

Strategic objective:

1. To reduce the health, social and economic burden of communicable diseases.

Organization-wide expected result:

2. Effective coordination and support provided in order to achieve certification of poliomyelitis eradication, and destruction, or appropriate containment, of polioviruses, leading to a simultaneous cessation of oral poliomyelitis vaccination globally.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The first indicator for the expected result mentioned above, together with the third indicator of the workplan for activities in this area (“International mechanism established for management of the long-term risks to polio eradication”) are linked to the following:

- interruption of transmission of wild poliovirus
- international consensus on a mechanism for the management of potential risks to poliomyelitis eradication.

3. Financial implications

(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)

A maximum of US\$ 3 476 000, including:

- one staff member in the professional category for four years (at US\$ 228 000 per year)
- one staff member in the general service category for four years (at US\$ 106 000 per year)
- documentation costs for four years (at US\$ 60 000 per year)
- two meetings of the Review Committee of the International Health Regulations (2005) (at US\$ 200 000 each)
- one intergovernmental meeting (at US\$ 1.5 million).

(b) Estimated cost for the biennium 2008–2009 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant) US\$ 594 000, including:

- one staff member in the professional category for one year (at US\$ 228 000)
- one staff member in the general service category for one year (at US\$ 106 000)
- documentation costs for one year (at US\$ 60 000)
- one meeting of the Review Committee of the International Health Regulations (2005) (at US\$ 200 000)

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008–2009?

Staff costs and one meeting of the Review Committee of the International Health Regulations (2005): US\$ 594 000

(d) For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)

Not applicable.

4. Administrative implications

(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)

Headquarters, regional and country offices.

(b) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)

One full-time staff member in the professional category at US\$ 228 000 per year; one full-time staff member in the general service category at US\$ 106 000 per year.

(c) Time frames (indicate broad time frames for implementation)

About 54 months.

1. Resolution EB122.R3 Implementation of the International Health Regulations (2005)

2. Linkage to programme budget

Strategic objective:

1. To reduce the health, social and economic burden of communicable diseases.

Organization-wide expected result:

6. Support provided to Member States in order to achieve the minimum core capacities required by the International Health Regulations (2005) for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution sets out the timing and arrangements for reporting to the Health Assembly on progress achieved with implementation of the International Health Regulations (2005). This reporting activity will include the indicators already defined in the Programme budget 2008–2009.

3. Financial implications

(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)

The projected cost for the compilation and production of the reports to the Health Assembly until 2012 (by which time all States Parties are to have established the minimum core capacities required by the Regulations) is US\$ 624 000. This figure is based on an estimate of the time needed by WHO's staff for this activity in regional offices and at headquarters.

(b) Estimated cost for the biennium 2008–2009 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)

Based on the same estimations of staff time as in (a) above, the figure for the biennium 2008–2009 is US\$ 249 600.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008–2009?

The production of reports to the Health Assembly is already included under programmed activities and in the budget for the biennium 2008–2009. The resolution does not propose new activities; rather, it clarifies the timing and arrangements for reporting.

(d) For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)

Not applicable.

4. Administrative implications

(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)

All regional offices will contribute to the reports, which will be compiled and submitted by headquarters.

(b) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant)

No additional staff are required beyond those planned for the biennium 2008–2009.

(c) Time frames (indicate broad time frames for implementation)

Reporting will continue in accordance with the wishes of the Health Assembly.

1. Resolution EB122.R7 Global immunization strategy

2. Linkage to programme budget

Strategic objective:

1. To reduce the health, social and economic burden of communicable diseases.

Organization-wide expected result:

1. Policy and technical support provided to Member States in order to maximize equitable access of all people to vaccines of assured quality, including new immunization products and technologies, and to integrate other essential child-health interventions with immunization.

4. Policy and technical support provided to Member States in order to enhance their capacity to carry out surveillance and monitoring of all communicable diseases of public health importance.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution has links with all four indicators for the two expected results listed above.

3. Financial implications

(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) The estimated cost to the Secretariat for the period 2008–2010 is US\$ 236 584 000.

- (b) **Estimated cost for the biennium 2008–2009 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant) US\$ 153 584 000.**

The distribution across WHO locations is as follows:

1. Regional Office for Africa	US\$ 58 291 000
2. Regional Office for the Americas	US\$ 3 104 000
3. Regional Office for South-East Asia	US\$ 26 629 000
4. Regional Office for Europe	US\$ 7 681 000
5. Regional Office for the Eastern Mediterranean	US\$ 19 641 000
6. Regional Office for the Western Pacific	US\$ 8 138 000
7. Headquarters	US\$ 30 100 000

- (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008–2009?**

All costs are already programmed in the Programme budget 2008–2009 and concern activities that constitute core immunization work.

- (d) **For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)**

Not applicable

4. Administrative implications

- (a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)**

Work will be undertaken at headquarters, in all regional offices and in selected country offices.

- (b) **Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)**

No additional staff are required over and above those needed to fill positions whose cost has already been budgeted in the workplan.

- (c) **Time frames (indicate broad time frames for implementation)**

Three years (2008–2010) after which a report will be submitted to the Health Assembly.

1. Resolution EB122.R10 Confirmation of amendments to the Staff Rules

2. Linkage to programme budget

Strategic objective:

13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.

Organization-wide expected result:

3. Human resource policies and practices in place to attract and retain top talent, promote learning and professional development, manage performance, and foster ethical behaviour.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The amendments outlined in document EB122/30 represent the implementation of recommendations contained in the report of the International Civil Service Commission, which has been submitted to the United Nations General Assembly for consideration at its sixty-second session. These amendments aim to ensure that WHO's compensation system complies with the decisions that are expected to be taken by the General Assembly.

3. Financial implications

- (a) **Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)** There are no cost implications.
- (b) **Estimated cost for the biennium 2008–2009 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)** Not applicable.
- (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008-2009?** Not applicable.
- (d) **For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)** Not applicable.

4. Administrative implications

- (a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)**
All levels of the Organization will be involved.
- (b) **Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)**
The amendments proposed do not require additional staffing.
- (c) **Time frames (indicate broad time frames for implementation)**
Implementation will take place from 1 January 2008.

1. Resolution EB122.R12 Relations with nongovernmental organizations**2. Linkage to programme budget**

Strategic objective:

International Society for Telemedicine & eHealth

10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

Stichting Health Action International

11. To ensure improved access, quality and use of medical products and technologies.

International AIDS Society

2. To combat HIV/AIDS, tuberculosis and malaria.

Organization-wide expected result:

7. Knowledge management and eHealth policies and strategies developed and implemented in order to strengthen health systems.

1. Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported.

3. Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported within the Secretariat and regional and national programmes.

5. Political commitment sustained and mobilization of resources ensured through advocacy and nurturing of partnerships on HIV/AIDS, tuberculosis and malaria at country, regional and global levels; support provided to countries as appropriate to develop or strengthen and

MSF International

1. To reduce the health, social and economic burden of communicable diseases.

11. To ensure improved access, quality and use of medical products and technologies.

2. To combat HIV/AIDS, tuberculosis and malaria

International Network of Women Against Tobacco

6. To promote health and development, and prevent or reduce risk factors for

implement mechanisms for resource mobilization and utilization and increase the absorption capacity of available resources; and engagement of communities and affected persons increased to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programmes.

3. Effective coordination and support provided to Member States in order to provide access for all populations to interventions for the prevention, control, elimination and eradication of neglected tropical diseases, including zoonotic diseases.

1. Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported.

2. International norms, standards and guidelines for the quality, safety, efficacy and cost-effective use of medical products and technologies developed and their national and/or regional implementation advocated and supported.

3. Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported within the Secretariat and regional and national programmes.

1. Guidelines, policy, strategy and other tools developed for prevention of, and treatment and care for patients with, HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.

2. Policy and technical support provided to countries towards expanded gender-sensitive delivery of prevention, treatment and care interventions for HIV/AIDS, tuberculosis and malaria, including integrated training and service delivery; wider service-provider networks; and strengthened laboratory capacities and better linkages with other health services, such as those for sexual and reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug-dependence treatment services, respiratory care, neglected diseases and environmental health.

3. Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with

health conditions associated with the use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

a high or increasing burden of disease and death associated with tobacco use, enabling them to strengthen institutions in order to tackle or prevent the public health problems concerned; support also provided to the Conference of the Parties to the WHO Framework Convention on Tobacco Control for implementation of the provisions of the Convention and development and implementation of the protocols and guidelines.

European Generic Medicines Association

11. To ensure improved access, quality and use of medical products and technologies.

1. Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported.
2. International norms, standards and guidelines for the quality, safety, efficacy and cost-effective use of medical products and technologies developed and their national and/or regional implementation advocated and supported.

International Centre for Trade and Sustainable Development

11. To ensure improved access, quality and use of medical products and technologies.

1. Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

International Society for Telemedicine & eHealth – linked to the target number of countries (30) that will be developing and implementing knowledge management and eHealth strategies to strengthen their health systems. Also linked to the third indicator, namely, the proportion of countries with evidence-based eHealth frameworks and services.

Stichting Health Action International – linked to the first and fourth indicators for the first Organization-wide expected result, and to the first indicator for the third expected result.

International AIDS Society – linked to all the Organization-wide expected results for strategic objective 2 and a range of other expected results related to HIV/AIDS.

MSF International – linked to various indicators, including, the following: for strategic objective 1, an increase in percentage coverage of interventions targeted at the control, elimination or eradication of tropical diseases; for strategic objective 11, the first indicator for the second expected result, and the second indicator for the third expected result; for strategic objective 2, various indicators for the first and second expected results.

International Network of Women Against Tobacco – linked to the achievement of a number of indicators and targets, including the first and second indicators; and the number of technical recommendations for use by governments to incorporate a gender perspective into the mainstream of tobacco control research.

European Generic Medicines Association – linked to the achievement of a range of indicators and targets, including the first indicator for the first expected result, and the first and fourth indicators for the second expected result.

International Centre for Trade and Sustainable Development – linked to relevant indicators and targets in so far as they concern public health innovation and intellectual property.

3. Financial implications¹

(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)

International Society for Telemedicine & eHealth – US\$ 30 000 (that is, US\$ 10 000 per year).

Stichting Health Action International – no costs beyond those for the relevant existing programme activities.

International AIDS Society – US\$ 150 000 over three years.

European Generic Medicines Association – US\$ 10 000 per year.

All other nongovernmental organizations, none.

(b) Estimated cost for the biennium 2008–2009 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)

International Society for Telemedicine & eHealth – US\$ 20 000

Stichting Health Action International – no costs beyond those for the relevant existing programme activities.

International AIDS Society – US\$ 80 000. The costs would be incurred at the global level.

European Generic Medicines Association – US\$ 20 000.

All other nongovernmental organizations, none.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008–2009?

International Society for Telemedicine & eHealth – 100%.

International AIDS Society – 100%.

European Generic Medicines Association – 100%.

All other nongovernmental organizations, not applicable.

(d) For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)

All the nongovernmental organizations mentioned above – not applicable.

4. Administrative implications

(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)

International Society for Telemedicine & eHealth – the eHealth Unit at WHO headquarters, all regional office focal points and selected countries.

Stichting Health Action International – relevant departments at WHO headquarters, all regional office focal points, and selected countries.

International AIDS Society – WHO headquarters and, as appropriate, relevant regional offices.

MSF International – in so far as activities concern human African trypanosomiasis, and drug resistance, relevant departments at WHO headquarters in coordination with the regional offices for Africa and the Eastern Mediterranean; concerning HIV/AIDS, and medicines, WHO headquarters.

International Network of Women Against Tobacco – WHO headquarters.

European Generic Medicines Association – WHO headquarters and relevant regional offices.

¹ The general costs connected with the application of the Principles governing relations between WHO and nongovernmental organizations (adopted by the Fortieth World Health Assembly in its resolution WHA40.25) are subsumed under strategic objective 12 of the Medium-term strategic plan 2008–2013. However, the costs, if any, of the collaboration plans are incurred by the technical department with which the plans were agreed.

International Centre for Trade and Sustainable Development – WHO headquarters and regional offices.

(b) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)

All the nongovernmental organizations mentioned above – none.

(c) Time frames (indicate broad time frames for implementation)

All the nongovernmental organizations – three years for implementation, after which the Executive Board will review the relations, in accordance with the Principles governing relations between the World Health Organization and nongovernmental organizations.

1. Resolution EB122.R13 Female genital mutilation

2. Linkage to programme budget

Strategic objective 4:

To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.

Organization-wide expected result 4.2:

National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health; and

Organization-wide expected result 4.7:

Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

Continued research will contribute to enhance the knowledge base and develop more effective interventions, leading to the ultimate elimination of female genital mutilation and improved sexual and reproductive health. Further strengthening of country-level activities to end female genital mutilation will contribute significantly to accelerating progress towards attainment of the Millennium Development Goals relating to gender equality and women's empowerment, reducing child mortality, and improving maternal health. Increased advocacy at regional and international levels will support these efforts.

3. Financial implications

(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)

The target of the resolution is to eliminate the practice of female genital mutilation within one generation. For practical budgetary purposes, however, costs of staff and activities to implement the resolution are estimated for three bienniums, and amount to a total of US\$ 25 280 000.

- (b) Estimated cost for the current biennium (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)**

Total of US\$ 8 430 000, which breaks down as follows:

Country offices in the: African Region (12) US\$ 3 210 000; Eastern Mediterranean Region (5) US\$ 1 360 000; South-East Asia Region (1) US\$ 280 000

Regional Office for: Africa US\$ 930 000; the Eastern Mediterranean US\$ 710 000; Europe US\$ 160 000; South-East Asia US\$ 90 000

Headquarters: US\$ 1 690 000 (including research that is coordinated by headquarters but for which money is transferred to country researchers)

- (c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the current biennium?**

Between US\$ 1.5 million and US\$ 2 million can be absorbed under the budget for 2008–2009. Thus, additional funding of US\$ 6.4–6.9 million is required in the current biennium.

- (d) For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)**

Bilateral donors; private foundations; private individuals.

4. Administrative implications

- (a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)**

Action will need to be taken at all levels of the Organization, although a large proportion of the work will need to take place in those countries/regions where female genital mutilation is most prevalent: the African Region, with a focus on 12 priority countries and the Eastern Mediterranean Region with a focus on five countries. One country in the South-East Asia Region and some countries in the European Region are concerned, but the focus here is on providing technical assistance with regard to health aspects of laws concerning female genital mutilation.

- (b) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)**

At present, there is a serious lack of staff in country and regional offices to undertake the needed activities. Implementing the resolution will require additional professional staff in both the African and Eastern Mediterranean Regions (1.1 full-time equivalent professional staff and 1 full-time equivalent general service staff each) and the priority country offices (1 national professional officer in each of 18 priority countries). Such staff will be needed to coordinate actions, organize meetings and work with partners on implementation of interventions, evaluation, and policy and programme development. In headquarters, additional assistance is also needed, particularly for continued advocacy and coordination at the global level, for which a 75% full-time equivalent professional officer is calculated

- (c) Time frames (indicate broad time frames for implementation)**

Research and advocacy work has been carried out in the current biennium and will continue into 2008–2009. As soon as staff capacity is increased, activities can be strengthened within the coming biennium and up to 2012 when an interim evaluation will be made and a progress report submitted to the Health Assembly.