

**Extracts from document EB140/2017/REC/1
for consideration by the Seventieth
World Health Assembly¹**

¹ The present document is made available in order to assist the Health Assembly in its deliberations. The final version of document EB140/2017/REC/1 will be made available in due course on the Governance website at <http://apps.who.int/gb/or/>.

RESOLUTIONS

EB140.R1 Appointment of the Regional Director for the Eastern Mediterranean

The Executive Board,

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

Considering also the nomination made by the Regional Committee for the Eastern Mediterranean at its sixty-third session,¹

1. APPOINTS Dr Mahmoud Fikri as Regional Director for the Eastern Mediterranean as from 1 February 2017;
2. AUTHORIZES the Director-General to issue to Dr Mahmoud Fikri a contract for a period of five years from 1 February 2017, subject to the provisions of the Staff Regulations and Staff Rules;
3. AUTHORIZES the Director-General to amend the conditions of employment of Dr Fikri as follows: "You will not participate in the United Nations Joint Staff Pension Fund but will instead receive as a monthly supplement the contribution that the Organization would have paid each month to the Pension Fund had you been a participant."

(Third meeting, 24 January 2017)

EB140.R2 Appreciation of the outgoing Regional Director for the Eastern Mediterranean

The Executive Board,

Desiring to express its appreciation to Dr Ala Din Alwan for his services to the World Health Organization;

Mindful of Dr Ala Din Alwan's lifelong, professional devotion to the cause of international health, and recalling especially his five years of service as Regional Director for the Eastern Mediterranean;

Recalling resolution EM/RC63/R.8 (2016), adopted by the Regional Committee for the Eastern Mediterranean, which designates Dr Ala Din Alwan as Regional Director Emeritus,

¹ Resolution EM/RC63/R.7 (2016).

1. EXPRESSES its profound gratitude and appreciation to Dr Ala Din Alwan for his invaluable and longstanding contribution to the work of WHO;
2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to humanity.

(Third meeting, 24 January 2017)

EB140.R3 Nomination for the post of Director-General

The Executive Board,

1. NOMINATES

Dr Tedros Adhanom Ghebreyesus

Dr David Nabarro

Dr Sania Nishtar

for the post of Director-General of the World Health Organization, in accordance with Article 31 of the Constitution of the World Health Organization;

2. SUBMITS this nomination to the Seventieth World Health Assembly.

(Seventh meeting, 25 January 2017)

EB140.R4 Post of Director-General: draft contract

The Executive Board,

In accordance with the requirements of Rule 107 of the Rules of Procedure of the World Health Assembly,

1. SUBMITS to the Seventieth World Health Assembly the draft contract establishing the terms and conditions of appointment of the Director-General;¹
2. RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth World Health Assembly,

I

Pursuant to Article 31 of the Constitution of the World Health Organization and Rule 107 of the Rules of Procedure of the World Health Assembly,

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General;

¹ See Annex to this resolution.

II

Pursuant to Rule 110 of the Rules of Procedure of the World Health Assembly,

AUTHORIZES the President of the Seventieth World Health Assembly to sign this contract in the name of the Organization.

ANNEX

DRAFT CONTRACT OF THE DIRECTOR-GENERAL

THIS CONTRACT is made this day of May of the year two thousand and seventeen between the World Health Organization (hereinafter called the Organization) of the one part and (hereinafter called the Director-General) of the other part.

WHEREAS

(1) It is provided by Article 31 of the Constitution of the Organization that the Director-General of the Organization shall be appointed by the World Health Assembly (hereinafter called the Health Assembly) on the nomination of the Executive Board (hereinafter called the Board) on such terms as the Health Assembly may decide; and

(2) The Director-General has been duly appointed by the Health Assembly at its meeting held on the day of May of the year two thousand and seventeen for a period of five years.

NOW THIS CONTRACT WITNESSETH and it is hereby agreed as follows,

I. (1) The Director-General shall serve from the first day of July of the year two thousand and seventeen until the thirtieth day of June of the year two thousand and twenty-two, on which date the appointment and this Contract shall terminate.

(2) Subject to the authority of the Board, the Director-General shall exercise the functions of chief technical and administrative officer of the Organization and shall perform such duties as may be specified in the Constitution and in the rules of the Organization and/or as may be assigned to him or her by the Health Assembly or the Board.

(3) The Director-General fully commits to the responsible management and appropriate stewardship of WHO resources, including financial resources, human resources and physical resources, in an efficient and effective manner to achieve the Organization's objectives; an ethical culture, so that all Secretariat decisions and actions are informed by accountability, transparency, integrity, and respect; equitable geographical representation and gender balance in staff appointments and in accordance with Article 35 of WHO Constitution; follow-up of recommendations from the Organization's internal and external audits, and timeliness and transparency of official documentation.

(4) The Director-General shall be subject to the Staff Regulations of the Organization in so far as they may be applicable to him or her. In particular he or she shall not hold any other administrative post, and shall not receive emoluments from any outside sources in respect of activities relating to the Organization. He or she shall not engage in business or in any employment or activity that would interfere with his or her duties in the Organization.

(5) The Director-General, during the term of this appointment, shall enjoy all the privileges and immunities in keeping with the office by virtue of the Constitution of the Organization and any relevant arrangements already in force or to be concluded in the future.

(6) The Director-General may at any time give six months' notice of resignation in writing to the Board, which is authorized to accept such resignation on behalf of the Health Assembly; in which case, upon the expiration of the said period of notice, the Director-General shall cease to hold the appointment and this Contract shall terminate.

(7) The Health Assembly shall have the right, on the proposal of the Board and after hearing the Director-General and subject to at least six months' notice in writing, to terminate this Contract for reasons of exceptional gravity likely to prejudice the interests of the Organization.

II. (1) As from the first day of July of the year two thousand and seventeen the Director-General shall receive from the Organization an annual salary of two hundred and forty-one thousand, two hundred and seventy-six United States dollars, before staff assessment, resulting in a net salary (to be paid monthly) of one hundred and seventy-two thousand, and sixty-nine United States dollars per annum¹ or its equivalent in such other currency as may be mutually agreed between the parties to this Contract.

(2) In addition to the normal adjustments and allowances authorized to staff members under the Staff Rules, the Director-General shall receive an annual representation allowance of twenty-one thousand United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Contract, to be paid monthly commencing on the first day of July of the year two thousand and seventeen. The representation allowance shall be used at his or her discretion entirely in respect of representation in connection with his or her official duties. He or she shall be entitled to such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official station, on termination of appointment, or on official travel and home leave travel.

III. The terms of the present Contract relating to rates of salary and representation allowance are subject to review and adjustment by the Health Assembly, on the proposal of the Board and after consultation with the Director-General, in order to bring them into conformity with any provision regarding the conditions of employment of staff members which the Health Assembly may decide to apply to staff members already in the service.

IV. If any question of interpretation or any dispute arises concerning this Contract that is not settled by negotiation or agreement, the matter shall be referred for final decision to the competent tribunal provided for in the Staff Rules.

WHEREUNTO we have set our hands the day and year first above written.

.....

Director-General

.....

President of the
World Health Assembly

(Seventh meeting, 25 January 2017)

¹ Indicative amounts only, pending approval by the Health Assembly on the Board's recommendations.

EB140.R5 Improving the prevention, diagnosis and management of sepsis

The Executive Board,

Having considered the report on improving the prevention, diagnosis and clinical management of sepsis,¹

RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth World Health Assembly,

Concerned that sepsis continues to cause approximately six million deaths worldwide every year, most of which are preventable;

Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;

Considering that sepsis follows a unique and time-critical clinical course, which in the early stages is highly amenable to treatment through early diagnosis and timely and appropriate clinical management;

Considering also that infections which may lead to sepsis can often be prevented through appropriate hand hygiene, access to vaccination programmes, improved sanitation and water quality and availability and other infection prevention and control best practices; and that forms of septicæmia associated with nosocomial infections are severe, hard to control and have high fatality rates;

Recognizing that while sepsis itself cannot always be predicted, its ill effects in terms of mortality and long term morbidity can be mitigated through early diagnosis and appropriate and timely clinical management;

Recognizing also the need to improve measures for the prevention of infections and control of the consequences of sepsis, due to inadequate infection prevention and control programmes, insufficient health education and recognition of early sepsis, inadequate access to affordable, timely, appropriate treatment and care, and insufficient laboratory services, as well as the lack of integrated approaches to the prevention and clinical management of sepsis;

Noting that health care-associated infections represent a common pathway through which sepsis can lead to an increased burden on health care resources;

Considering the need for an integrated approach to addressing sepsis that focuses on prevention, early recognition through clinical and laboratory services, and timely access to health care, including intensive care services, with reliability in the delivery of the basics of care, including intravenous fluids and the timely administration of antimicrobials where indicated;

¹ Document EB140/12.

Acknowledging that:

- (i) the inappropriate and excessive use of antimicrobials contributes to the threat of antimicrobial resistance;
- (ii) the global action plan on antimicrobial resistance adopted in resolution WHA68.7 (2015),¹ as well as resolution WHA67.25 (2014), urged WHO to accelerate efforts to secure access to effective antimicrobials and to use them responsibly and prudently;
- (iii) sepsis represents the most vital indication for the responsible use of effective antimicrobials for human health;
- (iv) in the absence of appropriate and timely clinical management, including effective antimicrobials, sepsis would be almost universally fatal;
- (v) ineffective or incomplete antimicrobial therapy for infections, including sepsis, may be a major contributor to the increasing threat of antimicrobial resistance;
- (vi) the incidence of some resistant pathogens may be reduced by the use of appropriate vaccines; and
- (vii) immunocompromised patients are most at risk from very serious forms of septicaemia;

Recognizing that many vaccine-preventable diseases are a major contributor to sepsis and reaffirming resolution WHA45.17 (1992) on immunization and vaccine quality, which urged Member States, *inter alia*, to integrate cost-effective and affordable new vaccines into national immunization programmes in countries where this is feasible;

Recognizing the importance of strong, functional health systems, which include organizational and therapeutic strategies in order to improve patient safety and outcomes from sepsis of bacterial origin;

Recognizing the need to prevent and control sepsis, to increase timely access to correct diagnosis and to provide appropriate treatment programmes;

Recognizing the advocacy efforts of stakeholders, in particular through existing activities held every year on 13 September² in many countries, to raise awareness regarding sepsis,

1. URGES Member States:³

- (1) to include prevention, diagnosis and treatment of sepsis in national health system strengthening policies and processes, in the community and in health care settings according to international guidelines;

¹ See document WHA68/2015/REC/1, Annex 3.

² See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

³ And, where applicable, regional economic integration organizations.

(2) to reinforce existing or develop new strategies leading to strengthened infection prevention and control programmes, including by strengthening hygienic infrastructure, promoting hand hygiene, and other infection prevention and control best practices, clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water, access to vaccination programmes, provision of effective personal protective equipment for health professionals and infection control in health care settings;

(3) to continue in their efforts to reduce antimicrobial resistance and promote the appropriate use of antimicrobials in accordance with the global action plan on antimicrobial resistance,¹ including development and implementation of comprehensive antimicrobial stewardship activities;

(4) to develop and implement standard and optimal care and strengthen medical countermeasures for diagnosing and managing sepsis in health emergencies, including outbreaks, through appropriate guidelines with a multisectoral approach;

(5) to increase public awareness of the risk of progression to sepsis from infectious diseases, through health education, including on patient safety, in order to ensure prompt initial contact between affected persons and the health care system;

(6) to develop training for all health professionals on infection prevention and patient safety, and on the importance of recognizing sepsis as a preventable and time-critical condition with urgent therapeutic need and of communicating with patients, relatives and other parties using the term “sepsis” in order to enhance public awareness;

(7) to promote research aimed at innovative means of diagnosing and treating sepsis across the lifespan, including research for new antimicrobial and alternative medicines, rapid diagnostic tests, vaccines and other important technologies, interventions and therapies;

(8) to apply and improve the use of the International Classification of Diseases system to establish the prevalence and profile of sepsis and antimicrobial resistance, and to develop and implement monitoring and evaluation tools in order to focus attention on and monitor progress towards improving outcomes from sepsis, including the development and fostering of specific epidemiologic surveillance systems and to guide evidence-based strategies for policy decisions related to preventive, diagnostic and treatment activities and access to relevant health care for survivors;

(9) to engage further in advocacy efforts to raise awareness of sepsis, in particular through supporting existing activities² held every year on 13 September in Member States;

2. REQUESTS the Director-General:

(1) to draw attention to the public health impact of sepsis, including by publishing a report on sepsis describing its global epidemiology and impact on the burden of disease and identifying successful approaches for integrating the timely diagnosis and management of sepsis into existing health systems, by the end of 2018;

¹ See document WHA68/2015/REC/1, Annex 3.

² See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

(2) to support Member States, as appropriate, to define standards and establish the necessary guidelines, infrastructures, laboratory capacity, strategies and tools for reducing the incidence of, mortality from and long-term complications of sepsis;

(3) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to quality, safe, efficacious and affordable types of treatments of sepsis, and infection prevention and control, including immunization, particularly in developing countries, while taking into account relevant existing initiatives;

(4) to report to the Seventy-third World Health Assembly on the implementation of this resolution.

(Seventh meeting, 25 January 2017)

EB140.R6 Scale of assessments for 2018–2019

The Executive Board,

Having considered the report on the scale of assessments for 2018–2019,¹

RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth World Health Assembly,

Having considered the report of the Director-General,

ADOPTS the scale of assessments of Members and Associate Members for the biennium 2018–2019 as set out below.

Members and Associate Members	WHO scale for 2018–2019 %
Afghanistan	0.0060
Albania	0.0080
Algeria	0.1610
Andorra	0.0060
Angola	0.0100
Antigua and Barbuda	0.0020
Argentina	0.8920
Armenia	0.0060
Australia	2.3371
Austria	0.7201
Azerbaijan	0.0600
Bahamas	0.0140
Bahrain	0.0440

¹ Document EB140/37.

Members and Associate Members	WHO scale for 2018–2019 %
Bangladesh	0.0100
Barbados	0.0070
Belarus	0.0560
Belgium	0.8851
Belize	0.0010
Benin	0.0030
Bhutan	0.0010
Bolivia (Plurinational State of)	0.0120
Bosnia and Herzegovina	0.0130
Botswana	0.0140
Brazil	3.8232
Brunei Darussalam	0.0290
Bulgaria	0.0450
Burkina Faso	0.0040
Burundi	0.0010
Cabo Verde	0.0010
Cambodia	0.0040
Cameroon	0.0100
Canada	2.9211
Central African Republic	0.0010
Chad	0.0050
Chile	0.3990
China	7.9212
Colombia	0.3220
Comoros	0.0010
Congo	0.0060
Cook Islands (not a Member of the United Nations)	0.0010
Costa Rica	0.0470
Côte d'Ivoire	0.0090
Croatia	0.0990
Cuba	0.0650
Cyprus	0.0430
Czechia	0.3440
Democratic People's Republic of Korea	0.0050
Democratic Republic of the Congo	0.0080
Denmark	0.5840
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0460
Ecuador	0.0670
Egypt	0.1520
El Salvador	0.0140
Equatorial Guinea	0.0100
Eritrea	0.0010

Members and Associate Members	WHO scale for 2018–2019 %
Estonia	0.0380
Ethiopia	0.0100
Fiji	0.0030
Finland	0.4560
France	4.8592
Gabon	0.0170
Gambia	0.0010
Georgia	0.0080
Germany	6.3892
Ghana	0.0160
Greece	0.4710
Grenada	0.0010
Guatemala	0.0280
Guinea	0.0020
Guinea-Bissau	0.0010
Guyana	0.0020
Haiti	0.0030
Honduras	0.0080
Hungary	0.1610
Iceland	0.0230
India	0.7370
Indonesia	0.5040
Iran (Islamic Republic of)	0.4710
Iraq	0.1290
Ireland	0.3350
Israel	0.4300
Italy	3.7482
Jamaica	0.0090
Japan	9.6802
Jordan	0.0200
Kazakhstan	0.1910
Kenya	0.0180
Kiribati	0.0010
Kuwait	0.2850
Kyrgyzstan	0.0020
Lao People's Democratic Republic	0.0030
Latvia	0.0500
Lebanon	0.0460
Lesotho	0.0010
Liberia	0.0010
Libya	0.1250
Lithuania	0.0720
Luxembourg	0.0640
Madagascar	0.0030
Malawi	0.0020

Members and Associate Members	WHO scale for 2018–2019 %
Malaysia	0.3220
Maldives	0.0020
Mali	0.0030
Malta	0.0160
Marshall Islands	0.0010
Mauritania	0.0020
Mauritius	0.0120
Mexico	1.4351
Micronesia (Federated States of)	0.0010
Monaco	0.0100
Mongolia	0.0050
Montenegro	0.0040
Morocco	0.0540
Mozambique	0.0040
Myanmar	0.0100
Namibia	0.0100
Nauru	0.0010
Nepal	0.0060
Netherlands	1.4821
New Zealand	0.2680
Nicaragua	0.0040
Niger	0.0020
Nigeria	0.2090
Niue (not a Member of the United Nations)	0.0010
Norway	0.8491
Oman	0.1130
Pakistan	0.0930
Palau	0.0010
Panama	0.0340
Papua New Guinea	0.0040
Paraguay	0.0140
Peru	0.1360
Philippines	0.1650
Poland	0.8411
Portugal	0.3920
Puerto Rico (not a Member of the United Nations)	0.0010
Qatar	0.2690
Republic of Korea	2.0391
Republic of Moldova	0.0040
Romania	0.1840
Russian Federation	3.0882
Rwanda	0.0020
Saint Kitts and Nevis	0.0010
Saint Lucia	0.0010

Members and Associate Members	WHO scale for 2018–2019 %
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0030
Sao Tome and Principe	0.0010
Saudi Arabia	1.1461
Senegal	0.0050
Serbia	0.0320
Seychelles	0.0010
Sierra Leone	0.0010
Singapore	0.4470
Slovakia	0.1600
Slovenia	0.0840
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.3640
South Sudan	0.0030
Spain	2.4431
Sri Lanka	0.0310
Sudan	0.0100
Suriname	0.0060
Swaziland	0.0020
Sweden	0.9561
Switzerland	1.1401
Syrian Arab Republic	0.0240
Tajikistan	0.0040
Thailand	0.2910
The former Yugoslav Republic of Macedonia	0.0070
Timor-Leste	0.0030
Togo	0.0010
Tokelau (not a Member of the United Nations)	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0340
Tunisia	0.0280
Turkey	1.0181
Turkmenistan	0.0260
Tuvalu	0.0010
Uganda	0.0090
Ukraine	0.1030
United Arab Emirates	0.6040
United Kingdom of Great Britain and Northern Ireland	4.4632
United Republic of Tanzania	0.0100
United States of America	22.0000
Uruguay	0.0790

Members and Associate Members	WHO scale for 2018–2019 %
Uzbekistan	0.0230
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.5710
Viet Nam	0.0580
Yemen	0.0100
Zambia	0.0070
Zimbabwe	0.0040
Total	100.0000

(Eighth meeting, 26 January 2017)

EB140.R7 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

The Executive Board,

Having considered the report on preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018,¹

RECOMMENDS to the Seventieth World Health Assembly the consideration of the following draft resolution:

The Seventieth World Health Assembly,

Recalling resolutions WHA66.10 (2013) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and WHA69.6 (2016) on responses to specific assignments in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases; United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting, 68/300 (2014) on the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, 69/313 (2015) on the Addis Ababa Action Agenda, and 70/1 (2015) on the 2030 Agenda for Sustainable Development; and United Nations Economic and Social Council resolutions 2013/12, 2014/10, 2015/8 and 2016/5 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases,

1. [ENDORSES] the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020;
2. NOTES the workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2018–2019;

¹ Document EB140/27.

3. URGES Member States:¹

(1) to continue to implement resolutions WHA66.10 (2013) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and WHA69.6 (2016) on responses to specific assignments in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases; United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting, 68/300 (2014) on the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, 69/313 (2015) on the Addis Ababa Action Agenda, and 70/1 (2015) on the 2030 Agenda for Sustainable Development; and United Nations Economic and Social Council resolutions 2013/12, 2014/10, 2015/8 and 2016/5 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, taking into account the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

(2) to support the preparation at the national, regional and international levels for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;

4. REQUESTS the Director-General to submit a report on preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, to the Seventy-first World Health Assembly in 2018, through the Executive Board.

(Thirteenth meeting, 28 January 2017)

EB140.R8 Confirmation of amendments to the Staff Rules: revised compensation package, related entitlements and salaries of staff

The Executive Board,

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

1. 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 2017 concerning the remuneration of staff in the professional and higher categories;

2. ALSO 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 2017 concerning definitions; the recruitment incentive; salaries; dependants' allowances; the mobility incentive, hardship allowance and non-family service allowance; the settling-in grant; the repatriation grant; the end-of-service grant; recruitment policies; assignment to duty; within-grade increase; home leave; travel of spouse and children; relocation shipment; the failure to exercise entitlement; expenses on death; abolition of post; and Appendix 1 to the Staff Rules;

¹ And, where applicable, regional economic integration organizations.

² Document EB140/48.

3. FURTHER 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 2017 and applicable to the school year in progress on 1 January 2018, concerning the education grant; travel of staff members; travel of spouse and children; and Appendix 2 to the Staff Rules.

(Seventeenth meeting, 31 January 2017)

EB140.R9 Salaries of staff in ungraded positions and of the Director-General

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,¹

RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth 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. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 174 373 gross per annum, with a corresponding net salary of US\$ 130 586;
2. ALSO ESTABLISHES the salary of the Deputy Director-General at US\$ 192 236 gross per annum, with a corresponding net salary of US\$ 142 376;
3. FURTHER ESTABLISHES the salary of the Director-General at US\$ 241 276 gross per annum, with a corresponding net salary of US\$ 172 069;
4. DECIDES that those adjustments in remuneration shall take effect on 1 January 2017.

(Seventeenth meeting, 31 January 2017)

¹ Document EB140/48.

DECISIONS

EB140(1) Post of Director-General: options for the conduct of the election at the Executive Board on the basis of paper-based voting

The Executive Board, having considered the report on the post of Director-General: options for the conduct of the election on the basis of paper-based voting,¹ decided to use a paper-based voting system for the nomination of the Director-General.

(Second meeting, 23 January 2017)

EB140(2) Post of Director-General: procedures for the conduct of the election at the Health Assembly on the basis of paper-based voting

The Executive Board, having considered the report on the post of Director-General: options for the conduct of the election on the basis of paper-based voting,² decided:

- (1) to recommend that the Seventieth World Health Assembly decide to use a paper-based voting system for the appointment of the Director-General;
- (2) to recommend that the Seventieth World Health Assembly implement the proposals outlined in the table in document EB140/4 and adopt the proposed amendments in the annex below in accordance with Rule 119 of the Rules of Procedure of the World Health Assembly.

ANNEX

PROPOSED AMENDMENTS TO THE RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY AND THE GUIDING PRINCIPLES FOR THE CONDUCT OF ELECTIONS BY SECRET BALLOT

Current version of Rule 78 of the Rules of Procedure of the World Health Assembly	Proposed amended version of Rule 78 of the Rules of Procedure of the World Health Assembly
(...) Where a ballot is required, two tellers appointed by the President from among the delegations present shall assist in the counting of votes.	(...) Where a ballot is required, two or more tellers appointed by the President from among the delegations present shall assist in the counting of votes.

Current version of the Guiding Principles for the Conduct of Elections by Secret Ballot	Proposed amended version of the Guiding Principles for the Conduct of Elections by Secret Ballot
Principle no. 1. Before voting begins, the President shall hand to the two tellers appointed by him the list of Members entitled to vote and the list of candidates. (...)	Before voting begins, the President shall hand to the two tellers appointed by him the list of Members entitled to vote and the list of candidates. (...)

¹ Document EB140/4.

² Document EB140/4.

Principle no. 3. The tellers shall satisfy themselves that the ballot box is empty and, having locked it, shall hand the key to the President.	The tellers shall satisfy themselves that the ballot box or ballot boxes is/ are empty and, having locked it/ them , shall hand the key/ keys to the President.
Principle no. 4. Members shall be called in turn to vote in the required alphabetical order of their names, ¹ beginning with the name of a Member which shall have been drawn by lot. The call shall be made in English, French, Russian and Spanish.	Except as otherwise determined by the Health Assembly , Members shall be called in turn to vote in the required alphabetical order of their names, ¹ beginning with the name of a Member which shall have been drawn by lot. The call shall be made in English, French, Russian and Spanish.
Principle no. 7. When the ballot box has been opened, the tellers shall count the number of ballot papers. If the number is not equal to that of the voters, the President shall declare the vote invalid and another ballot shall be held.	When the ballot box or ballot boxes has/ have been opened, the tellers shall count the number of ballot papers. If the number is not equal to that of the voters, the President shall declare the vote invalid and another ballot shall be held.

(Second meeting, 23 January 2017)

EB140(3) Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth

The Executive Board, having considered the report on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth,² and having welcomed the report of the High-Level Commission on Health Employment and Economic Growth that was presented in September 2016 at the United Nations General Assembly and the High-Level Ministerial Meeting on Health Employment and Economic Growth that was convened in December 2016, decided to request the Director-General:

- (1) to finalize in time for the Seventieth World Health Assembly, in collaboration with ILO, OECD and relevant regional and specialized entities, in consultation with Member States³ and in keeping with the objectives of the Global Strategy on Human Resources for Health: Workforce 2030,⁴ a draft five-year action plan 2017–2021 supporting the implementation of the recommendations of the High-Level Commission on Health Employment and Economic Growth;
- (2) to submit the draft five-year action plan 2017–2021 for consideration by the Seventieth World Health Assembly;

¹ Under Rule 72 of the Rules of Procedure of the World Health Assembly.

² Document EB140/17.

³ And, where applicable, regional economic integration organizations.

⁴ See resolution WHA69.19 (2016) and document WHA69/2016/REC/1, Annex 7.

(3) to work with Member States² to adopt measures focusing on the key recommendations of the report of the High-Level Commission on Health Employment and Economic Growth, including the development of intersectoral plans and investment in transformative education, promoting decent job creation in the health and social sectors and mutual benefit from the international mobility of health workers.

(Ninth meeting, 26 January 2017)

EB140(4) Poliomylitis

The Executive Board, having considered the reports on poliomyelitis¹ and human resources: update,²

- (1) recalled resolution WHA68.3 (2015) on poliomyelitis and encouraged Member States to ensure its full implementation;
- (2) recalled previous discussions on the human resources aspects of the Global Polio Eradication Initiative at the Executive Board and the Health Assembly, in particular on the issue of potential indemnities resulting from the termination of staff contracts;
- (3) underlined the need for continued emphasis on an effective endgame effort to eradicate polio and the importance of ensuring that the Global Polio Eradication Initiative is fit for purpose, with adequate levels of qualified staff;
- (4) emphasized the urgent need for effective transition planning, in line with the three main aims outlined in paragraph 19 of document EB140/13;
- (5) further emphasized the need to continue to provide the appropriate, situation-specific and focused interventions, in particular in relation to human resources and budgetary requirements, to the regions and countries where transmission has not been interrupted;
- (6) recognized the major and systemic challenges facing WHO that will result from the current winding-down of the Global Polio Eradication Initiative;
- (7) called for appropriate prioritization of opportunities for internal reassignment so as to reduce potential liabilities and indemnities, in particular to strengthen the WHO Health Emergencies Programme and the Expanded Programme on Immunization, with emphasis given to retaining the highest-performing staff;
- (8) emphasized the need to accelerate opportunities to shift or reprofile the 43% of staff funded by the Global Polio Eradication Initiative who work in polio-free countries, while ensuring that appropriate resources remain in place for surveillance;
- (9) reiterated its expectation that recruitment of staff for the Global Polio Eradication Initiative should be carried out without incurring any avoidable costs resulting from the foreseeable future termination of contracts, including by synchronizing contract end dates, and requested WHO to ensure that standard contracts that meet this requirement are available and are used;

¹ Document EB140/13.

² Document EB140/46.

(10) decided to request the Director-General:

(a) to present to the Seventieth World Health Assembly a report that outlines the programmatic, financial, and human resource-related risks resulting from the current winding-down and eventual discontinuation of the Global Polio Eradication Initiative, as well as an update on actions taken and planned to mitigate those risks while ensuring that essential polio-related functions are maintained, and to present a first draft of that report to a meeting of Member States before the end of April 2017;

(b) to continue reporting regularly to the Health Assembly, through the Executive Board, on the planning and implementation of the transition process.

(Tenth meeting, 27 January 2017)

EB140(5) Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

The Executive Board, having considered the report of the 2016 Pandemic Influenza Preparedness (PIP) Framework Review Group;¹ recalling section 6.14.5 of the PIP Framework, according to which the Director-General will propose to the Executive Board which proportion of partnership contributions should be used for inter-pandemic preparedness measures, and which proportion should be reserved for response activities in the event of a pandemic, based on the advice of the PIP Advisory Group; recalling also decision EB131(2) (2012), wherein it was decided that, over the next five years (2012–2016) approximately 70% of contributions should be used for pandemic preparedness measures and approximately 30% should be reserved for response activities, recognizing the need for and usefulness of flexibility in allocating funds; further recalling that in April 2016 the PIP Advisory Group recommended to the Director-General that all decisions relating to the implementation of partnership contributions be extended to 31 December 2017, including Executive Board decision EB131(2), and that the recommendation of the Advisory Group was therefore to extend also the proportional division between pandemic preparedness measures and response activities agreed through decision EB131(2);² noting that the Director-General accepted this recommendation; noting also that the report of the 2016 PIP Framework Review Group will be submitted to the Seventieth World Health Assembly in May 2017 and that discussion on the report at the Health Assembly may be relevant to the development of the next proposal for the proportional division of funds between pandemic preparedness measures and response activities; having further considered documents EB140/15 and EB140/16 and the recommendations, in particular recommendation 36, of the 2016 PIP Framework Review Group contained in document EB140/16, decided the following:

(1) to extend until 28 February 2018 the application of decision EB131(2) (2012);

(2) to request the Director-General to propose, in accordance with section 6.14.5 of the Pandemic Influenza Preparedness (PIP) Framework, a new proposal on which proportion of partnership contributions should be used for inter-pandemic preparedness measures, and which proportion should be reserved for response activities in the event of a pandemic, based on the advice of the PIP Advisory Group, for consideration by the Executive Board at its 142nd session in January 2018;

¹ Document EB140/16, Annex 1.

² http://www.who.int/influenza/pip/ag_april2016_MeetingRpt.pdf?ua=1, paragraph 45 (accessed 30 November 2016).

(3) to request the Director-General to continue consultations with the secretariat of the Convention on Biological Diversity and other relevant international organizations, as appropriate, in the context of existing international commitments on access to pathogens and fair and equitable sharing of benefits, in the interest of public health, and to report thereon to the Seventieth World Health Assembly.

(Tenth meeting, 27 January 2017)

EB140(6) Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products

The Executive Board, having considered the report of the fifth meeting of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products¹ and resolution WHA65.19 (2012),² decided:

- (1) to endorse the definitions as set out in Appendix 3 to the Annex to document EB140/23;
- (2) to recommend that the Seventieth World Health Assembly:
 - (a) endorse the definitions as set out in Appendix 3 to the Annex to document EB140/23;
 - (b) request the Director-General to replace the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” with “substandard and falsified medical products” as the term to be used in the name of the Member State mechanism and in all future documentation on the subject of medical products of this type.

(Eleventh meeting, 27 January 2017)

EB140(7) Draft global action plan on the public health response to dementia

The Executive Board, having considered the draft global action plan on the public health response to dementia 2017–2025,³ decided to recommend to the Seventieth World Health Assembly the adoption of the following decision:

The Seventieth World Health Assembly, having considered the draft global action plan on the public health response to dementia 2017–2025,

- (1) endorsed the global action plan on the public health response to dementia 2017–2025;
- (2) urged Member States⁴ to develop, as soon as practicable, ambitious national responses to the overall implementation of the global action plan on the public health response to dementia 2017–2025;

¹ Document EB140/23.

² See document WHA65/2012/REC/1, and in particular the footnote in the first paragraph of the Annex to the resolution.

³ Document EB140/28, Annex.

⁴ And, where applicable, regional economic integration organizations.

(3) requested the Director-General to submit a report on progress made in implementing this decision to the Health Assembly in 2020, 2023 and 2026.

(Fourteenth meeting, 30 January 2017)

EB140(8) Overall programme review of the global strategy and plan of action on public health, innovation and intellectual property

The Executive Board, having considered the report on the evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property,¹ decided to approve the terms of reference of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, set out in the Annex to this decision; and to request the Secretariat to develop an indication of funding requirements and possible sources of the implementation costs of the recommendations of the programme review, and to present these to the Seventy-first World Health Assembly in 2018, through the Executive Board at its 142nd session.

ANNEX

TERMS OF REFERENCE OF THE OVERALL PROGRAMME REVIEW

1. As directed in resolution WHA68.18 (2015), the overall programme review, as distinct from the evaluation, will be a more policy-oriented, forward-looking exercise. The expert review panel's conclusions should identify areas of convergence, in line with the 10 principles of the global strategy and plan of action on public health, innovation and intellectual property (contained in the annex to resolution WHA61.21 (2008)). Guided by the report of the comprehensive evaluation and, where appropriate, taking into account other evidence and involving relevant stakeholders, including public sector entities and all categories of non-State actors in line with the WHO Framework of Engagement with Non-State Actors involved in biomedical research and development, the programme review will:

- (a) assess the continued relevance of the aim and objectives and the eight elements of the global strategy and plan of action;
- (b) consider the evaluation of the implementation of the global strategy and plan of action so far and its key barriers;
- (c) review achievements, good practices, success factors, opportunities, gaps, weaknesses, unsuccessful efforts, remaining challenges, and value for money;
- (d) invite, over the course of the evaluation, appropriate input and comment from WIPO, WTO, and UNCTAD and other relevant intergovernmental organizations;
- (e) recommend a way forward, including details of what elements or actions should be added, enhanced or concluded in the next stage of implementation of the global strategy and plan of action on public health, innovation and intellectual property, until 2022;
- (f) submit a final report to the Health Assembly, including the assessment of the global strategy and plan of action and recommendations on the way forward.

¹ Document EB140/20.

2. The final report of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, focusing on its achievements, remaining challenges and recommendations on the way forward, will be presented to the Seventy-first World Health Assembly in 2018 through the Executive Board at its 142nd session.

(Seventeenth meeting, 31 January 2017)

EB140(9) Promoting the health of refugees and migrants

The Executive Board, taking note of the report on promoting the health of migrants,¹ recalling resolution WHA61.17 (2008) on the health of migrants, and reaffirming the New York Declaration for Refugees and Migrants, in particular its annexes on the global compact on refugees and on the global compact for safe, orderly and regular migration, decided to request the Director-General:

- (1) to prepare, in full consultation and cooperation with Member States,² and in cooperation with the International Organization for Migration and UNHCR and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be presented to the Seventieth World Health Assembly;
- (2) to make every possible effort, in close collaboration with Member States, and based on the guiding principles, to ensure that health aspects are adequately addressed in the development of the global compact on refugees and the global compact for safe, orderly and regular migration, in close collaboration with relevant international organizations, and to report thereon to the Seventy-first World Health Assembly;
- (3) to conduct a situation analysis by identifying and collecting experiences and lessons learned on the health of refugees and migrants in each region, in order to provide inputs for the development of the framework of priorities and guiding principles to promote the health of refugees and migrants, and to report thereon to the Seventy-first World Health Assembly;
- (4) to develop, in full consultation and cooperation with Member States,³² and in cooperation with other relevant stakeholders, such as the International Organization for Migration and UNHCR, a draft global action plan on the health of refugees and migrants, to be considered for adoption by the Seventy-second World Health Assembly, through the Executive Board at its 144th session.

(Seventeenth meeting, 31 January 2017)

¹ Document EB140/24.

² And, where applicable, regional economic integration organizations.

EB140(10) Engagement with non-State actors

The Executive Board, having considered the report on non-State actors in official relations with WHO, including the review of one third of the non-State actors in official relations with WHO,¹

- (1) decided:
 - (a) to admit into official relations with WHO the following non-State actors: Bill & Melinda Gates Foundation; Grand Challenges Canada; International Rescue Committee; Knowledge Ecology International; and The Fred Hollows Foundation;
 - (b) to discontinue official relations with the following non-State actors: Inclusion International; Inter-African Committee on Traditional Practices affecting the Health of Women and Children; International Centre for Trade and Sustainable Development; World Association for Psychosocial Rehabilitation; and World Association for Sexual Health;
- (2) noted with appreciation their collaboration with WHO and commended their continuing dedication to the work of WHO, and decided to maintain in official relations with WHO the 58 non-State actors whose names are listed in Annex 2 to document EB140/42;
- (3) further noted the reports on European Generic medicines Association, Handicap International Federation, International Alliance of Women, International Federation of Business and Professional Women, International Insulin Foundation, International Spinal Cord Society, International Union for Health Promotion and Education, Italian Association of Friends of Raoul Follereau, Medical Women's International Association, Rehabilitation International, and World Federation of the Deaf; and that plans for collaboration have yet to be agreed; and decided to defer the review of relations with these non-State actors until the 142nd session of the Executive Board in January 2018, at which time reports should be presented to the Board on the agreed plans for collaboration and on the status of relations.

(Seventeenth meeting, 31 January 2017)

EB140(11) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Prize Committee, awarded the Dr A.T. Shousha Foundation Prize for 2017 to Dr Yasmin Ahmed Jaffer of Oman for her significant contribution to public health in Oman. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.

(Eighteenth meeting, 31 January 2017)

¹ Document EB140/42.

EB140(12) 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 2017 to Dr Arslan Rinchin of Mongolia for his remarkable contribution to the advancement of primary health care in Mongolia. The laureate will receive US\$ 30 000.

(Eighteenth meeting, 31 January 2017)

EB140(13) 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 2017 to Professor Lô Boubou Baïdy of Mauritania, who is being honoured for his substantial contribution to the establishment of the national blood transfusion centre and development of blood transfusion services, as well as for his fight against viral hepatitis, HIV/AIDS and sexually transmitted infections in Mauritania. The laureate will receive US\$ 20 000.

(Eighteenth meeting, 31 January 2017)

EB140(14) Award of the Dr LEE Jong-wook Memorial Prize for Public Health

The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2017 to the Henry Reeve International Medical Brigade of Cuba for its outstanding contribution to public health. The laureate will receive US\$ 100 000.

(Eighteenth meeting, 31 January 2017)

EB140(15) Provisional agenda of the Seventieth World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Seventieth World Health Assembly,¹ and recalling its earlier decision that the Seventieth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 22 May 2017, and closing no later than Wednesday, 31 May 2017,² approved the provisional agenda of the Seventieth World Health Assembly, as amended.

(Eighteenth meeting, 31 January 2017)

EB140(16) Date and place of the 141st session of the Executive Board

The Executive Board decided that its 141st session should be convened on 1 and 2 June 2017, at WHO headquarters, Geneva.

(Eighteenth meeting, 31 January 2017)

¹ Document EB140/44.

² See decision EB139(11) (2016).