1. The Dr LEE Jong-wook Memorial Prize for Public Health consisting of a sum of money (which will not exceed US$ 100,000), together with a plaque from the Founder, will be awarded for outstanding contributions to public health.

2. The Prize will be awarded to a person or persons, an institution or institutions, a governmental or nongovernmental organization or organizations that have contributed to the improvement of public health, reflecting the will of Dr LEE Jong-wook, the sixth WHO Director-General, who dedicated his life to the underprivileged.

3. The Prize aims at rewarding work that has extended far beyond the call of regular duties, and it is not intended as a reward for an excellent performance of duties normally expected of an official occupying a government position or of a governmental or intergovernmental institution.

4. The following criteria will be applied in the assessment of the work performed by the candidate/candidates:
   (a) contribution to the improvement of population and public health;
   (b) efforts to improve health care access in resource-constrained settings and achieve health equity;
   (c) outstanding achievements in solving global health problems that have emerged in the recent years; and
   (d) best practices in the areas of (a), (b), or (c) that can be replicated in other fields.

Some illustrative examples of the above are attached to these guidelines.

In the event that several candidates are nominated for the Prize, priority consideration will be given to candidates from WHO Member States that are classified by the World Bank as low-income countries or lower-middle-income countries, or to candidates who are undertaking – or have undertaken – activities implemented in those countries.

5. The candidate/candidates nominated for the Prize must be intimately and directly connected with the efforts and achievements in a given area and must have the possibility of remaining involved in the further development of this work.

6. The candidate/candidates will be requested to indicate how the award funds would be used.

7. To facilitate the assessment of the work done and the accomplishments, the most recent and pertinent documentation directly related to the work should be submitted along with the nomination. Such materials should illustrate clearly the nature of the work carried out, the results achieved, the difficulties and challenges encountered, and the solutions proposed and implemented; they need not necessarily have been published in a scientific or other type of journal. Inadequate or inappropriate documentary evidence of the work carried out will significantly handicap the Prize Selection Panel in the assessment of the candidature.

8. To further support the documentary evidence, if necessary, the Administrator, on behalf of the Prize Selection Panel, reserves the right to examine the work done by the candidate/candidates.
9. Current and former staff members of the World Health Organization, and current members of the Executive Board, shall be ineligible to receive the Prize.

10. There should not be more than two recipients of the Prize per year. If two candidates are considered eligible by the Prize Selection Panel and selected to receive the Prize, the sum will be equally divided between them.

11. These guidelines will be reviewed and updated periodically as considered appropriate.

ILLUSTRATIVE EXAMPLES DESERVING CONSIDERATION FOR THE PRIZE

(a) Contribution to the improvement of population and public health:

– contributing to the development of health care including, but not limited to, research on identifying determinants, prevention or management of diseases, and health promotion at the population level;

– contributing to preventing the spread of a communicable disease by advancing detection and diagnosis techniques, including early detection and management;

– contributing to providing health services needed in the efforts to strengthen the health system; and

– contributing to the improvement of public health by developing or adopting appropriate and/or innovative, country-specific technology.

(b) Efforts to improve health care access in resource-constrained settings and achieve health equity:

– improving the level of community-based health through contribution to better primary public health care;

– making efforts to reduce health inequalities among communities and population groups;

– demonstrating commitment to the provision of health services to the marginalized and vulnerable;

– contributing to the improvement of health of internally displaced persons and/or refugees, through health-related activities in disaster-stricken areas; and

– making efforts to provide essential health services needed in resource-constrained areas/settings.

(c) Outstanding achievements in solving global health problems that have emerged in recent years:

– making efforts to solve global health threats, including – but not limited to – air pollution and climate change, noncommunicable diseases, and novel infectious diseases.

(d) Best practices in the areas of (a), (b), or (c) that can be replicated in other fields:

– using the results of community or country-based projects to achieve broader impacts in other countries and/or regions