



Review of the Constitution and regional arrangements of the World Health Organization

Report of the special group

The Executive Board special group for the review of the Constitution, established in response to resolution WHA48.14, held six meetings during the period May 1996 to November 1997, at which it considered WHO's mission and functions and provisions of the Constitution that might need further examination with a view to possible revision, as well as questions relating to WHO regional arrangements within the framework of the existing Constitution. This report on recommendations for action is presented in accordance with resolution EB99.R24 and decision EB99(5).

1. Resolution WHA48.14 requested the Executive Board to examine whether the WHO Constitution needed to be revised and, if so, the best way for the revision to proceed. At its ninety-seventh session the Board considered a report by the Director-General on the matter and adopted decision EB97(11) which established a special group of members of the Board to undertake an examination of the Constitution and to report to the Board at its ninety-ninth session.¹
2. In its report to the Board at its ninety-ninth session, the special group recommended *inter alia* that it should continue its review of the Constitution in parallel and in coordination with renewal of the health-for-all policy and, informed by that work, prepare perspectives on the constitutional review for the Executive Board in January 1998.² The Board accepted this recommendation and extended the mandate of the special group accordingly (decision EB99(5)). The Board also adopted resolution EB99.R24 which broadened the mandate of the special group to cover questions relating to WHO regional arrangements within the framework of the existing Constitution, and requested that a report on recommendations for action should be submitted to the Board at its 101st session.
3. The special group considered its revised mandate at its third meeting (3 and 4 April 1997), at its fourth meeting (10 May 1997), at its fifth meeting (9-11 July 1997) and at its sixth meeting (5-7 November 1997). In compliance with resolution EB99.R24, all Member States were invited to participate in these meetings by virtue

¹ The special group comprises six members of the Board (one from each region) and its Chairman. The present members are: Professor A. Aberkane (ex officio), Dr F.R. Al-Mousawi, Dr L.A. López Benítez, Dr N. Blewett (Chairman), Professor Z. Reiner, Dr T.J. Stamps and Dr B. Wasisto.

² Document EB99/1997/REC/1, Annex 9.

of Rule 3 of the Rules of Procedure of the Executive Board. The recommendations for action by the Executive Board as requested in resolution EB99.R24 and decision EB99(5) are presented below.

REVIEW OF PROVISIONS OF THE CONSTITUTION

Preamble: Definition of health

4. The group considered whether the preamble should be modified to include spiritual well-being and the dynamic concept of health. The group **proposed** that the preamble be modified as follows:

Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.

Article 2: Functions of WHO

5. In its report to the Executive Board at its ninety-ninth session (January 1997),¹ the special group noted that if it is determined that the functions defined in Article 2 of the Constitution need to be revised, revision should take account of the following points, in conformity with the future mission:

- wide range of functions to ensure flexibility and effective implementation
- generic grouping of functions
- organization of functions by priority
- functions that reflect the evolution in health policy since 1948 and the prospect of health for all in the twenty-first century
- functions defined in terms of general principles rather than specific activities.

6. The group expressed strong support for the framework of the following revised text of Article 2. It felt that the revised text should be **proposed** to the governing bodies of WHO and that the details should be reviewed at all levels of the Organization during the course of 1998. A final text, reflecting this broad consultative process, should then be submitted to the Executive Board at its 103rd session in January 1999.

Article 2

In order to achieve its objectives the functions of the Organization shall be:

1. TO ACT AS THE DIRECTING AND COORDINATING AUTHORITY ON INTERNATIONAL HEALTH AND, IN SO DOING,
 - (a) to provide leadership in health;
 - (b) to develop an effective partnership with Member States in pursuit of global health;
 - (c) to support Member States in formulating, implementing and evaluating their health policies;

¹ Document EB99/14.

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- (d) to establish and maintain effective collaboration with the United Nations, the specialized agencies, and other intergovernmental bodies;
- (e) to work with, and promote cooperation between, professional groups and nongovernmental organizations active in the field of health, and where necessary to mobilize them for international health action.
2. TO LEAD INTERNATIONAL HEALTH POLICY DEVELOPMENT BY
- (a) providing global surveillance and early warning systems for transnational threats to health;
- (b) collating and disseminating data and assessments of disease treatments;
- (c) identifying and testing strategies to eradicate or control communicable diseases;
- (d) identifying determinants of health status as a basis for health programmes and resource allocations;
- (e) designing preventive programmes to combat other threats to health, including lifestyle diseases, mental illness and substance abuse;
- (f) designing programmes for the prevention and management, including rehabilitative aspects, of noncommunicable diseases;
- (g) advancing health research through stimulation and, where necessary, coordination of research activities;
- (h) collating and disseminating data on desirable and appropriate methods of teaching and training in the health professions.
3. TO SERVE AS THE INTERNATIONAL AGENCY FOR SETTING AND MONITORING NORMS AND STANDARDS IN HEALTH BY
- (a) proposing conventions, agreements and regulations, and making recommendations with respect to international health matters, and to perform such duties as may be assigned thereby to the Organization and are consistent with its objectives;
- (b) establishing and revising as necessary international nomenclatures for diseases, of causes of death, and of public health practices;
- (c) developing, establishing and promoting international standards with respect to food, biological, pharmaceutical and similar products and for health devices and health technologies;
- (d) developing, establishing and promoting international ethical standards in all aspects of health practice and research.
4. TO COOPERATE WITH MEMBER STATES, PRIMARILY THROUGH NATIONAL HEALTH ADMINISTRATIONS, AND UPON REQUEST, BY PROVIDING ADVICE AND TECHNICAL COOPERATION
- (a) on ways to strengthen and improve sustainable health systems and resources;

- (b) on enhancing policy-making, management capability and accountability within their health systems;
- (c) on disease eradication and prevention strategies;
- (d) in explicit health emergencies, on a short-term basis;
- (e) on other areas of the Organization's functions.

5. TO ACT AS THE INTERNATIONAL ADVOCATE FOR HEALTH FOR ALL BY PROMOTING PARTICULARLY

- (a) the pursuit of equity in health outcomes, and the equitable international mobilization and management of health resources;
- (b) the centrality of primary health care within health systems;
- (c) intersectoral responses to health challenges;
- (d) health promotion and prevention, with particular reference to environmental, occupational and nutritional health, and combating of violence and substance abuse;
- (e) attention to the most vulnerable health stages of the life cycle (childhood, maternity, old age);
- (f) development of an informed public opinion on health among all peoples;
- (g) resource mobilization for health.

Article 7: Consequences for Members failing to meet financial obligations

7. The group **proposed** the following revised text designed to tighten the existing sanctions:

- (a) (1) If a Member fails to meet its financial obligations to the Organization, the Health Assembly may, on such conditions as it thinks proper:
 - (i) suspend the voting privileges to which the Member is entitled;
 - (ii) exclude such Members from eligibility for election to be entitled to designate a person to serve on the Executive Board; and
 - (iii) exclude the representatives of such Members from eligibility for election as an officer of the Health Assembly.
 - (2) The Health Assembly may also prohibit the Organization from entering into or renewing any arrangement involving payment for services provided by any Member State which persistently fails to meet its financial obligations without due cause.
 - (3) The Health Assembly shall have the authority to restore such rights and privileges.
- (b) In other exceptional circumstances, the Health Assembly may suspend the voting privileges and nonessential services to which a Member is entitled. The Health Assembly shall have the authority to restore such voting privileges and services.

8. With respect to the Organization's arrangements involving payment for services provided by a Member State failing to meet its financial obligations, one member of the group made the following observation:

Section (a)(2) of the revised Article 7 does not include a provision for the Health Assembly to stop payment for services, as well as prohibiting new or renewed arrangements to pay for services. In the interests of financial viability, it should be possible for the Organization to offset payments due for services arranged against indebtedness by any Member.

No indebted Member which deliberately withholds money to manipulate the performance or alter the priorities of the Organization should be able to profit from the provision of services to the Organization.

The wording "withdraw the right of the Organization to pay for services provided by a Member which persistently fails to meet its financial obligations in full without due cause" should therefore be included as a new section (a)(1)(iv) of the revised Article 7.

9. On the other hand, one member argued that the proposal to stop payment on services already delivered as suggested in paragraph 8 would introduce retrospectivity in that it could apply to services delivered prior to any decision of the Health Assembly on a Member State having persistently failed to meet its financial obligations without due cause. In addition, it would raise questions about contractual obligations entered into by the Organization.

Article 11: Representation of Members at the Health Assembly

10. The group **proposed** the following new text, which broadens the criteria for delegates to the Health Assembly:

Each Member shall be represented by not more than three delegates, one of whom shall be designated by the Member as chief delegate. These delegates should preferably represent the national health administration of the Member.

Article 13: Annual session of the Health Assembly

11. The group considered whether there should be a constitutional change to the provision for an annual Health Assembly. It did not favour a change which would have permitted the Health Assembly, if it so wished, to meet at least biennially.

Article 19: Health Assembly authority to adopt conventions and agreements

12. The group agreed that although the authority to adopt international conventions had never been exercised, it was a useful power to keep in reserve and should not be deleted from the Constitution.

Article 21: Health Assembly authority to adopt regulations in five specific areas

13. The special group **proposed** the following revised text, which adds a sixth specific area for which the Health Assembly would have authority to adopt regulations and a clause permitting regulations to be adopted on any subject:

- (a) The Health Assembly shall have the authority to adopt regulations concerning particularly:
 - (i) sanitary and quarantine requirements and other procedures designed to prevent the international spread of diseases;
 - (ii) nomenclatures with respect to diseases, causes of death and public health practices;

- (iii) standards with respect to diagnostic procedures for international use;
 - (iv) standards with respect to safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;
 - (v) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce;
 - (vi) standards with respect to transplantation of tissues and genetic engineering, including cloning.
- (b) The Health Assembly shall have authority to adopt regulations concerning any other health-related matter falling within the functions of the Organization as set forth in Article 2.

Article 24: Executive Board membership

14. One member formally expressed his reservations to maintaining the provision that Executive Board members should be designated in their personal capacity. In his view Board members were in fact representatives of their countries and regions, but the idea that they acted in a personal capacity weakened the authority of the Board compared not only with the executive organs of other organizations, which were representational, but also with the regional committees whose members were representing Member States. However, other members pointed out that if Board members were official representatives, they would have to consult with their authorities before reaching decisions, which would considerably slow the proceedings of the Board. There was already a direct link between the States elected to designate a Board member and the designated person.

15. In conclusion, most members agreed to retain the current interpretation that Board members should be designated in their personal capacity, which did not preclude them from expressing the views of their country or region.

16. One member considered that strict application of the provision calling for “technical” qualification in the field of health would be unduly restrictive and suggested that it should be replaced by “with experience” in the field of health. Remaining members of the group opposed any dilution of the provision that Board members should be “technically qualified” in the field of health.

Article 25: Election and term of office of members of the Executive Board

17. The group favoured retaining the three-year term of office for Board members.

18. The group considered the question of re-election of permanent Members of the Security Council. It **proposed** that as Article 24 stipulated that the composition of the Board should take into account “equitable geographical distribution”, the following sentence should be added at the end of Article 25:

No Member should have a greater right, explicit or implied, than any other Member to designate a person to serve on the Board.

That did not mean that the regional committees could not propose permanent Members of the Security Council if they so desired, but that there was no *right* to semi-permanent membership of the Board. A view was expressed that although the current practice of electing Members of the Security Council on a semi-permanent basis might be unfair, considering the different informal regional procedures for nomination of Members entitled to designate a Board member, it would be preferable to maintain the present arrangement.

19. It was pointed out, however, that the regional committees could change their practice without an amendment of the Constitution, and that the Health Assembly could also resolve on that issue. Further, responsibility for the

choice of Members entitled to designate a Board member lay with the Health Assembly, which could alter the choices made at the regional level.

20. The question was further debated under Agenda item 3: Regional arrangements (paragraph 45).

Article 50: Functions of regional committees

21. The view was expressed that operations at country level should be given additional regional impetus and that regional committees should be involved at the core of country-level activities. It **proposed** that a new subparagraph should be inserted into Article 50 that read as follows:

to foster and promote activities of the Organization at country level.

Article 55: Budget estimates

22. The special group **proposed** the following wording for Article 55:

The Director-General shall prepare and submit to the Board the budget estimates of the Organization. The Board shall consider and review those budget estimates and submit them to the Health Assembly, together with any recommendations the Board may deem advisable.

Article 73: Amendment of the Constitution

23. Some members of the group felt that present requirements for a constitutional amendment, in particular the ratification procedure, should be retained as sovereign Member States could not be bound without their consent, given in accordance with their respective constitutional processes. In addition, considerable time might be needed in federated States for acceptance by all the bodies involved. Other members felt that a time limit should be imposed on the ratification procedure, in view of the long delay in acceptance of certain amendments. It was **proposed** that after adoption of a constitutional amendment by a two-third vote in the Assembly, Members should be given a specified time in which to notify their dissent, after which the amendment would come into effect, unless rejected by more than one third of Member States. Article 73, as amended, would read as follows:

Texts of proposed amendments to this Constitution shall be communicated by the Director-General to Members at least 12 months in advance of their consideration by the Health Assembly. Amendments shall come into force for all Members 18 months after the date of adoption by the Health Assembly by a two-thirds majority vote of the Members of the Organization, unless during that period more than one third of the Members of the Organization deposit a formal notification of rejection with the Secretary-General of the United Nations.

24. It was noted that the proposed amendment would be subject to the acceptance procedure currently stipulated in Article 73.

IMPLEMENTATION OF RESOLUTIONS WHA18.48 AND WHA31.18

25. The group considered that in view of the considerable lapse of time since the adoption of resolutions WHA18.48 and WHA31.18, amending Articles 7 and 74 respectively, the **Executive Board should request** the Director-General to remind Members of the Organization that the two amendments still need to be accepted by two-thirds of the Members of the Organization in order to enter into force, and to include the text of those amendments in his reminder.

COORDINATION OF MANDATES IN THE UNITED NATIONS SYSTEM

26. The special group welcomed the reform initiatives within WHO and throughout the United Nations system. Reform was an ongoing process which required the Organization and its Member States to monitor closely institutional changes in the mandates and mission statements of the different bodies concerned. The group urged cooperation at all levels of the Organization with reform of the United Nations system.

27. The group emphasized the importance of maintaining WHO's lead role in health during consideration of proposals for system-wide reform. Considering proposed changes and efforts towards more effective coordination of activities between specialized agencies, an appropriate country presence of WHO was of greatest importance, together with implementation of clearly identifiable health programmes at country level prepared in cooperation with the local health authority.

WHO REGIONAL ARRANGEMENTS

28. At its meeting held on 3 and 4 April, the special group agreed on nine points for examination at its subsequent meetings. Each of these points was discussed (some at more than one meeting) on the basis of documentation requested by the special group. The group also requested views of the regional committees on these points, which were presented at its meeting held from 5 to 7 November 1997. The conclusions and recommendations of the special group on each of the nine points are set out below.

Point (1) Status and progress of reform in regional offices and at headquarters with reference to the 47 recommendations made by the Executive Board Working Group on the WHO Response to Global Change

29. The group considered this point at its fifth meeting. It concluded that although implementation of reforms, as an ongoing process, had progressed substantially at global level, progress at the regional level had been uneven and needed to be carefully monitored by regional committees on a region-by-region basis. The inherent decentralization of WHO's structure was considered an asset, but an effort was needed to preserve the unity of the Organization. The first module of the new management information system would soon be operational, and it was thought that that would greatly facilitate both the delegation of authority and feedback from regions and countries.

Point (2) Current practice at headquarters and in regional offices for: budget drafting; priority-setting and implementation; personnel appointments; programme implementation; and impact of extrabudgetary funds on regional budgets and priorities

30. The group considered this point at its fifth meeting. It paid considerable attention to the question of modernizing the budget drafting process. The group reviewed the process whereby priorities fixed by governing bodies and contained in the Ninth General Programme of Work were pursued at global, regional and country levels. Noting that in so far as was possible, the same priorities were applied to extrabudgetary resources, several participants in the discussion highlighted the risk of priorities becoming donor driven.

Point (3) Regular budget allocations to regions

31. It was agreed that current regular budget allocations to regions were based on outdated historical precedents and that more transparent and objective criteria based on needs at country level should be established.

32. Following the request made at the fifth meeting,¹ the group reviewed models based on either the Human Development Index and immunization coverage (Scenario A), or a formula (Scenario B) derived from four specific indicators (GNP per capita, maternal mortality ratio, under-five mortality rate, and immunization coverage).² Both indices were weighted to take account of population and were calculated using three different budget bases: country allocation, country and intercountry allocation, and country, intercountry and regional allocation. The maximum GNP limit for receipt of WHO country funding was set at US\$ 9386 per capita, the current World Bank definition of a high-income economy.

33. The results for each region are shown in Annexes 1, 2 and 3. They also include, for information, current allocations and allocations that would result from use of raw, instead of weighted, population data.

34. The group **decided** to submit these three annexes, including Scenarios A and B, to the Executive Board for its consideration. It was noted that as a whole the outcome of Scenarios A and B were not substantially different. Most participants tended to favour Scenario A, but further work was required on the effects of both scenarios on least developed countries. A majority favoured applying the scheme to country budgets.

35. There was general support for moderating the population factor, but the extent of that moderation needed further examination.

36. It was generally recognized that in implementing any model the following considerations should be taken into account:

- the model should be both dynamic - capable of responding to changes in country circumstances - and flexible. Appropriate mechanisms should be set up to follow up and evaluate outcomes
- the model should be sensitive to other health determinants, including qualitative factors
- there should be a gradual transition from present arrangements to application of a new model in order to minimize disruption
- the model should be applied in a sensitive, rather than a mechanical manner.

37. Some members suggested that availability of extrabudgetary resources should be a factor to consider when introducing any new system. Other members did not believe that extrabudgetary resources should affect the allocation under the regular budget.

Point (4) Current status of relationship between WHO and PAHO

38. Attention was drawn to the agreement between WHO and PAHO, of which Articles 2 and 3 were particularly relevant. Resuming discussions at an earlier meeting on interpretation of the term “integration”,³ it was noted that although WHO and PAHO functioned along similar lines, there were some differences, and the two entities were legally separate. However, there was no duplication of activities between the two organizations as the one office functioned simultaneously as part of the Organization of American States and as a regional office of WHO.

¹ See document EB/Constitution/5/9, paragraph 8.

² See document EB/Constitution/6/5.

³ See document EB/Constitution/4/5, paragraph 10.

39. In relation to Article 54, the special group **recommended** that in the light of the expectation of integration of PAHO and WHO, which had not been fully accomplished in 50 years, the Organization should examine with PAHO whether (a) the Article should be amended or deleted, or (b) integration should be completed.

Point (5) Criteria for determining regions, assignment of Member States to regions and location of regional offices

40. It was acknowledged that historically no precise criteria had been established for decisions, though regarding the delineation of regions and the assignment and transfer between regions, issues such as geographic position, similarity of health problems, and economies had been considered. Resolution WHA49.6 had since been passed seeking to regulate the administrative aspects of changes in those regards, and although States were free to select their region, the final decision rested with the Health Assembly.

41. The Executive Board, acting as the executive organ of the Health Assembly, had usually decided on the location of regional offices, though the Health Assembly itself could - and had - become involved in such decisions. In practice, regional committees had made recommendations with respect to such locations. It was recognized that the Director-General was authorized in emergencies to decide on the "temporary" location of a regional office. It was **recommended** that the criteria for selecting a site for the headquarters of the Organization, namely, location at or near a centre recognized for the excellence of its health and medical services and possessing ample and efficient communication,¹ should also apply to the sites of the regional offices.

42. The group **recommended** that WHO should actively cooperate with the United Nations in efforts to rationalize the regions across all the specialized agencies.

Point (6) Representation of the regions in the Executive Board and other bodies

43. The group had before it various proposals for improving balance between regions.² The group also considered a new mathematical formula for calculating equitable distribution of seats by region, suggested by a Board member. Taking a baseline of three seats and 10 States per region, it divided the excess seats beyond the constitutional minimum by the excess number of States (Board size - 18/number of Member States - 60). The resulting multiplier would then be applied to the number of Member States in each region, less the baseline of 10 Members, thereby arriving at a theoretical number of seats per region. That calculation produced a total number of seats and regional distribution as shown in the table below for a Board of 34 members, with a closer alignment between the theoretical number of seats (calculated to two decimal points) and the actual number (after rounding). The special group therefore **proposed** that, using this mathematical formula, the total number of seats should be increased to 34, with an additional seat each for the European and Western Pacific regions.

¹ Document EB/Constitution/6/4, paragraph 13.

² Document EB/Constitution/6/3.

**DISTRIBUTION OF SEATS ON THE EXECUTIVE BOARD
PRODUCED BY THE ADDITION OF TWO SEATS**

Region	Number of Member States	Theoretical number of seats (ratio of (34-18)/131) added to baseline 3 seats	Number of seats ¹
Africa	46	7.40	7 [7]
The Americas	35	6.05	6 [6]
South-East Asia	10	3.00	3 [3]
Europe	51	8.01	8 [7]
Eastern Mediterranean	22	4.47	5 [5]
Western Pacific	27	5.08	5 [4]
Total	191	34.00	34 [32]

¹ Current number of seats shown in brackets.

44. One member expressed the view that a more generic statement on the composition of the Board should be included in the Constitution, which would delegate authority to determine size and distribution of the Executive Board to the Health Assembly on the proposal of a significant number of Members, thus avoiding future amendments of the Constitution when a change in the size of the Executive Board was considered desirable.

45. Referring back to discussions on re-election of permanent members of the Security Council (see paragraphs 18, 19 and 20) the conclusions therein were endorsed.

Point (7) Term of office of Regional Directors; qualifications and method of selection

46. Following up earlier discussions,¹ it was **proposed** that the term of office of Regional Directors should be five years, renewable once, but that this rule should not be applicable to present incumbents, and that the work already carried out on criteria for selection and appointment of the Director-General and the Regional Director for Europe should be considered for application in all regions.

47. The special group did not favour the view that the Executive Board should select Regional Directors from more than one candidate proposed by the regional committee. Assuming that the regional committees applied established selection criteria, they should be responsible for the nomination of Regional Directors, which would then be considered by the Executive Board.

Point (8) Mission and functions of regional committees; frequency of regional committee sessions

48. Most members of the group agreed that Article 48 on the frequency of regional committee sessions should not be amended. The regional committees should meet as often as necessary, in accordance with Article 48. With regard to functions, an amendment to Article 50 was proposed (see paragraph 21).

¹ See document EB/Constitution/4/5, subitem 2.7.

Point (9) Relationship between regional and country offices and impact of this linkage on the work of the Organization

49. Since this matter was being dealt with by the Executive Board and was included in the agenda for its 101st session (WHO country offices), it was decided not to consider it in detail.

ACTION BY THE EXECUTIVE BOARD

50. The Board is invited to consider the recommendations contained herein and to decide on further action to be taken.

ANNEX 1

REGIONAL SUMMARIES OF REGULAR COUNTRY BUDGET ALLOCATION

Scenario A	Indicator: Human Development Index and immunization coverage					
	Actual allocation	% allocation	Log sq. pop. ^a	% allocation	Raw pop. allocation ^b	% allocation
Africa	95 765 500	29.76	141 717 200	44.03	80 411 500	24.98
The Americas	42 549 100	13.22	38 293 500	11.90	27 990 100	8.70
South-East Asia	74 032 500	23.00	29 417 700	9.14	81 643 500	25.37
Europe	5 284 900	1.64	37 835 100	11.76	26 614 200	8.27
Eastern Mediterranean	59 691 400	18.55	44 088 900	13.70	41 279 300	12.83
Western Pacific	44 506 300	13.83	30 478 300	9.47	63 906 500	19.86
Total	321 829 700	100.00	321 830 700	100.00	321 845 100	100.00
Scenario B	GNP per capita, maternal mortality ratio, under-five mortality rate, and immunization coverage					
	Actual allocation	% allocation	Log sq. pop. ^a	% allocation	Raw pop. allocation ^b	% allocation
Africa	95 765 500	29.76	146 531 300	45.53	141 717 200	44.03
The Americas	42 549 100	13.22	35 423 900	11.01	38 293 500	11.90
South-East Asia	74 032 500	23.00	37 203 300	11.56	29 417 700	9.14
Europe	5 284 900	1.64	30 830 900	9.58	37 835 100	11.76
Eastern Mediterranean	59 691 400	18.55	43 244 500	13.44	44 088 900	13.70
Western Pacific	44 506 300	13.83	28 595 900	8.89	30 478 300	9.47
Total	321 829 700	100.00	321 829 800	100.00	321 830 700	100.00

^a **Log sq.:** populations are mathematically transformed by squared natural logarithm and multiplied by a "stretching" factor.

^b **Raw pop.:** country populations are used without any adjustment.

ANNEX 2

REGIONAL SUMMARIES OF REGULAR COUNTRY AND INTERCOUNTRY BUDGETS ALLOCATION

Scenario A	Indicator: Human Development Index and immunization coverage					
	Actual allocation	% allocation	Log sq. pop. ^a	% allocation	Raw pop. allocation ^b	% allocation
Africa	125 988 000	27.40	202 540 900	44.06	115 045 700	25.02
The Americas	74 857 700	16.28	54 611 900	11.88	39 529 200	8.60
South-East Asia	89 257 200	19.41	42 052 500	9.15	117 100 900	25.47
Europe	30 225 600	6.57	54 085 200	11.76	38 001 200	8.27
Eastern Mediterranean	74 066 400	16.11	63 025 100	13.71	59 114 400	12.86
Western Pacific	65 343 800	14.21	43 423 700	9.45	90 955 700	19.78
Total	459 738 700	100.00	459 739 300	100.00	459 747 100	100.00
Scenario B	GNP per capita, maternal mortality ratio, under-five mortality rate, and immunization coverage					
	Actual allocation	% allocation	Log sq. pop. ^a	% allocation	Raw pop. allocation ^b	% allocation
Africa	125 988 000	27.40	209 394 700	45.55	113 968 000	24.79
The Americas	74 857 700	16.28	50 570 900	11.00	34 478 000	7.50
South-East Asia	89 257 200	19.41	53 177 100	11.57	148 590 100	32.32
Europe	30 225 600	6.57	44 069 100	9.59	29 048 000	6.32
Eastern Mediterranean	74 066 400	16.11	61 812 400	13.45	52 500 500	11.42
Western Pacific	65 343 800	14.21	40 715 000	8.86	81 162 400	17.65
Total	459 738 700	100.00	459 739 200	100.00	459 747 000	100.00

^a **Log sq.:** populations are mathematically transformed by squared natural logarithm and multiplied by a “stretching” factor.

^b **Raw pop.:** country populations are used without any adjustment.

ANNEX 3

REGIONAL SUMMARIES OF REGULAR COUNTRY, INTERCOUNTRY AND REGIONAL BUDGETS ALLOCATION

Scenario A	Indicator: Human Development Index and immunization coverage					
	Actual allocation	% allocation	Log sq. pop. ^a	% allocation	Raw pop. allocation ^b	% allocation
Africa	157 413 000	28.12	246 613 300	44.06	140 144 500	25.04
The Americas	82 686 000	14.77	66 440 800	11.87	47 901 400	8.56
South-East Asia	99 251 000	17.73	51 207 500	9.15	142 783 200	25.51
Europe	49 823 000	8.90	65 859 500	11.77	46 283 900	8.27
Eastern Mediterranean	90 249 000	16.12	76 745 700	13.71	72 046 300	12.87
Western Pacific	80 279 000	14.34	52 834 000	9.44	110 547 700	19.75
Total	559 701 000	100.00	559 700 800	100.00	559 707 000	100.00
Scenario B	GNP per capita, maternal mortality ratio, under-five mortality rate, and immunization coverage					
	Actual allocation	% allocation	Log sq. pop. ^a	% allocation	Raw pop. allocation ^b	% allocation
Africa	157 413 000	28.12	254 939 500	45.55	138 840 000	24.81
The Americas	82 686 000	14.77	61 575 900	11.00	41 730 500	7.46
South-East Asia	99 251 000	17.73	64 749 100	11.57	181 194 400	32.37
Europe	49 823 000	8.90	53 658 500	9.59	35 360 200	6.32
Eastern Mediterranean	90 249 000	16.12	75 263 400	13.45	63 971 400	11.43
Western Pacific	80 279 000	14.34	49 514 200	8.85	98 610 000	17.62
Total	559 701 000	100.00	559 700 600	100.00	559 706 500	100.00

^a **Log sq.:** populations are mathematically transformed by squared natural logarithm and multiplied by a "stretching" factor.

^b **Raw pop.:** country populations are used without any adjustment.

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