EB115/2005/REC/1

WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

115TH SESSION

GENEVA, 17-24 JANUARY 2005

RESOLUTIONS AND DECISIONS
ANNEXES

GENEVA
2005

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ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR – Advisory Committee on Health Research
ASEAN – Association of South-East Asian Nations
CEB – United Nations System Chief Executives Board for Coordination (formerly ACC)
CIOMS – Council for International Organizations of Medical Sciences
FAO – Food and Agriculture Organization of the United Nations
IAEA – International Atomic Energy Agency
IARC – International Agency for Research on Cancer
ICAO – International Civil Aviation Organization
IFAD – International Fund for Agricultural Development
ILO – International Labour Organization (Office)
IMF – International Monetary Fund
IMO – International Maritime Organization
ITU – International Telecommunication Union
OECD – Organisation for Economic Co-operation and Development
OIE – *Office International des Epizooties*
PAHO – Pan American Health Organization
UNAIDS – Joint United Nations Programme on HIV/AIDS
UNCTAD – United Nations Conference on Trade and Development
UNDCP – United Nations International Drug Control Programme
UNDP – United Nations Development Programme
UNEP – United Nations Environment Programme
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNFPA – United Nations Population Fund
UNHCR – Office of the United Nations High Commissioner for Refugees
UNICEF – United Nations Children's Fund
UNIDO – United Nations Industrial Development Organization
UNRWA – United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP – World Food Programme
WIPO – World Intellectual Property Organization
WMO – World Meteorological Organization
WTO – World Trade Organization

PREFACE

The 115th session of the Executive Board was held at WHO headquarters, Geneva, from 17 to 24 January 2005. The proceedings are published in two volumes. The present volume contains the resolutions and decisions, and relevant annexes. The summary records of the Board's discussions, list of participants and officers, and details regarding membership of committees, are published in document EB115/2005/REC/2.

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RESOLUTIONS

EB115.R1 Appointment of the Regional Director for Africa

The Executive Board,

Considering the provisions of Article 52 of the Constitution of WHO;

Considering the nomination and recommendation made by the Regional Committee for Africa at its fifty-fourth session,[1]

1. APPOINTS Dr Luis Gomes Sambo as Regional Director for Africa as from 1 February 2005;

2. AUTHORIZES the Director-General to issue a contract to Dr Luis Gomes Sambo for a period of five years from 1 February 2005, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 18 January 2005)

EB115.R2 Expression of appreciation to Dr Ebrahim M. Samba

The Executive Board,

Desiring, on the occasion of the retirement of Dr Ebrahim M. Samba, Regional Director for Africa, to express its appreciation of his services to the World Health Organization;

Mindful of his lifelong devotion to the cause of international health, and recalling especially his 14 years of service as Director of the Onchocerciasis Control Programme for West Africa and 10 years of service as Regional Director for Africa,

1. EXPRESSES its profound gratitude and appreciation to Dr Ebrahim M. Samba for his invaluable contribution to the work of WHO;

2. ADDRESSES to Dr Ebrahim M. Samba on this occasion its sincere good wishes for many further years of service to humanity.

(Third meeting, 18 January 2005)

EB115.R3 Appointment of the Regional Director for Europe

The Executive Board,

Considering the provisions of Article 52 of the Constitution of WHO;

[1] Resolution AFR/RC54/R1.

Considering the nomination and recommendation made by the Regional Committee for Europe at its fifty-fourth session,[1]

1. REAPPOINTS Dr Marc Danzon as Regional Director for Europe as from 1 February 2005;

2. AUTHORIZES the Director-General to issue a contract to Dr Marc Danzon for a period of five years from 1 February 2005, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 18 January 2005)

EB115.R4 International Nonproprietary Names: revised procedure[2]

The Executive Board,

Having considered the report on International Nonproprietary Names,[3]

ADOPTS the revised Procedure for the selection of recommended International Nonproprietary Names for pharmaceutical substances.

(Sixth meeting, 19 January 2005)

EB115.R5 Public health problems caused by harmful use of alcohol

The Executive Board,

Having considered the report on public health problems caused by alcohol,[4]

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Recalling resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems: development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse, WHA55.10 on mental health: responding to the call for action, WHA57.10 on road safety and health, WHA57.16 on health promotion and healthy lifestyles and WHA57.17 on the Global Strategy on Diet, Physical Activity and Health;

[1] Resolution EUR/RC54/R2.

[2] See Annex 1.

[3] Document EB115/11.

[4] Documents EB115/37 and EB115/37 Corr.1.

Recalling *The world health report 2002*,[1] which indicated that 4% of the burden of disease and 3.2% of all deaths globally are attributed to alcohol, and that alcohol is the foremost risk to health in low-mortality developing countries and the third in developed countries;

Recognizing that the patterns, context and overall level of alcohol consumption influence the health of the population as a whole, and that harmful drinking is among the foremost underlying causes of disease, injury, violence – especially domestic violence against women and children – disability, social problems and premature deaths, is associated with mental ill-health, has a serious impact on human welfare affecting individuals, families, communities and society as a whole, and contributes to social and health inequalities;

Emphasizing the risk of harm due to alcohol consumption in the context of driving a vehicle, at the workplace and during pregnancy;

Alarmed by the extent of public health problems associated with harmful consumption of alcohol and the trends in hazardous drinking, particularly among young people, in many Member States;

Recognizing that intoxication with alcohol is associated with high-risk behaviours, including the use of other psychoactive substances and unsafe sex;

Concerned about the economic loss to society resulting from harmful alcohol consumption, including costs to the health services, social welfare and criminal justice systems, lost productivity and reduced economic development;

Recognizing the threats posed to public health by the factors that have given rise to increasing availability and accessibility of alcoholic beverages in some Member States;

Noting the growing body of evidence of the effectiveness of strategies and measures aimed at reducing alcohol-related harm;

Mindful that individuals should be empowered to make positive, life-changing decisions for themselves on matters such as consumption of alcohol,

1. REQUESTS Member States:

(1) to develop, implement and evaluate effective strategies and programmes for reducing the negative health and social consequences of harmful use of alcohol;

(2) to encourage mobilization and active and appropriate engagement of all concerned social and economic groups, including scientific, professional, nongovernmental and voluntary bodies, the private sector, civil society and industry associations, in reducing harmful use of alcohol;

(3) to support the work requested of the Director-General below, including, if necessary, through voluntary contributions by interested Member States;

[1] *The world health report 2002. Reducing risks, promoting healthy life.* Geneva, World Health Organization, 2002.

2. REQUESTS the Director-General:

(1) to strengthen the Secretariat's capacity to provide support to Member States in monitoring alcohol-related harm and to reinforce the scientific and empirical evidence of effectiveness of policies;

(2) to intensify international cooperation in reducing public health problems caused by the harmful use of alcohol and to mobilize the necessary support at global and regional levels;

(3) to report to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including a comprehensive assessment of public health problems caused by harmful use of alcohol;

(4) to draw up recommendations for effective policies and interventions to reduce alcohol-related harm and to develop technical tools that will support Member States in implementing and evaluating recommended strategies and programmes;

(5) to strengthen global and regional information systems through further collection and analysis of data on alcohol consumption and its health and social consequences, providing technical support to Member States and promoting research where such data are not available;

(6) to promote and support global and regional activities aimed at identifying and managing alcohol-use disorders in health-care settings and enhancing the capacity of health-care professionals to address problems of their patients associated with harmful patterns of alcohol consumption;

(7) to collaborate with Member States, intergovernmental organizations, health professionals, nongovernmental organizations and other relevant stakeholders to promote the implementation of effective policies and programmes to reduce harmful alcohol consumption;

(8) to organize open consultations with representatives of industry and agriculture and distributors of alcoholic beverages in order to limit the health impact of harmful alcohol consumption;

(9) to report through the Executive Board to the Sixtieth World Health Assembly on progress made in implementation of this resolution.

(Seventh meeting, 20 January 2005)

EB115.R6 Antimicrobial resistance: a threat to global health security

The Executive Board,

Having considered the report on rational use of medicines by prescribers and patients;[1]

[1] Document EB115/40.

Acknowledging that the containment of antimicrobial resistance is a prerequisite for attaining several of the internationally agreed health-related goals contained in the United Nations Millennium Declaration;

Recalling the recommendations of the Second International Conference on Improving Use of Medicines (Chiang Mai, Thailand, 2004);

Recalling also the findings of WHO's report on "Priority medicines for Europe and the world",[1] and the Copenhagen Recommendation from the European Union conference on "The Microbial Threat" (Copenhagen, 1998);

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on rational use of medicines by prescribers and patients;

Acknowledging that the containment of antimicrobial resistance is a prerequisite for attaining several of the internationally agreed health-related goals contained in the United Nations Millennium Declaration;

Recalling the recommendations of the Second International Conference on Improving Use of Medicines (Chiang Mai, Thailand, 2004);

Recalling also the findings of WHO's report on "Priority medicines for Europe and the world",[1] and the Copenhagen Recommendation from the European Union conference on "The Microbial Threat" (Copenhagen, 1998);

Aware that the spread of antimicrobial resistance recognizes no national boundaries and has reached proportions that require urgent action at national, regional and global levels, especially in view of the decreasing development of new antimicrobial agents;

Recalling previous resolutions WHA39.27 and WHA47.13 on the rational use of drugs, WHA51.17 on antimicrobial resistance, and WHA54.14 on global health security;

Recognizing the efforts of WHO in collaboration with governments, universities, the private sector and nongovernmental organizations to contain antimicrobial resistance, thereby contributing to prevention of the spread of infectious diseases;

Noting that, despite some progress, the strategy for containment of antimicrobial resistance has not been widely implemented; [2]

Wishing to intensify efforts to contain antimicrobial resistance and to promote rational use of antimicrobial agents by providers and consumers in order to improve global health security;

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[1] Document WHO/EDM/PAR/2004.7.

[2] Document WHO/CDS/CSR/DRS/2001.2.

Re-emphasizing the need for a coherent, comprehensive and integrated national approach to promoting the containment of antimicrobial resistance;

Convinced that it is time for governments, the health professions, civil society, the private sector and the international community to reaffirm their commitment to ensuring that sufficient investment is made to contain antimicrobial resistance,

1. URGES Member States:

(1) to ensure the development of a coherent, comprehensive and integrated national approach to implementing the strategy for containment of antimicrobial resistance taking account, where appropriate, of financial and other incentives that might have a harmful impact on policies for prescribing and dispensing;

(2) to consider strengthening their legislation on availability of medicines in general and of antimicrobial agents in particular;

(3) to mobilize human and financial resources in order to minimize the development and spread of antimicrobial resistance, in particular by the promotion of the rational use of antimicrobial agents by providers and consumers;

(4) to monitor regularly the use of antimicrobial agents and the level of antimicrobial resistance in all relevant sectors;

(5) actively to share knowledge and experience on best practices in promoting the rational use of antimicrobial agents;

2. REQUESTS the Director-General:

(1) to strengthen the leadership role of WHO in containing antimicrobial resistance;

(2) to accelerate the implementation of resolutions WHA51.17 and WHA54.14 concerning the containment of antimicrobial resistance by expanding and strengthening the provision of technical support to Member States, at their request;

(3) to support other relevant programmes and partners in strengthening their efforts to promote the appropriate use of antimicrobial agents by scaling up interventions proven to be effective;

(4) to support the sharing of knowledge and experience among stakeholders on the best ways to promote the rational use of antimicrobial agents;

(5) to report to the Sixtieth World Health Assembly, and subsequently on a regular basis, on progress achieved, problems encountered and further actions proposed in implementing this resolution.

(Tenth meeting, 22 January 2005)

EB115.R7 Strengthening active and healthy ageing

The Executive Board,

Having considered the document on International Plan of Action on Ageing: report on implementation,[1]

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the document on International Plan of Action on Ageing: report on implementation;

Noting that more than 1000 million people will be over 60 years old by 2025, the vast majority in the developing world, and that this figure is expected to double by 2050 which will lead to increasing demands on health and social-service systems worldwide;

Recalling resolution WHA52.7 on active ageing that called upon all Member States to take appropriate steps to carry out measures that ensure the highest attainable standard of health and well-being for the growing numbers of their older citizens;

Recalling also United Nations General Assembly resolution 58/134 of 22 December 2003, which requested the organizations and bodies of the United Nations system and the specialized agencies to integrate ageing, including from a gender perspective, into their programmes of work;

Recalling further United Nations General Assembly resolution 59/150, which called on governments, the organizations of the United Nations system, nongovernmental organizations and the private sector to ensure that the challenges of population ageing and the concerns of older persons were adequately incorporated into their programmes and projects, especially at country level, and invited Member States to submit, whenever possible, information to the United Nations database on ageing;

Acknowledging the active ageing policy framework, WHO's contribution to the United Nations Second World Assembly on Ageing, and its vision for the framing of integrated intersectoral policies on ageing;[2]

Mindful of the important role played by WHO in implementing the objectives of the Madrid International Plan of Action on Ageing, 2002, particularly Priority Direction II: Advancing health and well-being into old age;

Recognizing the contributions that older persons make to development, and the importance of lifelong education and active community involvement for older persons;

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[1] Document EB115/29.

[2] Document WHO/NMH/NPH/02.8.

Stressing the important role of public-health policies and programmes in enabling the rapidly growing numbers of older persons in both developed and developing countries to remain in good health and maintain their many vital contributions to the well-being of their families, communities and societies;

Stressing also the importance of developing care services, including eHealth services, to enable older persons to remain in their homes for as long as possible;

Underlining the need for incorporating a gender perspective into policies and programmes relating to active and healthy ageing;

Welcoming WHO's focus on primary health care, such as the development of "age-friendly" primary health care,

1. URGES Member States:

(1) to develop, implement and evaluate policies and programmes that promote healthy and active ageing and the highest attainable standard of health and well-being for their older citizens;

(2) to consider the situation of older persons as an integral part of their efforts to achieve the internationally agreed development goals of the United Nations Millennium Declaration, and to mobilize political will and financial resources for that purpose;

(3) to take measures to ensure that gender-sensitive health policies, plans and programmes recognize and address the rights and comprehensive health, social-service and development needs of older women and men, with special attention to the socially excluded, older persons with disabilities**,** and those unable to meet their basic needs;

(4) to pay special attention to the key role that older persons, especially older women, play as caregivers in the family and community, and particularly the burdens placed on them by the HIV/AIDS pandemic;

(5) to consider establishing an appropriate legal framework, to enforce legislation and to strengthen legal efforts and community initiatives designed to eliminate physical and mental elder abuse;

(6) to develop, use and maintain systems to provide data, throughout the life-course, disaggregated by age and sex, on intersectoral determinants of health and health status in order to underpin the planning, implementation, monitoring and evaluation of evidence-based health-policy interventions relevant to older persons;

(7) to undertake education and recruitment measures and incentives, taking into account the particular circumstances in developing countries, in order to ensure sufficient health personnel to meet the needs of older persons;

(8) to strengthen national action in order to ensure sufficient resources to fulfil commitments to implementing the Madrid International Plan of Action on Ageing, 2002, and related regional plans of action relating to the health and well-being of older persons;

(9) to provide progress reports on the status of older persons and on active and healthy ageing programmes when making country health reports;

(10) to support WHO's advocacy for active and healthy ageing through new, multisectoral partnerships with intergovernmental, nongovernmental, private-sector and voluntary organizations;

2. REQUESTS the Commission on Social Determinants of Health to consider including issues related to active and healthy ageing throughout the life-course among its policy recommendations;

3. REQUESTS the Director-General:

(1) to raise awareness of the challenge of the ageing of societies, the health and social needs of older persons, and the contributions of older persons to society, including by working with Member States and nongovernmental and private-sector employers;

(2) to provide support to Member States in their efforts to fulfil their commitments to the goals and outcomes of relevant United Nations conferences and summits, particularly the Second World Assembly on Ageing, related to the health and social needs of older persons, in collaboration with relevant partners;

(3) to continue to focus on primary health care, with an emphasis on existing community structures where applicable, that is age appropriate, accessible and available for older persons, thereby strengthening their capability to remain vital resources to their families, the economy and society for as long as possible;

(4) to provide support to Member States, by promoting research and strengthening capacity for health promotion and disease prevention throughout the life-course, in their efforts to develop integrated care for older persons, including support for both formal and informal caregivers;

(5) to undertake initiatives to improve the access of older persons to relevant information and health-care and social services in order, particularly, to reduce their risk of HIV infection, to improve the quality of life and dignity of those living with HIV/AIDS, and to help them support family members affected by HIV/AIDS and their orphaned grandchildren;

(6) to provide support to Member States, upon request, for compiling, using and maintaining systems to provide information, throughout the life-course, disaggregated by age and sex, health status and selected intersectoral information, on determinants of health, in order to underpin the planning, implementation, monitoring and evaluation of evidence-based health-policy interventions relevant to older persons;

(7) to strengthen WHO's capacity to incorporate work on ageing throughout its activities and programmes at all levels and to facilitate the role of WHO regional offices in the implementation of United Nations regional plans of action on ageing;

(8) to cooperate with other agencies and organizations of the United Nations system in order to ensure intersectoral action towards active and healthy ageing;

(9) to report to the Sixtieth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Tenth meeting, 22 January 2005)

EB115.R8 Assessments for 2006-2007

The Executive Board,

Having considered the report on Assessed contributions: Assessments for 2006-2007,[1]

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report of the Director-General,

ADOPTS the scale of assessments of Members for the biennium 2006-2007 as set out below:

Members and Associate Members	WHO scale for 2006-2007
	%
Afghanistan	0.00200
Albania	0.00500
Algeria	0.07600
Andorra	0.00500
Angola	0.00100
Antigua and Barbuda	0.00300
Argentina	0.95600
Armenia	0.00200
Australia	1.59200
Austria	0.85900
Azerbaijan	0.00500
Bahamas	0.01300
Bahrain	0.03000
Bangladesh	0.01000
Barbados	0.01000
Belarus	0.01800
Belgium	1.06900
Belize	0.00100
Benin	0.00200
Bhutan	0.00100
Bolivia	0.00900
Bosnia and Herzegovina	0.00300
Botswana	0.01200
Brazil	1.52300
Brunei Darussalam	0.03400
Bulgaria	0.01700
Burkina Faso	0.00200
Burundi	0.00100
Cambodia	0.00200
Cameroon	0.00800

[1] Document EB115/17.

Members and Associate Members	WHO scale for 2006-2007
	%
Canada	2.81300
Cape Verde	0.00100
Central African Republic	0.00100
Chad	0.00100
Chile	0.22300
China	2.05300
Colombia	0.15500
Comoros	0.00100
Congo	0.00100
Cook Islands	0.00100
Costa Rica	0.03000
Côte d'Ivoire	0.01000
Croatia	0.03700
Cuba	0.04300
Cyprus	0.03900
Czech Republic	0.18300
Democratic People's Republic of Korea	0.01000
Democratic Republic of the Congo	0.00300
Denmark	0.71800
Djibouti	0.00100
Dominica	0.00100
Dominican Republic	0.03500
Ecuador	0.01900
Egypt	0.12000
El Salvador	0.02200
Equatorial Guinea	0.00200
Eritrea	0.00100
Estonia	0.01200
Ethiopia	0.00400
Fiji	0.00400
Finland	0.53300
France	6.03010
Gabon	0.00900
Gambia	0.00100
Georgia	0.00300
Germany	8.66230
Ghana	0.00400
Greece	0.53000
Grenada	0.00100
Guatemala	0.03000
Guinea	0.00300
Guinea-Bissau	0.00100
Guyana	0.00100
Haiti	0.00300
Honduras	0.00500
Hungary	0.12600
Iceland	0.03400
India	0.42100

Members and Associate Members	WHO scale for 2006-2007 %
Indonesia	0.14200
Iran (Islamic Republic of)	0.15700
Iraq	0.01600
Ireland	0.35000
Israel	0.46700
Italy	4.88510
Jamaica	0.00800
Japan	19.46830
Jordan	0.01100
Kazakhstan	0.02500
Kenya	0.00900
Kiribati	0.00100
Kuwait	0.16200
Kyrgyzstan	0.00100
Lao People's Democratic Republic	0.00100
Latvia	0.01500
Lebanon	0.02400
Lesotho	0.00100
Liberia	0.00100
Libyan Arab Jamahiriya	0.13200
Lithuania	0.02400
Luxembourg	0.07700
Madagascar	0.00300
Malawi	0.00100
Malaysia	0.20300
Maldives	0.00100
Mali	0.00200
Malta	0.01400
Marshall Islands	0.00100
Mauritania	0.00100
Mauritius	0.01100
Mexico	1.88300
Micronesia (Federated States of)	0.00100
Monaco	0.00300
Mongolia	0.00100
Morocco	0.04700
Mozambique	0.00100
Myanmar	0.01000
Namibia	0.00600
Nauru	0.00100
Nepal	0.00400
Netherlands	1.69000
New Zealand	0.22100
Nicaragua	0.00100
Niger	0.00100
Nigeria	0.04200
Niue	0.00100
Norway	0.67900

Members and Associate Members	WHO scale for 2006-2007
	%
Oman	0.07000
Pakistan	0.05500
Palau	0.00100
Panama	0.01900
Papua New Guinea	0.00300
Paraguay	0.01200
Peru	0.09200
Philippines	0.09500
Poland	0.46100
Portugal	0.47000
Puerto Rico	0.00100
Qatar	0.06400
Republic of Korea	1.79600
Republic of Moldova	0.00100
Romania	0.06000
Russian Federation	1.10000
Rwanda	0.00100
Saint Kitts and Nevis	0.00100
Saint Lucia	0.00200
Saint Vincent and the Grenadines	0.00100
Samoa	0.00100
San Marino	0.00300
Sao Tome and Principe	0.00100
Saudi Arabia	0.71300
Senegal	0.00500
Serbia and Montenegro	0.01900
Seychelles	0.00200
Sierra Leone	0.00100
Singapore	0.38800
Slovakia	0.05100
Slovenia	0.08200
Solomon Islands	0.00100
Somalia	0.00100
South Africa	0.29200
Spain	2.52000
Sri Lanka	0.01700
Sudan	0.00800
Suriname	0.00100
Swaziland	0.00200
Sweden	0.99800
Switzerland	1.19700
Syrian Arab Republic	0.03800
Tajikistan	0.00100
Thailand	0.00600
The former Yugoslav Republic of Medeconia	0.00100
Timor-Leste	0.00100
Togo	0.00100
Tonga	0.00100

Members and Associate Members		WHO scale for 2006-2007
		%
Trinidad and Tobago		0.02200
Tunisia		0.03200
Turkey		0.37200
Turkmenistan		0.00500
Tuvalu		0.00100
Uganda		0.00600
Ukraine		0.03900
United Arab Emirates		0.23500
United Kingdom of Great Britain and Northern Ireland		6.12720
United Republic of Tanzania		0.00600
United States of America		22.00000
Uruguay		0.04800
Uzbekistan		0.01400
Vanuatu		0.00100
Venezuela (Bolivarian Republic of)		0.17100
Viet Nam		0.02100
Yemen		0.00600
Zambia		0.00200
Zimbabwe		0.00700
	Total	100.00000

(Eleventh meeting, 24 January 2005)

EB115.R9 Amendments to the Financial Regulations and Financial Rules[1]

The Executive Board,

Having examined the report on amendments to the Financial Regulations and Financial Rules,[2]

1. RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on amendments to the Financial Regulations,

1. APPROVES the changes to the Financial Regulations as shown in Annex 1 of the report, to be effective as from 1 January 2006;

2. AUTHORIZES, as a transitional measure, that at the end of the financial period 2006-2007 any unliquidated obligations from the financial period 2004-2005 shall be cancelled and credited to Miscellaneous Income.

[1] See Annex 2.

[2] Document EB115/43.

2. CONFIRMS, in accordance with Financial Regulation 16.3, the amended Financial Rules as shown in Annex 2 of the report,[1] provided that the amendments proposed to the Financial Regulations as set forth in Annex 1 of the report are adopted by the Health Assembly, to be effective as from 1 January 2006.

(Eleventh meeting, 24 January 2005)

EB115.R10 Relations with nongovernmental organizations[2]

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,[3]

1. DECIDES to admit into official relations with WHO the Framework Convention Alliance on Tobacco Control, International Network on Children's Health, Environment and Safety, and the International Stroke Society;

2. DECIDES, taking into account the request of the International Council on Social Welfare, to suspend official relations with the Council until such time as a plan for collaboration may be developed;

3. DECIDES to discontinue official relations with the International Association of Agricultural Medicine and Rural Health, and the International Council for Science;

4. DECIDES, in the absence of reports from the International Academy of Pathology, International Radiation Protection Association, International Society for Human and Animal Mycology, World Assembly of Youth, and the World Federation of Parasitologists, to discontinue official relations with these nongovernmental organizations.

(Eleventh meeting, 24 January 2005)

EB115.R11 Health action in relation to crises and disasters, with particular emphasis on the south Asian earthquakes and tsunamis of 26 December 2004

The Executive Board,

Having considered the report on responding to health aspects of crises;[4]

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

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[1] Document EB115/43.

[2] See Annex 5.

[3] Document EB115/22.

[4] Document EB115/6.

The Fifty-eighth World Health Assembly,

Regretting the profound human consequences of the earthquakes and tsunamis that on 26 December 2004 struck many countries, from south-east Asia to east Africa, causing more than 210 000 deaths, with thousands more still missing, injuring as many as half a million people, and making at least five million people homeless and/or deprived of adequate access to safe drinking-water, sanitation, food or health services;

Noting that citizens of more than 30 countries were affected by the disaster, and that those who died included many health professionals;

Acknowledging that most relief assistance has initially been, and will continue to be, provided from within affected communities and through local authorities, supported through intense international cooperation, and expecting that these communities will continue to experience serious difficulties as a result of the loss of their means of livelihood, overloading of health and social services, and both immediate and long-term psychological trauma;

Recognizing that action to address the public health aspects of crises should at all times strengthen the ingenuity and resilience of communities, the capacities of local authorities, the preparedness of health systems, and the ability of national authorities and civil society to provide prompt and coordinated back-up geared to the survival of those immediately affected;

Appreciating the generous assistance provided to the affected nations by governments, nongovernmental groups, individuals, and national public-health institutions, including through the Global Outbreak Alert and Response Network;

Acknowledging the difficulties faced by under-resourced local health systems in locating missing persons, identifying those who have died, and managing the bodies of the deceased;

Recognizing the challenges faced by overwhelmed local authorities as they coordinate the relief effort, including personnel and goods generously made available as a result of both national and international solidarity;

Noting that the effectiveness with which affected nations respond to sudden events of this scale reflects their preparedness and readiness for focused and concerted action, particularly in relation to saving life and sustaining survival;

Recalling that more than 30 countries worldwide are currently facing major, often long-standing crises, with as many as 500 million persons at risk because they face a variety of avoidable threats to their survival and well-being, and that around 20 other countries are at high risk of serious natural or man-made events, increasing the number of persons at risk to between 2000 million and 3000 million;

Appreciating that analyses of health needs and performance of health systems, within the context of national policies and internationally agreed development goals, including those contained in the United Nations Millennium Declaration, are essential for the proper rehabilitation and recovery of equitable individual and public health services, and that this task is best undertaken if there are clear synergies between preparedness and response;

Reaffirming the need to build local capacity to assess risks, and to prepare for, and respond to, any future catastrophe, including by providing continuous public education,

dispelling myths about health consequences of disasters, and reducing the risk of disaster damage in critical health facilities;

Taking into account the outcomes of the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18 to 22 January 2005),

1. CALLS UPON the international community to continue its strong and long-term support to humanitarian action that lays emphasis on saving lives and sustaining survival in areas affected by the tsunamis of 26 December 2004, and to give similar attention to the needs of people affected by other humanitarian crises;

2. URGES Member States:

(1) to provide adequate backing to tsunami-affected countries for the sustainable recovery of their health and social systems;

(2) to make their best efforts to engage actively in the collective measures to establish global and regional preparedness plans and build up capacity to respond to health-related crises;

(3) to formulate national emergency-preparedness plans that give due attention to public health and to the roles of the health sector in crises, in order to improve the effectiveness of responses to crises and of contributions to the recovery of health systems;

(4) to ensure that women and men have equal access to both formal and informal education on emergency preparedness and disaster reduction through early warning systems that empower women, as well as men, to react in timely and appropriate ways, and that appropriate education and response options are also made available to all children;

(5) to ensure that – in times of crisis – all affected populations, including displaced persons, have equitable access to essential health care, focusing on saving those whose lives are endangered, and sustaining the lives of those who have survived, and paying particular attention to the specific needs of women and children, older people, and persons with acute physical and psychological trauma, communicable diseases, chronic illnesses, or disability;

(6) to provide support for a review, within the Proposed programme budget 2006-2007, of WHO's actions in relation to crises and disasters, in order to allow for immediate, timely, adequate, sufficient and sustained interventions, and to consider increasing contributions in order to ensure adequate financing of significant WHO actions and interventions before, during and after crises;

(7) to protect national and international personnel involved in improving health of crisis-affected communities, and to ensure that they receive the necessary back-up to undertake urgent and necessary humanitarian action and relief of suffering – to the greatest possible extent – when lives are endangered;

3. REQUESTS the Director-General:

(1) to intensify WHO support for tsunami-affected Member States as they focus on effective disease-surveillance systems, and improved access to clean water, sanitation and

good-quality health care, particularly for mental health, providing necessary technical guidance, including that on management of bodies of the deceased and avoidance of communicable diseases, and ensuring prompt and accurate communication of information;

(2) actively, and in a timely manner, to provide accurate information to international and local media to counter rumours in order to prevent public panic, conflicts, and other social and economic impacts;

(3) to encourage cooperation of WHO's field activities with those of other international organizations, with the support of donor agencies, so as to help governments of countries affected by the tsunamis to coordinate responses to public health challenges, under the aegis of the United Nations Office for the Coordination of Humanitarian Affairs, and to plan and implement the rapid and sustainable rehabilitation of health systems and services, and to report to the Health Assembly on the progress of such cooperation;

(4) to assist in the design of health aspects of programmes that provide support to persons whose lives and livelihoods have been affected by the tsunamis, and of the services needed to address their physical and mental trauma;

(5) to adapt, redesign where necessary, and secure adequate resources for effective work in the area of emergency preparedness and response, and other areas of work involved in the Organization-wide response to crises;

(6) to enhance WHO's capacity to provide support, within the coordination mechanisms of the United Nations system and of other institutions, particularly the International Red Cross and Red Crescent Movement, for formulating, testing and implementing health-related emergency preparedness plans, responding to the critical health needs of people in crisis conditions, and planning and implementing sustainable recovery after a crisis;

(7) to establish clear lines of command within WHO in order to facilitate rapid and effective responses in the initial stages of an emergency, and to communicate those arrangements clearly to Member States;

(8) to mobilize WHO's own health expertise, to increase its ability to locate outside expertise, to ensure that such knowledge and skills are updated, and to make this expertise available in order to provide prompt and appropriate technical support to both international and national health disaster preparedness, response, mitigation and risk-reduction programmes;

(9) to foster WHO's continued and active cooperation with the International Strategy for Disaster Reduction, thereby ensuring adequate emphasis on health-related concerns in the implementation of the outcomes of the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18 to 22 January 2005);

(10) to ensure that WHO helps all relevant groups concerned with preparation for, response to, and recovery after, disasters and crises through timely and reliable assessments of suffering and threats to survival, using morbidity and mortality data; coordination of health-related action in ways that reflect these assessments; identification of, and action to, fill gaps that threaten health outcomes; and building of local and

national capacities, including transfer of expertise, experience and technologies, among Member States, with adequate attention to the links between relief and reconstruction;

(11) to strengthen existing logistics services within WHO's mandate, in close coordination with other humanitarian agencies, so that the necessary operational capacity may be available for Member States to receive prompt and timely assistance when faced by public health crises.

(Twelfth meeting, 24 January 2005)

EB115.R12 Infant and young child nutrition

The Executive Board,

Having considered the report on infant and young child nutrition;[1]

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), resolutions WHA39.28, WHA41.11, WHA46.7, WHA47.5, WHA49.15, and particularly resolution WHA54.2 on infant and young child nutrition, appropriate feeding practices and related questions;

Having considered the report on infant and young child nutrition;

Aware that the joint FAO/WHO expert meeting on *Enterobacter sakazakii* and other microorganisms in powdered infant formula held in 2004 concluded that intrinsic contamination of powdered infant formula with *E. sakazakii* and *Salmonella* had been a cause of infection and illness, including severe disease in infants, particularly preterm, low birth-weight or immunocompromised infants, and could lead to serious developmental sequelae and death;[2]

Noting that such severe outcomes are especially serious in preterm, low birth-weight and immunocompromised infants, and therefore are of concern to all Member States;

Bearing in mind that the Codex Alimentarius Commission is revising its recommendations on hygienic practices for the manufacture of foods for infants and young children;

Concerned that there are reports of nutrition and health claims being used inappropriately to promote the sale of breast-milk substitutes instead of breastfeeding;

[1] Document EB115/7.

[2] FAO/WHO Expert Meeting on *E. sakazakii* and other Microorganisms in Powdered Infant Formula: Meeting Report. Microbiological Risk Assessment Series No. 6, 2004, p. 37.

Acknowledging that the Codex Alimentarius Commission plays a pivotal role in providing guidance to Member States on the proper regulation of foods, including foods for infants and young children;

Bearing in mind that on several occasions the Health Assembly has called upon the Commission to give full consideration, within the framework of its operational mandate, to evidence-based action that it might take to improve the health standards of foods, consistent with the aims and objectives of relevant public health strategies, particularly WHO's global strategy for infant and young child feeding (resolution WHA55.25) and Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17);

Recognizing that such action requires a clear understanding of the respective roles of the Health Assembly and the Codex Alimentarius Commission, and that of food regulation in the broader context of public health policies;

Taking into account resolution WHA56.23 on the joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission, which endorsed WHO's increased direct involvement in the Commission and requested the Director-General to strengthen WHO's role in complementing the work of the Commission with other relevant WHO activities in the areas of food safety and nutrition, with special attention to issues mandated in Health Assembly resolutions,

1. URGES Member States:

(1) to continue to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding,[1] and to provide for continued breastfeeding up to two years of age or beyond, by implementing fully the WHO global strategy on infant and young child feeding that encourages the formulation of a comprehensive national policy, including where appropriate a legal framework to promote maternity leave and a supportive environment for six months' exclusive breastfeeding, a detailed plan of action to implement, monitor and evaluate the policy, and allocation of adequate resources for this process;

(2) to ensure that nutrition and health claims are not permitted on foods for infants and young children except where specifically provided for in relevant Codex Alimentarius standards or national legislation;

(3) to ensure, in situations where infants are not breastfed, that clinicians and other health-care providers, community workers and families, parents and other caregivers, particularly of infants at high risk, are provided with information and training in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

[1] As formulated in the conclusions and recommendations of the Expert Consultation (Geneva, 28-30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

(4) to ensure that financial support for professionals working in infant and young child health does not create conflicts of interest;

(5) to ensure that research on infant and young child feeding, which forms the basis for public policies, is always independently reviewed in order to ensure that such policies are not unduly influenced by commercial interests;

(6) to work closely with relevant entities, including manufacturers, to continue to reduce the concentration and prevalence of pathogens, including *Enterobacter sakazakii*, in powdered infant formula;

(7) to continue to ensure that manufacturers adhere to Codex Alimentarius or national food standards and regulations;

(8) to ensure policy coherence at national level by stimulating collaboration between health authorities, food regulators and food standard-setting bodies;

(9) to participate actively in the work of the Codex Alimentarius Commission;

(10) to ensure that all national agencies involved in defining national positions on public health issues for use in all relevant international forums, including the Codex Alimentarius Commission, have a common and consistent understanding of health policies adopted by the Health Assembly, and to promote these policies;

2. REQUESTS the Codex Alimentarius Commission:

(1) to continue to give full consideration, when elaborating standards, guidelines and recommendations, to those resolutions of the Health Assembly that are relevant in the framework of its operational mandate;

(2) to establish standards, guidelines and recommendations on foods for infants and young children formulated in a manner that ensures the development of safe and appropriately labelled products that meet their known nutritional and safety needs, thus reflecting WHO policy, in particular the WHO global strategy for infant and young child feeding and the International Code of Marketing of Breast-milk Substitutes;

(3) urgently to complete work currently under way on addressing the risk of microbiological contamination of powdered infant formula and establish appropriate microbiological criteria or standards related to *E. sakazakii* and other relevant microorganisms in powdered infant formula; and to provide guidance on safe handling and explore the necessity of adding warning messages on product packaging;

3. REQUESTS the Director-General:

(1) in collaboration with FAO, to develop guidelines for clinicians and other health-care providers, community workers and family, parents and other caregivers on the preparation, use and handling of infant formula so as to minimize risk, and to address the particular needs of Member States in establishing effective measures to minimize risk in situations where infants cannot be, or are not, fed breast milk;

(2) to encourage and promote independently reviewed research, including by collecting evidence from different parts of the world, in order to get a better understanding of the ecology, taxonomy, virulence and other characteristics of *E. sakazakii*, in line with the recommendations of the FAO/WHO expert meeting on *E. sakazakii*, and to explore means of reducing its level in reconstituted powdered infant formula;

(3) to provide information in order to promote and facilitate the contribution of the Codex Alimentarius Commission, within the framework of its operational mandate, to full implementation of international public health policies;

(4) to report regularly to the Health Assembly on progress in the consideration of matters referred to the Codex Alimentarius Commission for its action.

(Twelfth meeting, 24 January 2005)

EB115.R13 Sustainable health financing, universal coverage and social health insurance

The Executive Board,

Having considered the report on social health insurance,[1]

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on social health insurance;

Noting that health-financing systems in many countries need to be further developed in order to guarantee access to necessary services while providing protection against financial risk;

Accepting that, irrespective of the source of financing for the health system selected, prepayment and pooling of resources and risks are basic principles in financial-risk protection;

Considering that the choice of a health-financing system should be made within the particular context of each country;

Acknowledging that a number of Member States are pursuing health-financing reforms that may involve a mix of public and private approaches, including the introduction of social health insurance;

Noting that some countries have recently been recipients of large inflows of external funding for health;

Recognizing the important role of State legislative and executive bodies in further reform of health-financing systems with a view to achieving universal coverage,

[1] Document EB115/8.

1. URGES Member States:

(1) to ensure that health-financing systems include a method for prepayment of financial contributions for health care, with a view to sharing risk among the population and avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking care;

(2) to ensure adequate and equitable distribution of good-quality health care infrastructures and human resources for health so that the insurees will receive equitable and good-quality health services according to the benefits package;

(3) to ensure that external funds for specific health programmes or activities are managed and organized in a way that contributes to the development of sustainable financing mechanisms for the health system as a whole;

(4) to plan the transition to universal coverage of their citizens so as to contribute to meeting the needs of the population for health care and improving its quality, to reducing poverty, to attaining internationally agreed development goals, including those contained in the United Nations Millennium Declaration, and to achieving health for all;

(5) to recognize that, when managing the transition to universal coverage, each option will need to be developed within the particular macroeconomic, sociocultural and political context of each country;

(6) to take advantage, where appropriate, of opportunities that exist for collaboration between public and private providers and health-financing organizations, under strong overall government stewardship;

(7) to share experiences on different methods of health financing, including the development of social health insurance schemes, and private, public, and mixed schemes, with particular reference to the institutional mechanisms that are established to address the principal functions of the health-financing system;

2. REQUESTS the Director-General:

(1) to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of health-financing systems, particularly prepayment schemes, including social health insurance, with a view to achieving the goal of universal coverage and taking account of the special needs of small island countries and other countries with small populations; and to collaborate with Member States in the process of social dialogue on health-financing options;

(2) to provide Member States, in coordination with the World Bank and other relevant partners, with technical information on the potential impact of inflows of external funds for health on macroeconomic stability;

(3) to create sustainable and continuing mechanisms, including regular international conferences, subject to availability of resources, in order to facilitate the continuous sharing of experiences and lessons learnt on social health insurance;

(4) to provide technical support in identifying data and methodologies better to measure and analyse the benefits and cost of different practices in health financing,

covering collection of revenues, pooling, and provision or purchasing of services, taking account of economic and sociocultural differences;

(5) to provide support to Member States, as appropriate, for developing and applying tools and methods to evaluate the impact on health services of changes in health-financing systems as they move towards universal coverage.

(Twelfth meeting, 24 January 2005)

EB115.R14 Malaria

The Executive Board,

Having considered the report on malaria;[1]

Noting that few countries endemic for malaria are likely to reach the targets set in the Abuja Declaration on Roll Back Malaria in Africa (25 April 2000) of ensuring that at least 60% of those at risk of, or suffering from, malaria benefit from suitable and affordable preventive and curative interventions by 2005, but that there is rapidly increasing momentum for expanding malaria-control interventions in African countries,

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on malaria;

Concerned that malaria continues to cause more than one million preventable deaths a year, especially in Africa among young children and other vulnerable groups, and that the disease continues to threaten the lives of millions of people in the Americas, Asia and the Pacific;

Recalling that the period 2001-2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, by the United Nations General Assembly,[2] and that combating HIV/AIDS, malaria and other diseases is included in the internationally agreed development goals, including those contained in the United Nations Millennium Declaration;

Recalling further United Nations General Assembly resolution 59/256 entitled "2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa";

Mindful that the global burden of malaria needs to be decreased in order to reduce child mortality by two thirds by 2015 and to help achieve the other internationally agreed development goals, including those contained in the United Nations Millennium Declaration, of improving maternal health and eradicating extreme poverty;

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[1] Document EB115/10.

[2] Resolution 55/284.

Recognizing that the Global Fund to Fight AIDS, Tuberculosis and Malaria has committed 31% of its grants, or US$ 921 million, over two years, to projects to control malaria in 80 countries,

1. URGES Member States:

(1) to establish national policies and operational plans to ensure that at least 80% of those at risk of, or suffering from, malaria benefit from major preventive and curative interventions by 2010 in accordance with WHO technical recommendations, so as to ensure a reduction in the burden of malaria of at least 50% by 2010 and 75% by 2015;

(2) to assess and respond to the need for integrated human resources at all levels of the health system in order to achieve the targets of the Abuja Declaration on Roll Back Malaria in Africa and the internationally agreed development goals of the United Nations Millennium Declaration, and to take the necessary steps to ensure the recruitment, training and retention of health personnel;

(3) to further enhance financial support and development assistance to malaria activities in order to achieve the above targets and goals, and to encourage and facilitate the development of new tools to increase effectiveness of malaria control, especially by providing support to the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;

(4) to increase, in countries endemic for malaria, domestic resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

(5) to pursue a rapid scale-up of prevention, by applying expeditious and cost-effective approaches, including targeted free, or highly subsidized, distribution of materials and medicines to vulnerable groups, with the aim of at least 60% of pregnant women receiving intermittent preventive treatment and at least 60% of those at risk using insecticide-treated nets wherever that is the vector-control method of choice;

(6) to support indoor residual insecticide spraying, where this intervention is indicated by local conditions;

(7) to develop or strengthen intercountry cooperation to control the spread of malaria across shared borders;

(8) to encourage collaboration between national programmes and other services, including those of the private sector and universities;

(9) to support expanded access to artemisinin-based combination therapy, including the commitment of new funds, innovative mechanisms for the financing and national procurement of artemisinin-based combination therapy, and the scaling up of artemisinin production to meet the increased need;

(10) to support the development of new medicines to prevent and treat malaria, especially for children and pregnant women; of sensitive and specific diagnostic tests; of effective vaccine(s); and of new insecticides and delivery modes in order to enhance effectiveness and delay the onset of resistance, including through existing global partnerships;

(11) to support coordinated efforts to improve surveillance, monitoring and evaluation systems so as to better track and report changes in the coverage of recommended Roll Back Malaria interventions and subsequent reductions in the burden of malaria;

2. REQUESTS the Director-General:

(1) to reinforce and expand the Secretariat's work to improve existing national capabilities, and to cooperate with Member States, in collaboration with Roll Back Malaria partners, in order to ensure the full and cost-effective use of increased financial resources for achieving international goals and targets, including the internationally agreed development goals related to malaria contained in the United Nations Millennium Declaration;

(2) to collaborate with malaria-affected countries and Roll Back Malaria partners to ensure that countries receive full support for necessary monitoring and evaluation, including the development and implementation of appropriate pharmacovigilance systems;

(3) to collaborate with Roll Back Malaria partners, industry, and development agencies in order to ensure that sufficient quantities of insecticide-treated mosquito nets and effective antimalarial medicines are made available, especially those required for combination therapies, for example by studying the possibility of WHO undertaking bulk purchases on behalf of Member States, noting the need for strictly controlled distribution systems for antimalarial medicines;

(4) to provide evidence-based advice to Member States on the appropriate use of indoor residual insecticide spraying, taking into account recent experiences around the world;

(5) to strengthen collaboration with partners in industry and academia for development of affordable high-quality products for malaria control, including rapid, easy-to-use**,** sensitive and specific diagnostic tests; an effective malaria vaccine; novel, effective and safe antimalarial medicines; and new insecticides and delivery modes to enhance effectiveness and delay the onset of resistance;

(6) to provide support for intercountry collaboration to control malaria, in particular where there is a risk of spread across shared borders;

(7) to further promote cooperation and partnership between countries supporting malaria control programmes in order to ensure that funds available to combat the disease are used efficiently and effectively.

(Twelfth meeting, 24 January 2005)

EB115.R15 Blood safety: proposal to establish World Blood Donor Day

The Executive Board,

Having considered the report on blood safety,[1] and the Consensus Statement of the WHO Forum on Good Policy Process for Blood Safety and Availability;[2]

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Recalling resolution WHA28.72 which urged the development of national blood services based on the voluntary, nonremunerated donation of blood;

Having considered the report on blood safety;

Alarmed by the chronic shortage of safe blood and blood products, particularly in low- and medium-income countries;

Mindful that preventing the transmission of HIV and other bloodborne pathogens through unsafe blood and blood-product transfusions requires the collection of blood only from donors at the lowest risk of carrying such infectious agents;

Recognizing that voluntary, nonremunerated blood donation is the cornerstone of a safe and adequate national blood supply that meets the transfusion requirements of all patients;

Noting the positive responses to World Blood Donor Day, 14 June 2004, for the promotion of voluntary, nonremunerated blood donation,

1. AGREES to the establishment of an annual World Blood Donor Day, to be celebrated on 14 June each year;

2. RECOMMENDS that this blood donor day should be an integral part of the national blood-donor recruitment programme;

3. URGES Member States:

(1) to promote and support the annual celebration of World Blood Donor Day;

(2) to establish or strengthen systems for the recruitment and retention of voluntary, nonremunerated blood donors and the implementation of stringent criteria for donor selection;

(3) to introduce legislation, where needed, to eliminate paid blood donation except in limited circumstances of medical necessity and, in such cases, to require informed assent of the transfusion recipient;

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[1] Document EB115/9.

[2] 9 November 2004, Geneva.

(4) to provide adequate financing for high-quality blood donation services and for extension of such services to meet the needs of the patients;

(5) to promote multisectoral collaboration between government ministries, blood transfusion services, professional bodies, nongovernmental organizations, civil society and the media in the promotion of voluntary, nonremunerated blood donation;

(6) to ensure the proper use of blood transfusion in clinical practice so as to avoid abuse of blood transfusion, which may result in a shortage of blood and hence stimulate the need for paid blood donation;

(7) to support the full implementation of well-organized, nationally coordinated and sustainable blood programmes with appropriate regulatory systems through, in particular:

(a) government commitment and support for a national blood programme with quality-control systems, by means of a legal framework, a national blood-safety policy and plan, and adequate resources,

(b) organization, management and infrastructure to permit a sustainable blood transfusion service,

(c) equitable access to blood and blood products,

(d) voluntary, nonremunerated blood donors from low-risk populations,

(e) appropriate testing and processing of all donated blood and blood products,

(f) appropriate clinical use of blood and blood products;

(8) to establish a quality process for policy- and decision-making for blood safety and availability based on ethical considerations, transparency, assessment of national needs, scientific evidence, and risk/benefit analysis;

(9) to share information nationally and internationally in order to make clear the scientific, economic and social basis of national policy decisions related to blood safety and availability;

(10) to strengthen partnerships at all levels in order to accomplish these recommended actions;

4. CALLS UPON international organizations and bodies concerned with global blood safety to collaborate in promoting and supporting World Blood Donor Day;

5. INVITES donor agencies to provide adequate funding for initiatives to promote voluntary, nonremunerated blood donation;

6. REQUESTS the Director-General:

(1) to work with other organizations of the United Nations system, multilateral and bilateral agencies, and nongovernmental organizations to promote World Blood Donor Day;

(2) to work with concerned organizations to provide support to Member States in strengthening their capacity to screen all donated blood against major infectious diseases so as to ensure that all blood collected and transfused is safe.

(Twelfth meeting, 24 January 2005)

EB115.R16 Strengthening pandemic-influenza preparedness and response

The Executive Board,

Having considered the report on influenza pandemic preparedness and response;[1]

Recognizing the grave and increasing threat to the world's health posed by pandemic influenza,

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on influenza pandemic preparedness and response;

Recalling resolutions WHA22.47, Diseases under surveillance: louse-borne typhus, louse-borne relapsing fever, viral influenza, paralytic poliomyelitis; WHA48.13, Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases; WHA56.19, Prevention and control of influenza pandemics and annual epidemics; and WHA56.28, Revision of the International Health Regulations; and the global agenda for influenza surveillance and control;

Acknowledging with growing concern that the evolving, unprecedented outbreak of H5N1 avian influenza in Asia represents a serious threat to human health;

Stressing the need for all countries, especially those affected by highly pathogenic avian influenza, to collaborate with WHO and the international community in an open and transparent manner in order to lessen the risk that the H5N1 influenza virus causes a pandemic among humans;

Mindful of the need to address the limited progress being made in development of influenza vaccines and transit to the production stage;

Emphasizing the importance of strengthening surveillance of human and zoonotic influenzas in all countries in order to provide an early warning of, and a timely response to, an influenza pandemic;

Noting the gaps in knowledge and the need for additional research on various aspects of the spread of influenza and for influenza preparedness and response;

Acknowledging that communication with the public must be improved in order to increase awareness of the seriousness of the threat that an influenza pandemic represents, and of the steps in

[1] Document EB115/44.

basic hygiene that citizens can and should take in order to lessen their risk of contracting and transmitting influenza;

Concerned that organizations responsible for animal and human health, at local, national and international levels, are not collaborating closely enough on human and zoonotic influenzas;

Aware of the need to expand the availability of influenza vaccine so that protection in a pandemic can be extended to populations in more countries, with particular attention to requirements in developing countries;

Recognizing the need to prepare for international interventions during the initial stages of a pandemic, particularly in the event of inadequate stockpiles of vaccine and antiviral medications;

Recognizing further that influenza antiviral medications will be an important component of a containment strategy, but that additional studies are required to establish their appropriate use in containment;

Recognizing also that a global stockpile of these agents is lacking and few countries have established national stockpiles,

1. URGES Member States:

(1) to develop and implement national plans for pandemic-influenza preparedness and response that focus on limiting health impact and economic and social disruption;

(2) to develop and strengthen national surveillance and laboratory capacity for human and zoonotic influenzas;

(3) to achieve the target set by resolution WHA56.19, Prevention and control of influenza pandemics and annual epidemics, to increase vaccination coverage of all people at high risk, which will lead to availability of greater global vaccine-production capacity during an influenza pandemic;

(4) seriously to consider developing domestic influenza-vaccine production capacity, based on annual vaccine needs, or to work with neighbouring States in establishing regional vaccine-production strategies;

(5) to ensure prompt and transparent reporting of outbreaks of human and zoonotic influenzas, particularly when novel influenza strains are involved, and to facilitate the rapid sharing of clinical specimens and viruses through the WHO Global Influenza Surveillance Network;

(6) to communicate clearly to health-care workers and the general public the potential threat of an influenza pandemic and to educate the public about effective hygienic practices and other public health interventions that may protect them from influenza-virus infection;

(7) to strengthen linkages and cooperation among national health, agriculture and other pertinent authorities in order to prepare for, including by mobilizing resources**,** and respond jointly to, outbreaks of highly pathogenic avian influenza;

(8) to support an international research agenda to reduce the spread and impact of pandemic influenza viruses, to develop more effective vaccines and antiviral medications, and to advance, among various population groups, especially people with immunodeficiencies such as HIV-infected and AIDS patients, vaccination policies and strategies, in close consultation with the communities concerned;

(9) to contribute, as feasible, their expertise and resources to strengthen WHO programmes, bilateral country activities and other international efforts to prepare for pandemic influenza;

(10) to take all necessary measures, during a global pandemic, to provide timely and adequate supplies of vaccines and antiviral drugs, using to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights;

2. REQUESTS the Director-General:

(1) to continue to strengthen global influenza surveillance, including the WHO Global Influenza Surveillance Network, as a crucial component of preparedness for seasonal epidemics and pandemics of influenza;

(2) to seek solutions with other international and national partners, including the private sector, to reduce the present global shortage of influenza vaccines and antiviral medications for both epidemics and pandemics, including vaccination strategies that economize on the use of antigens, and development and licensing of antigen-sparing vaccine formulations;

(3) to provide Member States with technical support and training in order to develop health-promotion strategies in anticipation of, and during, influenza pandemics;

(4) to draw up and coordinate, in collaboration with public and private partners, an international research agenda on pandemic influenza;

(5) to assess the feasibility of using antiviral-medication stockpiles to contain an initial outbreak of influenza and to slow or prevent its international spread, and, as appropriate, to develop an operational framework for their deployment;

(6) to evaluate the potential benefit of personal protection measures, including the wearing of surgical masks, to limit transmission in different settings, especially health-care settings;

(7) to continue to develop WHO's plans and capacity to respond to an influenza pandemic and to ensure clear communications with Member States;

(8) to establish joint initiatives for closer collaboration with national and international partners, including FAO and the *Office International des Epizooties*, in the early detection, reporting and investigation of influenza outbreaks of pandemic potential, and in coordinating research on the human-animal interface;

(9) to report to the Fifty-ninth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Twelfth meeting, 24 January 2005)

EB115.R17 Salaries of staff in ungraded posts and of the Director-General

The Executive Board

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth 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$ 172 860 per annum before staff assessment, resulting in a modified net salary of US$ 117 373 (dependency rate) or US$ 106 285 (single rate);

2. ESTABLISHES the salary of the Director-General at US$ 233 006 per annum before staff assessment, resulting in a modified net salary of US$ 154 664 (dependency rate) or US$ 137 543 (single rate);

3. DECIDES that those adjustments in remuneration shall take effect from 1 January 2005.

(Twelfth meeting, 24 January 2005)

EB115.R18 Confirmation of amendments to the Staff Rules[1]

The Executive Board

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2005 concerning the remuneration of staff in the professional and higher categories, paternity leave, salary determination, schedule of salaries, dependants' allowances, education grant and special education grant for disabled children, repatriation grant, payments and deductions, staff member's beneficiaries, within-grade increase, special leave, sick leave, removal of household goods and, with effect from the school year in progress on 1 January 2005, levels of education grant and special education grant for disabled children.

(Twelfth meeting, 24 January 2005)

EB115.R19 Confirmation of amendment to the Staff Rules[2]

The Executive Board

CONFIRMS, in accordance with Staff Regulation 12.2, the amendment to the Staff Rules that has been made by the Director-General with effect from 1 January 2005 concerning the policy on promotion resulting from reclassification of a post.

(Twelfth meeting, 24 January 2005)

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[1] See Annex 3.

[2] See Annex 4.

EB115.R20 eHealth

The Executive Board,

Having considered the report on eHealth,[1]

RECOMMENDS to the Fifty-eighth World Health Assembly, the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on eHealth;

Noting the potential impact that advances in information and communication technologies could have on health-care delivery, public health, research and health-related activities for the benefit of both low- and high-income countries;

Aware that advances in information and communication technologies have raised expectations for health;

Respecting the principles of equity, and considering differences in culture, education, language, geographical location, physical and mental ability, age, and sex;

Recognizing that a WHO eHealth strategy would serve as a basis for WHO's activities on eHealth;

Recalling resolution WHA51.9 on cross-border advertising, promotion, and sale of medical products through the Internet;

1. URGES Member States:

(1) to consider drawing up a long-term strategic plan for developing and implementing eHealth services that includes an appropriate legal framework and infrastructure and encourages public and private partnerships;[2]

(2) to develop the infrastructure for information and communication technologies for health as deemed appropriate to promote equitable, affordable, and universal access to their benefits, and to continue to work with information and telecommunication agencies and other partners in order to reduce costs and make eHealth successful;

(3) to build on closer collaboration with the private and non-profit sectors in information and communication technologies, so as to further public services for health;

(4) to endeavour to reach communities, including vulnerable groups, with eHealth services appropriate to their needs;

[1] Document EB115/39.

[2] eHealth is understood in this context to mean use of any information and communication technologies locally and at a distance.

(5) to mobilize multisectoral collaboration for determining evidence-based eHealth standards and norms, to evaluate eHealth activities, and to share the knowledge of cost-effective models, thus ensuring quality, safety and ethical standards;

(6) to establish national centres and networks of excellence for eHealth best practice, policy coordination, and technical support for health-care delivery, service improvement, information to citizens, capacity building, and surveillance;

(7) to consider establishing and implementing national public-health information systems and to improve, by means of information, the capacity for surveillance of, and rapid response to, disease and public-health emergencies;

2. REQUESTS the Director-General:

(1) to promote international, multisectoral collaboration with a view to improving compatibility of administrative and technical solutions in the area of eHealth;

(2) to document and analyse developments and trends, inform policy and practice in countries, and report regularly on use of eHealth worldwide;

(3) to provide technical support to Member States in relation to eHealth products and services by disseminating widely experiences and best practices, in particular on telemedicine technology; devising assessment methodologies; promoting research and development; and furthering standards through diffusion of guidelines;

(4) to facilitate the integration of eHealth in health systems and services, including in the training of health-care professionals and in capacity building, in order to improve access to, and quality and safety of, care;

(5) to continue the expansion to Member States of mechanisms such as the Health Academy, which promote health awareness and healthy lifestyles through eLearning;[1]

(6) to provide support to Member States to promote the development, application and management of national standards of health information; and to collect and collate available information on standards with a view to establishing national standardized health information systems in order to facilitate easy and effective exchange of information among Member States;

(7) to support in the area of eHealth regional and interregional initiatives or those among groups of countries that speak a common language.

(Twelfth meeting, 24 January 2005)

[1] eLearning is understood in this context to mean use of any electronic technology and media in support of learning.

DECISIONS

EB115(1) Provisional agenda for, and duration of, the Fifty-eighth World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Fifty-eighth World Health Assembly,[1] and recalling its earlier decision that the Fifty-eighth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 16 May 2005, and closing no later than Wednesday, 25 May 2005,[2] approved the provisional agenda of the Fifty-eighth World Health Assembly, as amended.

(Eleventh meeting, 24 January 2005)

EB115(2) Date and place of the 116th session of the Executive Board

The Executive Board decided that its 116th session should be convened on Thursday, 26 May 2005, at WHO headquarters, Geneva, and should close no later than Saturday, 28 May 2005.

(Eleventh meeting, 24 January 2005)

EB115(3) Review of nongovernmental organizations in official relations with WHO

The Executive Board, having considered and noted the report of its Standing Committee on Nongovernmental Organizations concerning the review of one third of the nongovernmental organizations in official relations with WHO,[3] and following up decision EB113(1), reached the decisions set out below.

Noting with satisfaction the collaboration between WHO and the nongovernmental organizations whose names are followed by an asterisk in the Annex to the report, which is planned or expected to continue, the Board decided to maintain them in official relations with WHO and to request the Secretariat to transmit the Board's appreciation of their continuing support of WHO's objectives and contribution to world health.

Noting that WHO's Secretariat was interested in resuming collaboration with the International Federation of Fertility Societies, the Board decided to defer the review of relations for a year to give time for preparation of a plan for collaboration.

Noting that, during the period under review, it had not been possible to maintain contacts with the International Alliance of Women, International Council of Women, and Soroptimist International, and for that reason collaborative plans had not been realized, and that it was intended that the possibility of preparing a workplan was to be explored, the Board decided to defer a decision on the review of relations with these nongovernmental organizations until its 117th session.

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[1] Document EB115/21.

[2] Decision EB114(10).

[3] Document EB115/22.

Further noting that a workplan with Corporate Accountability International (formerly Infact) had yet to be agreed, the Board decided to defer the review of relations until its 117th session, at which time a report on the state of those relations and the conduct of representatives of the nongovernmental organization at intergovernmental meetings would be provided to the Standing Committee on Nongovernmental Organizations.

In the absence or late arrival of reports on collaboration, the Board decided to defer review of relations with the following nongovernmental organizations until its 117th session: International Association for the Scientific Study of Intellectual Disabilities, International Confederation of Midwives, International Federation of Business and Professional Women, International Federation of Chemical, Mine, Energy and General Workers' Unions, International Federation of Sports Medicine, International Society for Biomedical Research on Alcoholism, International Society for the Study of Behavioural Development, International Traffic Medicine Association, International Union for Health Promotion and Education, International Union of Psychological Science, Medical Women's International Association, Rehabilitation International, World Federation of Neurosurgical Societies, and the World Organization of the Scout Movement.

Noting that reports of collaboration remained outstanding from the following nongovernmental organizations: Federation for International Cooperation of Health Services and Systems Research Centers, International Society of Chemotherapy, the International Union of Pure and Applied Chemistry, and the World Federation of Nuclear Medicine and Biology, the Board decided to defer the review of relations with them for a further year, pending receipt of their reports, and requested that they should be informed that, if the reports were not provided in time for consideration at its 117th session, official relations would be discontinued.

The Board noted that relations with the International Academy of Pathology, International Association of Agricultural Medicine and Rural Health, International Council for Science, International Council on Social Welfare, International Radiation Protection Association, International Society for Human and Animal Mycology, World Assembly of Youth, and the World Federation of Parasitologists, also listed in the Annex to the report, were the subject of a resolution.

(Eleventh meeting, 24 January 2005)

EB115(4) Award of the Léon Bernard Foundation Prize

The Executive Board, having considered the report of the Léon Bernard Foundation Committee, awarded the Léon Bernard Foundation Prize for 2005 to Professor T. Sharmanov (Kazakhstan) for his outstanding service in the field of social medicine. The laureate will receive a bronze medal and an amount of CHF 2500.

(Twelfth meeting, 24 January 2005)

EB115(5) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2005 to Dr Kamel Shadpour (Islamic Republic of Iran) for his most significant contribution to the objectives of primary health care in the geographical area in which Dr Shousha served the World Health Organization. The laureate will receive the equivalent of CHF 2500 in United States dollars.

(Twelfth meeting, 24 January 2005)

EB115(6) Award of the Jacques Parisot Foundation Fellowship

The Executive Board, having considered the report of the Jacques Parisot Foundation Committee, awarded the Jacques Parisot Foundation Fellowship for 2005 to Dr Alok Kumar (Barbados). The laureate will receive a medal and an amount of US$ 5000 in order to complete his proposed research project within a period of 12 months.

(Twelfth meeting, 24 January 2005)

EB115(7) 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 2005 to the Centre for Training and Education in Ecology and Health for Peasants (Mexico). The laureate will receive an amount of US$ 40 000 for its outstanding work in health development.

(Twelfth meeting, 24 January 2005)

EB115(8) Award of the Francesco Pocchiari Fellowship

The Executive Board, having considered the report of the Francesco Pocchiari Fellowship Committee, awarded the Francesco Pocchiari Fellowship for 2005 to Dr Gönül Dinç (Turkey). The laureate will receive US$ 10 000 in order to enable her to carry out the research she proposed.

(Twelfth meeting, 24 January 2005)

EB115(9) 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 2005 to Her Majesty Queen Rania Al-Abdullah (Jordan). The laureate will receive US$ 40 000 for her outstanding contribution to health development.

(Twelfth meeting, 24 January 2005)

EB115(10) Real Estate Fund[1]

The Executive Board, having considered the report of the Director-General on the proposed programme budget for the financial period 2006-2007: Real Estate Fund[2] and the report of the first meeting of the Programme, Budget and Administration Committee of the Executive Board,[3] decided to request the Director-General to report on progress made on elaboration of a 10-year capital master plan and development of a long-term mechanism for the financing of this plan to the Board at its 117th session.

(Tenth meeting, 22 January 2005)

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[1] See Annex 6.

[2] Document EB115/41.

[3] Document EB115/45.

ANNEXES

ANNEX 1

International Nonproprietary Names: revised procedure[1]

Report by the Secretariat

[EB115/11 – 9 December 2004]

1. The Executive Board at its 112th session took note of the proposed action plan for revising the procedure for the selection of International Nonproprietary Names (INN) for pharmaceutical substances.[2] The action plan envisaged further consultation on the proposed revision of the Procedure, as well as feasibility studies on means to speed up the INN selection process (including more meetings of the INN Expert Group, using modern technology, for example electronic voting and teleconferences) and the process of making newly selected INN known to the public before their official publication in *WHO Drug Information*.

PROGRESS SINCE THE 112TH SESSION OF THE EXECUTIVE BOARD

2. Comments received during preceding consultative phases and the public information meeting in November 2002 were taken into consideration in preparing a new draft of the revised procedure. As a result, the proposal to establish rules for the acceptance or rejection of objections to proposed INN was deleted.

3. The third consultative process envisaged in the action plan was started in 2003 with the sending of the new draft to the INN Expert Group, other members of the WHO Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations, national pharmacopoeia authorities and pharmacopoeia commissions, drug regulatory agencies and authorities, and the International Federation of Pharmaceutical Manufacturers Associations, with a request for further input from all parties that had expressed their interest to participate in this endeavour.

4. Comments received from various parties during this third consultation were evaluated, and a further revised draft was prepared. In addition to some corrections and clarifications to reflect the current state of affairs, the proposed modifications pertained mostly to establishing rules for a possible substitution of a previously recommended INN. These rules were inter alia designed to engage both the original applicant and the party making a request for substitution in the process.

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[1] See resolution EB115.R4.

[2] Documents EB112/3 and EB112/2003/REC/1, summary record of the first meeting, section 4.

5. In view of the comments received on this further revised draft, a fourth consultative process was started in 2004, with recirculation of the new version of the revised procedure to all parties mentioned in paragraph 3. The ensuing comments were evaluated and a further revised draft of the procedure was prepared. Opinions expressed during the third and the fourth consultative processes were in general favourable to establishing rules for substitution of a previously recommended INN. All comments received in the various rounds of consultations on the proposed revision of the procedure are available on the WHO web site,[1] as requested by the Board at its 112th session.

6. At the same time as the issue of the present report, the latest draft revision of the procedure was sent to all interested parties for information.

7. The revised procedure for selection of recommended International Nonproprietary Names for pharmaceutical substances is attached as Appendix 1, including the new working process for the INN Expert Group. Amended general principles for guidance in devising INN for pharmaceutical substances are attached as Appendix 2.

8. The feasibility studies mentioned in paragraph 1 were undertaken.

ACTION BY THE EXECUTIVE BOARD

9. and 10. [These paragraphs invited the Board to adopt the revised procedure for selection of International Nonproprietary Names for pharmaceutical substances, including the proposed working process for the INN Expert Group, and to take note of the amended general principles for guidance in devising INN for pharmaceutical substances.]

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[1] http://www.who.int/medicines/organization/qsm/activities/qualityassurance/inn/orginn.shtml.

Appendix 1

PROCEDURE FOR THE SELECTION OF RECOMMENDED INTERNATIONAL NONPROPRIETARY NAMES FOR PHARMACEUTICAL SUBSTANCES[1]

The following procedure shall be followed by the World Health Organization (hereinafter also referred to as "WHO") in the selection of recommended international nonproprietary names for pharmaceutical substances, in accordance with resolution WHA3.11 of the World Health Assembly, and in the substitution of such names.

Article 1

Proposals for recommended international nonproprietary names and proposals for substitution of such names shall be submitted to WHO on the form provided therefor. The consideration of such proposals shall be subject to the payment of an administrative fee designed only to cover the corresponding costs of the Secretariat of WHO ("the Secretariat"). The amount of this fee shall be determined by the Secretariat and may, from time to time, be adjusted.

Article 2

Such proposals shall be submitted by the Secretariat to the members of the Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations designated for this purpose, such designated members hereinafter referred to as "the INN Expert Group**"**, for consideration in accordance with the "General principles for guidance in devising International Nonproprietary Names for Pharmaceutical Substances", annexed to this procedure.[2] The name used by the person discovering or first developing and marketing a pharmaceutical substance shall be accepted, unless there are compelling reasons to the contrary.

Article 3

Subsequent to the examination provided for in article 2, the Secretariat shall give notice that a proposed international nonproprietary name is being considered.

(a) Such notice shall be given by publication in *WHO Drug Information*[3] and by letter to Member States and to national and regional pharmacopoeia commissions or other bodies designated by Member States.

(i) Notice shall also be sent to the person who submitted the proposal ("the original applicant") and other persons known to be concerned with a name under consideration.

[1] See Annex 1 in WHO Technical Report Series, No. 581, 1975, for the original text adopted by the Executive Board in resolution EB15.R7 and amended in resolution EB43.R9.

[2] See Appendix 2.

[3] Before 1987, lists of international nonproprietary names were published in the *Chronicle of the World Health Organization*.

(b) Such notice shall:

(i) set forth the name under consideration;

(ii) identify the person who submitted the proposal for naming the substance, if so requested by such person;

(iii) identify the substance for which a name is being considered;

(iv) set forth the time within which comments and objections will be received and the person and place to whom they should be directed;

(v) state the authority under which WHO is acting and refer to these rules of procedure.

(c) In forwarding the notice, the Secretariat shall request that Member States take such steps as are necessary to prevent the acquisition of proprietary rights in the proposed name during the period it is under consideration by WHO.

Article 4

Comments on the proposed name may be forwarded by any person to WHO within four months of the date of publication, under article 3, of the name in *WHO Drug Information*.

Article 5

A formal objection to a proposed name may be filed by any interested person within four months of the date of publication, under article 3, of the name in *WHO Drug Information*.

Such objection shall:

(i) identify the person objecting;

(ii) state his or her interest in the name;

(iii) set forth the reasons for his or her objection to the name proposed.

Article 6

Where there is a formal objection under article 5, WHO may either reconsider the proposed name or use its good offices to attempt to obtain withdrawal of the objection. Without prejudice to the consideration by WHO of a substitute name or names, a name shall not be selected by WHO as a recommended international nonproprietary name while there exists a formal objection thereto filed under article 5 which has not been withdrawn.

Article 7

Where no objection has been filed under article 5, or all objections previously filed have been withdrawn, the Secretariat shall give notice in accordance with subsection (a) of article 3 that the name has been selected by WHO as a recommended international nonproprietary name.

Article 8

In forwarding a recommended international nonproprietary name to Member States under article 7, the Secretariat shall:

(a) request that it be recognized as the nonproprietary name for the substance; and

(b) request that Member States take such steps as are necessary to prevent the acquisition of proprietary rights in the name and to prohibit registration of the name as a trademark or trade name.

Article 9

(a) In the extraordinary circumstance that a previously recommended international nonproprietary name gives rise to errors in medication, prescription or distribution, or a demonstrable risk thereof, because of similarity with another name in pharmaceutical and/or prescription practices, and it appears that such errors or potential errors cannot readily be resolved through other interventions than a possible substitution of a previously recommended international nonproprietary name, or in the event that a previously recommended international nonproprietary name differs substantially from the nonproprietary name approved in a significant number of Member States, or in other such extraordinary circumstances that justify a substitution of a recommended international nonproprietary name, proposals to that effect may be filed by any interested person. Such proposals shall be submitted on the form provided therefor and shall:

(i) identify the person making the proposal;

(ii) state his or her interest in the proposed substitution; and

(iii) set forth the reasons for the proposal; and

(iv) describe, and provide documentary evidence regarding, the other interventions undertaken in an effort to resolve the situation, and the reasons why these other interventions were inadequate.

Such proposals may include a proposal for a new substitute international nonproprietary name, devised in accordance with the General principles, which takes into account the pharmaceutical substance for which the new substitute international nonproprietary name is being proposed.

The Secretariat shall forward a copy of the proposal, for consideration in accordance with the procedure described in subsection (b) below, to the INN Expert Group and the original applicant or its successor (if different from the person bringing the proposal for substitution and provided that the original applicant or its successor is known or can be found through diligent effort, including contacts with industry associations).

In addition, the Secretariat shall request comments on the proposal from:

(i) Member States and national and regional pharmacopoeia commissions or other bodies designated by Member States (by including a notice to that effect in the letter referred to in article 3(a), and

(ii) any other persons known to be concerned by the proposed substitution.

The request for comments shall:

(i) state the recommended international nonproprietary name that is being proposed for substitution (and the proposed substitute name, if provided);

(ii) identify the person who submitted the proposal for substitution (if so requested by such person);

(iii) identify the substance to which the proposed substitution relates and reasons put forward for substitution;

(iv) set forth the time within which comments will be received and the person and place to whom they should be directed; and

(v) state the authority under which WHO is acting and refer to these rules of procedure.

Comments on the proposed substitution may be forwarded by any person to WHO within four months of the date of the request for comments.

(b) After the time period for comments referred to above has elapsed, the Secretariat shall forward any comments received to the INN Expert Group, the original applicant or its successor and the person bringing the proposal for substitution. If, after consideration of the proposal for substitution and the comments received, the INN Expert Group, the person bringing the proposal for substitution and the original applicant or its successor all agree that there is a need to substitute the previously recommended international nonproprietary name, the Secretariat shall submit the proposal for substitution to the INN Expert Group for further processing.

Notwithstanding the foregoing, the original applicant or its successor shall not be entitled to withhold agreement to a proposal for substitution in the event the original applicant or its successor has no demonstrable continuing interest in the recommended international nonproprietary name proposed for substitution.

In the event that a proposal for substitution shall be submitted to the INN Expert Group for further processing, the INN Expert Group will select a new international nonproprietary name in accordance with the General principles referred to in article 2 and the procedure set forth in articles 3 to 8 inclusive. The notices to be given by the Secretariat under article 3 and article 7, respectively, including to the original applicant or its successor (if not the same as the person proposing the substitution, and provided that the original applicant or its successor is known or can be found through diligent effort, including contacts with industry associations), shall in such event indicate that the new name is a substitute for a previously recommended international nonproprietary name and that Member States may wish to make transitional arrangements in order to accommodate existing products that use the previously recommended international nonproprietary name on their label in accordance with national legislation.

If, after consideration of the proposal for substitution and the comments received in accordance with the procedure described above, the INN Expert Group, the original applicant or its successor and the person bringing the proposal for substitution do not agree that there are compelling reasons for substitution of a previously recommended international nonproprietary name, this name shall be retained (provided always that the original applicant or its successor shall not be entitled to withhold agreement to a proposal for substitution in the event that the original applicant or its successor has no demonstrable continuing interest in the recommended international nonproprietary name proposed to be substituted). In such an event, the Secretariat shall advise the person having proposed the substitution, as well as the original applicant or its

successor (if not the same as the person proposing the substitution, and provided that the original applicant or its successor is known or can be found through diligent effort, including contacts with industry associations), Member States, national and regional pharmacopoeia commissions, other bodies designated by Member States, and any other persons known to be concerned by the proposed substitution that, despite a proposal for substitution, it has been decided to retain the previously recommended international nonproprietary name (with a description of the reason(s) why the proposal for substitution was not considered sufficiently compelling).

Article 10

A working process, intended to serve as a guide for the INN Expert Group in the implementation of this procedure, is attached hereto.

Attachment

WORKING PROCESS FOR THE INN EXPERT GROUP[1]

1. This document serves as a guide for the INN Expert Group in the implementation of the procedure for the selection of recommended international nonproprietary names for pharmaceutical substances ("the procedure").

2. The process of selecting an international nonproprietary name for a pharmaceutical substance is described in the procedure. The General principles for guidance in devising International Nonproprietary Names for pharmaceutical substances specify the criteria to be applied when selecting new INN.

3. The INN Expert Group is composed of specialists representing a broad range of expertise in the pharmaceutical, chemical, biochemical and pharmacological sciences pertinent to the selection of INN. The Group also aims to represent the widest possible geographical distribution. The INN Expert Group may invite co-opted experts in the field of pharmaceutical trademarks and linguists to advise it on issues within the sphere of their competence.

4. The decisions on the selection of new INN are taken as a result of consultations and ensuing correspondence, if necessary (see paragraph 11 below). The consultations take place at least twice a year during meetings of the INN Expert Group convened by the Secretariat. If and to the extent required, more frequent consultations may be held, through for instance tele- and video-conferences and other electronic means.

5. The members of the INN Expert Group may formulate their views in the following manner:

(a) unconditional acceptance of a suggested name;

(b) a negative opinion with a proposal to modify the suggested name;

(c) a conditional opinion (e.g. asking for further information from the originator of the request on the mode of action of the substance);

(d) abstention.

6. New INN requests and proposals for the resolution of outstanding, pending issues are regularly mailed by the Secretariat to the INN Expert Group. During the preliminary consultation phase, the Secretariat provides members of the Group with copies of each completed INN request form, together with the accompanying documentation submitted by the originator of each such request. The experts are usually also provided with an analysis in light of the General principles, previously recommended INN and trademarks (in use for medicines) from the Secretariat and related additional information. Experts are invited to provide comments in writing to the Secretariat before the forthcoming consultation, taking account of, in particular:

[1] Designated members of the Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations.

- correctness of classification and stem;
- similarity with other names in pharmaceutical and/or prescription practices;
- linguistic aspects.

The experts' comments are synthesized and analysed by the Secretariat for discussion during the consultation.

7. For the purpose of the INN consultations, the INN Expert Group selects a moderator from among its members. The moderator summarizes the opinions expressed during the preliminary consultation phase, after which the INN experts discuss the request for a new INN, and either select a proposed INN or defer the matter in accordance with the provisions set out in paragraphs 11 and 14.

8. The Secretariat drafts a report of each meeting, in which all decisions are reflected.

9. Within approximately one month after the consultation, the Secretariat sends a draft of the report to all members of the INN Expert Group, inviting them to comment on whether the report accurately reflects the discussions and opinions expressed during the consultation, within a deadline of six weeks. In the absence of any written comments within the aforesaid six-week period, the report is assumed to accurately reflect the discussions and opinions expressed during the consultation.

10. Experts who are unable to participate in a consultation must express their opinion in writing. If no opinion is received, this will be considered as an abstention. No decision can be taken in the absence of a majority of the members of the INN Expert Group having expressed their opinion, either in person during a consultation or in writing before a consultation (quorum for decision). Decisions are taken by consensus of the INN Expert Group members expressing their opinion.

11. In the absence of a consensus, in accordance with the provision of paragraph 10 above, the matter will continue to be discussed by correspondence or at the next consultation, if necessary. If requested by the INN Expert Group, the Secretariat will provide additional information and/or alternative proposals to the INN Expert Group for such continued discussions. This process will continue until a decision on a proposed INN is confirmed in accordance with the provision of paragraph 10 above.

12. In the absence of any comments on the manner in which a decision is reflected in the draft report, the decision will be considered as finally adopted. In such an event, the Secretariat informs the originator of the new INN request about the name that has been selected as a proposed name. Simultaneously, the Secretariat proceeds to publish the selected name in the forthcoming proposed INN list (see article 2 of the procedure).

13. The rules set out above in regard to new INN equally apply in regard of:

- the selection of new common stems;
- a decision not to propose an INN (paragraph 14 below); and
- the consideration of substitution of previously recommended INN.

14. The INN Expert Group may decide not to propose an INN at all. Such a decision is usually taken when there is already a common name in general use for the pharmaceutical substance, and that

name does not fit into the selection criteria for an INN or the selection of an INN may cause medication or prescription errors. INN are also not proposed when the General principles for selecting an INN are not met, for example in the case of a combination of two pharmaceutical substances.

Appendix 2

GENERAL PRINCIPLES FOR GUIDANCE IN DEVISING INTERNATIONAL NONPROPRIETARY NAMES FOR PHARMACEUTICAL SUBSTANCES[1]

1. International Nonproprietary Names (INN) should be distinctive in sound and spelling. They should not be inconveniently long and should not be liable to confusion with names in common use.

2. The INN for a substance belonging to a group of pharmacologically related substances should, where appropriate, show this relationship. Names that are likely to convey to a patient an anatomical, physiological, pathological or therapeutic suggestion should be avoided.

These primary principles are to be implemented by using the following secondary principles:

3. In devising the INN of the first substance in a new pharmacological group, consideration should be given to the possibility of devising suitable INN for related substances, belonging to the new group.

4. In devising INN for acids, one-word names are preferred; their salts should be named without modifying the acid name, e.g. “oxacillin” and “oxacillin sodium”, “ibufenac” and “ibufenac sodium”.

5. INN for substances which are used as salts should in general apply to the active base or the active acid. Names for different salts or esters of the same active substance should differ only in respect of the name of the inactive acid or the inactive base.

For quaternary ammonium substances, the cation and anion should be named appropriately as separate components of a quaternary substance and not in the amine-salt style.

6. The use of an isolated letter or number should be avoided; hyphenated construction is also undesirable.

7. To facilitate the translation and pronunciation of INN, “f” should be used instead of “ph”, “t” instead of “th”, “e” instead of “ae” or “oe”, and “i” instead of “y”; the use of the letters “h” and “k” should be avoided.

8. Provided that the names suggested are in accordance with these principles, names proposed by the person discovering or first developing and marketing a pharmaceutical preparation, or names already officially in use in any country, should receive preferential consideration.

9. Group relationship in INN (see General principle 2) should if possible be shown by using a common stem. The following list contains examples of stems for groups of substances, particularly for

[1] In its Twentieth report (WHO Technical Report Series, No. 581, 1975), the WHO Expert committee on Nonpropriety Names for Pharmaceutical Substances reviewed the General principles for devising, and the procedures for selecting, INN in the light of developments in pharmaceutical compounds in recent years. The most significant change has been the extension to the naming of synthetic chemical substances of the practice previously used for substances originating in or derived from natural products. This practice involves the use of a characteristic “stem” indicative of a common property of the members of a group. The reason for, and the implications of, the change are fully discussed.

The General principles were updated during the thirteenth consultation on nonproprietary names for pharmaceutical substances (Geneva, 27-29 April 1983) (PHARMS/NON 928 13 May 1983, revised 18 August 1983).

new groups. There are many other stems in active use.[1] Where a stem is shown without any hyphens it may be used anywhere in the name.

Latin	**English**	
-acum	-ac	anti-inflammatory agents, ibufenac derivatives
-adolum	-adol }	
		Analgesics
-adol-	-adol-}	
-astum	-ast	antiasthmatic, antiallergic substances not acting primarily as antihistaminics
-astinum	-astine	antihistaminics
-azepamum	-azepam	diazepam derivatives
bol	bol	steroids, anabolic
-cain-	-cain-	**class I antiarrhythmics, procainamide and lidocaine derivatives**
-cainum	-caine	local anaesthetics
cef-	cef-	antibiotics, cefalosporanic acid derivatives
-cillinum	-cillin	antibiotics, 6-aminopenicillanic acid derivatives
-conazolum	-conazole	systemic antifungal agents, miconazole derivatives
cort	cort	corticosteroids, except prednisolone derivatives
-coxibum	**-coxib**	**selective cyclo-oxygenase inhibitors**
-entanum	**-entan**	**Endothelin receptor antagonists**
gab	**gab**	**gabamimetic agents**
gado-	**gado-**	**diagnostic agents, gadolinium derivatives**
-gatranum	**-gatran**	**thrombin inhibitors, antithrombotic agents**
gest	gest	steroids, progestogens
gli	gli	**antihyperglycaemics**
io-	io-	iodine-containing contrast media
-metacinum	-metacin	anti-inflammatory, indometacin derivatives
-mycinum	-mycin	antibiotics, produced by *Streptomyces* strains
-nidazolum	-nidazole	antiprotozoal substances, metronidazole derivatives
-ololum	-olol	β-adrenoreceptor antagonists
-oxacinum	-oxacin	antibacterial agents, nalidixic acid derivatives
-platinum	**-platin**	**antineoplastic agents, platinum derivatives**
-poetinum	**-poetin**	**erythropoietin type blood factors**
-pril(at)um	-pril(at)	Angiotensin-converting enzyme inhibitors

[1] A more extensive listing of stems is contained in working document WHO/EDM/QSM/2004.5 which is regularly updated and available on request.

Latin	**English**	
-profenum	-profen	anti-inflammatory substances, ibuprofen derivatives
prost	prost	prostaglandins
-relinum	-relin	pituitary hormone release-stimulating peptides
-sartanum	**-sartan**	**angiotensin II receptor antagonists, antihypertensive (non-peptidic)**
-vaptanum	**-vaptan**	**vasopressin receptor antagonists**
vin-	vin- }	Vinca-type alkaloids
-vin-	-vin-}	

ANNEX 2

Amendments to the Financial Regulations and Financial Rules[1]

Report by the Director-General

[EB115/43 – 7 January 2005]

BACKGROUND

1. WHO's Secretariat has embarked upon a wide-reaching endeavour to renew the results-based management framework and related operational and administrative systems. This will be achieved by replacing the core systems for budget and finance, human resources, payroll and procurement progressively over the next two bienniums so as to meet the current and future management requirements of the Organization in an effective and efficient manner that empowers managers at all levels of the Organization. An important part of this endeavour is simplification of financial policies and procedures so that they support the Organization's work more transparently and effectively.

2. It is therefore necessary to make some changes to the Financial Regulations and Financial Rules in order to reflect modern practices. In particular, policy concerning expenditure is to be modernized to bring it in line with current best practice. This will improve the quality of reporting on expenditure so that there will be a more direct alignment between achievement of expected results and expenditure reported.

3. Changes are proposed to Articles 4.2, 4.5 to 4.8, 8.1 and 11.3 of the Financial Regulations in order to implement the updated policy.[2] Furthermore, it is proposed that existing Article 4.7 of the Financial Regulations should be maintained as a transitional measure so that unliquidated obligations may be correctly reported for the financial period 2004-2005. The Director-General has also decided to amend Financial Rule 108.6 on condition the aforementioned amendments to the Financial Regulations are adopted by the Health Assembly.[3] In accordance with Financial Regulation 16.3, this amendment is subject to confirmation by the Executive Board in order to enter into force.

4. Changes are also being made to Financial Rules 106.6 and 112 to reflect the change in the name of the Internal Audit Office to Internal Oversight Services. For the sake of convenience, these changes are intended to be implemented at the same time as the new text of Financial Rule 108.6 above.

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[1] See resolution EB115.R9.

[2] See Appendix 1 for amended text.

[3] See Appendix 2.

5. The effective date of implementation of the changes is proposed as 1 January 2006, to coincide with the start of the next biennium, thereby assuring consistency.

ACTION BY THE EXECUTIVE BOARD

6. [This paragraph contained a draft resolution that was adopted at the eleventh meeting as resolution EB115.R9.]

Appendix 1

TEXT OF AMENDED FINANCIAL REGULATIONS

Regulation IV – Regular Budget Appropriations

.....

4.2 Appropriations shall be available for obligation for the financial period to which they relate. The Director-General is authorized to charge, as an obligation against the appropriations during the current financial period, the cost of goods or services which were contracted during the current financial period, and which are contractually due to be delivered during that period.

.....

4.5 Appropriations in respect of the regular budget for the current financial period may remain available for the following financial period to make it possible to carry forward an accrual for accounts payable in order to pay for all goods and services contractually due to be delivered prior to the end of the financial period.

.....

4.7 Any claims for goods and services contractually due to be delivered in a subsequent financial period that exist against the Organization at the end of a financial period shall be established as obligations against appropriations established for the relevant subsequent financial period and shall be disclosed as a note to the Financial Statements.

.....

Regulation VIII – Miscellaneous and other Income

8.1 Miscellaneous Income shall be applied in accordance with Regulation V and shall include the following:

(a) any unobligated balances within appropriations in accordance with regulation 4.6;

(b) any interest earnings or investment income on surplus liquidity in the regular budget;

(c) any refunds or rebates of expenditure received after the end of the financial period to which the original expenditure related;

(d) any proceeds of insurance claims that are not required to replace the insured item, or otherwise compensate for the loss;

(e) the net proceeds generated on the sale of a capital asset after allowing for all costs of acquisition, or improvement, of any asset concerned;

(f) any net gains or losses that may have arisen under operation of the exchange rate facility, or application of the official United Nations rates of exchange, or in revaluation for accounting purposes of the Organization's assets and liabilities;

(g) any payments of arrears of contributions due from Member States that are not required to repay borrowings from the Working Capital Fund or internal borrowing in accordance with regulation 7.3;

(h) any income not otherwise specifically referred to in these Regulations.

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Regulation XI – Investment of Funds

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11.3(a) Income generated from regular budget resources shall be credited to Miscellaneous Income in accordance with regulation 8.1.

Appendix 2

TEXT OF AMENDED FINANCIAL RULES

Rule VI – Expenditure (Obligations)

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106.6 Ex gratia payments may be authorized by the Director-General in accordance with Financial Regulation 13.5, provided such payments are justified in the interests of equity, or otherwise in the best interests of the Organization. Any such payment, together with an explanation of its justification, shall be promptly reported to both the External Auditor and the Head of the Office of Internal Oversight Services.

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Rule VIII – The Accounts

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108.6 The accounts (as defined in Financial Rule 108.1 above) shall record:

(a) original appropriations voted by the Health Assembly;

(b) appropriations after modification and transfers;

(c) credits, if any, other than appropriations made available by the Health Assembly;

(d) the operation of the exchange rate facility;

(e) income;

(f) allotments issued;

(g) expenditure (obligations) incurred;

(h) liabilities, including an accrual for accounts payable in order to pay for all goods and services contractually due to be delivered prior to the end of the financial period;

(i) assets, including cash, investments, securities and amounts due to the Organization;

(j) unallotted balances;

(k) unobligated balances of allotments;

(l) unobligated balances of appropriations.

.....

Rule XII – Internal Audit

112.1 The Office of Internal Oversight Services (IOS) is responsible for internal audit, inspection, monitoring and evaluation of the adequacy and effectiveness of the Organization's system of internal control, financial management and use of assets as well as investigation of misconduct and other irregular activities. All systems, processes, operations, functions and activities within the Organization are subject to IOS's review, evaluation and oversight.

112.2 The Director-General shall appoint a technically qualified head of IOS after consultation with the Executive Board. The Director-General shall likewise consult the Executive Board before any termination of the incumbent of that office.

112.3 IOS shall function in accordance with the following provisions:

(a) the head of IOS shall report directly to the Director-General;

(b) IOS shall have full, free and prompt access to all records, property, personnel, operations and functions within the Organization which, in IOS's opinion, are relevant to the subject matter under review;

(c) IOS shall be available to receive directly from individual staff members complaints or information concerning the possible existence of fraud, waste, abuse of authority or other irregular activities. Confidentiality shall be respected at all times, and no reprisals shall be taken against staff members providing such information unless this was wilfully provided with the knowledge that it was false or with intent to misinform;

(d) IOS shall report the results of its work and make recommendations to the Regional Director, Executive Director, Director or other responsible manager for action, with apy to the Director-General and the External Auditor. At the request of the head of IOS, any such report shall be submitted to the Executive Board, together with the Director-General's comments thereon;

(e) IOS shall submit a summary report annually to the Director-General with a copy to the External Auditor on IOS's activities, including the orientation and scope of such activities, as well as the implementation status of recommendations. This report shall be submitted to the Health Assembly together with comments deemed necessary.

112.4 The Director-General shall ensure that all IOS recommendations are responded to and implemented as appropriate.

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ANNEX 3

Confirmation of amendments to the Staff Rules[1]

Report by the Secretariat

[EB115/38, EB115/38 Corr.1 and EB115/38 Corr.2 – 23 December 2004, 14 January 2005 and 20 January 2005, respectively]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.[2]

2. The amendments described in section I of this document stem from decisions expected to be taken by the United Nations General Assembly at its fifty-ninth session, on the basis of recommendations made by the International Civil Service Commission. Should the General Assembly not be in agreement with the recommendations that resulted in the amendments in section I, an addendum to this document will be issued.

3. The amendments described in section II of this document are made in the light of experience and in the interest of good personnel management.

4. The financial implications of the amendments in the 2004-2005 biennium include a small additional cost that will have to be met from the appropriate allocations established for each of the regions and for global and interregional activities under the regular budget as well as from extrabudgetary sources of funds.

5. The text of the amended Staff Rules is contained in the Appendix.

[1] See resolution EB115.R18.

[2] *Basic documents,* 44th ed., Geneva, World Health Organization, 2003.

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

Remuneration of the professional and higher categories

6. The International Civil Service Commission is recommending to the United Nations General Assembly an upward adjustment of 1.88% of the base/floor salary scale of the United Nations common system for the professional and higher categories, to take effect from 1 January 2005, in order to bring that base/floor salary scale into line with the salaries of the comparator civil service (United States federal civil service in Washington, DC). The adjustment consists of a consolidation of post adjustment (the cost-of-living element) into base net salary on a no-loss/no-gain basis, thereby ensuring, inter alia, that allowances that are linked to the base/floor salary scale (the mobility and hardship allowance and certain separation payments) keep pace with inflation. The staff assessment scale to be used in conjunction with gross base salaries effective 1 January 2005 remains unchanged. Amendments to Staff Rule 330.2 have been prepared accordingly. In addition, an editorial change to Rule 330.2 is referred to in paragraph 14 of this document.

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

7. Further, subject to the pending decision of the United Nations General Assembly, the Director-General proposes in accordance with Staff Regulation 3.1 that the Executive Board recommend to the Fifty-eighth World Health Assembly modifications in the salaries of Assistant Directors-General and Regional Directors. Thus, the gross salary for Assistant Directors-General and Regional Directors would be US$ 172 860 per annum, resulting in a net salary of US$ 117 373 (dependency rate) or US$ 106 285 (single rate).

8. The adjustments to salaries described in paragraph 7 would imply similar adjustments to the salary of the Director-General. The modification in salary to be authorized by the Health Assembly would result in a gross salary of US$ 233 006 with a corresponding net salary of US$ 154 664 (dependency rate) or US$ 137 543 (single rate).

Review of the levels of the education grant

9. In accordance with the approved methodology, under which the levels of the education grant are reviewed biennially, the Commission is recommending to the United Nations General Assembly an increase in the maximum admissible expenses and the maximum education grant in the following countries/currency areas: Austria (euro), Belgium (euro), Denmark (krone), France (euro), Germany (euro), Ireland (euro), Italy (euro), Japan (yen), Netherlands (euro), Spain (euro), Sweden (krona), Switzerland (Swiss franc), United Kingdom of Great Britain and Northern Ireland (pound sterling), the United States dollar in the United States of America and the United States dollar outside the United States of America.

10. Also in line with the approved methodology, the Commission is recommending that the flat rates and the additional amounts for reimbursement of boarding costs over and above the maximum grant payable to staff members at designated duty stations should be revised in the following countries/currency areas: Austria (euro), Denmark (krone), France (euro), Ireland (euro), Italy (euro), Netherlands (euro), Norway (krone), Spain (euro), Sweden (krona) and the United Kingdom of Great Britain and Northern Ireland (pound sterling). The changes to the levels of the education grant are

applicable as from the school year in progress on 1 January 2005. Additional amendments to Staff Rules 350 and 355 are contained in paragraphs 16 to 18.

Paternity leave

11. In January 2001, the Executive Board confirmed the introduction of up to five days' paternity leave on a trial basis for two years, to be reviewed in the light of developments in the common system.[1] The trial period was extended until January 2004[2] in the expectation that the review to be undertaken by the Commission would have been completed by that time. It was then further extended to January 2005[3] pending a decision by the Commission.

12. The duration of paternity leave allowed by separate organizations of the United Nations common system varies from one day to eight weeks. In the light of these existing provisions, the Commission is recommending the granting of paternity leave of four weeks for staff assigned to headquarters and family duty stations, and up to eight weeks for staff at non-family duty stations or in exceptional circumstances, such as complications of pregnancy or the death of the mother. Staff Rule 760.6 has been amended accordingly.

II. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF EXPERIENCE AND IN THE INTEREST OF GOOD PERSONNEL MANAGEMENT

Salary determination

13. To respond to the Organization's needs, a staff member may be required to assume temporarily the responsibilities of an established post at a higher grade for longer than the 12 month period specified in Staff Rule 320.5. As a result, a degree of flexibility in the implementation of this Staff Rule is introduced. Staff Rule 320.5 has been amended accordingly.

Salaries

14. The schedule of salaries contained in Staff Rule 330.2 is moved to Appendix I to the Staff Rules. This format will facilitate administrative aspects of future updating. Staff Rule 330.2 has been amended accordingly.

Dependants' allowances

15. The US dollar amounts of dependants' allowances for staff members in the professional or higher category are removed. In line with United Nations practice, the amounts of dependants' allowances will be announced separately and will include not only the US dollar amount but also the local currency amounts in designated countries established on the basis of amounts recommended by the International Civil Service Commission. Any changes in the amounts of dependants' allowances will be included as part of the Report of the International Civil Service Commission which is submitted to the Executive Board each year. Staff Rule 340 has been amended accordingly.

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[1] Resolution EB107.R7.

[2] Resolution EB111.R8.

[3] Resolution EB113.R13.

Education grant and special education grant for disabled children

16. Staff Rule 350 is amended to simplify its presentation. As well, an inadvertent difference in treatment of those children pursuing non-university studies is removed and the possibility of extending the age limit for the grant due to national service or illness is introduced. These two latter changes align WHO's Staff Rules with those of the United Nations and other organizations in the common system.

17. A correction is made to the terminology used in Staff Rule 355 to ensure consistency. The Staff Rule is also amended to clarify and simplify the terms of the special education grant. The age limit of 25 years has been removed to align WHO's Staff Rules with those of the United Nations and other organizations in the common system. In some conditions, to be determined by the Director-General, the age limit may be extended up to the end of the academic year in which the child reaches the age of 28.

18. The US dollar amounts of education grant are removed from Staff Rules 350.1, 350.2.2 and 355. Instead, a comprehensive list, which will include not only the US dollar amount but also the local currency amounts in designated countries established on the basis of amounts recommended by the International Civil Service Commission, is contained in Appendix II to the Staff Rules. This format will facilitate administrative aspects of future updating. Staff Rules 350.1, 350.2.2 and 355 have been amended accordingly.

Repatriation grant and removal of household goods

19. The addition of a new rule to the existing provisions of Staff Rules 370 and 855 is intended to avoid duplication of entitlements when both spouses are staff members of organizations of the United Nations common system. The amendment will be supplemented by provisions determined by the Director-General.

Payments and deductions

20. The second sentence of Staff Rule 380.3.1 is deleted and incorporated into Staff Rule 550.1 (within-grade increase) to avoid an unnecessary cross-reference. The last sentence of Staff Rule 380.3.1 is deleted since, with the introduction of computerization, it is no longer the case that the effective date of an increase in salary is the first of the month nearest the date of final approval. For example, a reassignment and promotion can take effect from any day of the month.

Staff member's beneficiaries (new Staff Rule 495)

21. In the event of the death of a staff member, payments due have been made to the eligible dependants or to the estate of the staff member. This process can involve a lengthy administrative process. The introduction of Staff Rule 495 will formalize a process whereby the staff member will nominate a beneficiary or beneficiaries at the time of appointment. The staff member will be responsible for notifying the Organization of any revocations or changes of beneficiaries and payments will be made to the nominated beneficiaries. The introduction of this Rule aligns WHO's Staff Rules with those of the United Nations. Rule 630.8 has been amended to reflect the provisions of this new Rule.

Within-grade increase

22. Staff Rule 550.1 is amended to clarify the effective date for a within-grade increase without cross-reference to Staff Rule 380.3.1.

Special leave

23. Special leave with full, partial or no pay may be granted at the request of the staff member. However, there are instances when a staff member may be placed on special leave in the interests of the Organization. Staff Rule 650 has been amended accordingly.

Sick leave

24. Staff Rule 740.1 has been edited to reflect actual implementation of sick leave provisions. There is no requirement that the granting of sick leave be limited to only one illness.

ACTION BY THE EXECUTIVE BOARD

25. [This paragraph contained two draft resolutions that were adopted at the twelfth meeting as resolution EB115.R18 and resolution EB115.R19, respectively.]

Appendix

TEXT OF AMENDED STAFF RULES

320. SALARY DETERMINATION

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320.5 A staff member may be officially required to assume temporarily the responsibilities of an established post of a higher grade than that which he occupies; such temporary arrangements shall not be continued for more than 12 months, unless otherwise decided by the Director-General. As from the beginning of the fourth consecutive month of such service, the staff member shall be granted non-pensionable extra pay normally equal to, but not exceeding, the difference between his current pay, consisting of net base salary, post adjustment and allowances, and that which he would receive if promoted to the post of higher grade.

330. SALARIES

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330.2 The schedule of annual gross base salaries and of annual net base salaries applicable to all professional and higher category posts shall be as specified in Appendix 1 to these Rules.

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340. DEPENDANTS' ALLOWANCES

Staff members in the professional or higher category, except those holding temporary appointments as defined in Rule 420.3 or consultants appointed under Rule 1330, are entitled to a dependant's allowance for dependants as defined in Rule 310.5, as follows:

340.1 For a dependent child, except that in cases where there is no dependent spouse the first dependent child is not entitled to an allowance. The entitlement shall be reduced by the amount of any benefit paid from any other public source by way of social security payments, or under public law, by reason of such child.

340.2 For a child who is physically or mentally disabled subject to the conditions defined in Rule 340.1, except that if the staff member has no dependent spouse and receives the "with dependant" rate of net salary by virtue of such a child, the allowance shall be the same as for a dependent child in Rule 340.1 above.

340.3 For a father, mother, brother or sister.

340.4 The allowances to be paid under Rules 340.1, 340.2 and 340.3 shall be as determined by the Director-General on the basis of procedures agreed among the international organizations concerned.

350. EDUCATION GRANT

350.1 Internationally recruited staff members shall be entitled to an education grant, except as indicated in Rule 350.3, under the conditions which follow:

350.1.1 the grant is payable for each child as defined under Rule 310.5.2, except that the entitlement in respect of such a child shall extend up to the end of the school year in which the child reaches the age of 25, completes four years of post-secondary studies or is awarded the first recognized degree, whichever is earlier;

350.1.2 if the child's education is interrupted for at least one scholastic year by national service obligations or illness, the period of eligibility may be extended, by the period of interruption, beyond the scholastic year in which the child reaches the age of 25;

350.1.3 the amounts of the grant payable under the Rules shall be as specified in Appendix 2 to these Rules.

350.2 This grant is payable for:

350.2.1 the cost of full-time attendance at an educational institution in the country or area of the official station (see also Rule 350.2.5);

350.2.2 the cost of full-time attendance at an educational institution outside the country or area of the official station, including the cost of full board if provided by the institution. Where full board is not provided by the institution, a flat amount is paid in lieu.

.....

355. SPECIAL EDUCATION GRANT FOR DISABLED CHILDREN

355.1 Staff members, except those holding temporary appointments as defined in Rule 420.3 or consultants appointed under Rule 1330, are entitled to a special education grant in respect of any physically or mentally disabled child, recognized as dependant under Rule 310.5.2, up to the end of the year in which such child reaches the age of 28, under conditions established by the Director-General. In cases where an education grant is payable under Rule 350, the total of the amounts payable under Rules 350 and 355 shall not exceed the applicable maximum.

355.2 The amount of the special education grant for each disabled child shall be equal to 100% of admissible expenses actually incurred up to the applicable maximum grant as specified in Appendix 2 to these Rules.

[Former paragraphs 355.1 to 355.3 are renumbered 355.3 to 355.5]

355.6 The grant is payable from the date on which the special teaching or training is required and up to the end of the year in which the child reaches the age of 28 years, under conditions established by the Director-General.

[Former paragraphs 355.5 and 355.6 are renumbered 355.7 and 355.8]

.....

370. REPATRIATION GRANT

.....

370.6 If both spouses are staff members of international organizations applying the common system of salaries and allowances and each is entitled to payment of a repatriation grant on separation from service, the amount of the grant paid to each shall be calculated in accordance with terms and conditions established by the Director-General.

.....

380. PAYMENTS AND DEDUCTIONS

.....

380.3 The effective date of any change in salary shall be as follows:

380.3.1 Any increase shall be effective from the date of entitlement except as otherwise specified in these Rules or determined by the Director-General.

.....

495. STAFF MEMBER'S BENEFICIARIES

495.1 At the time of appointment, each staff member shall nominate a beneficiary or beneficiaries in writing in a form prescribed by the Director-General. It shall be the responsibility of the staff member to notify the Director-General of any revocations or changes of beneficiaries.

495.2 In the event of the death of a staff member, all amounts due to that staff member will be paid to his or her nominated beneficiary or beneficiaries, except as otherwise stated in these Staff Rules and the Regulations of the United Nations Joint Staff Pension Fund. Such payment shall afford the World Health Organization a complete release from all further liability in respect of any sum so paid.

.....

550. WITHIN-GRADE INCREASE

550.1 Staff members, except those holding temporary appointments as defined in Rule 420.3, whose performance has been certified by the supervisors as being satisfactory shall be entitled to a within-grade salary increase of one step upon completion of each unit of service time as defined in Rule 550.2. The date of entitlement shall not be earlier than the date of confirmation of the appointment except as provided in Rule 480. The effective date for a within-grade increase shall be the first of the month nearest the date of satisfactory completion of the service requirement. Increases may be granted up to the maximum for the staff member's grade except that, if either Rule 555.2 or Rule 1310.9 applies, the normal maximum may be exceeded accordingly.

.....

630. ANNUAL LEAVE

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630.8 A staff member who, on leaving the service of the Organization, has not exhausted the annual leave to which he is entitled shall be paid in respect of each day of unused annual leave up to a maximum of 60 days (see Rule 380.2.2). A staff member who has taken advanced annual leave beyond that subsequently accrued shall either have the equivalent amount debited to his terminal payments or at the option of the Organization make a cash refund. In case of death of a staff member, payment in lieu of accrued annual leave shall be made to his or her nominated beneficiary or beneficiaries under Rule 495.2 but no deduction shall be made in respect of advanced annual leave.

.....

650. SPECIAL LEAVE

Special leave with full, partial or no pay may be granted for training or research in the interest of the Organization or for other valid reasons, including the death of an immediate family member or the adoption of a child under conditions determined by the Director-General. The Director-General may, at his or her initiative, place a staff member on special leave with full pay if he or she considers such leave to be in the interest of the Organization. Normally, such leave shall not be granted until all accrued annual leave has been exhausted and normally shall not exceed one year in duration. Periods of special leave shall be credited for all purposes except as otherwise specified in the Rules.

.....

740. SICK LEAVE

740.1 Staff members, except those engaged on a "when-actually-employed" basis and those excluded by the Director-General under the provisions of Rules 1320 and 1330, who are unable to perform their duties because of illness or injury, or whose attendance is prevented by public health requirements, may be granted sick leave with pay in the following amounts:

740.1.1 a staff member holding an appointment of one year's duration or more may be granted up to six months' sick leave with full pay in any period of 12 consecutive months, provided that the total of all absences on account of sick leave shall not exceed nine months in any four-year period (See also Rules 655.1 and 750.1);

.....

760. MATERNITY AND PATERNITY LEAVE

.....

760.6 Paternity leave

Upon presentation of satisfactory evidence of the birth of his child, a staff member, except those holding temporary appointments as defined in Rule 420.3 or consultants appointed under Rule 1330, shall be entitled to paternity leave for a maximum period of four weeks for staff assigned to family duty stations. In exceptional circumstances, such as complications of pregnancy or the death of the mother, paternity leave shall be for a maximum period of eight weeks. Staff at non-family duty stations shall be entitled to paternity leave for a maximum period of eight weeks. Paternity leave must be exhausted within 12 months from the date of the child's birth.

.....

855. REMOVAL OF HOUSEHOLD GOODS

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855.3 If both spouses are staff members of international organizations applying the common system of salaries and allowances and each is entitled to reimbursement for the expense of moving household goods, each shall have the choice of exercising the entitlement within limits established by the Director-General.

Attachment

Appendix 1 to the Staff Rules

SALARY SCALE FOR STAFF IN THE PROFESSIONAL AND HIGHER GRADED CATEGORIES: ANNUAL GROSS BASE SALARIES AND NET EQUIVALENTS AFTER APPLICATION OF STAFF ASSESSMENT

(in US dollars)

(effective 1 January 2005)

		Steps														
Level		*I*	*II*	*III*	*IV*	*V*	*VI*	*VII*	*VIII*	*IX*	*X*	*XI*	*XII*	*XIII*	*XIV*	*XV*
D-2	Gross	141 974	145 065	148 156	151 248	154 340	157 431									
	Net D	98 224	100 140	102 057	103 974	105 891	107 807									
	Net S	90 236	91 854	93 466	95 072	96 674	98 269									
P-6/D-1	Gross	129 405	132 119	134 832	137 457	140 261	142 974	145 689	148 403	151 116						
	Net D	90 431	92 114	93 796	95 479	97 162	98 844	100 527	102 210	103 892						
	Net S	83 587	85 050	86 509	87 965	89 418	90 867	92 312	93 755	95 194						
P-5	Gross	106 368	108 679	110 987	113 295	115 605	117 913	120 223	122 532	124 842	127 150	129 458	131 768	134 077		
	Net D	76 148	77 581	79 012	80 443	81 875	83 306	84 738	86 170	87 602	89 033	90 464	91 896	93 328		
	Net S	70 742	72 014	73 282	74 550	75 815	77 077	78 338	79 596	80 852	82 106	83 358	84 607	85 855		
P-4	Gross	86 211	88 303	90 423	92 650	94 879	97 106	99 335	101 563	103 792	106 018	108 247	110 474	112 703	114 931	117 160
	Net D	63 499	64 880	66 262	67 643	69 025	70 406	71 788	73 169	74 551	75 931	77 313	78 694	80 076	81 457	82 839
	Net S	59 132	60 390	61 647	62 901	64 155	65 407	66 659	67 909	69 157	70 405	71 651	72 896	74 140	75 383	76 625
P-3	Gross	69 779	71 715	73 656	75 589	77 530	79 467	81 402	83 342	85 280	87 217	89 156	91 161	93 226	95 287	97 350
	Net D	52 654	53 932	55 213	56 489	57 770	59 048	60 325	61 606	62 885	64 163	65 443	66 720	68 000	69 278	70 557
	Net S	49 149	50 325	51 503	52 678	53 856	55 030	56 206	57 383	58 558	59 734	60 906	62 079	63 250	64 422	65 594
P-2	Gross	56 465	58 056	59 643	61 344	63 077	64 809	66 542	68 273	70 008	71 742	73 473	75 209			
	Net D	43 655	44 800	45 943	47 087	48 231	49 374	50 518	51 660	52 805	53 950	55 092	56 238			
	Net S	40 947	41 985	43 020	44 057	45 092	46 130	47 184	48 234	49 289	50 341	51 392	52 447			
P-1	Gross	43 831	45 358	46 883	48 413	49 938	51 464	52 992	54 519	56 043	57 571					
	Net D	34 558	35 658	36 756	37 857	38 955	40 054	41 154	42 254	43 351	44 451					
	Net S	32 599	33 612	34 625	35 638	36 650	37 662	38 676	39 676	40 672	41 668					

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

Appendix 2 to the Staff Rules

EDUCATION GRANT ENTITLEMENTS APPLICABLE IN CASES WHERE EDUCATIONAL EXPENSES ARE INCURRED IN SPECIFIED CURRENCIES AND COUNTRIES

(effective school year in progress 1 January 2005)

Country/currency area	*(1)* *Maximum admissible educational expenses and maximum grant for disabled children*	*(2)* *Maximum education grant*	*(3)* *Flat rate when boarding not provided*	*(4)* *Additional flat rate for boarding (for staff serving at designated duty stations)*	*(5)* *Maximum grant for staff members serving at designated duty stations*	*(6)* *Maximum admissible educational expenses for attendance (only when flat rate for boarding is paid)*
Part A						
Euro						
Austria	15 198	11 399	3 392	5 087	16 486	10 676
Belgium	14 446	10 835	3 147	4 720	15 555	10 251
Finland	9 082	6 812	2 382	3 572	10 384	5 907
France	10 263	7 697	2 716	4 074	11 771	6 641
Germany	18 993	14 245	3 794	5 690	19 935	13 935
Ireland	10 997	8 248	2 755	4 132	12 380	7 324
Italy	15 316	11 487	2 818	4 227	15 714	11 559
Luxembourg	12 898	9 673	3 147	4 720	14 393	8 701
Monaco	9 330	6 997	2 672	4 008	11 005	5 767
Netherlands	15 440	11 580	3 594	5 392	16 972	10 648
Spain	13 762	10 332	2 733	4 099	14 431	10 132
Denmark (krone)	89 010	66 758	23 601	35 401	102 159	57 543
Japan (yen)	2 324 131	1 743 098	525 930	788 895	2 531 993	1 622 891
Norway (krone)	71 632	53 724	18 338	27 507	81 231	47 181
Sweden (krona)	100 733	75 550	22 569	33 853	109 403	70 641
Switzerland (Swiss franc)	26 868	20 151	5 182	7 773	27 924	19 959
United Kingdom of Great Britain and Northern Ireland (pound sterling)	18 285	13 714	3 181	4 772	18 486	14 044
Part B						
United States dollar (outside the United States of America)	17 189	12 892	3 490	5 235	18 127	12 536
Part C						
United States dollar (in the United States)*	28 832	21 624	4 742	7 113	28 737	22 509

*Also applies, as a special measure, for China, Indonesia, Romania and the Russian Federation.

Where educational expenses are incurred in any of the currencies set out in the table above, the maximum applicable amounts are set out in columns (1) to (6) against those currencies. Where educational expenses are incurred in the United States of America, the maximum applicable amounts are set out in columns (1) to (6) against part C above. Where educational expenses are not incurred in any of the currencies set out in part A above or in the United States, the maximum applicable amounts are set out in columns (1) to (6) against part B above.

Attendance at an educational institution outside the duty station

(i) Where the educational institution provides board, the amount shall be 75% of the admissible costs of attendance and the costs of board up to the maximum indicated in column (1), with a maximum grant indicated in column (2) per year.

(ii) Where the educational institution does not provide board, the amount shall be a flat sum as indicated in column (3), plus 75% of the admissible costs of attendance up to a maximum grant as indicated in column (2) per year.

Attendance at an educational institution at the duty station

(iii) The amount shall be 75% of the admissible costs of attendance up to the maximum indicated in column (1), with a maximum grant as indicated in column (2) per year.

(iv) Where the grant is payable for the cost of boarding for attendance at an educational institution in the country of the official station but beyond commuting distance from the official station, and when no suitable education facility exists in that area, the amount of the grant shall be calculated at the same rates as specified in (i) or (ii) above.

Staff serving at designated duty stations with inadequate or no education facilities with attendance at an educational institution at the primary or secondary level outside the duty station

(v) Where the educational institution provides board, the amount shall be:

a. 100% of the costs of board up to the maximum indicated in column (4); and

b. 75% of the admissible costs of attendance and of any part of the costs of board in excess of the amount indicated in column (4), with a maximum reimbursable amount as indicated in column (5).

(vi) Where the educational institution does not provide board, the amount shall be:

a. a flat sum for board as indicated in column (4); and

b. 75% of the admissible costs of attendance, with a maximum reimbursable amount as indicated in column (5).

ANNEX 4

Confirmation of amendment to the Staff Rules[1]

Report by the Secretariat

[EB115/38 Add.1 – 12 January 2005]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.[2]

2. Further to the amendments described in Annex 3, this document contains an amendment that stems from extensive discussions at the Global Staff/Management Council, comprising representatives of administration and staff associations from headquarters and established offices. The text of the amended Staff Rule is set out in the Appendix.

PROMOTION

3. Promotion resulting from a reclassification of a post is dealt with in Staff Rule 560.2, by which the staff member occupying the post shall be entitled to such a promotion provided that he or she has the necessary qualifications and his or her performance has been satisfactory. It has been decided that, in the interest of equity and transparency for all staff, if an occupied post is reclassified from the general service category to the professional category or by more than one grade within a category, the post shall be announced to the staff and selection for that post shall be on a competitive basis, subject to conditions to be determined by the Director-General. Consequently, Staff Rule 560 has been amended to reflect these new provisions.

ACTION BY THE EXECUTIVE BOARD

4. [This paragraph contained a draft resolution that was adopted at the twelfth meeting as resolution EB115.R19.]

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[1] See resolution EB115.R19.

[2] *Basic documents*, 44th ed., Geneva, World Health Organization, 2003.

Appendix

TEXT OF AMENDED STAFF RULE

560. PROMOTION (see Staff Regulation 4.4)

.....

560.2 Subject to Rule 560.3, a staff member shall be entitled to the promotion resulting from a reclassification of the post he or she occupies if he or she has the necessary qualifications and his or her performance has been satisfactory.

560.3 If an occupied post is reclassified from the general service category to the professional category or by more than one grade within a category, the post shall be announced to the staff and selection for that post shall be on a competitive basis, subject to conditions to be determined by the Director-General.

560.4 A staff member whose performance has been satisfactory may at any time be considered for reassignment to a post of higher grade for which he or she has the qualifications.

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ANNEX 5

Nongovernmental organizations admitted into, or maintained in, official relations with WHO by virtue of, respectively, resolution EB115.R10 and decision EB115(3)

[EB115/22, Annex – 21 January 2005]

Alzheimer's Disease International
CMC – Churches' Action for Health[1]
Collegium Internationale Neuro-Psychopharmacologicum
Commonwealth Association for Mental Handicap and Developmental Disabilities
Commonwealth Pharmaceutical Association[1]
Corporate Accountability International[2]
Family Health International
Federation for International Cooperation of Health Services and Systems Research Centers
Framework Convention Alliance on Tobacco Control
HelpAge International
Inclusion Internationl
Industry Council for Development
Inter-African Committee on Traditional Practices affecting the Health of Women and Children
International Alliance of Women
International Association for Adolescent Health
International Association for Maternal and Neonatal Health
International Association for Suicide Prevention
International Association for the Scientific Study of Intellectual Disabilities
International Bureau for Epilepsy
International Catholic Committee of Nurses and Medico-social Assistants[1]
International Commission on Occupational Health
International Confederation of Midwives
International Council for Control of Iodine Deficiency Disorders
International Council of Women
International Federation for Medical and Biological Engineering[1]
International Federation of Business and Professional Women (BPW International)
International Federation of Chemical, Energy, Mine and General Workers' Unions
International Federation of Fertility Societies
International Federation of Gynecology and Obstetrics
International Federation of Sports Medicine

[1] Activities concern the period 2001-2003.

[2] Formerly known as Infact.

International Federation on Ageing[1]
International Lactation Consultant Association
International League against Epilepsy
International Network on Children's Health, Environment and Safety
International Non Governmental Coalition Against Tobacco
International Occupational Hygiene Association
International Pediatric Association
International Physicians for the Prevention of Nuclear War
International Planned Parenthood Federation
International Society for Biomedical Research on Alcoholism
International Society for Prosthetics and Orthotics
International Society for the Study of Behavioural Development
International Society of Andrology
International Society of Blood Transfusion[2]
International Society of Chemotherapy
International Society of Physical and Rehabilitation Medicine
International Solid Waste Association[3]
International Special Dietary Foods Industries
International Stroke Society
International Traffic Medicine Association
International Union for Health Promotion and Education
International Union of Immunological Societies[3]
International Union of Nutritional Sciences
International Union of Psychological Science
International Union of Pure and Applied Chemistry
International Women's Health Coalition
Italian Association of Friends of Raoul Follereau
La Leche League International
Medical Women's International Association
Multiple Sclerosis International Federation
Rehabilitation International
Soroptimist International
The Population Council
World Association for Psychosocial Rehabilitation[1]
World Association of Girl Guides and Girl Scouts
World Association of Societies of Pathology and Laboratory Medicine[2]
World Confederation for Physical Therapy
World Federation for Mental Health
World Federation of Neurology
World Federation of Neurosurgical Societies
World Federation of Nuclear Medicine and Biology

[1] Activities concern the period 1999-2004.

[2] Activities concern the period 2001-2003.

[3] Activities concern the period 2000-2002.

World Federation of Occupational Therapists
World Federation of the Deaf
World Organization of the Scout Movement
World Psychiatric Association

ANNEX 6

Proposed programme budget for the financial period 2006-2007

Real Estate Fund[1]

Report by the Director-General

[EB115/41 – 12 January 2005]

1. The Proposed programme budget 2006-2007 includes under the section Miscellaneous the proposals of the Director-General regarding, inter alia, the Real Estate Fund.

2. The present document reports on the various projects previously approved by the Health Assembly and the projects proposed for financing in 2006-2007.

3. In accordance with resolution WHA23.14 establishing the Fund, financing from the Real Estate Fund is to be used for acquisition of land and construction of buildings or building extensions, major repairs of and alterations to the Organization's existing office buildings, and housing for staff. Under that resolution, decisions on replenishment or increases in the Fund are made by appropriation by the Health Assembly from casual (now miscellaneous) income; specific Health Assembly authorization is required to use the Fund for the acquisition of land and construction of buildings or building extensions.

4. Much of WHO's building stock is old and some items no longer meet acceptable standards of security and cost effectiveness, largely as a result of underinvestment over time. It is intended by the end of 2005 to draw up a 10 year capital master plan for all main locations that would reflect the need, not only for current, routine maintenance, but also for major work that will be required to maintain the overall viability and security of the Organization's office buildings and of staff accommodation in Brazzaville.

5. Over the past few bienniums, it has become increasingly difficult for the Organization, within the level of funding that has been made available through the Real Estate Fund, to maintain appropriately buildings in all its principal locations. At this juncture, it is estimated that sizeable additional investment will be required over time to ensure the provision of an adequate level of security for staff working in country and regional offices and to remedy the gradual ageing of some of the Organization's buildings.

[1] See decision EB115(10).

6. The Appendix details the various projects that were previously approved by the Health Assembly and are being financed in the current biennium, and future projects to be financed from the Real Estate Fund. The construction of a four-storey building at the Regional Office for the Western Pacific, authorized by resolution WHA55.8, has revealed the necessity to retrofit the structure of the existing buildings as they do not meet the required safety standards. The cost for the retrofitting is estimated at US$ 3.4 million.

7. For the biennium 2006-2007, it is proposed to appropriate US$ 7.6 million from the regular budget for the Real Estate Fund. In order to ensure completeness regarding the cost of the Organization's real estate operations, the Proposed programme budget 2006-2007, under the section Miscellaneous, covers funding for all real estate proposals from all sources of funds. Accordingly, details contained in the Appendix cover funding from all sources of funds. The latest estimated costs for planned maintenance, repair and extension of existing buildings, and construction of new buildings in 2006-2007 totals US$ 13.57 million, US$ 7.6 million of which will be financed from the regular budget as described above and the remainder from other sources of funds.

ACTION BY THE EXECUTIVE BOARD

8. [This paragraph invited the Board to note the report.]

Appendix

STATUS OF PROJECTS CURRENTLY BEING FINANCED FROM THE REAL ESTATE FUND AND THE PROJECTS PROPOSED FOR FINANCING IN 2006-2007
(US$ thousand)

Office	Description	2004-2005	2006-2007
A. BUILDING ACQUISITIONS AND CONSTRUCTION			
Africa	The purchase and renovation of 10 new villas, together with the related acquisition of land, the construction of 24 apartments in two blocks of flats and of related facilities, and the refurbishment and extension of existing residential homes (resolution WHA56.14) has been postponed until 2006. The cost should remain within the previously estimated amount.		2 570
	Bids have been invited from architectural firms for construction within the Djoué compound of new conference facilities, including a conference room with capacity for 600 people and ancillary facilities (resolution WHA56.14). It is planned that the work will commence in spring 2005 and should be completed by mid-2006.	1 920	
Western Pacific	Extension of building 2; construction of a four-storey building at the Regional Office (resolution WHA55.8). This project will be implemented in two phases, the first of which covers the construction that is expected to be completed by April 2005. This phase has exceeded the previously estimated cost of US$ 2.9 million, largely because of the increase in the cost of materials due to inflation.	3 600	
Headquarters	Reimbursement of loan for construction of WHO/UNAIDS building (resolution WHA55.8). Construction of the new accommodation at headquarters has begun and is expected to be completed by mid-2006. Costs are expected to remain within the initially estimated amount of CHF 66 million.		1 000
B. MAINTENANCE			
Africa	Overhaul of water supply, fire hydrants and elevators, renovation of roofs of the Regional Office, villas and apartments will be completed by end 2005. The cost should remain within the previously estimated amount.	650	
The Americas	Work to repair garage slabs will commence in June 2005. The cost should remain within the previously estimated amount.	100	
	Renovation of three meeting rooms, including recabling, is scheduled for 2006.		500

Office	Description	2004-2005	2006-2007
South-East Asia	Replacement and reinforcement of the cooling system, replacement of various electrical fittings and installation of a new power generator will be completed by June 2005. Replacement and improvement of the fire-fighting system and other safety measures will be completed by end of 2005. The cost of these projects will remain within the previously estimated amounts.	500	
	Renovation of the conference hall and lobby is planned for early 2006.		400
Europe	Refurbishment of the reception area and creation of functional work space.	300	
	Refurbishment of existing buildings and replacement and improvement of the fire-fighting system and other safety measures.		700
Eastern Mediterranean	Reinforcement of security and safety at the Regional Office.	145	
	Reinforcement of security and safety at offices of the WHO Representative.		2 000
Western Pacific	Retrofitting of existing buildings, expected to be completed by end of 2006 at an estimated cost of US$ 3.4 million.		3 400
	Reinforcement of security and safety at the Regional Office and improvement of driveway and parking lot.		1 000
Headquarters	Maintenance and renovation of buildings, Executive Board room and four meeting rooms, replacement of central-heating boilers, renovation of cooling system and electrical circuits in the main building.	1 000	
	Recent renovation work has uncovered the presence of asbestos in the heating and ventilation ducts of the main building and Executive Board sector. As the asbestos is encased in plaster it does not present an immediate health risk. Work to remove the asbestos will be undertaken when the heating pipes are replaced in 2006.		2 000
	Total	8 215	13 570