



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

117TH SESSION

GENEVA, 23-27 JANUARY 2006

**RESOLUTIONS AND DECISIONS
ANNEXES**

GENEVA
2006

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 117th session of the Executive Board was held at WHO headquarters, Geneva, from 23 to 27 January 2006. 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 EB117/2006/REC/2.

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¹ See Annex 1.

² See Annex 4.

³ See Annex 2.

EB117/32	Strengthening pandemic-influenza preparedness and response. Strengthening health and surveillance systems: use of information technology and geographical information systems
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¹ See Annex 4.

RESOLUTIONS

EB117.R1 Eradication of poliomyelitis

The Executive Board,

Having considered the report on eradication of poliomyelitis,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Having considered the report on eradication of poliomyelitis;

Recalling the 2004 Geneva Declaration for the Eradication of Poliomyelitis, committing the six countries in which poliomyelitis is endemic and spearheading partners to interrupting the final chains of poliovirus transmission through intensified poliomyelitis immunization campaigns;

Recognizing that the occurrence of poliomyelitis is increasingly rare due to the intensification of poliomyelitis eradication activities globally, and that all Member States are enhancing surveillance for the detection of circulating polioviruses and are in the process of implementing biocontainment activities;

Noting the significant support extended by partners, appreciating their ongoing cooperation, and calling for their continuing support to national programmes in the final phase of the global eradication effort;

Noting that most of the new cases have come from areas where transmission of indigenous polioviruses had already been stopped;

Noting that poliovirus importations into poliomyelitis-free areas constitute potential international health threats;

Recalling the standing recommendations of the Advisory Committee on Poliomyelitis Eradication,³

1. URGES Member States in which poliomyelitis is endemic to foster their commitment to interrupting transmission of wild-type poliovirus through the administration of appropriate monovalent oral poliomyelitis vaccines;

¹ Document EB117/4.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

³ *Weekly Epidemiological Record*, 2004, **79**(32): 289-291; 2005, **80**(38): 330-331, and 2005, **80**(47): 410-416.

2. URGES all poliomyelitis-free Member States to respond rapidly to the detection of circulating polioviruses by:

- (1) conducting an initial investigation, activating local responses and requesting international expert risk assessment within 72 hours of confirmation of the index case in order to establish an emergency plan of action;
- (2) implementing a minimum of three large-scale rounds of immunization using a type-specific monovalent oral poliomyelitis vaccine, including, where applicable, house-to-house vaccination, the first round to be conducted within four weeks of confirmation of the index case, with an interval of four weeks between subsequent rounds;
- (3) targeting all children aged less than five years in the affected and adjacent geographical areas, using independent monitoring to determine whether at least 95% immunization coverage has been reached;
- (4) ensuring that at least two full rounds of poliomyelitis immunization are conducted in the targeted area after the most recent detection of poliovirus;

3. REQUESTS the Director-General:

- (1) to ensure the availability of technical expertise to support Member States in their planning and emergency response related to an outbreak;
- (2) to assist in mobilizing funds to implement emergency response to an outbreak, and to ensure adequate supplies of monovalent oral poliomyelitis vaccine;
- (3) to advise at-risk Member States, on the basis of each risk assessment, on which, if any, additional measures are required nationally and internationally to reduce the further spread of poliovirus, taking into account the recommendations of the Advisory Committee on Poliomyelitis Eradication;
- (4) to report to the Executive Board at its 119th session on progress made in the implementation of this resolution.

(Fourth meeting, 24 January 2006)

EB117.R2 Nutrition and HIV/AIDS

The Executive Board,

Having considered the report on nutrition and HIV/AIDS,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

¹ Document EB117/7.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

The Fifty-ninth World Health Assembly,

Having considered the report on nutrition and HIV/AIDS;

Recalling resolution WHA57.14 which urged Member States, inter alia, to pursue policies and practices that promote integration of nutrition into a comprehensive response to HIV/AIDS;

Bearing in mind WHO's efforts to support access to antiretroviral treatment as part of the "3 by 5" initiative and to ensure a comprehensive package of care and support for people living with HIV/AIDS;

Recalling the recommendations of WHO's technical consultation on nutrition and HIV/AIDS in Africa (Durban, South Africa, 10-13 April 2005), which were based on the main findings of a detailed review of the latest scientific evidence on the macronutrient and micronutrient needs of HIV-infected people, including pregnant and lactating women and patients on antiretroviral therapy;¹

Noting that food and adequate nutrition are often identified as the most immediate and critical needs by people living with, or affected by, the HIV/AIDS pandemic;

Bearing in mind that nutrition and food security require systematic and simultaneous action to meet the challenges of the pandemic;

Mindful of the complex interactions between nutrition and HIV/AIDS, and the increased risk of opportunistic infections and malnutrition;

Noting that some Member States already have policies and programmes related to nutrition and HIV/AIDS that can be used as a basis for developing priorities and workplans;

Underlining the importance of ensuring cooperation on this question with other bodies of the United Nations system, in particular, FAO, UNICEF and WFP,

1. URGES Member States:

(1) to make nutrition an integral part of their response to HIV/AIDS by identifying nutrition interventions for immediate integration into HIV/AIDS programming, including:

- (a) strengthening political commitment to nutrition and HIV/AIDS as part of their health agenda;
- (b) reinforcing nutrition components in HIV/AIDS policies and programmes and incorporating HIV/AIDS issues in national nutrition policies and programmes;
- (c) developing specific advocacy tools to raise decision-makers' awareness of the urgency and steps needed to incorporate nutrition into HIV treatment and care programmes;

¹ Document EB116/12, Annex.

- (d) assessing existing policies and programmes related to nutrition and HIV/AIDS and identifying gaps to be filled and further opportunities for integrating nutrition interventions;
 - (e) ensuring close multisectoral collaboration and coordination between agricultural, health, social-service, education and nutrition sectors;
- (2) to strengthen, revise or establish new guidelines and assessment tools for nutrition care and support of people living with HIV/AIDS at different stages of the disease, and for sex- and age-specific approaches to providing antiretroviral therapy;
- (3) to provide support for and expand existing interventions for improving nutrition and managing severe malnutrition in infants and young children in the context of HIV by:
- (a) implementing fully the global strategy for infant and young child feeding with its approach to feeding in exceptionally difficult circumstances and the United Nations framework for priority action in HIV and infant feeding;¹
 - (b) building the capability of hospital- and community-based health workers in order to improve the care of severely malnourished children exposed to, or infected by, HIV/AIDS;
 - (c) encouraging revitalization of the Baby-friendly Hospital Initiative in the light of HIV/AIDS;
 - (d) accelerating training in, and expanding use of, guidelines and tools for infant-feeding programmes that provide counselling on prevention of mother-to-child transmission of HIV;
 - (e) ensuring that institutions training health workers review their curricula and bring them in line with current recommendations;

2. REQUESTS the Director-General:

- (1) to strengthen technical guidance to Member States for incorporating HIV/AIDS issues in national nutrition policies and programmes;
- (2) to provide support for the development of advocacy tools to raise decision-makers' awareness of the urgency and the need to include nutrition and HIV/AIDS as a priority on the health agenda;
- (3) to provide support, as a matter of priority, to development and dissemination of science-based recommendations, guidelines and tools on nutritional care and support for people living with HIV/AIDS;
- (4) to contribute to incorporation of nutrition in training, including pre-service training, of health workers, in technical advice, and in training materials for community and home-based settings, and during emergencies;

¹ *HIV and infant feeding: framework for priority action*. Geneva, World Health Organization, 2003.

- (5) to continue to promote research relative to nutrition and HIV/AIDS, addressing gaps in knowledge and operational issues;
- (6) to provide support for development of appropriate indicators for measuring progress towards integration of nutrition into HIV programmes and the impact of nutrition interventions;
- (7) to ensure collaboration between all concerned parties in this area so that progress may be made by building on each other's achievements;
- (8) to foster establishment of guidelines for including appropriate food and nutrition interventions in funding proposals.

(Fourth meeting, 24 January 2006)

EB117.R3 Sickle-cell anaemia

The Executive Board,

Having examined the report on sickle-cell anaemia,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Having examined the report on sickle-cell anaemia;

Recalling resolution WHA57.13 on genomics and world health, and the discussion of the Executive Board at its 116th session on control of genetic diseases, which recognized the role of genetic services in improving health globally and in reducing the global health divide;³

Recalling decision Assembly/AU/Dec.81 (V) of the Assembly of the African Union at its Fifth Ordinary Session;

Noting the conclusions of the 4th International African American Symposium on sickle-cell anaemia (Accra, 26-28 July 2000), and the results of the first and second international congresses of the International Organization to Combat Sickle-Cell Anaemia (respectively, Paris, 25-26 January 2002 and Cotonou, 20-23 January 2003);

Concerned at the impact of genetic diseases, and of sickle-cell anaemia in particular, on global mortality and morbidity, especially in developing countries, and by the suffering of patients and families affected by the disease;

¹ Document EB117/34.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

³ See document EB116/2005/REC/1, Summary record of the first meeting, section 4.

Recognizing that the prevalence of sickle-cell anaemia varies between communities, and that insufficiency of relevant epidemiological data may present a challenge to effective and equitable management;

Deeply concerned at the absence of official recognition of sickle-cell anaemia as a priority in public health;

Recognizing the current inequality of access to safe and appropriate genetic services throughout the world;

Recognizing that effective programmes for sickle-cell anaemia must be sensitive to cultural practices, and appropriate for the given social context;

Recognizing that the management of sickle-cell anaemia raises specific ethical, legal and social issues that require appropriate consideration,

1. URGES Member States:

- (1) to develop, implement and reinforce in a systematic, equitable and effective manner, comprehensive national, integrated programmes for the prevention and management of sickle-cell anaemia, including surveillance, dissemination of information, awareness-raising, and screening, such programmes being tailored to specific socioeconomic and cultural contexts and aimed at reducing the incidence, morbidity and mortality associated with this genetic disease;
- (2) to develop their capacity to evaluate the situation regarding sickle-cell anaemia and the impact of national programmes;
- (3) to intensify the training of all health professionals in high-prevalence areas;
- (4) to develop and strengthen medical genetics services, within existing primary health care systems, in partnership with parent/patient organizations;
- (5) to promote community education, including health counselling, and associated ethical, legal and social issues;
- (6) to promote effective international cooperation in combating sickle-cell anaemia;
- (7) in collaboration with international organizations, to support basic and applied research on sickle-cell anaemia;

2. REQUESTS the Director-General:

- (1) to increase awareness of the international community of the global burden of sickle-cell anaemia, including as part of a World Health Day, and to promote equitable access to health services for prevention and management of the disease;
- (2) to provide technical support and advice to national programmes of Member States through the framing of policies and strategies for prevention and management of sickle-cell anaemia;

- (3) to promote and support intercountry collaboration in order to expand the training and expertise of personnel and to support the further transfer of advanced technologies and expertise to developing countries;
- (4) to continue WHO's normative functions in drafting guidelines on prevention and management of sickle-cell anaemia with a view to elaborating regional plans and fostering the establishment of regional groups of experts;
- (5) to promote, support and coordinate the research needed on sickle-cell disorders in order to improve the duration and quality of life of those affected by such disorders.

(Fifth meeting, 25 January 2006)

EB117.R4 Prevention of avoidable blindness and visual impairment

The Executive Board,

Having considered the report on prevention of avoidable blindness and visual impairment,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Having considered the report on prevention of avoidable blindness and visual impairment;

Recognizing that more than 161 million people worldwide are visually impaired, of whom 37 million are blind, and that an estimated 75% of blindness is avoidable;

Recalling resolution WHA56.26 on the elimination of avoidable blindness;

Noting with concern that only 32% of targeted countries had drafted a national Vision 2020 plan by August 2005;

Acknowledging the links between poverty and blindness and that blindness places a heavy economic burden on families, communities and countries, particularly developing countries;

Further acknowledging that control of both onchocerciasis and trachoma has come about through the commitment of broad international alliances;

Noting that many Member States have committed themselves to providing support for the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight,

¹ Document EB117/35.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

1. URGES Member States:

- (1) to reinforce efforts to set up national Vision 2020 plans as called for in resolution WHA56.26;
- (2) to provide support for Vision 2020 plans by sustaining necessary funding at national level;
- (3) to include prevention of avoidable blindness and visual impairment in national development plans and goals;
- (4) to advance the integration of prevention of avoidable blindness and visual impairment in existing health plans and programmes at regional and national levels;
- (5) to encourage partnerships between the public sector, nongovernmental organizations and the private sector in programmes and activities for prevention of blindness at all levels;

2. REQUESTS the Director-General:

- (1) to give priority to prevention of avoidable blindness and visual impairment;
- (2) to provide necessary technical support to Member States and support to collaboration among countries for the prevention of avoidable blindness and visual impairment;
- (3) to monitor progress in the Global Initiative for the Elimination of Avoidable Blindness in collaboration with international partners, and to report to the Executive Board every three years.

(Sixth meeting, 25 January 2006)

EB117.R5 International trade and health

The Executive Board,

Having considered the report on international trade and health,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Having considered the report on international trade and health;

¹ Document EB117/10.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

Recalling resolutions WHA52.19, WHA53.14, WHA56.23, WHA56.27, WHA57.14 and WHA57.19;

Recognizing the demand for information about the possible implications of international trade and trade agreements for health and health policy at national, regional and global levels;

Mindful of the need for all relevant ministries, including those of health, trade, commerce, finance and foreign affairs, to work together constructively in order to ensure that the interests of trade and health are appropriately balanced and coordinated,

1. URGES Member States:

- (1) to promote dialogue at national level to consider the interplay between international trade and health;
- (2) to adopt, where necessary, policies, laws and regulations that deal with issues identified in that dialogue and take advantage of the potential opportunities, and address the potential challenges that trade and trade agreements may have for health;
- (3) to apply or establish, where necessary, coordination mechanisms involving ministries of finance, health, and trade, and other relevant institutions, to address public health related aspects of international trade;
- (4) to create constructive and interactive relationships across the public and private sectors for the purpose of generating coherence in their trade and health policies;
- (5) to continue to develop capacity at national level to track and analyse the potential opportunities and challenges of trade and trade agreements for health-sector performance and health outcomes;

2. REQUESTS the Director-General:

- (1) to provide support to Member States, at their request and in collaboration with the competent international organizations, in their efforts to frame coherent policies to address the relationship between trade and health;
- (2) to respond to Member States' requests for support of their efforts to build the capacity to understand the implications of international trade and trade agreements for health and to address relevant issues through policies and legislation that take advantage of the potential opportunities, and address the potential challenges, that trade and trade agreements may have for health;
- (3) to continue collaborating with the competent international organizations in order to support policy coherence between trade and health sectors at regional and global levels, including generating and sharing evidence on the relationship between trade and health;
- (4) to report to the Sixty-first World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Sixth meeting, 25 January 2006)

EB117.R6 WHO's role and responsibilities in health research

The Executive Board,

Having considered the report on WHO's role and responsibilities in health research,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Recalling resolution WHA58.34 on the Ministerial Summit on Health Research;

Having considered the report on WHO's role and responsibilities in health research;

Acknowledging the critical role of the entire spectrum of health and medical research in improving human health;

Recognizing that research into poverty and inequity in health is limited, and that the ensuing evidence is important to guide policy in order to minimize gaps;

Reaffirming that research to strengthen health systems is fundamental for achieving internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

Noting in particular the work of IARC, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction;

Convinced that research findings and data derived from effective health-information systems should be used to inform decisions about the delivery of interventions to those who need them most;

Mindful that the Organization should lead by example in the use of research findings to inform decisions about health;

Reaffirming the role of WHO's cosponsored research programmes in support of neglected areas of research relevant to poor and disadvantaged populations, and recognizing the contributions of WHO to strengthening research capacity;

Committed to ensuring ethical standards in the conduct of health research supported by the Organization,

1. URGES Member States to mobilize the necessary scientific, social, political and economic resources in order:

(1) to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that "developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least

¹ Document EB117/14.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

5% of project and program aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening”;¹

(2) to integrate research in the mainstream of national programme activities and plans, and to promote wider access to research findings;

(3) to strengthen the capacity of national and institutional ethics committees that review health-research proposals;

2. CALLS UPON the health-research community, other international organizations, the private sector, civil society and other concerned stakeholders to provide strong, sustained support to research activities across the entire spectrum of health, medical and behavioural research, especially research into poverty and inequity in health; and to maintain support of activities that promote the use of research findings to inform policy, practice and public opinion;

3. REQUESTS the Director-General:

(1) to strengthen the culture of research in the Organization and to ensure that research informs its technical activities;

(2) to develop a reporting system on WHO’s activities in health research;

(3) to improve coordination of research activities, including integration of research into disease control and prevention;

(4) to review the use of research evidence for major policy decisions and recommendations within WHO;

(5) to establish standard procedures and mechanisms for the conduct of research and use of findings by the Organization, including registration of research proposals in a publicly accessible database, peer review of proposals, and dissemination of findings;

(6) to promote better access to research findings;

(7) to provide support to Member States to develop capacities for health systems research.

(Eighth meeting, 26 January 2006)

EB117.R7 Application of the International Health Regulations (2005)

The Executive Board,

Having considered the report on application of the International Health Regulations (2005);²

¹ In *Commission on Health Research for Development. Health research: essential link to equity in development*. New York, Oxford University Press, 1990.

² Document EB117/31.

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

The Fifty-ninth World Health Assembly,

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

Recalling resolutions WHA58.3 on revision of the International Health Regulations and WHA58.5 on strengthening pandemic-influenza preparedness and response;

Reaffirming the serious risk to human health, including the possible emergence of a pandemic virus, arising from ongoing outbreaks in poultry of highly pathogenic avian influenza, caused by the H5N1 strain of *Influenzavirus A*, in parts of Asia and elsewhere;

Noting with concern the persistence of outbreaks in poultry, the continuing occurrence of sporadic cases of severe human disease associated with these outbreaks, the endemicity of the virus in several countries, the spread of the virus through the migration of wild waterfowl to new areas, and its predicted further spread;

Aware that these and other developments have increased the probability that a pandemic may occur;

Highlighting the importance of WHO's global influenza preparedness plan and the control measures recommended therein;²

Mindful that rapid detection of human cases, supported by adequate national capacity, and rapid and transparent reporting of findings underpin WHO's ability to issue a reliable risk assessment and declare an appropriate phase of pandemic alert, and are further needed to ensure that the earliest epidemiological signals of increased transmissibility of the virus among humans are not missed;

Aware that several provisions in the International Health Regulations (2005) would be useful in ensuring a strengthened and coordinated response on the part of the international community to both the present situation and a possible pandemic;

Further aware that strengthened capacity to respond to human cases of avian influenza and the corresponding pandemic threat will strengthen the capacity to respond to many other emerging and epidemic-prone infectious diseases, and thus increase global public-health security against the threat of infectious diseases;

Noting that the International Health Regulations (2005) will not enter into force until 15 June 2007;

Recalling the main conclusions reached, and recommended actions agreed on, during a joint meeting convened by WHO, FAO, OIE and the World Bank on avian influenza and human pandemic influenza (Geneva, 7-9 November 2005);

¹ See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

² Document WHO/CDS/CSR/GIP/2005.5.

Responding to the specific request made during that meeting to put forward proposals to the Fifty-ninth World Health Assembly through the Executive Board at its 117th session for immediate voluntary compliance with relevant provisions of the International Health Regulations (2005),

1. CALLS UPON Member States to comply immediately, on a voluntary basis, with provisions of the International Health Regulations (2005) considered relevant to the risk posed by avian influenza and pandemic influenza;
2. DECIDES that relevant provisions of the International Health Regulations (2005) shall include the following:
 - (1) Annex 2, in so far as it requires prompt notification to WHO of human influenza caused by a new virus subtype;
 - (2) Article 4 pertaining to the designation or establishment of a National IHR Focal Point within countries and the designation of WHO IHR Contact Points, and the definition of their functions and responsibilities;
 - (3) articles in Part II, pertaining to information-sharing, consultation, verification and public health response;
 - (4) articles 23 and 30-32 in Part V pertaining to general provisions for public health measures for travellers on arrival or departure and special provisions for travellers;
 - (5) articles 45 and 46 in Part VIII pertaining to the treatment of personal data and the transport and handling of biological substances, reagents and materials for diagnostic purposes;
3. NOTES that such voluntary compliance is without prejudice to the position of any Member State with regard to the International Health Regulations (2005) after their entry into force;
4. URGES Member States:
 - (1) to designate or establish immediately a National IHR Focal Point, as provided for in Article 4 of the Regulations, and inform WHO accordingly within 90 days, the said Focal Point having the authority to communicate official information and participate in collaborative risk assessment with WHO;
 - (2) to follow, in matters pertaining to human cases of avian influenza, mechanisms and procedures set out in the Regulations for a disease that may constitute a public health emergency of international concern;
 - (3) to provide transparent and urgent notification and subsequent continued communication to WHO of any probable or confirmed human cases of avian influenza, including exported or imported cases;
 - (4) to disseminate to WHO collaborating centres information and relevant biological materials related to highly pathogenic avian influenza and other novel influenza strains in a timely and consistent manner;

(5) to strengthen collaboration on human and zoonotic influenzas among national organizations responsible for human and animal health in order to strengthen surveillance and implement immediate measures to control outbreaks of avian influenza in humans and animals;

(6) to respect time frames stipulated in the Regulations for undertaking and completing urgent activities and communications, particularly for the reporting of human cases of avian influenza, verification of events, and response to requests for further information from WHO;

(7) to collaborate, including through the mobilization of financial support, to build, strengthen, and maintain the capacity for influenza surveillance and response in countries affected by avian influenza;

(8) to follow recommendations issued by the Director-General, with technical advice from the influenza pandemic task force, considered necessary for the international response to avian influenza or pandemic influenza;

(9) to inform the Director-General of the measures that they have taken in voluntary compliance with the International Health Regulations (2005);

5. REQUESTS the Director-General:

(1) to designate immediately WHO IHR Contact Points, as provided for in Article 4 of the Regulations;

(2) to implement, in so far as feasible and relevant for the purpose of this resolution, measures in Parts II and III of the Regulations falling under the responsibility of WHO;

(3) to further accelerate steps to establish a roster of experts and to invite proposals for its membership, pursuant to Article 47;

(4) to use the influenza pandemic task force as a temporary mechanism to advise the Organization on the response to avian influenza, the appropriate phase of pandemic alert and the corresponding recommended response measures, the declaration of an influenza pandemic, and the international response to a pandemic;

(5) to collaborate with Member States in implementation of the present resolution, and in voluntary compliance with the International Health Regulations (2005), as appropriate, including through:

(a) provision or facilitation of technical cooperation and logistical support;

(b) mobilization of international assistance, including financial support, in consultation with Member States, especially for affected countries lacking sufficient operational capacity;

(c) production of guidelines as support to Member States in development of capacities for a public-health response specific to the risk posed by avian influenza and pandemic influenza;

- (d) establishment of a framework to monitor voluntary compliance of Member States with the International Health Regulations (2005);
- (6) to collaborate with Member States to the extent possible in providing support to developing countries in building and strengthening the capacities required under the International Health Regulations (2005);
- (7) to mobilize and dedicate WHO's technical resources where possible, using capacities available in regional offices and collaborating centres, to expand and accelerate training efforts in the areas of epidemic surveillance, alert and response, and laboratory capacity, biosafety and quality control, in order to provide support to Member States in implementation of the International Health Regulations (2005);
- (8) to report to the Sixtieth World Health Assembly through the Executive Board at its 119th session on implementation of this resolution, and to report annually thereafter on progress achieved in providing support to Member States on compliance with, and implementation of, the International Health Regulations (2005).

(Eighth meeting, 26 January 2006)

EB117.R8 Implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

The Executive Board,

Having considered the report on HIV/AIDS: universal access to prevention, care and treatment,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Taking note of the report on HIV/AIDS and universal access to prevention, care and treatment;

Recognizing the role of WHO as a cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS);

Recalling the decisions of the Seventeenth Programme Coordinating Board of UNAIDS, (27-29 June 2005, Geneva);

¹ Document EB117/6.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

Commending the final report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors;¹

Noting, in that regard, that improved coordination and harmonization of efforts and a clear division of responsibilities between UNAIDS and its cosponsors will be required, together with coordination with national and global partners;

Noting the emphasis placed on support for action at country level and on developing the national response;

Recognizing that leadership, national ownership of plans and priorities, fostering of effective coordination, and alignment and harmonization of programmes and support at country level are key determinants of effective national responses;

1. ENDORSES the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, and further endorses all the related decisions as contained in the report of the Seventeenth Programme Coordinating Board of UNAIDS;²

2. URGES Member States to accelerate implementation of the “Three Ones” principle according to country realities;³

3. REQUESTS the Director-General:

(1) to implement the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, to prepare appropriate plans of action in collaboration with UNAIDS and the other cosponsors, and to maintain the momentum created by the Global Task Team, within the deadlines set;

(2) to report to the Executive Board at its 119th session and to the Sixtieth World Health Assembly, and every two years thereafter, on progress made in implementation of the recommendations of the Global Task Team, and to use that report to inform the Programme Coordinating Board of UNAIDS;

(3) to provide effective technical support to national governments and, in conformity with the agreed division of labour, to focus on those areas in which WHO has an advantage compared to other bodies, in particular strengthening of health systems and human resources for health in response to scaled-up interventions.

(Eighth meeting, 26 January 2006)

¹ Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors: Final Report, 14 June 2005.

² Document UNAIDS/PCB(17)/05.10.

³ One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.

EB117.R9 Health promotion in a globalized world

The Executive Board,

Having considered the report on follow-up to the 6th Global Conference on Health Promotion,¹

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:²

The Fifty-ninth World Health Assembly,

Recalling resolutions WHA42.44 on health promotion, public information and education for health, WHA51.12 on health promotion, WHA57.16 on health promotion and healthy lifestyles, and the outcomes of the five international conferences on health promotion (Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000);

Having considered the report on follow-up to the 6th Global Conference on Health Promotion, which confirms the need to focus on health promotion actions to address the determinants of health;

Drawing on the Declaration of Alma-Ata, the Ottawa Charter for Health Promotion, and the Bangkok Charter for Health Promotion in a Globalized World which sets out strategic directions for equitable health improvement in the first decades of the twenty-first century;

Considering the actions and recommendations set out in the Bangkok Charter for Health Promotion in a Globalized World to make the promotion of health central to the global development agenda, a core responsibility for all governments, a key focus of communities and civil society, and a requirement for good corporate practice;

Noting that health promotion is essential for meeting the targets of the Millennium Development Goals, is intimately related to the work of WHO's Commission on Social Determinants of Health, and makes an important contribution to realizing the objectives of the Eleventh General Programme of Work;

Recognizing that the dramatic changes of the global burden of disease require greater attention, and call for adjustments in society at large and in resource allocation in order to tackle the immediate and underlying determinants of health;

Confirming the importance of addressing also the wider determinants of health, and of implementing recommendations on, and undertaking action for, health for all, as set out in the Bangkok Charter for Health Promotion in a Globalized World,

1. URGES all Member States:

(1) to consider the need to increase investments in health promotion as an essential component of equitable social and economic development;

¹ Document EB117/11.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

(2) to establish mechanisms for involving government as a whole in order to address effectively the social determinants of health throughout the life course;

(3) to support and foster the active engagement of civil society, the private sector and nongovernmental organizations, including associations of public health, in health promotion;

(4) to monitor systematically health promotion policies, programmes, infrastructure and investments;

(5) to close the gap between current practices and evidence of effective health promotion by the full use of knowledge-based health promotion;

2. REQUESTS the Director-General:

(1) to strengthen the capacity for health promotion across the Organization in order to provide better support to Member States;

(2) to optimize use of existing forums of Member States for multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of health promotion, and to report on the need for new forums or bodies to encourage health promotion;

(3) to encourage the convening of global conferences on health promotion on a regular basis;

(4) to evaluate progress and identify major shortcomings in health promotion globally;

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

(Eighth meeting, 26 January 2006)

EB117.R10 Confirmation of amendments to the Staff Rules¹

The Executive Board

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General:² (i) with effect from 1 January 2006 concerning the staff assessment scale, remuneration of staff in the professional and higher categories, classification review, definitions and staff in posts subject to local recruitment, education grant, special education grant for disabled children, repatriation grant, home leave, mobility and hardship allowance, assignment grant, recruitment policies, interorganization transfers, promotion, reassignment, leave without pay, sick leave under insurance cover, maternity and paternity leave, travel of staff members, travel of spouse and children, notification of charges and reply, reduction in grade, definition of dependants, and abolition of post; (ii) with effect from 1 April 2006 concerning within-grade increase with such

¹ See Annex 1.

² See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

amendments applying only to those staff members who have not yet reached the P6/D1 step IV level by 1 April 2006; and (iii) with effect from 1 April 2006 concerning the payment of expatriate benefits relating to education grant, repatriation grant and home leave, with such amendments applying to any individual who is either appointed or promoted as an internationally recruited professional staff member on or after that date; staff members who, as at 1 January 2006, are on posts of indefinite duration but have less than five years of continuous and uninterrupted service on a fixed-term appointment will maintain the right to reassignment so long as they remain assigned to such a post.

(Tenth meeting, 27 January 2006)

EB117.R11 Salaries of staff in ungraded posts and of the Director-General

The Executive Board

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

The Fifty-ninth 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\$ 160 574 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\$ 217 945 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 2006.

(Tenth meeting, 27 January 2006)

EB117.R12 Relations with nongovernmental organizations²

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 Transplantation Society, The International Society for the Prevention of Child Abuse and Neglect, and the International Association for Biologicals;

¹ See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

² See Annex 2.

³ Document EB117/24.

2. DECIDES to discontinue official relations with the following nongovernmental organizations: Federation for International Cooperation of Health Services and Systems Research Centers, International Consultation on Urological Diseases, International Federation of Chemical, Mine, Energy and General Workers' Unions, International Society of Chemotherapy, and the International Union of Local Authorities.¹

(Tenth meeting, 27 January 2006)

EB117.R13 [Global framework on essential health research and development]

The Executive Board,

Having considered current developments regarding access to medicines and the need to develop urgently new medicines and other health care technologies;

Submits to the Fifty-ninth World Health Assembly for its consideration the following draft resolution:

The Fifty-ninth World Health Assembly,

Recalling resolutions WHA52.19, WHA53.14, WHA54.10, WHA56.27, and WHA57.14;

Considering the need to develop safe and affordable new medicines for such communicable diseases as AIDS, malaria and tuberculosis, and for other diseases or illnesses that primarily affect the world's poorest people;

Recognizing the importance of providing support for the development of treatments for diseases that have small client populations;

Recognizing the importance of making global health and medicines a strategic sector;

Concerned about the need for appropriate, effective and safe health tools for patients living in resource-poor settings;

[Mindful that more than 70% of new drug approvals are for medicines that do not provide incremental benefits over existing ones;²]

Considering the urgency of developing new medicines to address emerging health threats such as multidrug-resistant tuberculosis, and other infectious diseases of relevance to developing countries;

Aware of the need for additional funding for research and development for new vaccines, diagnostics, and pharmaceuticals, including microbicides, for illnesses, including AIDS, that disproportionately affect developing countries;

¹ See Annex 4 for the administrative and financial implications for the Secretariat of this resolution.

² The National Institute for Health Care Management Research and Educational Foundation, Changing patterns of pharmaceutical innovation. Washington, DC, NIHCM Foundation, May 2002.

[Recognizing the importance of global public undertakings such as the Human Genome Project, and the increasing relevance of open and accessible public research in advancing science and the transfer of technology;

[Further aware of the promise of new, open models for the development of medical science, enhanced participation in, and access to, scientific advances, and increased knowledge;

[Recognizing the importance of public/private partnerships devoted to the development of new essential drugs and research tools, but concerned about the need for governments to set a needs-based priority agenda for health, and to provide political support and sustainable sources of funding for such initiatives;

[Recognizing the importance of public and private investment in the development of new medical technologies;]

Considering that a number of developing countries have been strengthening their research and development capacity in new health technologies, and that their role will be increasingly critical, and recognizing the need for continued support for research in and by developing countries;

Recognizing that intellectual property rights are one of several important tools to promote innovation, creativity, and the transfer of technology;

[Recognizing at the same time the importance of providing for a proper balance between intellectual property rights and the public domain, and the need to implement intellectual property rules in a manner that is consistent with the basic human fundamental right of every human being to the enjoyment of the highest attainable standard of health and the promotion of follow-on innovation;]

Taking into account Article 7 of the TRIPS agreement that states that “the protection and enforcement of intellectual property rights should contribute to the promotion of technological innovation and to the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge and in a manner conducive to social and economic welfare, and to a balance of rights and obligations”;

Stressing that the Universal Declaration of Human Rights provides that “everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits” and that “everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author”;

[Considering that it is imperative to reconcile the public interest in accessing the products derived from new knowledge, with the public interest in stimulating invention;]

[Concerned about the impact of high prices of medicines on access to treatment, and the need to implement intellectual property laws in a manner that reconciles incentives for development of new medicines with the need to promote access to all, consistent with paragraphs 4, 5 and 7 of the Doha Declaration on TRIPS and Public Health;]

Aware of the need for [a new global framework (mechanism) to provide] adequate and sustainable levels of financial support for public health needs-driven research, including in particular for priority medical research; [including the possibility of exploring a new global framework]

[Considering the global appeal on research and development on neglected diseases launched on 8 June 2005 with the support of 18 Nobel Laureates, over 2500 scientists and health experts, academics, nongovernmental organizations, public research institutes, governments officials and members of parliament, calling for [Noting the need for] new policy [rules] [approaches] to stimulate essential research and development in health, especially for the most neglected ~~patients~~ diseases;

Aware of the need to promote new thinking on the mechanisms that support innovation;

Recognizing the importance of strengthening capacity of local public institutions and businesses in developing countries to contribute to, and participate in, research and development efforts,

1. URGES Member States:

(1) to make global health and medicines a strategic sector, to take determined action to emphasize priorities in research and development addressed to the needs of patients, especially those in resource-poor settings, and to harness collaborative research and development initiatives involving disease-endemic countries;

(2) [taking into account [the results of the Commission on Intellectual Property Rights, Innovation and Public Health and] existing frameworks, to take an active part, within in cooperation with WHO and with other international actors, [in the establishment of a framework for defining global health priorities], providing in supporting for essential medical research and development predicated [based on the principle of equitable sharing of the costs of research and development by all those who benefit from it], and determining incentives to invest in useful research and development in the areas of patients' need and public interest;]

(3) to ensure that progress in basic science and biomedicine is translated into improved, safe and affordable health products – drugs, vaccines and diagnostics – to respond to all patients' and clients' needs, especially those living in poverty, taking into account the critical role of gender and to ensure that capacity is strengthened to support rapid delivery of essential medicines to people;

[(4) to encourage that bilateral trade agreements take into account the flexibilities contained in the WTO TRIPS Agreement and recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health;]

[(5) to ensure that the report of the WHO Commission on Intellectual Property Rights, Innovation and Public Health is included on the agendas of WHO's regional committees in 2006;]

2. REQUESTS the Director-General:

(1) to establish an open-ended working group of interested Member States to consider proposals to [establish a global framework for supporting][strengthen incentives and mechanisms for] needs-driven research, consistent with appropriate public interest issues [and [taking note of the work][building on the analysis] of the WHO Commission on Intellectual Property Rights, Innovation and Public Health];

[(2) to submit an annual progress report onf the working group of interested Member States [to] beginning with the [Sixtieth] World Health Assembly [(May 20087), and, if

possible], a final report [with concrete proposals] ~~to~~through the Executive Board at its 121st session (January 2009) to the Sixty-first World Health Assembly (May 2008); [and to suggest alternative simplified systems for protection of intellectual property, with a view to enhancing accessibility to health innovations and building capacity for product development, uptake and delivery ~~new medicines~~in developed and developing countries.]]

(Tenth meeting, 27 January 2006)

DECISIONS

EB117(1) Membership of the State of Kuwait Health Promotion Foundation Selection Panel

The Executive Board, in decision EB114(4), appointed Mr M.N. Khan (Pakistan) as a member of the State of Kuwait Health Promotion Foundation Selection Panel for the duration of his term of office on the Executive Board. In his capacity as Chairman of the Board, Mr Khan is member ex officio of that panel. The Board therefore decided to appoint Dr N.A. Haffadh (Bahrain) to replace Mr Khan as a member of the State of Kuwait Health Promotion Foundation Selection Panel for the duration of her term of office on the Executive Board. It was understood that if Dr Haffadh were unable to attend, her successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Panel.

(First meeting, 23 January 2006)

EB117(2) Meetings of the Programme, Budget and Administration Committee of the Executive Board¹

The Executive Board, having noted the report of its Programme, Budget and Administration Committee,² decided to amend the Terms of Reference of the Committee as set out in the annex to resolution EB114.R4, by adding the following sentence at the end of the paragraph entitled "Periodicity of meetings": "The Board may decide to convene extraordinary meetings of the Committee in order to deal with urgent matters that fall within the terms of reference of the Committee and that need to be considered between regular meetings of the Committee."

(Tenth meeting, 27 January 2006)

EB117(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 EB115(3), 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 their official relations with WHO.

¹ See Annex 3.

² Document EB117/3.

³ Document EB117/24.

Noting that plans for collaboration between WHO and the International Federation of Oto-Rhino-Laryngological Societies, International Federation of Fertility Societies, International Alliance of Women, International Council of Women, Soroptimist International, International Association for the Scientific Study of Intellectual Disabilities, and the International Federation of Business and Professional Women (BPW International) and the International Union of Pure and Applied Chemistry had been agreed upon, the Board decided to maintain their official relations with WHO.

Noting that, although during the period under review, planned collaboration had lapsed between WHO and the International Association of Logopedics and Phoniatrics, World Federation of Nuclear Medicine and Biology, and the World Organization of the Scout Movement, the parties intended to explore the possibility of resuming collaboration on the basis of mutually agreed plans, the Board decided to defer a decision on the review of relations with these nongovernmental organizations until its 119th session.

The Board decided to invite Corporate Accountability International to comment in writing on information that had been conveyed by a Member State, and to defer until its 119th session consideration of its relations with WHO and the report on the conduct of representatives of the organization at intergovernmental meetings.

On the basis of information provided, the Board decided to maintain the International Life Sciences Institute in official relations with WHO.

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 119th session: International Association for Dental Research, International Association of Hydatid Disease, International Commission on Radiological Protection, International Federation for Housing and Planning, International Society for Environmental Epidemiology, International Society for Preventive Oncology, International Society of Doctors for the Environment, International Society of Nurses in Cancer Care, International Union against Cancer, International Union against Tuberculosis and Lung Disease, International Union for Conservation of Nature and Natural Resources, and the World Veterinary Association.

Noting that reports of collaboration remained outstanding from the following nongovernmental organizations: International Confederation of Midwives, International Federation of Sports Medicine, International Society for Biomedical Research on Alcoholism, International Society for the Study of Behavioural Development, International Traffic Medicine Association and World Federation of Neurosurgical Societies, the Board decided to defer the review of relations with them for a further year, and to inform them that, if the reports were not provided in time for consideration at its 119th session, official relations would be discontinued.

(Tenth meeting, 27 January 2006)

EB117(4) 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 2006 to Dr Sa'ad H.S. Kharabsheh (Jordan) for his significant contribution to development of national public health in Jordan. The laureate will receive the equivalent of CHF 2500 in United States dollars.

(Tenth meeting, 27 January 2006)

EB117(5) 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 2006 jointly to the International Leprosy Union (India) and to the Agape Rural Health Program (Holistic Community Based Health Development Program) (Puerto Princesa City, Palawan, Philippines). Each laureate will receive US\$ 40 000 for their outstanding work in health development.

(Tenth meeting, 27 January 2006)

EB117(6) 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 2006 jointly to the Rafic Hariri Foundation (Lebanon) and to Ms Aminath Jameel, Executive Director, Manfaa Centre on Ageing (Maldives). Each laureate will receive US\$ 20 000 for their outstanding contribution to health development.

(Tenth meeting, 27 January 2006)

EB117(7) Award of the State of Kuwait Prize for Research in Health Promotion

The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the State of Kuwait Prize for Research in Health Promotion for 2006 to the Early Psychosis Intervention Programme (Singapore). The laureate will receive US\$ 20 000.

(Tenth meeting, 27 January 2006)

EB117(8) Provisional agenda for, and duration of, the Fifty-ninth World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Fifty-ninth World Health Assembly,¹ and recalling its earlier decision that the Fifty-ninth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 22 May 2006, and closing no later than Saturday, 27 May 2006,² approved the provisional agenda of the Fifty-ninth World Health Assembly, as amended.

(Tenth meeting, 27 January 2006)

¹ Document EB117/27.

² See decision EB116(5).

EB117(9) Date and place of the 118th session of the Executive Board

The Executive Board decided that its 118th session should be convened on Monday, 29 May 2006, at WHO headquarters, Geneva, and should close no later than Thursday, 1 June 2006.

(Tenth meeting, 27 January 2006)

ANNEXES

ANNEX 1

Confirmation of amendments to the Staff Rules¹

Report by the Secretariat

[EB117/23 – 16 January 2006]

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 sixtieth session, on the basis of recommendations made by the International Civil Service Commission. Only the Commission's recommendation relating to the staff assessment scale was endorsed by the United Nations General Assembly.³ Consideration of all other recommendations as set out in the Commission's annual report for 2005⁴ was deferred to the resumed sixtieth session of the United Nations General Assembly, scheduled to take place in March 2006.⁵
3. The amendments described in section II of this document are made in the light of experience and in the interest of good management of human resources.
4. The financial implications of the amendments in the biennium 2006-2007 are noted in Annex 4.
5. The text of the amended Staff Rules is contained in Appendix 1.

¹ See resolution EB117.R10.

² *Basic documents*, 45th ed., Geneva, World Health Organization, 2005.

³ United Nations General Assembly resolution 60/248.

⁴ See document EB117/22.

⁵ United Nations General Assembly decision 60/544.

I. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF DECISIONS TAKEN BY THE UNITED NATIONS GENERAL ASSEMBLY AT ITS SIXTIETH SESSION ON THE BASIS OF RECOMMENDATIONS OF THE INTERNATIONAL CIVIL SERVICE COMMISSION

Staff assessment scale and remuneration of staff in professional and higher categories

6. Representatives of the United Nations Secretariat had informed the Commission that in order to redress imbalances in the Tax Equalization Fund,¹ a reduction in staff assessment would be required to lower the fund by 20%. Although the adjustment would have no impact on net salaries, it would lower the gross salaries of staff in professional and higher categories by 20%. The Commission recommended this adjustment, which the United Nations General Assembly endorsed (see paragraph 2 above), and amendments to Staff Rule 330.1 have been prepared to this effect. Amendments to Appendix 1 to the Staff Rules has been amended accordingly, and an explanatory footnote has been added to provide clarification on the qualifying period for a within-grade increase between consecutive steps (see also paragraph 16 below relating to Staff Rule 550.2).²

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

7. Following the decision of the United Nations General Assembly as detailed in paragraph 6 above, the Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board should recommend to the Fifty-ninth World Health Assembly reductions in the gross salaries of Assistant Directors-General and Regional Directors; net salaries would remain unchanged. Thus, the gross salary for Assistant Directors-General and Regional Directors would be US\$ 160 574 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 above would imply similar adjustments to the gross salary of the Director-General. The modification in salary to be authorized by the Health Assembly would result in a gross salary of US\$ 217 945, with a corresponding net salary of US\$ 154 664 (dependency rate) or US\$ 137 543 (single rate).

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

Classification review

9. Staff Rule 230 has been amended to make explicit reference to the procedures established by the Director-General for the classification review of a post. As part of a cyclical process of human-resources planning, posts are normally reviewed at least every five years but not more than once every two years, except in those circumstances where there are significant changes in the level of duties and responsibilities.

¹ A fund maintained by, for example, the United Nations, that is used for reimbursing national taxes levied on United Nations income for some staff members.

² Reproduced below in Appendix 2.

Definition of, and staff in, posts subject to local recruitment

10. In the past, the non-resident's allowance was paid to internationally recruited general service staff serving in duty stations in Europe and North America. Some general service staff were recruited on an international basis for service at headquarters and therefore received the allowance. Since 1 September 1983, based on a decision of the Commission, payment of the allowance has been limited to staff serving in certain designated duty stations (excluding Europe and North America). Staff Rules 310.4 and 1310.4 to 1310.6 have been edited to clarify the references to the non-resident's allowance.

Education grant and special education grant for disabled children

11. Staff Rule 350.1.2 has been amended to recognize that, in addition to illness or national-service obligations, there may be other compelling reasons for extending the period of eligibility for education grant and special education for children with disabilities beyond the scholastic year in which the child reaches the age of 25.

12. Amendments have been made to Staff Rules 350.5 and 355.7 whereby the requirement of proportionally reducing the amounts of the education grant and special education grant for children with disabilities is waived if the staff member dies in service after the beginning of the school year. These changes are being made in the interest of good management of human resources and to align WHO's Staff Rules with those of the United Nations and other organizations in the common system.

Payment of expatriate benefits

13. At the time of appointment, the Organization determines the recognized place of residence in the country of the staff member's nationality for purposes of establishing entitlements, including education grant, repatriation grant, and home leave. The Staff Rules mentioned in the following paragraphs have been amended to emphasize the expatriate character of these entitlements, which apply to internationally recruited staff members assigned, or residing, outside the country of their recognized place of residence. These changes also serve to align WHO's Staff Rules with those of the United Nations and other organizations in the common system. The amendments to the Staff Rules outlined below will take effect as of 1 April 2006 and will apply to any individual who is either appointed or promoted as an internationally recruited professional staff member on or after that date.

(a) **Education grant.** Staff Rule 350.3.1 has been amended to clarify that the education grant is not payable to internationally recruited staff members who are assigned to, or residing in, the country of their recognized place of residence.

(b) **Repatriation grant.** Staff Rules 370.1, 370.3, 370.3.2, 370.4 have been amended to clarify that the grant is not payable to internationally recruited staff members who are assigned to, or residing in, the country of their recognized place of residence. Consequently, the reference to "within 100 kilometres of the staff member's recognized place of residence" has also been removed. Payment of the repatriation grant will require not only proof of relocation outside the country of the last official duty station, but also outside the country of residence during the last assignment.

(c) **Home leave.** Staff Rules 640.1, 640.3.1 and 640.4 have been amended to clarify that eligibility for home leave does not apply to internationally recruited staff members who are serving or residing in the country of their recognized place of residence.

Recruitment policies

14. Staff Rule 410.3.2.1 has been edited to clarify that it is the hierarchical, not the organizational, structure which governs assignment of staff members who are related.

Interorganization transfers

15. Staff Rule 480.1.3 has been amended to indicate that staff members of PAHO who are transferred to WHO are not required to serve a probationary period. This change ensures that such transfers acknowledge length of service in the staff member's parent organization, thus facilitating and providing incentives for mobility and rotation of staff between the two organizations.

Within-grade increase

16. Rule 550.2.2 has been amended to indicate that the two-year qualifying period of service required for a within-grade increase at the P6/D1 level starts at step IV. This change applies only to those staff members who have not yet reached the P6/D1 step IV level by 1 April 2006 and aligns WHO's Staff Rules with those of the United Nations and other organizations in the common system.

Reassignment

17. In keeping with related Staff Rule 320.5, Staff Rule 565.4 has been amended to indicate that the arrangement whereby a staff member may be required to assume temporarily the responsibilities of another post without formal reassignment shall not be continued for more than 12 months, unless decided otherwise by the Director-General.

Promotion

18. Staff Rule 560.3 has been amended to indicate that when a post is reclassified from the general service to the professional category or by more than one grade within a category, the staff member may be granted extra pay as from the fourth month of the effective date of the reclassification, calculated in accordance with the provisions of, and with due regard to, the period specified in Staff Rule 320.5.

Leave without pay and sick leave under insurance cover

19. Staff Rules 655.2.3 and 750.2 have been amended to indicate that if the period of leave without pay or sick leave under insurance cover is 30 days or less, service credit shall continue to accrue for the purposes specified in those Staff Rules. This change is being made in the interest of administrative simplicity and efficiency and also serves to align WHO's Staff Rules and practices with those of the United Nations and other organizations in the common system.

Maternity and paternity leave

20. An editorial change has been made to Staff Rule 760.2 in the interest of greater clarity. Staff Rule 760.6 has been amended to ensure consistency and harmonization of application with the Staff Rules of the United Nations and other organizations in the common system.

Travel of staff members, spouse and children

21. New Staff Rules (810.8 and 820.2.9) have been introduced whereby, in exceptional circumstances, and in accordance with conditions to be established by the Director-General, return travel may be authorized in the case of illness or injury requiring special facilities for the treatment of locally recruited staff members, their spouse and dependent children.

Notification of charges and reply

22. Staff Rule 1130 has been amended to reflect actual practice whereby staff members have a right of reply to charges before any type of disciplinary measure listed in Staff Rule 1110.1 (not only dismissal or summary dismissal) is imposed upon them. It has also been clarified that the period for the reply is eight **calendar** days.

Performance and change of status

23. Staff Rule 570.2 has been amended to remove the reference to misconduct and to align it with amended Staff Rule 1130 which provides for staff members' right of reply in cases of reduction in grade for misconduct. It has also been clarified that the period for the reply is eight calendar days.

Definition of dependants

24. In order to ensure consistency of terminology throughout the Staff Rules and to align WHO's Staff Rules and administrative issuances with those of the United Nations and other organizations in the common system, the term "spouse" has been introduced in Staff Rules 310.5.1.3, 360.2, 365.5, 640.7 and 820.6.

Abolition of post

25. Staff Rule 1050.2 has been amended to address the effects on staff members' rights to termination indemnity under Rule 1050.4 and reassignment resulting from current provisions, which provide for rights to reassignment only for staff with career/service appointments or those holding a post of indefinite duration. Staff members who, as at 1 January 2006, hold a post of indefinite duration but have less than five years of continuous and uninterrupted service on a fixed-term appointment will maintain the right to reassignment so long as they remain assigned to such a post.

26. Staff Rule 1050.1 has been amended so as to align it with amended Staff Rule 1050.2.

ACTION BY THE EXECUTIVE BOARD

27. [This paragraph contained two draft resolutions, which were adopted at the tenth meeting as resolution EB117.R10 and resolution EB117.R11, respectively.]

Appendix 1

TEXT OF AMENDED STAFF RULES

230. CLASSIFICATION REVIEW

In accordance with procedures established by the Director-General, a staff member may request a re-examination of the classification of the post which he occupies and any staff member may request a re-examination of the classification of any post under his supervision.

310. DEFINITIONS

...

310.4 “Terminal remuneration” is the figure used in the calculation of separation payments set out in Rule 380.2. For staff in the general service category, “terminal remuneration” is equivalent to gross base salary (less staff assessment), language allowance and the non-resident’s allowance for those staff who were eligible and continue to receive this entitlement at the rate and in accordance with the provisions in effect before 1 September 1983. For staff in the professional and higher categories “terminal remuneration” is the net base salary.

310.5 “Dependants” for the purposes of determining entitlements under the Rules, except as otherwise specified, are defined as:

...

310.5.1.3 if both spouses are staff members of international organizations applying the common system of salaries and allowances, neither may be recognized as a dependant for the purposes of Rules 330.2, 335 and 360;

330. SALARIES

330.1 Gross base salaries shall be subject to the following assessments:

330.1.1 For professional and higher graded staff:

Assessable income US\$	Staff assessment rates for those with dependants (as defined in Rules 310.5.1 and 310.5.2) %
First 50 000	19
Next 50 000	28
Next 50 000	32
Remaining assessable payments	35

Amounts of staff assessment for those with neither a dependent spouse nor a dependent child would be equal to the differences between the gross salaries at different grades and steps and the corresponding net salaries at the single rate.

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:

...

350.1.2 if the child's education is interrupted for at least one scholastic year by national service obligations, illness or other compelling reasons, 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;

...

350.3 The education grant shall not be paid for:

350.3.1 periods during which the staff member is assigned to, or residing in, the country of his recognized place of residence except when such periods are immediately preceded by an assignment to an official station outside that country in which case the grant is payable for the balance of the current school year following reassignment but not exceeding one full school year;

...

350.5 The grant shall be paid in full if in any scholastic year the staff member's period of employment with the Organization and the period of the child's attendance at the educational institution are each not less than two-thirds of the scholastic year. If this condition is not met the grant shall be proportionately reduced, except if the staff member dies while in service after the beginning of the school year.

355. SPECIAL EDUCATION GRANT FOR DISABLED CHILDREN

...

355.7 The grant shall be paid in full if the staff member's period of employment with the Organization and the period of the child's special education are each not less than two-thirds of the year defined in Rule 355.6. If this condition is not met the grant shall be proportionately reduced, except if the staff member dies while in service after the beginning of the school year.

360. MOBILITY AND HARDSHIP ALLOWANCE

...

- 360.2 The annual rates of the mobility and hardship allowance shall be calculated as a percentage of the annual net base salary of a staff member at step 6 of grade P.4 with a dependent spouse or a dependent child as defined in Rule 330.2 and in accordance with the matrix below. The resulting annual amounts are applicable to staff members in grades P.4 and P.5. The amounts shall be increased by 13% for staff members in grades P.6/D.1 and above and reduced by 13% for staff members in grades P.1 to P.3. Staff members without dependants as defined in Rules 310.5.1 and 310.5.2 shall receive 75% of the amounts applicable to their grade. If both spouses are staff members of international organizations in the common system of salaries and allowances, the allowance shall be payable to each at the rate applicable to their individual official stations. If there are dependent children as defined under Rule 310.5.2 the dependency rate of the allowance shall be payable to the spouse in respect of whom the dependent children are recognized. The amounts established under this Rule shall be increased by three percentage points at official stations in category H for staff members with no entitlement under Rule 855.1 and decreased by five percentage points at official stations in categories A to E for staff members with an entitlement under Rule 855.1.

365. ASSIGNMENT GRANT

...

- 365.5 If both spouses are staff members of international organizations applying the common system of salaries and allowances at the same official station, the grant under Rule 365.1.1 shall be payable to each staff member. The amount under Rule 365.1.2 shall be payable to the staff member in respect of whom the child is recognized as a dependant, whereas the amount under Rule 365.3 shall be payable to the spouse whose entitlement yields the higher amount.

370. REPATRIATION GRANT

- 370.1 A staff member who on leaving the service of the Organization, other than by summary dismissal under Rule 1075.2, has performed at least one year of continuous service outside the country of his recognized place of residence shall be entitled to a repatriation grant in accordance with the following schedules and with Rule 380.2. Payment in respect of entitlements accrued as from 1 July 1979 shall be subject to receipt from the former staff member of documentary evidence, in accordance with criteria established by the Director-General, of relocation outside the country of his last official station or residence during his last assignment, with due regard to the provisions of Rule 370.4. This part of the grant is payable if it is claimed within two years of the effective date of separation.

...

- 370.3 In computing the years of qualifying service for the purposes of Rule 370.1, the following periods shall be excluded:

...

370.3.2 any period of duty during which the staff member is assigned to, or residing in, the country of his recognized place of residence (see Rule 460).

370.4 The grant shall not be payable to a staff member assigned to, or residing in, the country of his recognized place of residence at the time of separation provided that the grant may be paid on a full or reduced basis to a staff member transferred to duty in the country of his recognized place of residence prior to termination, the amount of the grant being reduced in proportion to the duration of his residence in that country. In such a case, the evidence of relocation referred to in Rule 370.1 shall not be required.

410. RECRUITMENT POLICIES

...

410.3.2 A staff member who is related to another staff member as specified under Rules 410.3 and 410.3.1:

410.3.2.1 shall not be assigned to serve in a position which is superior or subordinate in the line of authority to the position occupied by the staff member to whom he or she is related.

480. INTERORGANIZATION TRANSFERS

480.1 Subject to the requirements of Rules 430 and 440 ("Medical Certification and Inoculations" and "Appointment Procedure"), appointees accepted for transfer from another United Nations organization:

...

480.1.3 shall be appointed on a fixed-term appointment in accordance with Staff Rule 420.5, and serve the same probationary period as a newly appointed staff member, except for appointees transferred from the Pan American Health Organization;

550. WITHIN-GRADE INCREASE

...

550.2 The unit of service time is defined as the minimum length of time which must be served at a step in order to achieve a within-grade increase under the terms of Rule 550.1. The unit of service time is as follows:

...

- 550.2.2 two years of full-time service at levels: P-2 step XI, P-3 steps XIII and XIV, P-4 step XII to step XIV, P-5 step X to step XII, P-6/D-1 step IV to step VIII, and D-2 step I to step V;
-

560. PROMOTION

...

- 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. In such cases, the staff member occupying the advertised post may be granted extra pay as from the fourth consecutive month of the effective date of the reclassification calculated in accordance with the provisions of, and with due regard to, the period specified in Rule 320.5.
-

565. REASSIGNMENT

...

- 565.4 A staff member may be required, without formal reassignment and in the interests of the Organization, to perform duties of a post other than his own, due regard being given to the provisions of Rule 320.5. Any such arrangement shall not exceed twelve months, unless otherwise decided by the Director-General.
-

570. REDUCTION IN GRADE

...

- 570.2 A staff member shall not be reduced in grade for unsatisfactory performance until he has received written notification of the proposed action and of the reasons, and has had an opportunity to reply. Such reply must be made in writing within eight calendar days of receipt of the notification.
-

640. HOME LEAVE

- 640.1 Home leave is provided so that a staff member who is serving and residing outside the country of his recognized place of residence may spend a reasonable period of leave in his home country (or in another country, as provided for in Rule 640.5.2) with a view to maintaining effective association with its culture, with his family, and with his national, professional or other interests.
- ...

- 640.3 Staff members are eligible for home leave when:
- 640.3.1 they are serving and residing outside the country of their recognized place of residence as established under Rule 460; and
- ...
- 640.4 Qualifying service under Rule 640.2 consists of continuous service for the Organization at official stations outside the country of the staff member's recognized place of residence, but does not include periods of sick leave under insurance cover in excess of 30 days or leave without pay in excess of 30 days.
- ...
- 640.7 If both spouses are staff members in organizations in the United Nations system and eligible for home leave, each shall have the choice of exercising the home leave entitlements as a staff member, or as a spouse, but not as both. Such choice normally may not result in more than one home leave in every home leave cycle.

.....

655. LEAVE WITHOUT PAY

- ...
- 655.2 During any leave without pay under Rule 655.1 the following conditions shall apply:
- ...
- 655.2.3 no service credit shall accrue for the purposes of annual leave, a within-grade increase, completion of probation, repatriation grant, termination indemnity, home leave, meritorious increases under Rule 555.2, and end-of-service grant. Periods of leave without pay of 30 calendar days or less shall not affect the ordinary rates of accrual.

.....

750. SICK LEAVE UNDER INSURANCE COVER

- ...
- 750.2 During sick leave under insurance cover, no service credit shall accrue for the purposes of annual leave, a within-grade increase, completion of probation, repatriation grant, termination indemnity, home leave and end-of-service grant. Periods of 30 calendar days or less shall not affect the ordinary rates of accrual.
-

760. MATERNITY AND PATERNITY LEAVE

...

760.2 Maternity leave for staff holding an appointment of one year or more

Maternity leave shall commence six weeks before the expected date of birth upon submission of a certificate from a duly qualified medical practitioner or midwife indicating the expected due date. At the request of the staff member and on medical advice, the Director-General may permit the maternity leave to commence less than six weeks but not less than two weeks before the expected due date. Maternity leave shall extend for a period of 16 weeks from the time it is granted, except that in no case shall it terminate less than 10 weeks after the actual date of birth. The leave is paid with full salary and allowances.

...

760.6 Paternity leave

Subject to conditions established by the Director-General, and 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 total period of up to four weeks or, in the case of internationally recruited staff members serving at a non-family duty station, up to eight weeks. In exceptional circumstances, leave shall be granted for a total period of up to eight weeks. Paternity leave must be exhausted within 12 months from the date of the child's birth.

810. TRAVEL OF STAFF MEMBERS

The Organization shall pay the travel expenses of a staff member as follows:

...

810.8 In exceptional circumstances, and in accordance with conditions established by the Director-General, return travel may be authorized in the case of illness or injury requiring special facilities for the treatment of a staff member whom the Organization does not have an obligation to repatriate.

820. TRAVEL OF SPOUSE AND CHILDREN

...

820.2 Except for staff members holding temporary appointments as defined in Rule 420.3 or consultants appointed under Rule 1330, the Organization shall pay the travel expenses of a staff member's spouse and dependent children, as defined in Rule 820.1, under the following circumstances:

...

820.2.9 in exceptional circumstances, and in accordance with conditions established by the Director-General, return travel may be authorized in the case of illness or injury requiring special facilities for the treatment of a staff member's spouse or dependent children whom the Organization does not have an obligation to repatriate.

820.2.10 in other appropriate cases, when, in the opinion of the Director-General there are compelling reasons for paying such expenses.

...

820.6 If both spouses are staff members in organizations in the United Nations system, eligible for repatriation, each shall have the choice of exercising the repatriation entitlement as a staff member or as a spouse but not as both. Such choice shall not result in more than one journey each.

1050. ABOLITION OF POST

1050.1 The fixed-term appointment of a staff member with less than five years of service may be terminated prior to its expiration date if the post he occupies is abolished.

1050.2 When a post held by a staff member with a service appointment,¹ or by a staff member who has served on a fixed-term appointment for a continuous and uninterrupted period of five years or more, is abolished or comes to an end, reasonable efforts shall be made to reassign the staff member occupying that post, in accordance with procedures established by the Director-General, and based upon the following principles:

1130. NOTIFICATION OF CHARGES AND REPLY

A disciplinary measure listed in Rule 1110.1 may be imposed only after the staff member has been notified of the charges made against him and has been given an opportunity to reply to those charges. The notification and the reply shall be in writing, and the staff member shall be given eight calendar days from receipt of the notification within which to submit his reply. This period may be shortened if the urgency of the situation requires it.

1310. STAFF IN POSTS SUBJECT TO LOCAL RECRUITMENT (see Staff Regulation 3.2)

...

¹ In this Rule, references to staff members holding service appointments shall be interpreted to include staff members holding career-service appointments.

- 1310.4 Persons whom it is necessary to recruit outside the local area for such posts, because qualified candidates are not available locally, shall be appointed under the conditions of employment established for persons locally recruited. In addition, any such staff member whose recognized place of residence is determined to be outside the local area as well as outside the country of the official station may be granted any entitlements as required to meet extra costs of non-resident status or accepted practices for non-residents employed in the locality. As a transitional measure, staff members who were in receipt of a non-resident's allowance on 31 August 1983 may continue, while eligible, to receive the non-resident's allowance at the rate and in accordance with the provisions in effect before 1 September 1983.
- 1310.5 At designated official stations, a mobility and hardship allowance may be payable to staff members described in Rule 1310.4 in accordance with the conditions defined under Rule 360 and at the rates payable to staff in grades P.1 to P.3. The Director-General shall establish, on the basis of procedures agreed among the international organizations concerned, the criteria under which the mobility and hardship allowance may be payable.
- 1310.6 The entitlements referred to in Staff Rules 1310.4 and 1310.5 may cease upon determination by the Director-General that a resident status within the area of the official station has been acquired by the staff member.
-

Appendix 2

**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)¹**

Level	(effective 1 January 2006)														
	Step														
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
D-2															
Gross	131 947	134 765	137 584	140 403	143 222	146 040	*								
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	120 487	122 962	125 435	127 910	130 385	132 859	135 334	137 809	140 282	*					
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	99 511	101 590	103 694	105 799	107 904	110 009	112 115	114 221	116 326	118 431	120 535	122 641	124 747	*	
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	81 943	83 861	85 781	87 699	89 618	91 536	93 456	95 374	97 293	99 210	101 196	103 226	105 259	107 290	109 322
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	66 881	68 656	70 435	72 207	73 986	75 761	77 535	79 314	81 090	82 865	84 643	86 417	88 194	89 969	91 746
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	54 382	55 972	57 560	59 149	60 738	62 325	63 914	65 500	67 090	68 681	70 267	71 858			
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	42 664	44 022	45 378	46 737	48 093	49 449	50 908	52 436	53 960	55 488					
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					

¹ D = Rate applicable to staff members with a dependent spouse or child; S = Rate applicable to staff members with no dependent spouse or child.

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

ANNEX 2

Nongovernmental organizations admitted into, or maintained in, official relations with WHO by virtue of, respectively, EB117.R12 and decision EB117(3)

[EB117/24, Annex – 27 January 2006]

Association of the Institutes and Schools of Tropical Medicine in Europe
Christoffel-Blindenmission
Corporate Accountability International
CropLife International
Cystic Fibrosis Worldwide, Inc.
European Centre for Ecotoxicology and Toxicology of Chemicals
FDI World Dental Federation
German Pharma Health Fund e.V.
Helen Keller International
Inter-American Association of Sanitary and Environmental Engineering
International Agency for the Prevention of Blindness
International Air Transport Association
International Alliance of Women
International Association for Biologicals
International Association for Dental Research
International Association for the Scientific Study of Intellectual Disabilities
International Association for the Study of Pain
International Association of Human-Animal Interaction Organizations
International Association of Hydatid Disease
International Association of Logopedics and Phoniatrics
International Clearinghouse for Birth Defects Monitoring Systems
International Commission on Non-Ionizing Radiation Protection
International Commission on Radiological Protection
International Confederation of Midwives
International Council of Women
International Diabetes Federation
International Eye Foundation, Inc.
International Federation for Housing and Planning
International Federation of Business and Professional Women (BPW International)
International Federation of Fertility Societies
International Federation of Ophthalmological Societies
International Federation of Oto-Rhino-Laryngological Societies
International Federation of Sports Medicine
International Leprosy Association
International Life Sciences Institute
International Organization against Trachoma
International Society for Biomedical Research on Alcoholism
International Society for Environmental Epidemiology

International Society for Preventive Oncology
International Society for the Study of Behavioural Development
International Society of Doctors for the Environment
International Society of Nurses in Cancer Care
International Traffic Medicine Association
International Union against Cancer
International Union against Sexually Transmitted Infections
International Union against Tuberculosis and Lung Disease
International Union for Conservation of Nature and Natural Resources
International Union for Health Promotion and Education¹
International Union of Psychological Science¹
International Union of Pure and Applied Chemistry
International Union of Toxicology
International Water Association
Islamic Organization for Medical Sciences
March of Dimes Birth Defects Foundation
Medical Women's International Association¹
Organisation pour la Prévention de la Cécité
Project ORBIS International, Inc. (ORBIS International)
Rehabilitation International¹
Rotary International
Soroptimist International
Thalassaemia International Federation
The International Association of Lions Clubs
The International Society for the Prevention of Child Abuse and Neglect
The Royal Commonwealth Society for the Blind (Sight Savers International)
The Transplantation Society
World Blind Union
World Federation of Hemophilia
World Federation of Hydrotherapy and Climatotherapy
World Federation of Neurosurgical Societies
World Federation of Nuclear Medicine and Biology
World Heart Federation
World Hypertension League
World Organization of the Scout Movement
World Veterinary Association

¹ Activities concern the period 2002-2004.

ANNEX 3

Terms of reference of the Programme, Budget and Administration Committee of the Executive Board (amended)

1. To review and, as appropriate, make recommendations to the Executive Board on:
 - (a) the general programme of work,
 - (b) the programme budget and performance assessment report,
 - (c) evaluations,
 - (d) the Interim Financial Report, the Financial Report and audited financial statements, together with the report of the External Auditor thereon,
 - (e) the audit plans of the External and Internal Auditors and any reports submitted by them to the Executive Board,
 - (f) the reports of the Joint Inspection Unit,
 - (g) the Secretariat's responses to matters referred to in subsections (b) to (f) above,
 - (h) other financial and administrative matters on the proposed agenda for the next session of the Executive Board,
 - (i) any other matter referred by the Executive Board.
2. To act on behalf of the Executive Board:
 - (a) to consider the situation of the Members in arrears to an extent that would justify invoking Article 7 of the Constitution,
 - (b) to examine the Interim Financial Report, the Financial Report and audited financial statements and the report of the External Auditor,
 - (c) to consider any other programme, administrative, budgetary or financial matter that the Board may deem appropriate,
 - (d) to make comments or recommendations on all these matters directly to the Health Assembly.

PERIODICITY OF MEETINGS

The Committee shall meet twice annually: for up to three days (in budget years) before the January session of the Board, and for up to two days before the Health Assembly. The report of the Committee would be presented to the Board early in each session, so that any recommendations contained therein might be fully considered during the Board's deliberations. The Board may decide to convene extraordinary meetings of the Committee in order to deal with urgent matters that fall within the terms of reference of the Committee and that need to be considered between regular meetings of the Committee.

COMPOSITION OF THE COMMITTEE

Bearing in mind the need for geographical representation and a reasonably sized committee, thus providing a range of perspectives, the Committee shall be composed of 14 members, two from each region selected from among Board members, plus the Chairman and a Vice-Chairman of the Board, ex officio.

TERMS OF OFFICE OF MEMBERS

Committee members should ideally serve for a two-year period, to allow for some continuity. There shall be two office-bearers: a Chairman and a Vice-Chairman. They would be nominated from among Committee members, for a one-year term, or two sessions of the Committee, in the first instance, with a possibility of extending for a further year if they were still members of the Board. A practice could eventually be established by which the Vice-Chairman would be selected from incoming members, and could then serve as Chairman during the second year in office.

ANNEX 4

Administrative and financial implications for the Secretariat of resolutions adopted by the Executive Board

1. Resolution EB117.R1 Eradication of poliomyelitis	
2. Linkage to programme budget	
Area of work	Expected result
Immunization and vaccine development	7. Effective coordination and support provided to interrupt circulation of any reintroduced poliovirus, to achieve certification of global poliomyelitis eradication, to develop products for the cessation of oral poliovirus vaccine and to integrate the Global Polio Eradication Initiative into the mainstream of health delivery systems
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
Linked to third indicator for expected result 7, namely: 100% of suspected poliomyelitis cases investigated and responded to.	
3. Financial implications	
(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 61 million, of which US\$ 40 million for operational costs of supplementary poliomyelitis immunization campaigns; US\$ 20 million for vaccine procurement, through UNICEF; and US\$ 1 million for expert technical assistance to Member States	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 61 million	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? 100%	
4. Administrative implications	
(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)	
This will involve work across the Organization. The regions and countries involved will be those in which circulating poliovirus is detected (imported wild-type poliovirus or circulating vaccine-derived polioviruses).	
(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)	
No additional full-time staff will be required. A maximum of 20 full-time equivalents, including a combination of epidemiologists, logistical support specialists and administrators, will be needed depending on the number of importations and circulating vaccine-derived polioviruses (55 staff were used in 2004-2005).	
(c) Time frames (indicate broad time frames for implementation and evaluation)	
2006-2008 “mop-up and certification” phase of the Global Polio Eradication Initiative.	

1. Resolution EB117.R2 Nutrition and HIV/AIDS	
2. Linkage to programme budget	
Area of work	Expected result
Nutrition	6. Technical and policy support provided to improve nutrition in crises and in special circumstances, including people living with HIV/AIDS
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
Provide support to regional offices and countries in efforts to sensitize decision-makers to the need to incorporate nutrition into HIV/AIDS programmes.	
Planning and implementation of regional training workshops on HIV prevention, treatment and care.	
Technical materials on nutrition and HIV/AIDS published and disseminated.	
The resolution is fully consistent with expected result 6 and will ensure that nutrition is treated as a priority within WHO's work on the prevention and management of HIV/AIDS, thus enabling Member States to employ nutrition care and support as an essential component of their response to HIV/AIDS.	
The successful implementation of this resolution will assist in achieving the expected result; it will also ensure an increase in the number of countries receiving WHO support that have developed and implemented action plans on nutrition and HIV/AIDS (as per the first indicator for the expected result).	
3. Financial implications	
(a) Total estimated cost for implementation over the "life-cycle" of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 1 920 000 over three years	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 950 000	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 300 000; potential donors will be approached to provide the necessary funds.	
4. Administrative implications	
(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)	
Although some normative work (including guideline development and scientific reviews) will be carried out at headquarters, the majority of activities will be undertaken at country and regional levels. Priority will be given to the regions hardest hit by the epidemic, such as the African and South-East Asia regions.	
(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)	
To strengthen the provision by WHO of technical guidance to Member States in support of efforts to incorporate HIV/AIDS issues into national nutrition policies and programmes, a technical officer and secretarial support are required for 22 months.	
(c) Time frames (indicate broad time frames for implementation and evaluation)	
Implementation of some activities under this resolution has already started but full-scale roll-out will take place in the biennium 2006-2007.	

1. Resolution EB117.R3 Sickle-cell anaemia	
2. Linkage to programme budget	
Area of work	Expected result
Surveillance, prevention and management of chronic, noncommunicable diseases	1. Support provided to countries for framing policies and strategies for prevention and management of chronic, noncommunicable diseases at national level, including integration of primary and secondary prevention into health systems
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
The resolution will provide a framework for achieving expected result 1 as it relates to prevention and management of sickle-cell anaemia in different countries.	
3. Financial implications	
(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 5 680 440	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 2 800 220	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? Not applicable (funds not allocated)	
4. Administrative implications	
(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)	
Selected countries, four regional offices (those for Africa, the Americas, South-East Asia and the Eastern Mediterranean) and headquarters	
(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)	
Four professional staff in the regional offices and one professional staff member at headquarters	
(c) Time frames (indicate broad time frames for implementation and evaluation)	
The life-span of the global initiative is four years from 2006. The monitoring committee is to meet every two years.	

1. Resolution EB117.R4 Prevention of avoidable blindness and visual impairment	
2. Linkage to programme budget	
Area of work	Expected result
Surveillance, prevention and management of chronic, noncommunicable diseases	3. Support provided for strengthened capacity of targeted countries to eliminate avoidable visual impairment as a public health problem
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
Under the resolution, resources should be provided to achieve expected result 3 by the year 2007, the target of 120 national plans to eliminate avoidable blindness and subsequent full implementation of the Global Initiative for the Elimination of Avoidable Blindness (the Vision 2020 initiative).	
3. Financial implications	
<p>(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 45 000 000 until 2020 would be needed to address all probable requirements proposed by Member States.</p> <p>(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 5 400 000, which would extensively cover requests from Member States.</p> <p>(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 1 500 000 already included in the Programme budget 2006-2007 would address the issue substantially, and enable progress to be made in support of the elements proposed for Member States in the resolution.</p>	
4. Administrative implications	
<p>(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant) The Vision 2020 initiative is a global programme requiring country support in all six regions with coordination at headquarters.</p> <p>(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile) Five professional staff in the regional offices (one already in place at the Regional Office for the Americas) and one professional staff member at headquarters.</p> <p>(c) Time frames (indicate broad time frames for implementation and evaluation) The lifespan of the Vision 2020 initiative is 14 years. The monitoring committee is to meet every two years.</p>	

1. Resolution EB117.R5 International trade and health	
2. Linkage to programme budget	
Area of work Policy-making for health in development	Expected result 5. Increased capacity at country, regional and global levels and within the Organization to measure, assess and act on cross-border risks to public health in the context of globalization, focusing on implications for population health of multi- and bi-lateral trade agreements
<p>(Briefly indicate the linkage with expected results, indicators, targets, baseline)</p> <p>Successful implementation of this resolution will contribute to increasing capacity to assess and act on the health implications of globalization, focusing on trade liberalization and trade agreements. The number of countries with active interministerial mechanisms for trade and health is expected to increase to four in each region. In the regions, staff time dedicated to issues concerning trade and health is expected to increase to the equivalent of one half-time trade and health adviser in four regional offices.</p>	
3. Financial implications	
<p>(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 4 940 000 for a four-year life-cycle</p> <p>(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 2 470 000. No additional resources foreseen for related activities undertaken under other areas of work. Likewise, resources currently allocated at regional level should be adequate for achievement of the targets for the Organization-wide expected results.</p> <p>(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? All</p>	
4. Administrative implications	
<p>(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)</p> <p>At headquarters, activities are coordinated by a technical working group on globalization, trade and health, which includes staff from the regional offices. Staffing and support for country missions provided at regional level.</p> <p>(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)</p> <p>None</p> <p>(c) Time frames (indicate broad time frames for implementation and evaluation)</p> <p>This is an ongoing activity, subject to requirements for reporting to the governing bodies.</p>	

1. Resolution EB117.R6 WHO's role and responsibilities in health research	
2. Linkage to programme budget	
Area of work	Expected result
Health information, evidence and research policy	3. Strengthened national health research for health-systems development, within the context of regional and international research and engagement of civil society; WHO programmes and initiatives in research for health-systems development and for access to, and use of, knowledge effectively developed and implemented on the basis of strategic priorities
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
The resolution is fully consistent with expected result 3. At present, there is no common position on WHO's role and responsibilities in health research, and only minimal information on research activities is available. Proper assessment of WHO research activities will allow the Secretariat to develop a position paper on WHO's role and responsibilities in health research, which will be submitted to the Executive Board and the Health Assembly. Once WHO's role and responsibilities in health research have been defined and agreed, WHO's programmes will be able to coordinate better their activities, overall strategies and policies in order to achieve the objectives of the strategic priorities.	
3. Financial implications	
(a) Total estimated cost for implementation over the "life-cycle" of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 1 million over a five-year life-cycle	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 200 000	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? 100%	
4. Administrative implications	
(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)	
Initially at headquarters, moving to regional offices in the next biennium	
(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)	
No additional staff needed	
(c) Time frames (indicate broad time frames for implementation and evaluation)	
2006: commissioning reviews, identifying implementation processes and mechanisms	
2007: implementation of identified mechanisms	
End 2007: initial or mid-stage evaluation.	

1. Resolution EB117.R7 Application of the International Health Regulations (2005)	
2. Linkage to programme budget	
Area of work	Expected result
Epidemic alert and response	5. Procedures established for administration of the revised International Health Regulations at national, regional and global levels
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
The resolution is fully consistent with expected result 5, as voluntary early compliance with relevant provisions of the International Health Regulations (2005) will contribute to the establishment of procedures for the implementation of the Regulations.	
Successful implementation of the resolution will enable the target for this expected result to be achieved more rapidly.	
3. Financial implications	
(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 1 450 000 for the period May 2006 to June 2007.	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 1 450 000. This sum reflects only the cost of early voluntary compliance with specific elements of the Regulations.	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 500 000	
4. Administrative implications	
(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)	
Headquarters, regional and country levels	
(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)	
None at headquarters	
(c) Time frames (indicate broad time frames for implementation and evaluation)	
Implementation from May 2006 to May 2007: first evaluation in August 2006; report to the Executive Board in January 2007; and report to the Health Assembly in May 2007.	

1. Resolution EB117.R8 Implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors	
2. Linkage to programme budget	
Area of work HIV/AIDS	Expected result 1. Global and national commitment and available financial resources increased to expand HIV/AIDS treatment and accelerate prevention in countries Expected results 2, 3, 4, 6, and 7 are also relevant
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
Linked to indicators for expected result 1, namely:	
<ul style="list-style-type: none"> • 20% increase in resources channelled to HIV/AIDS • Number of countries provided with support by WHO to access funds for HIV/AIDS from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other sources increased from 26 to 50 	
Linkage with all indicators related to provision of technical support to countries under expected results 2, 3, 4, 6 and 7.	
3. Financial implications	
The costings under this section are given as background only. They are not a direct consequence of the adoption of this resolution since the Organization is already committed to implementation of the Global Task Team recommendations.	
<p>(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) The resolution has no specified “life-cycle”. It requests the Director-General to provide effective technical support to countries over an indeterminate period of time. Financial implications for WHO from the Global Task Team recommendations relate to four specific areas:</p> <ol style="list-style-type: none"> 1. creation of a joint United Nations team on AIDS at country level 2. creation of a joint United Nations Global Fund problem-solving team 3. development of a more functional division of labour between UNAIDS cosponsors and the Global Fund and provision of technical support accordingly 4. increased financing for technical support through an enhanced mechanism for UNAIDS Programme Acceleration Funds. 	
<p>(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 87 180 000. The 2006-2007 Consolidated UN Technical Support Plan for AIDS provides a costing for technical support related to area 4 above, with a total amount of US\$ 166 357 070 for support provided by all UNAIDS cosponsors.</p> <p>For each of the specific areas referred to in 3(a), the estimated cost for 2006-2007 is:</p> <ol style="list-style-type: none"> 1. US\$ 7 250 000 2. US\$ 2 530 000 3. US\$ 17 400 000 4. US\$ 60 000 000 (this represents the estimated contribution of WHO to implementing the Consolidated UN Technical Support Plan for AIDS). 	
<p>(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 24.65 million will be subsumed under existing budget, including the costs of activity areas 1 and 3 (creation of United Nations team – US\$ 7.25 million and provision of technical support in line with the agreed division of labour – US\$ 17.4 million). All other costs under areas 2 and 4 (US\$ 62.53 million) can be subsumed on the assumption of receipt of the full WHO share of the Consolidated UN Technical Support Plan for AIDS.</p>	

4. Administrative implications**(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)**

The resolution has implications for all levels of the Organization and all regions, particularly related to operations in countries. Particular focus will be on 50 of the most heavily HIV-burdened countries.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)

1. No additional staff required. WHO engagement with the joint United Nations team on AIDS at country level will require 0.2 full-time equivalent professional staff for 68 countries where WHO has HIV staff – a total of 13.6 full-time equivalents. Existing WHO country staff will cover these activities.

2. Additional staff required for the joint United Nations problem-solving team include one full-time equivalent in headquarters and one full-time equivalent in each of the regional offices. These staff will be responsible for convening meetings for problem-solving, coordinating country assessments and delivery of technical support, and monitoring and reporting on support delivered and relevant outcomes. One full-time equivalent general service staff member is required to provide administrative support. Total additional staff: seven full-time equivalent professional staff and one full-time equivalent general service staff.

3. No additional staff required. 0.5 full-time equivalent professional staff required for 50 focus countries where WHO will provide intensified support for such activities as facilitating implementation of major grants or projects of the Global Fund, World Bank and others, will be covered by existing staff in countries.

4. No additional staff required.

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

The Consolidated UN Technical Support Plan for AIDS is costed for the period 2006-2007. Implementation of the Plan and functioning of the problem-solving team will be evaluated at the end of 2007.

1. Resolution EB117.R9 Health promotion in a globalized world	
2. Linkage to programme budget	
Area of work	Expected result
Health promotion	5. Global partnership established to provide support to countries in implementing the recommendations of the 6th Global Conference on Health Promotion ... and its product, the Bangkok Charter for Health Promotion
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
Linked to indicators for expected result 5, namely:	
<ul style="list-style-type: none"> • 120 country profiles of health-promotion capacity mapped and the capacity to promote health in 36 countries increased • General framework for effective health promotion strategy developed to tackle risk factors and the underlying determinants, including the development of four sets of action plans to fulfil the four commitments set out in the Bangkok Charter, which expressed an undertaking to make the promotion of health: central to the global development agenda, a core responsibility for all governments, a key focus of communities and civil society and a requirement for good corporate practice. 	
3. Financial implications	
<p>(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 2 157 000, of which US\$ 1 005 000 will be required for the 7th Global Conference on Health Promotion, proposed to be held in 2009.</p> <p>(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 580 000</p> <p>(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 100 000</p>	
4. Administrative implications	
<p>(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant) Selected countries, all six regional offices and headquarters</p> <p>(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile) One additional epidemiologist or social scientist is required.</p> <p>(c) Time frames (indicate broad time frames for implementation and evaluation) Four years encompassed by the bienniums 2006-2007 and 2008-2009.</p>	

1. Resolution EB117.R10 Confirmation of amendments to the Staff Rules	
2. Linkage to programme budget	
Area of work	Expected result
Human resources management in WHO	4. Conditions of service improved and staff-friendly policies implemented; WHO pay and benefits system brought into line with the United Nations field-oriented organizations' system
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
Improvement in staff-friendly policies, and adherence to common system principles for management of human resources.	
3. Financial implications	
(a) Total estimated cost for implementation over the "life-cycle" of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) The cost of the change of focus on administrative reassignment procedures from a post-incumbency reference to a length of service approach is difficult to calculate because of the constant movement of staff from posts of indefinite duration to posts of limited duration, and of the uncertainty of estimating the number of staff who would be in the Organization on a continuous basis for more than five years.	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) The rationale mentioned under 3(a) applies.	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? Any additional costs would be subsumed under existing programme activities.	
4. Administrative implications	
(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)	
Not applicable	
(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)	
Not applicable	
(c) Time frames (indicate broad time frames for implementation and evaluation)	
As of promulgation of amended Staff Rules.	

1. Resolution EB117.R11 Salaries of staff in ungraded posts and of the Director-General	
2. Linkage to programme budget	
Area of work	Expected result
Human resources management in WHO	4. Conditions of service improved and staff-friendly policies implemented; WHO pay and benefits system brought into line with the United Nations field-oriented organizations' system
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
Improvement in staff-friendly policies, and adherence to common system principles for management of human resources.	
3. Financial implications	
(a) Total estimated cost for implementation over the "life-cycle" of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) Not applicable	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) Not applicable	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? Not applicable	
4. Administrative implications	
(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)	
Not applicable	
(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)	
Not applicable	
(c) Time frames (indicate broad time frames for implementation and evaluation)	
As of promulgation of resolution.	

1. Resolution EB117.R12 Relations with nongovernmental organizations¹	
2. Linkage to programme budget	
Area of work	Expected result
Essential health technologies: The Transplantation Society	2. Capacity strengthened and quality and safety of, and access to, ... organ and tissue transplantation services improved
Violence, injuries and disabilities: The International Society for the Prevention of Child Abuse and Neglect	2. Multisectoral interventions to prevent violence and unintentional injuries validated and effectively promoted in countries
Immunization and vaccine development: International Association for Biologicals	2. Norms and standards set for production control and regulation of vaccines and other biologicals, and reference standards established
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
The Transplantation Society: linked to the fourth indicator for expected result 2, namely, the number of targeted countries that will be using WHO core standards as a basis for national transplantation standards as defined from the global allogeneic and xenogeneic transplantation database.	
The International Society for the Prevention of Child Abuse and Neglect: linked to the indicator for expected result 2, namely, the number of targeted countries that implement validated multisectoral interventions to prevent violence and unintentional injuries.	
International Association for Biologicals: linked to the number of new or revised standards and reference materials established by the WHO Expert Committee on Biological Standardization.	
3. Financial implications	
(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)	
The Transplantation Society: US\$ 30 000 (US\$ 10 000 per year)	
The International Society for the Prevention of Child Abuse and Neglect: less than US\$ 20 000	
International Association for Biologicals: US\$ 30 000 (US\$ 10 000 per year)	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities)	
The Transplantation Society: US\$ 20 000	
The International Society for the Prevention of Child Abuse and Neglect: less than US\$ 10 000	
International Association for Biologicals: US\$ 20 000	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?	
For each of the plans for collaboration, 100% of the estimated costs can be subsumed under the relevant existing programmed activities.	

¹ In accordance with resolution WHA40.25 and, inter alia, on the basis of a three-year mutually agreed plan for collaboration, the Executive Board may decide to admit a nongovernmental organization into official relations with WHO or discontinue such relations. Document EB117/24 contained a resolution expressing such decisions. The general costs connected with the implementation of WHA40.25, including informing nongovernmental organizations that relations had been discontinued, were subsumed under the area of work for external relations.

However, any costs relating to the collaboration plans were incurred by the technical department with which the plans were agreed. Therefore, this report refers to the relevant area of work for each nongovernmental organization that was admitted into official relations with WHO following the Executive Board's adoption of resolution EB117.R12. The plans were reviewed by the Executive Board's Standing Committee on Nongovernmental Organizations.

4. Administrative implications**(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)**

The Transplantation Society: this will involve work with the WHO Department of clinical procedures at headquarters, WHO regional office focal points (in all regions) and selected countries.

The International Society for the Prevention of Child Abuse and Neglect: this will involve work with the WHO Department of injuries and violence prevention at headquarters, WHO regional office violence prevention focal points (in all regions) and selected countries.

International Association for Biologicals: this will involve work with the WHO Department of quality assurance and safety: biologicals.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)

All the nongovernmental organizations: none

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

Three years for implementation, following which the Executive Board will evaluate the relations, in accordance with resolution WHA40.25.

1. Resolution EB117.R13 [Global framework on] essential health research and development	
2. Linkage to programme budget	
Area of work	Expected result
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
Communicable disease research	2. New and improved tools, including drugs, vaccines and diagnostic tools, devised for prevention and control of infectious diseases
Essential medicines	1. Implementation and monitoring of medicines policies based on the concept of essential medicines, monitoring the impact of trade agreements on access to quality essential medicines, and building capacity in the pharmaceutical sector all advocated and supported
Policy-making for health in development	5. Increased capacity at country, regional and global levels and within the Organization to measure, assess and act on cross-border risks to public health in the context of globalization, focusing on implications for population health of multi- and bi-lateral trade agreements
3. Financial implications¹	
<p>(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 1.6 million for the three-year life-cycle of the four operative paragraphs of the resolution.</p> <p>Paragraph 2(1): A total of US\$ 1 million, assuming adequate regional representation (20 Member States), with members meeting twice a year during the period 2006-2009 (five meetings), plus adequate professional and general service staff support (on a half-time basis in both cases). The figure may vary depending on the scope of research, the depth of analysis required and the party chosen to undertake the analysis.</p> <p>Paragraph 2(2): To initiate this process, one full-time professional staff member is required for three years (US\$ 450 000); activity funds are also needed (US\$ 50 000 per year). The estimated total is US\$ 600 000. At this stage, implementation would not require additional staffing or costs. This may change as demand for the services increases.</p> <p>Paragraphs 2(3) and 2(4): Additional costs are difficult to estimate, but should be absorbed within the current programme budget.</p>	
<p>(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 1.2 million</p>	
<p>(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 450 000 for paragraph 2(2)</p>	

¹ References to paragraphs in this section relate to the draft resolution that was proposed to the Board for its consideration (see document EB117/2006/REC/2, summary record of the seventh meeting).

4. Administrative implications¹**(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)**

During the initial phase, the majority of work would be carried out at headquarters through programmes and existing cross-cluster working groups, with the appropriate involvement of all regions.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)

0.5 professional and 0.5 general service staff throughout the life of the resolution for paragraph 2(1).

No additional staff are required for paragraphs 2(2), 2(3) and 2(4).

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

Three years.

¹ References to paragraphs in this section relate to the draft resolution that was proposed to the Board for its consideration (see document EB117/2006/REC/1, summary record of the seventh meeting).