ANNEXES

ANNEX 1

Confirmation of amendments to the Staff Rules[1]

Report by the Secretariat

[EB120/29–11 January 2007]

1. Amendments to the Staff Rules made by the Acting Director-General are submitted for confirmation by the 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 sixty-first session, on the basis of recommendations made by the International Civil Service Commission. Should the United Nations General Assembly not approve the recommendations that have resulted in the amendments in section I, an addendum to this document will be issued.

3. The amendments described in section II of this document have been made in the light of experience and in the interests of good human resources management.

4. The financial implications of the amendments in the biennium 2006–2007 include negligible additional costs under the regular budget, which will be met from the appropriate allocations established for each of the Regions and for global and interregional activities, and from extrabudgetary sources of funds.

5. The amended Staff Rules are set out in the Appendix.

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

Remuneration of staff in the professional and higher categories

6. The Commission informed the United Nations General Assembly that its present recommendation superseded its 2005 base/floor recommendation, which had not been acted on by the Assembly, and reflected the movement of comparator net salaries in the two-year period 2005–2006.

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[1] See resolution EB120.R10.

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

7. In that context, the Commission recommended to the United Nations General Assembly that:

(a) The current base/floor salary scale for the professional and higher categories be increased by 4.57% through the standard consolidation procedures on the basis of the standard method of reducing post adjustment multiplier points and increasing net salary, i.e. on a no loss/no gain basis, with effect from 1 January 2007;

(b) The new arrangements for the mobility and hardship scheme, as recommended to the Assembly in the report of the Commission for 2005,[1] be introduced concurrently with the adjustment of the base/floor salary scale, that is, as from 1 January 2007.[2]

8. Amendments to Appendix 1 of the Staff Rules have been prepared accordingly (see Attachment).

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

9. Subject to the decision of the United Nations General Assembly in respect of the recommendation in paragraph 7 above, the Acting Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board recommend to the Sixtieth World Health Assembly modifications in the salaries of Assistant Directors-General and Regional Directors. Thus, as of 1 January 2007, the gross salary for Assistant Directors-General and Regional Directors would be US$ 168 826 per annum, and the net salary US$ 122 737 (dependency rate) or US$ 111 142 (single rate).

10. Based on the adjustments to salaries described above, the salary to be authorized by the Health Assembly for the Deputy Director-General would be: (i) as of 1 January 2006, a gross salary of US$ 181 778 per annum and a corresponding net salary of US$ 131 156 (dependency rate) or US$ 118 034 (single rate); and (ii) as from 1 January 2007, a gross salary of US$ 185 874 per annum with a corresponding net salary of US$ 133 818 (dependency rate) or US$ 120 429 (single rate).

11. The salary adjustments described above would imply similar adjustments to the salary of the Director-General. The modification in salary to be authorized by the Health Assembly as from 1 January 2007 would therefore be US$ 228 818 per annum gross, US$ 161 732 net (dependency rate) or US$ 143 829 (single rate).

Education grant

12. The Commission recommended to the United Nations General Assembly that:

(a) In Denmark, Ireland, Italy, Sweden, the United States of America and the United States dollar area outside the United States, the maximum admissible expenses and the maximum education grant should be set as shown in annex II, table 1, of its report for 2006;[3]

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[1] *Official Records of the General Assembly, Sixtieth Session, Supplement No. 30 and corrigendum* (A/60/30 and Corr. 1), Annex II.

[2] The amendments to Staff Rules resulting from the proposed new mobility and hardship allowance scheme were submitted to the Board for confirmation in May 2006 (document EB118/11).

[3] *Official Records of the General Assembly, Sixty-first session, Supplement No. 30* (A/61/30).

(b) The maximum admissible expenses and the maximum education grant should remain at the current levels for Austria, Belgium, Finland, France (subject to subparagraph (d) below), Germany, Japan, the Netherlands, Spain, Switzerland and the United Kingdom, as shown in annex II, table 2 of its report for 2006;

(c) The separate zone of Norway should be discontinued and the education claims for that country included in the United States dollar area outside the United States;

(d) A separate maximum admissible expense level equal to that applicable to the United States of America should be established for the following schools in France: American School of Paris; British School of Paris; International School of Paris; American University of Paris; Marymount School of Paris; European Management School of Lyon;

(e) The flat rates for boarding should be taken into account within the maximum admissible educational expenses and the additional amounts for reimbursement of boarding costs over and above the maximum grant payable to staff members at designated duty stations should be revised as shown in annex II, table 3 of its report for 2006;

(f) The amount of the special education grant for each disabled child should be equal to 100% of the revised amounts of the maximum allowable expenses for the regular grant;

(g) Special measures should be maintained for China, Indonesia and the Russian Federation, which would allow organizations to reimburse 75% of actual expenses up to and not exceeding the level of the maximum admissible expenses in force for the United States dollar area inside the United States of America. In the course of its discussion, the Commission agreed that the special measure for Romania could be discontinued.

13. The Commission further recommended that all of the above measures should be applicable as from the school year in progress on 1 January 2007.

14. The Commission also recommended to the United Nations General Assembly that the eligibility period for the education grant should continue up to the end of the school year in which the child completes four years of post-secondary studies even if a degree had been attained after three years and students would continue to be subject to the age limit of 25 years.

15. Amendments to Staff Rule 350.1.1 and to Appendix 2 to the Staff Rules (see Attachment) have been prepared accordingly.

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

Home leave

(a) Home leave destination

16. Staff Rule 640.1 has been amended to allow staff members and their families to take home leave in a country other than that of the staff member's recognized place of residence. The intention is to recognize situations where staff members and their families are of multicultural backgrounds and where, during the course of their careers, they have established cultural/family ties in places other than their country of nationality/recognized place of residence. An editorial change has been made to Staff

Rule 640.1 to clarify that the period spent on home leave is charged to the staff member's annual leave entitlement.

17. Staff Rule 640.5 has been amended to reflect the changes to Staff Rule 640.1, and to clarify the Organization's financial liability when home leave is taken in a country other than that of the staff member's recognized place of residence. Staff Rules 640.5.1 and 640.5.2 have also been amended to reflect the amendments to Staff Rule 640.1.

18. The above changes serve to align WHO Staff Rules and policies with those recently adopted by the United Nations and which were already in place in other organizations in the United Nations common system.

(b) Frequency of home leave

19. Staff Rules 640.3.2 and 640.6.4 have been amended to reduce the service time requirement after home leave to three months in the case of staff members serving in 12-month duty stations. Staff Rule 640.6.3 has been deleted to remove the requirement that eligible family members travel on home leave at the same time as the staff member. Staff Rules 640.6.4 and 640.6.5 have been renumbered accordingly.

20. The above changes serve to align WHO Staff Rules and policies with those of the United Nations and other organizations in the United Nations common system, and to recognize the mobile and international nature of the workforce and the difficult working and living conditions of staff members serving in hardship duty stations.

Special leave

21. Staff Rule 650 has been amended to allow the Director-General to determine the conditions, including duration, under which special leave under this Rule may be granted. It has also been edited in the interest of clarity and further amended to refer specifically to leave for child care and serious illness of family members as important reasons for which special leave may be granted, and to provide that in such exceptional cases, including the death of an immediate family member, annual leave need not be exhausted before special leave is taken.

22. These changes serve to align WHO's Staff Rules with those of the United Nations and other organizations in the United Nations common system.

Leave without pay

23. New Staff Rule 655.3 has been introduced to allow the Director-General to authorize leave without pay for pension purposes for staff who are within two years of reaching age 55 and 25 years of contributory service, or who are over that age and within two years of 25 years of contributory service. Staff Rule 655.1 on leave without pay has been amended to reflect new Staff Rule 655.3.

24. These changes serve to align WHO's Staff Rules with those of the United Nations and other organizations in the United Nations common system.

Leave for military training or service

25. Staff Rule 660.1 has been amended to provide for special leave for up to the full duration of the military training or service.

Sick leave (family emergency leave)

26. Staff Rule 740.2 has been amended to allow staff members to use part or all of the family-emergency leave entitlement (seven working days of uncertified sick leave) in the event of the death of an immediate family member.

27. This change serves to align WHO's Staff Rules with those of the United Nations and other organizations in the United Nations common system.

Maternity leave

28. Staff Rule 760.2 has been amended to provide for an additional four weeks of maternity leave in the case of multiple births. While this is not policy in other organizations, it is important that WHO, as the leading Organization in health, sets the health standard in these exceptional circumstances in the best interests of staff well-being and good human resources management. Editorial changes have been made to Staff Rule 760.4 for greater clarity.

Paternity leave and adoption leave

29. Given that paternity leave and adoption leave are distinct forms of leave with full pay, new Staff Rule 763 on paternity leave and new Staff Rule 765 on adoption leave have been introduced. Accordingly, Staff Rules 760 and 760.1 on maternity leave have been amended to remove the references to paternity leave. Staff Rule 760.5 on paternity leave has been renumbered and reflected as new Staff Rule 763, and editorial changes made for greater clarity.

30. Staff Rule 650 on special leave has been amended to remove the reference to adoption leave.

Travel of staff members

31. Staff Rule 810.5.2 has been amended to reduce the service time requirement after family visit travel in the case of staff members serving in 12-month duty stations. In addition, the reference in Staff Rule 810.5.4 to Staff Rule 640.6.5 has been changed to renumbered Staff Rule 640.6.4.

32. This change serves to recognize the difficult working and living conditions of staff members serving in difficult duty stations.

Travel of children under the education grant

33. Staff Rule 820.2.5.2 has been amended to permit children with an entitlement to travel under the education grant to reunite with the staff member at a place other than the staff member's duty station or the child's place of study.

34. This change serves to align WHO Staff Rules and policies with those of the United Nations and other organizations in the United Nations common system.

Resignation

35. Staff Rule 1010.3 has been amended and new Staff Rule 1010.4 introduced to reflect the amendments to Staff Rules 640.3.2, 640.6.4 and 810.5.2.

Completion of appointments

36. New Staff Rule 1040.2 has been introduced to provide for the extension of an appointment when it expires during maternity leave, paternity leave or adoption leave. Such appointment extension will be for a period determined, and under conditions established, by the Director-General. Staff Rule 1040 has been renumbered accordingly, and an editorial change made in the interest of clarity.

37. These changes serve to align WHO's Staff Rules with those of the United Nations and other organizations in the United Nations common system.

Notice of termination

38. Staff Rule 1083 has been amended to provide that notice of termination under Staff Rules 1030, 1045, 1050, 1060, 1070 and 1080 may be served during periods of maternity leave, paternity leave or adoption leave. The effective date of termination will be either the expiry date of the leave, or the end of the notice period under the relevant Staff Rule, whichever is later.

Effective date of termination

39. Staff Rule 1090 has been amended, and new Staff Rules 1090.1 and 1090.2 introduced to reflect the amendments to Staff Rule 1083.

ACTION BY THE EXECUTIVE BOARD

40. [This paragraph contained two draft resolutions, which were adopted at the twelfth meeting as resolution EB120.R10 and resolution EB120.R11, respectively.]

Appendix

TEXT OF AMENDED STAFF RULES

350. EDUCATION GRANT

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

350.1.1 the grant is payable for each child as defined under Rule 310.5.2 up to the end of the school year in which the child reaches the age of 25 or completes four years of post-secondary studies, whichever is earlier;

.....

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 annual leave in his home country with a view to maintaining effective association with his culture, with his family, and with his national, professional or other interests. Staff members may exercise home leave travel in a country other than that of their recognized place of residence under conditions established by the Director-General.

...

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

640.3.2 if the staff member is assigned to a 24-month official station, their service is expected to continue at least six months beyond the date of return from home leave or six months beyond the date of eligibility for home leave, whichever is later, or, if the staff member is assigned to a 12-month official station, their service is expected to continue at least three months beyond the date of return from home leave or three months beyond the date of eligibility for home leave, whichever is later; and

...

640.5 Home leave consists of travel time not charged to the staff member's annual leave with return transportation paid by the Organization for the staff member, the spouse and eligible children, up to the cost of travel between the official station and the staff member's recognized place of residence or the actual destination, whichever is less. Travel shall be authorized as follows:

640.5.1 travel shall be between the official station and the staff member's recognized place of residence or another place as provided for in Rule 640.1;

640.5.2 as a condition for the payment of travel the staff member, the spouse and eligible children must spend a reasonable period of time in the country where the leave is exercised.

640.6 Home leave may be granted subject to the following conditions:

...

640.6.3 the spouse and eligible children must remain at the official station for at least six months after return from home leave if the staff member is assigned to a 24-month official station, or for at least three months if the staff member is assigned to a 12-month official station;

640.6.4 the timing of the home leave must be reasonable in relation to other authorized travel of the staff member, spouse or children, and in relation to the exigencies of the service.

.....

650. SPECIAL LEAVE

Special leave with full, partial or no pay may be granted at the request of a staff member for such period and under such conditions as the Director-General may prescribe. This special leave may be granted for training or research in the interest of the Organization or for other important reasons, including but not limited to child care, serious illness of a family member, or death of an immediate family member. The Director-General may, at his or her initiative, place a staff member on special leave with full pay if he or she considers such leave to be in the interest of the Organization. Normally, such leave shall not be granted until all accrued annual leave has been exhausted, except in the cases of special leave to care for a child, serious illness of a family member or death of an immediate family member. Continuity of service shall not be broken during periods of special leave, which shall be credited for all purposes except as otherwise specified in the Rules.

655. LEAVE WITHOUT PAY

655.1 Leave without pay may be granted, for a period normally not in excess of one year, except as indicated in Rule 655.3 below, for purposes normally covered by sick or annual leave when that leave has been exhausted.

...

655.3 The Director-General may authorize leave without pay for pension purposes for staff who are within two years of reaching age 55 and 25 years of contributory service, or who are over that age and within two years of reaching 25 years of contributory service.

.....

660. LEAVE FOR MILITARY TRAINING OR SERVICE

660.1 Upon application, staff members, except those holding temporary appointments as defined in Rule 420.4, may be granted leave of absence for a period of up to the full duration of the military training or service required by their government. At the staff

members' option, such absence shall be charged as either leave without pay or as annual leave to the extent accrued and thereafter to leave without pay. During any period of leave without pay for this purpose the provisions of Rule 655.2 shall apply.

.....

740. SICK LEAVE

...

740.2 Any absence of more than three consecutive working days which is to be charged as sick leave must be supported by a certificate from a duly recognized medical practitioner stating that the staff member is unable to perform his duties and indicating the probable duration of the illness. Not more than seven working days of uncertified absences within one calendar year shall be charged to sick leave. Part or all of this uncertified sick leave may be granted to attend to serious family-related emergencies in which case the certification requirement in respect of three consecutive working days shall not apply.

.....

760. MATERNITY LEAVE

760.1 Staff members shall be entitled to maternity leave, subject to conditions established by the Director-General.

760.2 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 the case of multiple births, maternity leave shall extend for a period of 20 weeks from the time it is granted. However, in no case shall maternity leave terminate less than 10 weeks after the actual date of birth. The leave is paid with full salary and allowances.

...

760.4 Where both parents of a newborn child are staff members of the World Health Organization, any unused portion of maternity leave to which the mother would otherwise have been entitled under Rule 760.2 may be used by the other parent, under conditions established by the Director-General.

...

763. PATERNITY LEAVE

A staff member shall be entitled to paternity leave subject to conditions established by the Director-General. Upon presentation of satisfactory evidence of the birth of the staff member's child, the staff member 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.

...

765. ADOPTION LEAVE

Subject to conditions established by the Director-General, and upon presentation of satisfactory evidence of the adoption of a child, a staff member shall be entitled to adoption leave for a total period of eight weeks.

.....

810. TRAVEL OF STAFF MEMBERS

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

...

810.5.2 his assignment is to continue for at least six months after his return if the staff member is assigned to a 24-month official station or for at least three months if the staff member is assigned to a 12-month official station;

...

810.5.4 there is a reasonable interval between this travel and travel on home leave (see also Rule 640.6);

.....

820. TRAVEL OF SPOUSE AND CHILDREN

...

820.2.5 for a child for whom there is an entitlement to an education grant under Rule 350 for study outside the commuting distance of the official station, provided Rule 655.2.4 does not apply:

...

820.2.5.2 one round trip each scholastic year between the place of study and the official station or other place, if:

(1) the duration of the child's visit to the parents is reasonable in relation to the amount of travel expenses borne by the Organization;

(2) the travel expenses to be borne by the Organization do not exceed the cost of round-trip travel between the official station and the staff member's recognized place of residence, or the destination of the travel, whichever is less;

(3) the timing of the child's journey is reasonable in relation to other authorized travel of the staff member, spouse, or children;

.....

1010. RESIGNATION

...

1010.3 A staff member assigned to a 24-month official station who resigns within six months from the date of return from travel on home leave or from the date of qualifying for it, whichever is the later, or from travel under Rule 810.5, forfeits entitlement to repatriation travel at the Organization's expense for himself and family members who accompanied him on such travel. In case the staff member exercises his entitlement under Rule 820.2.6 and resigns within six months from the starting date of such travel, he forfeits entitlement to his repatriation travel at the Organization's expense. Exceptions may be granted by the Director-General in case of resignation compelled by exceptional circumstances.

1010.4 A staff member assigned to a 12-month official station who resigns within three months from the date of return from travel on home leave or from the date of qualifying for it, whichever is the later, or from travel under Rule 810.5, forfeits entitlement to repatriation travel at the Organization's expense for himself and family members who accompanied him on such travel. In the event that the staff member exercises his entitlement under Rule 820.2.6 and resigns within three months from the starting date of such travel, he forfeits entitlement to his repatriation travel at the Organization's expense.

.....

1040. COMPLETION OF APPOINTMENTS

1040.1 In the absence of any offer and acceptance of extension, fixed-term and temporary appointments shall expire automatically on the completion of the agreed period of service. Where it has been decided not to offer an extension of appointment to a staff member holding a fixed-term appointment, the staff member shall be notified thereof no less than three months before the expiry of the appointment. Where it has been decided not to offer an extension of appointment to a staff member holding a temporary appointment, the staff member shall be notified thereof normally no less than one month before the expiry of the appointment. Such notice shall not be required in the case of a staff member holding a temporary appointment who has reached the maximum duration

of uninterrupted service under consecutive temporary appointments, as defined in Rule 420.4. Eligible staff members who do not wish to be considered for reappointment shall also give that period of notice of their intention.

1040. 2 When a fixed-term or temporary appointment is due to expire during a period of maternity leave, paternity leave or adoption leave, the appointment may be extended for a period determined, and under conditions established, by the Director-General.

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1083. NOTICE OF TERMINATION

Notice of termination under Staff Rules 1030, 1045, 1050, 1060, 1070 and 1080 may be served during periods of maternity leave, paternity leave or adoption leave. The effective date of separation shall be either the expiry date of the leave, or the end of the notice period under the relevant Rule, whichever is later.

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1090. EFFECTIVE DATE OF TERMINATION

Subject to Rule 1083 on notice of termination during maternity leave, paternity leave and adoption leave, the effective date of termination shall be as follows:

1090.1 For staff locally recruited and those to whom Rules 1010.2 and 1010.3 apply, the last day of duty;

1090.2 For all other staff, that day on which it is calculated that the staff member, by departing promptly after completion of his duties, is able to reach his recognized place of residence by a route and means of transport designated by the Organization.

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Attachment

Appendix 1 to the Staff Rules

[1]Salary scale for staff in the professional and higher categories: annual gross base salaries and net equivalents after application of staff assessment (in US dollars)[1]

(effective 1 January 2007)

Level		*I*	*II*	*III*	*IV*	*V*	*VI*	*VII*	*VIII*	*IX*	*X*	*XI*	*XII*	*XIII*	*XIV*	*XV*
			*	*	*	*	*									
D-2	Gross	138 549	141 494	144 443	147 391	150 354	153 437									
	Net D	102 713	104 716	106 721	108 726	110 730	112 734									
	Net S	94 360	96 052	97 737	99 417	101 092	102 760									
						*	*	*	*	*						
P-6/D-1	Gross	126 565	129 153	131 738	134 326	136 915	139 501	142 090	144 678	147 265						
	Net D	94 564	96 324	98 082	99 842	101 602	103 361	105 121	106 881	108 640						
	Net S	87 407	88 937	90 462	91 985	93 504	95 020	96 531	98 040	99 544						
												*	*	*		
P-5	Gross	104 600	106 803	109 004	111 204	113 407	115 607	117 810	120 012	122 213	124 415	126 615	128 818	131 019		
	Net D	79 628	81 126	82 623	84 119	85 617	87 113	88 611	90 108	91 605	93 102	94 598	96 096	97 593		
	Net S	73 975	75 305	76 631	77 957	79 280	80 599	81 918	83 234	84 547	85 858	87 167	88 474	89 779		
														*	*	*
P-4	Gross	85 974	87 979	89 986	91 992	93 999	96 006	98 013	100 019	102 144	104 266	106 391	108 515	110 640	112 765	114 890
	Net D	66 401	67 845	69 290	70 734	72 179	73 624	75 069	76 513	77 958	79 401	80 846	82 290	83 735	85 180	86 625
	Net S	61 834	63 150	64 464	65 776	67 087	68 396	69 705	71 012	72 317	73 623	74 925	76 227	77 528	78 828	80 127
															*	*
P-3	Gross	70 222	72 079	73 939	75 793	77 653	79 508	81 364	83 224	85 082	86 938	88 797	90 651	92 511	94 367	96 224
	Net D	55 060	56 397	57 736	59 071	60 410	61 746	63 082	64 421	65 759	67 095	68 434	69 769	71 108	72 444	73 781
	Net S	51 395	52 625	53 857	55 085	56 317	57 545	58 775	60 005	61 234	62 464	63 689	64 916	66 141	67 366	68 592
													*			
P-2	Gross	57 153	58 815	60 476	62 138	63 799	65 458	67 121	68 779	70 442	72 106	73 764	75 428			
	Net D	45 650	46 847	48 043	49 239	50 435	51 630	52 827	54 021	55 218	56 416	57 610	58 808			
	Net S	42 818	43 904	44 986	46 070	47 153	48 238	49 340	50 438	51 542	52 642	53 741	54 844			
P-1	Gross	44 614	46 035	47 452	48 873	50 326	51 922	53 521	55 118	56 711	58 308					
	Net D	36 137	37 288	38 436	39 587	40 735	41 884	43 035	44 185	45 332	46 482					
	Net S	34 089	35 148	36 207	37 267	38 325	39 383	40 443	41 489	42 531	43 572					

[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).

Appendix 2 to the Staff Rules

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

(effective school year in progress 1 January 2007)

Country/ currency area	(1) Maximum admissible educational expenses and maximum grant for disabled children	(2) Maximum education grant	(3) Flat rate when boarding not provided	(4) Additional flat rate for boarding (for staff serving at designated duty stations)	(5) Maximum grant for staff members serving at designated duty stations	(6) Maximum admissible educational expenses for attendance (only when flat rate for boarding is paid)
Part A						
Euro						
Austria	15 198	11 399	3 564	5 346	16 745	10 447
Belgium	14 446	10 835	3 366	5 049	15 884	9 959
Finland	9 082	6 812	2 543	3 815	10 627	5 692
France*	10 263	7 697	2 921	4 381	12 078	6 368
Germany	18 993	14 245	4 090	6 134	20 379	13 540
Ireland	17 045	12 784	2 945	4 417	17 201	13 119
Italy	17 215	12 911	2 965	4 447	17 358	13 261
Luxembourg	12 898	9 673	3 147	4 720	14 393	8 701
Monaco	9 330	6 997	2 672	4 008	11 005	5 767
Netherlands	15 440	11 580	3 814	5 721	17 301	10 355
Spain	13 762	10 322	2 992	4 488	14 810	9 773
Denmark (krone)	108 147	81 110	24 715	37 072	118 182	75 193
Japan (yen)	2 324 131	1 743 098	534 345	801 517	2 544 615	161 167
Norway (deleted see USD outside USA)	-	-	-	-	-	-
Sweden (krona)	141 026	105 770	23 490	35 235	141 005	109 707
Switzerland (Swiss franc)	26 868	20 151	5 331	7 997	28 148	19 760
United Kingdom of Great Britain and Northern Ireland (pound sterling)	18 285	13 714	3 326	4 989	18 703	13 851
Part B						
United States dollar (outside the United States of America)**	18 048	13 536	3 490	5 235	18 771	13 395
Part C						
United States dollar (in the United States)[1]	34 598	25 949	5 406	8 109	34 058	27 391

* Except for the following schools where the US$ in the US levels will be applied:

1. American School of Paris
2. American University of Paris
3. British School of Paris
4. European Management School of Lyon
5. International School of Paris
6. Marymount School of Paris

** includes Norway, which will no longer be tracked as a separate zone

[1] Also applies, as a special measure, for China, Indonesia, and the Russian Federation.

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

Attendance at an educational institution outside the duty station

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

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

Attendance at an educational institution at the duty station

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

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

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

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

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

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

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

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

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

ANNEX 2

Scale of assessments 2008–2009

Report by the Director-General

[EB120/20 – 15 January 2007]

1. The Fifty-eighth World Health Assembly adopted a scale of assessments for 2006–2007 reflecting the application to WHO of the latest available United Nations scale.[1]

2. The latest available United Nations scale is the scale of assessments adopted in December 2006.[2] It is therefore proposed that this United Nations scale should be used by WHO for the financial period 2008–2009.

ACTION BY THE EXECUTIVE BOARD

3. [The Board recommended that the Sixtieth World Health Assembly should adopt the scale of assessments for 2008–2009 as set out in resolution EB120.R18.]

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[1] Resolution WHA58.19.

[2] United Nations General Assembly resolution 61/237, as approved by the General Assembly on 21 December 2006.

ANNEX 3

Director-General and Deputy Director-General of the World Health Organization: review of matters arising from the special and 118th sessions of the Executive Board[1]

Report by the Secretariat

[EB120/30 – 28 December 2006]

1. At its special session (23 May 2006), and at its 118th session during consideration of the agenda items on acceleration of the procedure to elect the next Director-General of the World Health Organization and on the Deputy Director-General, the Board reviewed and discussed several aspects of the situation arising out of the death of the late Director-General, Dr Jong-wook Lee.[2] It focused in particular on the modalities by which a Deputy Director-General was appointed and on the imperfect alignment of the Rules of Procedure of the World Health Assembly and of the Executive Board in case of a vacancy in the post of Director-General. Some members also raised the question of regional rotation of the post of Director-General.

2. As requested, the present report deals with relevant aspects of the foregoing issues, together with some practical aspects of the procedure for the nomination of a person to the post of Director-General which would warrant clarification, based on the experience gained during the process just concluded.

RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

3. At both its special session and 118th session, the Board made comments to the effect that there was an inconsistency between Rule 109 of the Rules of Procedure of the World Health Assembly and Rule 52 of the Rules of Procedure of the Executive Board in case of a sudden vacancy in the post of Director-General. In particular, Rule 109 prescribes that, whenever the office of Director-General is vacant, the Board shall, at its next meeting, make a nomination which shall be submitted to the next session of the Health Assembly. In contrast, Rule 52 of the Rules of Procedure of the Executive Board lays out a structured process beginning at least six months before the opening of a session of the Board at which a Director-General is to be nominated. In case of a sudden vacancy in the post of Director-General, it might be hard to reconcile the requirements of those two rules if they are

[1] See resolution EB120.R19.

[2] See document EBSS–EB118/2006/REC/1, summary record of the special session and summary records of the first, second, third and fourth meetings of the 118th session.

interpreted literally. On the other hand, those provisions were drafted at different times and should be interpreted flexibly in particular circumstances, having regard to their fundamental purpose, namely, to ensure a swift yet orderly and thorough process of nomination of a new Director-General. The Board at its 118th session therefore considered that it was within its authority under its Rules of Procedure to defer nomination of the next Director-General to its 119th session.

4. Thus the way in which the two rules can be reconciled might be sufficient to guide the Board in case of a future sudden vacancy in the post of Director-General. Alternatively, consideration could be given to amending the Rules of Procedure of the World Health Assembly and of the Executive Board in order to clarify the situation. The amendment could provide that the Board would make a nomination as soon as possible, rather than specifically at its next meeting.

PROCEDURE FOR NOMINATION OF THE DIRECTOR-GENERAL

5. The procedure for nomination of the Director-General by the Board is based on Rule 52 of the Rules of Procedure of the Executive Board, and decision EB100(7) which contains detailed provisions for implementing certain aspects of Rule 52. Resolution EB97.R10 sets forth the criteria that should be fulfilled by the candidate nominated by the Board.

6. Even though the overall process, which has been followed on three occasions (1998, 2003 and 2006), has been implemented smoothly, the legal basis of some aspects is not entirely clear and could raise uncertainties or cause difficulties for the Chairman of the Executive Board or the Secretariat, as outlined below.

7. One of the criteria that the candidate nominated by the Executive Board should fulfill is “the good physical condition required of all staff members of the Organization”. The Board, however, did not clarify the way in which the matter should be handled. Consequently, the Secretariat developed the following procedure to assure that this criterion is met. The Secretariat invites the persons who have been proposed for the post of Director-General to undergo a medical examination and to have a completed WHO medical examination form brought to the attention of the Director, Health and Medical Services at headquarters. The Director, Health and Medical Services, in turn reports to the Chairman of the Board whether the candidates appear to enjoy the good physical condition required of all staff members of WHO, and the Chairman informs the Board accordingly.

8. All candidates in the last three nomination processes have complied with the request to submit a medical examination form, and all have been found to enjoy the required physical condition. The process as described has been acceptable to candidates and Board members. Nonetheless, lack of definition by the Board of a specific procedure to assure compliance with the aforementioned criterion leaves its legal force unclear, for example, in the case of a candidate who refuses to produce a medical examination form, and could raise issues of privacy if specific information about the health status of a candidate were to be reported to the Board.

9. Paragraph (1) of decision EB100(7) states that “there should be a guideline of two to three pages for each candidate’s curriculum vitae;…”. The Chairmen of the Board, on the occasion of the last three nominations, have tackled the question of material that substantially exceeded three pages by extracting essential parts of the documentation received so as to reduce it to the limit envisaged by the guideline. The practical difficulty of this process has led to some difference in length in the documentation distributed to the Board, although there has been no criticism from either members or candidates. Notwithstanding, the legal force of “a guideline” is unclear, which could expose the Chairman of the Board to challenges should a candidate, or the Member State that proposed him or

her, object to the reduction in the length of the material submitted. It would be preferable for the Board to specify that the limit of three pages is a requirement that can be enforced by the Chairman of the Board. Moreover, in view of the wide variations in the format of curricula vitae (e.g. font size, line spacing, page layout), the Board may wish to consider moving from a limit based on a number of pages to one based on the total number of words, for example, 2000 words.

10. Rule 52 provides that the proposals received from Member States, curricula vitae and supporting information should be translated into all official languages, duplicated and dispatched to all Member States one month before the opening of the Board's session. The Rule does not clarify what information the Secretariat may make public. Because of the high level of interest in the election of a Director-General of WHO, the Secretariat is subject to pressure from the media to release information. Lack of a clear legal basis as to what it may do with information concerning the candidates places the Secretariat in a difficult position. For the election just concluded it released only the names of the candidates. Given the ease with which such information may be retrieved and circulated through electronic media, it could be argued that the transparency and legitimacy of the process would benefit from its public disclosure. The Board may wish to consider whether, in addition to the names of candidates, the Secretariat may post on WHO's web site the curricula vitae and other supporting information as dispatched to Member States, and contact information, unless the candidate concerned or the Member State that proposed him or her stipulates otherwise,

DEPUTY DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

History

11. The position of Deputy Director-General of the World Health Organization has been filled for approximately 42 years and, on an *ad interim* basis, for approximately two years in the 59 years of the Organization's existence.[1]

12. Specifically, the position of Deputy Director-General was occupied from 21 August 1950 to 1 August 1992, with one three-week interruption. During this period, the position was filled by three staff members, namely: Dr Pierre Dorolle from 21 August 1950 to 31 October 1973; Dr Thomas Lambo, from 1 November 1973 until 1 July 1988 (with the exception of a short period in 1974, when the position was filled by Dr Dorolle); and from 21 July 1988 to 1 August 1992 by Dr Mohammed Abdelmoumène. In addition, from 1 June 1996 to 21 July 1998, the position of Deputy Director-General was filled by two Assistant Directors-General, who were appointed Deputy Director-General on an *ad interim* basis from 1 June 1996 to 1 May 1997 and from 1 May 1997 to 21 July 1998, respectively.

13. Most recently, Dr Anders Nordström was appointed Deputy Director-General by the late Director-General Dr Lee, and began exercising those functions immediately after the death of Dr Lee on 22 May 2006. The Board reviewed the situation at its special session and appointed Dr Nordström to serve as Acting Director-General.[2]

[1] See document EB118/19.

[2] Decision EBSS(1).

Conditions of employment

14. The conditions of employment of the Deputy Director-General are determined in accordance with the Staff Regulations and Staff Rules of WHO. According to Staff Regulation 3.1, "The salaries for the Deputy Director-General, Assistant Directors-General and Regional Directors shall be determined by the World Health Assembly on the recommendation of the Director-General and with the advice of the Executive Board.".

15. The posts of Director-General, Deputy Director-General, Regional Directors and Assistant Directors-General are all ungraded posts. Within this ungraded category, there are three levels: Regional Directors and Assistant Directors-General are at the first level, the Deputy Director-General is at the second level, and the Director-General is at the third level.

16. The level of remuneration for the Deputy Director-General is equivalent to that of an Under Secretary-General in the United Nations. The salary for the position of Deputy Director-General at WHO was last set in 1998. The Board at its current session will consider the salary to be recommended to the Sixtieth World Health Assembly, namely, a gross level of US$ 185 874 with a corresponding net salary of US$ 133 818 (dependency rate) or US$ 120 429 (single rate)[1].

17. WHO's staffing tables have been updated to show the position of Deputy Director-General, whether the position is occupied or not.

Appointment of the Deputy Director-General

18. The Deputy Director-General is an official appointed by the respective Director-General in the exercise of his or her authority under WHO's Constitution and Staff Regulations.

19. Specifically, Article 31 of the WHO's Constitution states that the Director-General is "… the chief technical and administrative officer of the Organization.". Article 35 of the WHO Constitution states, "The Director-General shall appoint the staff of the Secretariat in accordance with staff regulations established by the Health Assembly." Staff Regulation 4.1 states, "The Director-General shall appoint staff members as required", and paragraph 4.5 of the same Regulation refers specifically to the appointment of the Deputy Director-General.

Duties of the Deputy Director-General

20. With the intention of appointing a Deputy Director-General, the Director-General elect foresees certain general parameters for the post. The Deputy Director-General would, as assigned, undertake special initiatives of high-priority and carry out specific, high-level, technical and administrative functions. He or she would play an important role in assisting the Director-General in leading and managing the programmes and operations of WHO. The Deputy Director-General would support the Director-General in ensuring coherence of activities and programmes that cross functional sectors. He or she would also assist the Director-General in efforts to heighten public awareness of WHO's priority activities. The incumbent would also perform the functions of Director-General should the Director-General be unable to perform the functions of the office or in case of a vacancy in the office, subject to any relevant decision by the Executive Board.

[1] See document EB120/29.

21. It is not expected that the Deputy Director-General would act on behalf of the Director-General during her absence on duty travel or leave, or replace the Director-General in her primary role of collaboration with Regional Directors in pursuing WHO's work globally.

22. The Director-General elect has confirmed that the appointment of a Deputy Director-General would be announced publicly, without delay.[1]

GEOGRAPHICAL ROTATION OF THE POST OF DIRECTOR-GENERAL

23. Neither WHO's Constitution nor Rules of Procedure of the World Health Assembly provide for the rotation of the post of Director-General among the six regions of WHO. Article 31 of the Constitution states only "The Director-General shall be appointed by the Health Assembly on the nomination of the Board on such terms as the Health Assembly may determine." Rule 108 of the Rules of Procedure of the World Health Assembly is congruent with Article 31.

24. There have been seven Directors-General of WHO:

Dr Brock Chisholm (Canada), 1948–1953

Dr Marcolino Gomes Candau (Brazil), 1953–1973

Dr Halfdan Mahler (Denmark), 1973–1988

Dr Hiroshi Nakajima (Japan), 1988–1998

Dr Gro Harlem Brundtland (Norway), 1998–2003

Dr Jong-wook Lee (Republic of Korea), 2003–2006

Dr Margaret Chan (China), Director-General elect assuming office on 4 January 2007.

25. A number of other organizations of the United Nations system, and related organizations were consulted about their statutory provisions and practices.[2] All those that replied reported that neither their constitution nor rules contained a requirement for geographical rotation for the post of executive head. Most organizations have no established practice in this regard, and the pattern of elections of the executive head shows that, although consideration of regional rotation carried some weight at a political level, it did not impinge directly on selection.

26. From a legal view point, it should be noted that Article 35 of WHO's Constitution states,

> *The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and internationally representative character of the Secretariat shall be maintained at the highest level. Due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible.*

Although that provision is largely addressed to the Director-General, who has the constitutional authority to appoint the staff of the Organization, Article 35 makes it clear that geographical

[1] The Director-General appointed the Deputy Director-General on 10 January 2007.

[2] The following organizations responded to the request for information: United Nations, WMO, UNESCO, ITU, Organisation for the Prohibition of Chemical Weapons, ICAO, FAO, International Organization for Migration, WIPO, ILO, IMO and IMF.

representation, albeit an important consideration, is secondary to the paramount criterion of the highest standard of efficiency and integrity. The Executive Board may wish to keep this consideration in mind when discussing the issue of geographical rotation of the post of Director-General.

ACTION BY THE EXECUTIVE BOARD

27. [This paragraph contained a draft resolution which was adopted at the thirteenth meeting as resolution EB120.R19.]

ANNEX 4

Nongovernmental organizations admitted into, or maintained in official relations with WHO by virtue of, respectively, EB120.R20 and decision EB120(2)

[EB120/41, Annex – 27 January 2007]

African Medical and Research Foundation
Aga Khan Foundation
CMC – Churches' Action for Health
Commonwealth Medical Association
Commonwealth Pharmaceutical Association
Consumers International[1]
Corporate Accountability International
Council for International Organizations of Medical Sciences
Council on Health Research for Development
EuroSafe - European Association for Injury Prevention and Safety Promotion
Global Forum for Health Research
Global Health Council
International Alliance of Patients' Organizations
International Association for Dental Research[2]
International Association of Biologists Technicians
International Association of Cancer Registries
International Association of Hydatid Disease[2]
International Association of Logopedics and Phoniatrics
International Association of Medical Regulatory Authorities
International Catholic Committee of Nurses and Medico-social Assistants
International College of Surgeons
International Commission on Radiological Protection
International Confederation of Midwives
International Conference of Deans of French-Language Faculties of Medicine
International Council for Standardization in Haematology
International Council of Nurses
International Epidemiological Association
International Federation for Housing and Planning
International Federation for Medical and Biological Engineering
International Federation of Biomedical Laboratory Science
International Federation of Clinical Chemistry and Laboratory Medicine
International Federation of Health Records Organizations
International Federation of Hospital Engineering
International Federation of Medical Students Associations

[1] Previously known as International Organization of Consumers Unions (Consumers International).

[2] Activities concern the period 2003–2005.

International Federation of Pharmaceutical Manufacturers and Associations[1]
International Federation of Surgical Colleges
International Hospital Federation
International League of Dermatological Societies
International Medical Informatics Association
International Medical Parliamentarians Organization
International Organization for Standardization
International Pharmaceutical Federation
International Pharmaceutical Students' Federation
International Society for Biomedical Research on Alcoholism
International Society for Burn Injuries
International Society for Environmental Epidemiology
International Society for Preventive Oncology
International Society of Blood Transfusion
International Society of Doctors for the Environment[2]
International Society of Hematology
International Society of Nurses in Cancer Care
International Society of Orthopaedic Surgery and Traumatology
International Society of Radiographers and Radiological Technologists
International Society of Radiology
International Union against Cancer[2]
International Union against Tuberculosis and Lung Disease[2]
International Union for Conservation of Nature and Natural Resources[2]
International Union of Architects
International Union of Basic and Clinical Pharmacology[3]
International Union of Microbiological Societies
Medicus Mundi International–International Organisation for Cooperation in Health Care
OXFAM
The International Federation of Anti-Leprosy Associations
The International Society for Quality in Health Care Incorporated
The International Society on Thrombosis and Haemostasis, Inc.
The Network: Towards Unity For Health
The Save the Children Fund
The World Federation of Acupuncture–Moxibustion Societies
World Association of Societies of Pathology and Laboratory Medicine
World Association for Sexual Health
World Federation for Medical Education
World Federation for Ultrasound in Medicine and Biology
World Federation of Chiropractic
World Federation of Neurosurgical Societies[4]
World Federation of Nuclear Medicine and Biology
World Federation of Public Health Associations
World Federation of Societies of Anaesthesiologists
World Medical Association

[1] Previously known as International Federation of Pharmaceutical Manufacturers Association.

[2] Activities concern the period 2003–2005.

[3] Previously known as International Union of Pharmacology.

[4] Activities concern the period 2002–2004.

World Organization of Family Doctors
World Organization of the Scout Movement
World Plumbing Council
World Self-Medication Industry
World Veterinary Association
World Vision International

ANNEX 5

Confirmation of approval by the United Nations General Assembly of the International Civil Service Commission's general framework, including implementation and cost of amendments to the Staff Rules

Postponement of effective date of amendments to the Staff Rules

Report by the Secretariat

[EB120/26 – 11 January 2007]

INTRODUCTION

1. The Executive Board at its 118th session in May 2006 considered the Secretariat's report on a new framework of contractual arrangements, and adopted resolution EB118.R5, which confirmed the related amendments to the Staff Rules.[1]

2. The confirmation by the Executive Board was subject to the endorsement by the United Nations General Assembly of the general framework recommended by the International Civil Service Commission. In addition, the Executive Board requested the Director-General to submit to the Board at its session in January 2007 a full report on implementation and cost of the amendments to the Staff Rules through the Programme, Budget and Administration Committee.

3. The present report reviews the implementation measures and cost implications of contract reform. It also invites the Executive Board to confirm the amendments to the Staff Rules related to contract reform, with a new effective date of 1 July 2007.

IMPLEMENTATION MEASURES

4. Since the 118th session of the Executive Board, the Secretariat has been engaged at headquarters and regional levels in elaborating measures for implementing the contract reform policies.

[1] Document EBSS–EB118/2006/REC/1, summary record of the fifth meeting, section 2.

5. Several policy documents have been prepared on types of appointments, conversion into continuing appointment, and conditions of service of temporary staff (including temporary staff on appointments of 60 days or less). These documents and related implementation and transition measures for moving to the new types of temporary appointments were the subject of several videoconferences involving staff representatives and members of the administration. They were also discussed at the annual meeting of the Global Staff/Management Council, which took place from 30 October to 3 November 2006 in Washington, DC. Following a review of the recommendations of the Council, the Acting Director-General approved the measures for implementing the contract reform policies. In a parallel process, the Secretariat has identified the amendments that need to be made to the policies and procedures set out in the WHO e-Guide, which is accessible to all staff.

6. The modifications and adjustments to the current payroll systems needed before launch of the global management system on 1 January 2008 are also being identified. Meanwhile, the specifications of the global management system have been designed to reflect the new contractual arrangements, related Staff Rules and policy implementation measures.

7. Managers and staff members have been kept abreast of developments. In preparation for the entry into force of the new contractual arrangements, policy guidelines have been issued on the management of temporary functions, including the application of the maximum duration of service and on the management of fixed-term and temporary contracts and other contractual arrangements, such as those for short-term consultants.

8. In addition, briefing sessions have been held with staff and managers at headquarters and regional levels and information has been shared on developments relating to contract reform, implementation measures and related policy guidelines.

COST IMPLICATIONS

9. The cost implications of contract reform were provided to the Executive Board at its 118th session.[1] At that time, the cost was set at US$ 22.8 million. With the new implementation date of 1 July 2007, total costs will be significantly lower, at US$ 8.6 million.[2] These costs will be absorbed internally at headquarters and regional levels by making appropriate adjustments to workplans.

THE EFFECTIVE DATE OF AMENDMENTS TO THE STAFF RULES RELATED TO CONTRACT REFORM

10. At its 118th session, the Executive Board confirmed the decision of the Director-General to amend the Staff Rules related to contract reform, with effect from 1 January 2007, subject to the endorsement by the United Nations General Assembly of the general framework recommended by the International Civil Service Commission. The Board is now asked to confirm the amendments, other than those concerned with mobility and hardship allowance and assignment

[1] Document EB118/11 Add.1.

[2] See document EB120/26 Add.1.

grant,[1] with respect to staff members holding career service/service and fixed-term appointments, with a new effective date of 1 July 2007.

11. An implementation date of 1 July 2007 for the amended Staff Rules will reduce the financial costs to the Organization and facilitate their absorption into the current budget; it will also provide the additional time needed in order to put in place the necessary policies and procedure and make the appropriate adjustments to systems and administrative processes.

12. In so far as developments at the level of the United Nations General Assembly are concerned, there is growing concern that the discussion at the United Nations General Assembly may be dominated by consideration of human resources management reform efforts that are particular to the United Nations Secretariat and unrelated to the needs and requirements of specialized agencies such as WHO. There is also concern that the review of this subject by the United Nations General Assembly may ultimately be deferred to that body's sixty-second session in December 2007.

13. The International Civil Service Commission's general framework has been endorsed by all the organizations of the United Nations common system, their staff representatives and the members of the Commission. The goals and objectives as well as main features of the new framework of contractual arrangements were set out in detail in the report submitted to the Executive Board at its 118th session.[2] It should be emphasized that improved and more responsive contractual arrangements and conditions of service are essential for the successful delivery of WHO's results-based programmes. The new framework of contractual arrangements will provide WHO with a competitive edge, reinforcing the Organization's capacity to implement internal reform strategies and initiatives for delivering programmes more effectively and efficiently.

14. Based on the aforementioned consideration, it is requested that the confirmation of the Board of the amendments to the Staff Rules on contract reform, with a new effective date of 1 July 2007, should be given this time around without reference to the debate in the United Nations General Assembly.

15. If the United Nations General Assembly does endorse the International Civil Service Commission's general framework in December 2006, WHO, unlike other organizations, will have already ensured the integration of contract reform into its strategic reform efforts at the programme and managerial levels.

ACTION BY THE EXECUTIVE BOARD

16. [This paragraph contained a draft decision which was adopted at the twelfth meeting as decision EB120(1).]

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[1] The International Civil Service Commission has recommended to the United Nations General Assembly that the proposals relating to mobility and hardship allowance and assignment grant should come into effect on 1 January 2007. As these proposals entail savings in costs, it is expected that the United Nations General Assembly will endorse that recommendation.

[2] Document EB118/11.

ANNEX 6

Financial and administrative implications for the Secretariat of resolutions adopted by the Executive Board

1. Resolution EB120.R1 Poliomyelitis: mechanism for management of potential risks to eradication

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)

The resolution has links with the first two indicators 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)

A maximum of US$ 3 180 000 (including staff, documentation costs, meetings of the Review Committee of the International Health Regulations (2005) and, if needed, intergovernmental meetings).

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 795 000 (including two staff and documentation costs for one year, as well as two meetings of the Review Committee of the International Health Regulations (2005)).

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 545 000, representing staff costs and one meeting of the Review Committee.

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 at headquarters and all regional offices.

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

One full-time staff member in the professional category; one full-time staff member in the general service category.

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

Approximately 48 months**.**

1. Resolution EB120.R3 Tuberculosis control: progress and long-term planning

2. Linkage to programme budget

Area of work	Expected results
Tuberculosis	1. A global plan for DOTS expansion, geared to reaching Millennium Development Goal 6, implemented.
	2. Implementation of long-term national plans for DOTS expansion and sustained tuberculosis control supported through functional national partnerships.
	3. Global TB Drug Facility and the Green Light Committee maintained and expanded access to treatment and cure supported.
	4. Political commitment sustained and mobilization of adequate resources ensured through nurturing of the Stop TB partnership and effective communication of the concept, strategy and progress of the Global Plan to Stop TB.
	5. Surveillance and evaluation systems at national, regional and global levels maintained and expanded to monitor progress towards targets, resource allocations for tuberculosis control, and impact of control efforts.
	6. Adequate guidance and support provided to countries to tackle multidrug-resistant tuberculosis and to improve tuberculosis-control strategies in countries with high HIV prevalence.
	7. Better tuberculosis case-detection and cure rates promoted and supported through all public and private providers and community-based services, and integrated respiratory care implemented at primary level.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution, which builds on the Stop TB Partnership's Global Plan to Stop TB 2006–2015 and progress achieved towards the targets set in resolution WHA58.14 on Sustainable financing for tuberculosis prevention and control, provides the framework for achieving the tuberculosis control-related expected results and targets outlined in strategic objective (2) in the Draft Medium-term strategic plan, 2008–2013.

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)

In order to fulfil WHO's leadership role in supporting implementation of the Global Plan to Stop TB 2006–2015, an estimated US$ 1800 million will be required over the 10-year period (including the 2006–2007 biennium). These costs are in line with the current biennium workplan, increase in activities foreseen under the Global Plan and the strategic objectives in the Draft Medium-term strategic plan 2008–2013.

(b) Estimated cost for the biennium 2006–2007 (estimated to the nearest US$ 10 000, including staff and activities)

US$ 260 million: this includes the revised budget of US$ 235 million for the tuberculosis area of work, and an additional US$ 25 million required for WHO's role in laboratory strengthening, tuberculosis-impact assessment, and global support to national responses to the emergence of extensively drug-resistant tuberculosis in 2007.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?

All actions to be pursued are included under the Programme Budget 2006–2007, except the additional actions now required in 2007 in response to extensively drug-resistant tuberculosis.

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 response includes actions by all levels of the Organization, including all regions and most country offices. All WHO core functions will be involved for each level of the Organization.

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

During the remainder of this biennium, no absolute growth is expected in headquarters staffing. In the African Region, additional staff will be required in 2007 to cope with extensively drug-resistant tuberculosis and implement the associated increase in tuberculosis and tuberculosis/HIV interventions, including urgent support for laboratory strengthening (e.g. two full-time equivalents), and country-based medical officers and national professional officers for technical cooperation, capacity building and surveillance (e.g. at least 15 full-time equivalents). From 2008 to 2015, some growth in staff numbers in all regions is planned, especially to strengthen technical cooperation in more extensive impact evaluation and tuberculosis/HIV and multidrug-resistant tuberculosis interventions. Full-time equivalent estimates are being developed under the Draft Medium-term strategic plan, 2008–2013.

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

2006–2015. Evaluation of progress made on 2015 targets will continue to the end of 2017 at least.

1. Resolution EB120.R4 Health systems: emergency-care systems

2. Linkage to programme budget

Area of work	**Expected result**
Violence, injuries and disabilities	3. Guidance and effective support provided for strengthening of health-care systems for persons affected by violence and injuries.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The relevant expected result is health-care systems strengthening to meet the needs of persons affected by violence and injuries, and the resolution provides the framework. It indicates actions that can be taken by Member States and the Secretariat, emphasizing the low cost of such system strengthening and the cost-effective measures involved, particularly in low- and middle-income settings.

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$ 7 000 000 over 15 years

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 300 000

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 300 000

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 and all regions.

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

No additional staffing requirements foreseen.

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

2007–2022.

1. Resolution EB120.R5 Oral health: action plan for promotion and integrated disease prevention

2. Linkage to programme budget

Area of work	Expected results
Health promotion	1. Increased guidance for integrating health promotion into health plans, including healthy diet, physical activity, ageing and oral health.
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.
	5. Improved quality, availability, comparability and dissemination of data on chronic, noncommunicable diseases and their major modifiable risk factors.

(**Briefly indicate the linkage with expected results, indicators, targets, baseline**)

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$ 3 230 000 between 2008 and 2013

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 1 040 000

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 1 040 000

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)

Implementation of the resolution will require participation of all levels of the Organization, with activities focused on low- and middle-income countries. There will be a particular emphasis on the 23 countries that account for 80% of the burden of chronic, noncommunicable diseases in low- and middle-income countries.

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

No additional staffing requirements are foreseen.

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

Implementation will take place from 2007 to 2013.

1. Resolution EB120.R6 Integrating gender analysis and actions into the work of WHO: draft strategy

2. Linkage to programme budget

Area of work	**Expected result**
Gender, women and health	2. Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.

(**Briefly indicate the linkage with expected results, indicators, targets, baseline**)

The resolution is consistent with the expected result. Approval of the strategy by the Health Assembly was noted in the Programme budget 2006–2007 as the target for the above-mentioned expected result. Formulation of the strategy constituted the baseline, and progress in implementing the strategy constituted the main indicator of achievement.

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$ 104 483 600

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 8 850 000

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?

Approximately US$ 5.2 million of the proposed expenditure for the remainder of the current biennium can be absorbed under existing programmed activities. Additional funding of US$ 3 650 000 is therefore required.

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 strategy will be implemented at all levels of the Organization.

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

From 2008, 20.7 staff are required in the professional category in headquarters; three staff are required in the professional category in the regional offices; and two national programme officers are needed in the European Region.

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

The strategy will be implemented from 2007 to 2013. An evaluation is expected to be undertaken for 2012.

1. Resolution EB120.R7 Avian and pandemic influenza: developments, response and follow-up, application of the International Health Regulations (2005), and best practice for sharing influenza viruses and sequence data

2. Linkage to programme budget

Area of work	**Expected result**
Epidemic alert and response	2. Support provided to Member States for strengthening national communicable disease surveillance and response systems, including the capability for early detection, investigation of, and response to, epidemics, pandemics and emerging infectious disease threats.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution is fully consistent with the expected results for the area of work and with the strategic objective in the draft medium-term strategic plan to reduce the health, social and economic burden of communicable diseases. It also supports the objectives of WHO's Global Pandemic Influenza Action Plan to Increase Vaccine Supply.

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$ 2 780 000

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 830 000

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 300 000

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)
All levels of the Organization; national implementation specifically supported by regional and country offices, with international coordination at headquarters.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)
No additional staffing expected at country level; the equivalent of four full-time staff with experience in virology and laboratory strengthening and a broad range of issues related to pandemic influenza vaccine, from production and logistics to communications and coordination, would be required for strengthening at regional level (25%) and global coordination (75%) for 2007–2008.

(c) Time frames (indicate broad time frames for implementation and evaluation)
Projects already under way in this biennium for laboratory strengthening, research coordination and facilitation of specimen shipment will be continued and accelerated during the biennium 2008–2009. Longer-term implementation will be linked to WHO's Global Pandemic Influenza Action Plan to Increase Vaccine Supply.

1. Resolution EB120.R8 Smallpox eradication: destruction of variola virus stocks

2. Linkage to programme budget

Area of work	**Expected result**
Epidemic alert and response	2. Support provided to Member States for strengthening national communicable disease surveillance and response systems, including the capability for early detection, investigation of and response to, epidemics, pandemics and emerging infectious disease threats.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

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$ 5.0 million.

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 430 000, (US$ 120 000 for committed activities, US$ 65 000 for biosafety visits to the WHO Collaborating Centres for Smallpox, US$ 10 000 for maintaining the vaccine stockpile, US$ 230 000 for review/equivalent activity if requested (one full-time staff member in the professional category and one at 50% in the general service category).

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? None.

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)

All activities are to be coordinated at headquarters.

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

One full-time medical officer with relevant experience and a 20% full-time equivalent logistician.

(c) Estimated cost for biennium 2008–2009 (estimated to the nearest US$ 10 000, including staff and activities

US$ 1.0 million.

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

10 years.

1. Resolution EB120.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)

The resolution will encourage more staff-friendly policies and better 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 proposals is difficult to estimate as the entitlements being amended are exercised in a limited fashion and only by staff whose circumstances correspond to those covered by the entitlement. As opposed to the cost of compensation allowances and benefits, the cost of staff-friendly entitlements is not of a recurrent nature as such entitlements apply only in the narrow range circumstances described in the document.

(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) above 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 programmed 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) No additional staffing requirements needed.

(c) Time frames (indicate broad time frames for implementation and evaluation) As of promulgation of the amended Staff Rules.

1. Resolution EB120.R12 Rational use of medicines

2. Linkage to programme budget

Area of work	Expected result
Essential medicines	7. Awareness raising and guidance on cost-effective and sound use of medicines promoted, with a view to improving use of medicines by health professionals and consumers.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution is consistent with the expected result and will ensure that promotion of rational use of medicines is treated as a priority in all areas of WHO's work. Within this area of work it will enable Member States – as an essential part of providing adequate health care for their populations – to monitor medicines use and implementation of policies to promote rational use of medicines.

The successful implementation of this resolution will assist in expanding the evidence base and strengthening provision of support and its coordination to Member States for promoting rational use of medicines. It will be measured through monitoring of medicines use and implementation of policies at country level. Additional work resulting from this resolution is consistent with work planned under strategic objective 12 in the Draft Medium-term strategic plan 2008–2013. In 2007 the additional work will be monitored by the indicator for measuring the percentage of prescriptions that are in accordance with national or institutional guidelines.

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$ 30 million over six years.

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 1.5 million from June to December 2007.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 500 000 from June to December 2007. Additional funding of US$ 1 million is therefore required.

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)

Normative, technical and coordinating work will be performed at headquarters, while the majority of the planning and implementation work will be carried out at regional and country levels. Overall, 77% of the financial and human resources will be allocated to regions and countries.

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

In order to establish a coordinated and integrated health-systems approach to promoting rational use of medicines, a global team will need to be established, comprising the following staff for each region: a regional adviser, a supporting technical officer and a secretary. At headquarters there will need to be a coordinating team comprising a medical officer, two technical officers and a secretary. An additional technical officer will be needed at headquarters to liaise with other programmes. Since almost no function can be subsumed under existing staff numbers, 23 additional staff will be needed for the posts mentioned above.

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

Monitoring of medicines use and implementation of medicines policy has already been established, a series of training programmes have been organized and a number of small projects supported, in both the current and previous bienniums. The establishment of a global team would enable full-scale implementation of activities in the biennium 2008–2009.

1. Resolution EB120.R13 Better medicines for children

2. Linkage to programme budget

Area of work	Expected results
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.
	5. Global norms, standards and guidelines for the quality, safety and efficacy of medicines strengthened and promoted.
	7. Awareness raising and guidance on cost-effective and sound use of medicines promoted, with a view to improving use of medicines by health professionals and consumers.
Child and adolescent health	3. Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution is consistent with the expected results noted above and will ensure better access to essential medicines, including better medicines for children.
The successful implementation of this resolution will assist in achieving the expected result and will be monitored by the appropriate indicators.

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$ 20 320 000 over six years.

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 8 300 000 are required in relation to the Proposed programme budget 2008–2009.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 800 000.

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)
Normative, technical and coordinating work will be performed at headquarters, which will be responsible for about 2/3 of the work (more in the first two years). Overall, 34% of the financial and human resources will be allocated to regions and countries.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)
In order to perform this work in addition to existing programmes, the following supplementary staff are required: three staff in the professional category to assist with work on selection and quality of pharmaceuticals, together with 1.5 support staff in the general service category; one office-based staff member in the professional category at headquarters to coordinate technical collaboration with countries and regions. In addition, when the regional and country work commences, 0.5 professional and 0.5 general service-staff per region are likely to be required.

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

Normative work has already begun and may be developed fully over the period 2007–2008. Regional and country activities will take place in the last four years of the programme.

1. Resolution EB120.R14 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)

Linkage to all indicators and targets for this expected result. Furthermore, in respect of the first indicator, capacity to promote health will be increased in 36 countries; and achievement in respect of the second indicator will include the development of four sets of action plans to fulfil the four commitments set out in the Bangkok Charter, namely, 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

(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$ 2 580 000, of which US$ 1 005 000 will be required for the 7th Global Conference on Health Promotion, proposed to be held in 2009.

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 790 000.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 100 000.

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)
Selected countries, all six regional offices and headquarters.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)
One additional epidemiologist or social scientist is required.

(c) Time frames (indicate broad time frames for implementation and evaluation)
The term "life-cycle" refers to the period of four years encompassed by the bienniums 2006–2007 and 2008–2009.

1. Resolution EB120.R15 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 will help to formulate a WHO "corporate" strategy for health research and will have an impact on the Organization's own priority-setting and management in respect of the research it supports, and will promote technical support to countries in core areas, including the following: health-systems research; research management and organization; monitoring of financial and human resources; capacity building; ethical review of research; and utilization of research in health policy development. It will also help to define WHO's role in health research with respect to the development of an Organization-wide strategy for research, and of linkages to other organizations; and will also inform the Global Ministerial Forum on Research for Health (to be held in Bamako, in November 2008).

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 million are required for:
(1) elaboration of a WHO research strategy, including support staff costs, travel, wide-ranging consultative and analytical processes, development of a reporting system, and writing; and
(2) technical support to countries, including cost of training courses and workshops, development of various methodologies, and costs relating to travel and support staff.

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 2 million

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 300 000

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 offices and selected country offices; dedicated WHO research centres (IARC, WHO Centre for Health Development, Kobe, Japan) and WHO collaborating centres.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile) Two staff in the professional category with skills in (1) research policy and management, research governance, priority-setting, health-systems research, knowledge translation; and (2) ethical review of research involving human subjects, clinical research, bioethics and trials registration.

(c) Time frames (indicate broad time frames for implementation and evaluation)
2006: establish an external reference group for the elaboration of WHO's research strategy, an internal steering group (with the participation of senior management) and draft objectives, strategic approaches, processes and timelines
2007: undertake consultations at regional and country levels, and with international partners; provide technical support to countries on various aspects of health research
End 2007: produce first draft of strategy
2008: report on progress to the Executive Board at its 122nd session and the Sixty-first World Health Assembly; continue to develop technical support to countries
End 2008: analyse and finalise the strategy, consult with regional offices for approval of the final draft
2009: submit draft strategy to the Executive Board at its 124th session and the Sixty-second World Health Assembly
2009 and beyond: implement strategy and define process for evaluating its impact; provide technical support.

1. Resolution EB120.R16 Malaria, including a proposal for establishment of World Malaria Day

2. Linkage to programme budget

Area of work	**Expected result**
Malaria	1. Access of populations at risk to effective treatment of malaria promoted and facilitated through guidance on treatment policy and implementation.
	2. Application of effective preventive measures against malaria for populations at risk promoted in disease-endemic countries.
	3. Adequate support provided for capacity building in malaria control in countries.
	4. Malaria-surveillance systems and monitoring and evaluation of control programmes functioning at country, regional and global levels.
	5. Effective partnerships established and maintained for implementing the global Roll Back Malaria workplan to maximize countries' malaria-control performance.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution, which builds on the revised strategies of the Global Malaria Programme and progress achieved towards malaria-control targets, provides the framework for achieving the malaria control-related expected results and targets outlined in the Programme Budget 2006–2007. Furthermore, the resolution is aligned with the expected results and indicators included in strategic objective 2 in the Draft Medium-term strategic plan for 2008–2013 that are relevant to malaria control.

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) To fulfil WHO's leadership role in supporting implementation of the revised strategies and directions for malaria control globally, an estimated US$ 1302.5 million over the 10-year period (including the 2006–2007 biennium) will be required. These costs are in line with the current biennium workplan, and scale-up required under the Draft Medium-term strategic plan and the relevant strategic objectives.

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 137 million plus US$ 1 million required for global support of World Malaria Day in 2007 and US$ 250 thousand to support the forum to improve coordination.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 69 million can be subsumed under existing programmed 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)

The response includes actions by all levels of the Organizations, including all regions and most country offices. All WHO core functions will be involved for each level of the Organization.

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

Overall, at least six additional staff members will be required at headquarters over the period 2006–2015. However, some increase in staff over the decade will be needed in all regions in order to support expansion of activities especially in relation to improved indoor residual spraying and insecticide treated bednets interventions and impact evaluation. In addition, in the South-East Asia Region in the next year, additional staff especially in the area of monitoring and evaluation (e.g. two full-time), entomologists in the African and Eastern Mediterranean regions and national professional officers globally (e.g. at least 15 full-time equivalents) will be required to provide necessary technical cooperation, capacity building and surveillance associated with all malaria-control interventions.

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

2006–2015. Evaluation of progress made towards 2015 targets will continue to the end of 2017 at least.

1. Resolution EB120.R17 Prevention and control of noncommunicable diseases: implementation of the global strategy

2. Linkage to programme budget

Area of work	Expected results
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. 2. Advocacy and provision of support for development of multisectoral strategies and plans to promote action on diet and physical activity in priority countries. 4. Effective guidance and support provided for implementation of WHO's surveillance framework for chronic, noncommunicable diseases and their risk factors. 5. Improved quality, availability, comparability and dissemination of data on chronic, noncommunicable diseases and their major modifiable risk factors.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution will provide a framework for achieving expected results 1, 2, 4 and 5 related to surveillance, prevention and management of chronic, noncommunicable diseases.

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$ 207 075 000

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) US$ 59 164 000

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 59 164 000 (all costs)

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)

Implementation of the resolution would require participation of all levels of the Organization, while implementation activities would be focused on low- and middle-income countries. Implementation would especially be focused on the 23 low- and middle-income countries that account for 80% of the burden of chronic, noncommunicable disease in low-income and middle-income countries.

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

No additional staffing requirements are foreseen.

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

Implementation will take place over the period 2007 to 2013.

1. Resolution EB120.R21 Health technologies

2. Linkage to programme budget

Area of work	**Expected results**
Essential health technologies	2. Capacity strengthened and quality and safety of, and access to, appropriate diagnostics, medical devices, laboratory services (including basic laboratory tests and screening for HIV, hepatitis B and C) and cell, organ and tissue transplantation services improved. 4. Support provided to capacity building and to development of standard procedures, and model lists of essential medical devices used. 5. Establishment of appropriate components of electronic information for use in health-care systems promoted and effectively supported. Expected results 1 and 3 are also relevant.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution is fully consistent with the above-mentioned expected results and is linked to all indicators in the Programme budget 2006–2007. The establishment of a committee of experts on health technologies is in keeping with the strategic approach for this area of work, which includes policy and research work in essential health technologies in support of Member States. There are also considerable linkages to all technology-related indicators as the resolution calls for a broad-based technology programme that is not compartmentalized into specific technologies.

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$ 5.2 million are required per biennium (US$ 4.1 million for staff costs and US$ 1.1 million for operational costs, including technical assistance to Member States).

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) Estimated total cost is US$ 3.9 million.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US$ 1.7 million can be subsumed under existing headquarters funds for human resources and 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)

This will involve work throughout the Organization, in particular in the regions and countries that do not have the resources to support an effective health technology programme.

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

Seven additional full-time staff will be required across the Organization, together with six half-time support staff. One staff member in the professional category and one at 50% in the general service category will be required at headquarters to support the development of guidelines and standards for health technologies; six regional advisers and five support staff at 50% will be needed in the regional offices to facilitate regional and country work.

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

Implementation of the resolution will be part of the continuing programmatic work in respect of essential health technologies and will therefore be subject to the same periodic evaluation as WHO's other activities in this area.

1. Decision EB120(1) Confirmation by the United Nations General Assembly of the International Civil Service Commission's general framework, including implementation and cost of amendments to 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)

The improved conditions of service outlined in the contract reform proposal represent the implementation of a staff-friendly policy that aims to ensure that the Organization attracts and retains the highest calibre of staff.

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$ 8.6 million. These revised figures relate to the reduced additional costs that will result from improvement of the conditions of service for temporary staff, applying the principle of equal pay for equal work, which had not been foreseen in the Programme budget 2006–2007. The delay in implementation of these measures impacts on reduced costs related to the education grant, assignment grant, home leave and education-grant travel. The cost for future bienniums will be subsumed within the revised

staff costs projected for each budgeting cycle, and will be in accordance with the need for temporary functions, as foreseen at that time.

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities) The costs indicated in (a) above are estimated for 2007, which corresponds to the period of implementation of the proposed new measures.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? None of the proposed additional costs can be subsumed under existing programme activities as all those concerned are in the process of converting a number of temporary functions into fixed-term positions; the amount indicated, therefore represents the estimated net increase over and above present budgets.

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)
Implementation would be Organization-wide, using the revised human resource plans from both regional offices and headquarters.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)
Implementation of the proposed contract reform does not require additional staffing.

(c) Time frames (indicate broad time frames for implementation and evaluation)
Implementation will take place throughout 2007.