



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

134TH SESSION

GENEVA, 20–25 January 2014

**RESOLUTIONS AND DECISIONS
ANNEXES**

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ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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

PREFACE

The 134th session of the Executive Board was held at WHO headquarters, Geneva, from 20 to 25 January 2014. The proceedings are issued in two volumes. The present volume contains the resolutions and decisions, and relevant annexes. The summary records of the Board's discussions, list of participants and officers, and details regarding membership of committees, are issued in document EB134/2014/REC/2.

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¹ See Annex 5.

² See Annex 1.

³ See Annex 3.

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EB134.R1 Appointment of the Regional Director for South-East Asia

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for South-East Asia at its sixty-sixth session,

1. APPOINTS Dr Poonam Khetrapal Singh as Regional Director for South-East Asia as from 1 February 2014;
2. AUTHORIZES the Director-General to issue to Dr Poonam Khetrapal Singh a contract for a period of five years from 1 February 2014 subject to the provisions of the Staff Regulations and Staff Rules;
3. AUTHORIZES the Director-General to amend the conditions of employment of Dr Poonam Khetrapal Singh as follows: “You will not participate in the United Nations Joint Staff Pension Fund but will instead receive as a monthly supplement the contribution that the Organization would have paid each month to the Pension Fund had you been a participant”.

(Third meeting, 21 January 2014)

EB134.R2 Expression of appreciation to Dr Samlee Plianbangchang

The Executive Board,

Desiring, on the occasion of the retirement of Dr Samlee Plianbangchang as Regional Director for South-East Asia, to express its appreciation of his services to the World Health Organization;

Mindful of his lifelong devotion to the cause of international health, and especially recalling his 10 years of service as Regional Director for South-East Asia;

Recalling resolution SEA/RC66/R2, adopted by the Regional Committee for South-East Asia, which designates Dr Samlee Plianbangchang as Regional Director Emeritus of the World Health Organization,

1. EXPRESSES its profound gratitude and appreciation to Dr Samlee Plianbangchang for his invaluable contribution to the work of WHO;
2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to humanity.

(Third meeting, 21 January 2014)

EB134.R3 Appointment of the Regional Director for the Western Pacific

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for the Western Pacific at its sixty-fourth session,

1. REAPPOINTS Dr Shin Young-soo as Regional Director for the Western Pacific as from 1 February 2014;
2. AUTHORIZES the Director-General to issue to Dr Shin Young-soo a contract for a period of five years from 1 February 2014 subject to the provisions of the Staff Regulations and Staff Rules;
3. AUTHORIZES the Director-General to amend the conditions of employment of Dr Shin Young-soo as follows: “You will not participate in the United Nations Joint Staff Pension Fund but will instead receive as a monthly supplement the contribution that the Organization would have paid each month to the Pension Fund had you been a participant”.

(Third meeting, 21 January 2014)

EB134.R4 Global strategy and targets for tuberculosis prevention, care and control after 2015

The Executive Board,

Having considered the report on the proposed global strategy and targets for tuberculosis prevention, care and control after 2015,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the consideration and adoption of the following resolution:²

The Sixty-seventh World Health Assembly,

Having considered the report on the draft global strategy and targets for tuberculosis prevention, care and control after 2015;

Acknowledging the progress made towards the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases) for 2015 following the United Nations Millennium Declaration and related 2015 tuberculosis targets, through the adoption of the DOTS strategy, the Stop TB Strategy and the Global Plan to Stop TB 2006–2015, as well as the financing of national plans based on those frameworks, as called for, inter alia, in resolution WHA60.19 on tuberculosis control;

Concerned by the persisting gaps and the uneven progress made towards current targets, and in addition that some regions, Member States, communities and vulnerable groups require

¹ Document EB134/12.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

specific strategies and support to accelerate progress in preventing disease and deaths, and to expand access to needed interventions and new tools;

Further concerned that even with significant progress, an estimated three million people who contract tuberculosis each year will not have their disease detected or will not receive appropriate care and treatment;

Cognizant of the serious economic and social consequences of tuberculosis and of the burden borne by many of those affected when seeking care and adhering to tuberculosis treatment;

Considering resolution WHA62.15 on prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis, and its appeal for action; aware that the response to the crisis to date has been insufficient despite the introduction of new rapid diagnostic tests and efforts to scale up disease management; aware also that the vast majority of those in need still lack access to high-quality prevention, treatment and care services; and alarmed at the grave individual and public health risks posed by multidrug-resistant tuberculosis;

Aware that HIV coinfection is the main reason for the failure to meet tuberculosis control targets in high-HIV prevalence settings and that tuberculosis is a major cause of deaths among people living with HIV, and recognizing the need for substantially enhanced joint action in addressing the dual epidemics of tuberculosis and HIV/AIDS through increasing integration of primary care services in order to improve access to care;

Recognizing that further progress on tuberculosis and other health priorities identified in the United Nations Millennium Declaration must be made in the decades beyond 2015, and that progress on all of those priorities requires overall commitment to health system strengthening and progress towards universal health coverage;

Acknowledging that progress against tuberculosis depends on action within and beyond the health sector in order to address the social and economic determinants of disease, including expansion of social protection and overall poverty reduction;

Guided by resolution WHA61.17 on the health of migrants and its appeal for action, and recognizing the need for increased collaboration between high- and low-incidence countries and regions in strengthening tuberculosis monitoring and control mechanisms, including with regard to the growing mobility of labour;

Noting the need for increased investment in accelerated implementation of innovations at country level as well as in the research and development of new tools for tuberculosis care and prevention that are essential for the elimination of tuberculosis,

1. ADOPTS the global strategy and targets for tuberculosis prevention, care and control after 2015 with:

- (1) its bold vision of a world without tuberculosis, and its targets of ending the global tuberculosis epidemic by 2035 through a reduction in tuberculosis deaths by 95% and in tuberculosis incidence by 90% (or to fewer than 10 tuberculosis cases per 100 000 population), and elimination of associated catastrophic costs for tuberculosis-affected households;
- (2) its associated milestones for 2020, 2025 and 2030;

(3) its principles addressing: government stewardship and accountability; coalition-building with affected communities and civil society; equity, human rights and ethics; and adaptation to fit the needs of each epidemiological, socioeconomic and health system context;

(4) its three pillars of: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation;

2. URGES all Member States:¹

(1) to adapt the strategy;

(2) to implement, monitor and evaluate the strategy's proposed tuberculosis-specific health sector and multisectoral actions with high-level commitment and adequate financing, taking into account the local settings;

(3) to seek, with the full engagement of a wide range of stakeholders, to prevent the persistence of high incidence rates of tuberculosis within specific communities or geographical settings;

3. INVITES international, regional, national and local partners from within and beyond the health sector to engage in, and support, the implementation of the strategy;

4. REQUESTS the Director-General:

(1) to provide guidance to Member States on how to adapt and operationalize the strategy, including the promotion of cross-border collaboration to address the needs of vulnerable communities and the threats posed by drug resistance;

(2) to coordinate and contribute to the implementation of the post-2015 global tuberculosis strategy, working with Member States, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and other global and regional financing institutions, as well as all constituencies of the Stop TB Partnership and the additional multisectoral partners required to achieve the goal and objectives of the strategy;

(3) to further develop and update global normative and policy guidance on tuberculosis prevention, care and control, as new evidence is gathered and innovations are developed, adding to the tools and strategic approaches that are available for ending the global epidemic and moving far more rapidly towards tuberculosis elimination;

(4) to support Member States upon request in the adaptation and implementation of the strategy, as well as in the development of nationally appropriate indicators, milestones and targets to contribute to local and global achievement of the 2035 target;

(5) to monitor the implementation of the strategy, and evaluate impact in terms of progress towards set milestones and targets;

(6) to promote the research and knowledge generation required to end the global tuberculosis epidemic and eliminate tuberculosis, including accelerated discovery and

¹ And, where applicable, regional economic integration organizations.

development of new or improved diagnostics, treatment and preventive tools, in particular efficient vaccines, and the stimulation of the uptake of resulting innovations;

(7) to promote equitable access to new tools and medical products for the prevention, diagnosis, and treatment of tuberculosis and multidrug-resistant tuberculosis as they become available;

(8) to work with the Stop TB Partnership, including active support of the development of the global investment plan, and, where appropriate, seeking out new partners who can leverage effective commitment and innovation within and beyond the health sector in order to implement the strategy effectively;

(9) to report on the progress achieved to the Seventieth and Seventy-third World Health Assemblies, and at regular intervals thereafter, through the Executive Board.

(Fourth meeting, 21 January 2014)

EB134.R5 Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention

The Executive Board,

Having considered the report on public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:²

The Sixty-seventh World Health Assembly,

Having considered the report on public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention;

Recalling World Health Assembly resolutions WHA60.17 on oral health: action plan for promotion and integrated disease prevention, WHA63.25 on the improvement of health through safe and environmentally sound waste management, and WHA59.15 on the Strategic Approach to International Chemicals Management, as well as the strategy for strengthening the engagement of the health sector in the implementation of the strategic approach adopted by the International Conference on Chemicals Management at its third session;

Recognizing the importance of dealing effectively with the health aspects of the challenges that chemicals and wastes, including mercury, may pose, particularly to vulnerable populations, especially women, children, and, through them, future generations;

¹ Document EB134/23.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

Recalling the renewed commitments on sustainable development set out in the United Nations Conference on Sustainable Development Rio+20 outcome document “The future we want”, of June 2012, as well as the Adelaide Statement on Health in All Policies of 2010, and the 8th Global Conference on Health Promotion, held in Helsinki in 2013, which promoted intersectoral collaboration across all sectors to achieve healthy populations;

Taking note that negotiations on the text of a new multilateral environmental agreement on mercury were concluded in October 2013 with the adoption of the Minamata Convention on Mercury, being the first time that a multilateral environmental agreement includes a specific article on health, as well as other relevant provisions, and that the Convention places certain obligations on Parties that will require action, as applicable, by the health sector, together with other competent sectors, including the progressive phase-out, resulting from banning the manufacture, import or export by 2020 of mercury thermometers and sphygmomanometers, of mercury-containing cosmetics, including skin-lightening soaps and creams, and mercury-containing topical antiseptics, measures to be taken to phase down mercury-added dental amalgam, and the development of public health strategies on the exposure to mercury of artisanal and small-scale gold miners and their communities;

Recalling that the objective of the Minamata Convention on Mercury is to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds;

Bearing in mind that the Minamata Convention on Mercury encourages Parties to: (a) promote the development and implementation of strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, and which may include adopting science-based health guidelines relating to the exposure to mercury and mercury compounds, setting targets for mercury exposure reduction, where appropriate, and public education, with the participation of public health and other involved sectors; (b) promote the development and implementation of science-based educational and preventive programmes on occupational exposure to mercury and mercury compounds; (c) promote appropriate health care services for prevention, treatment and care for populations affected by the exposure to mercury or mercury compounds; and (d) establish and strengthen, as appropriate, the institutional and health professional capacities for the prevention, diagnosis, treatment and monitoring of health risks related to the exposure to mercury and mercury compounds;

Noting that the Minamata Convention on Mercury states that the Conference of the Parties, in considering health-related activities, should consult, collaborate and promote cooperation and exchange of information with WHO, ILO and other relevant intergovernmental organizations, as appropriate;

Thanking the Secretariat for its preparatory work, during the negotiations, analysing different risks and available substitutes, as well as analysing and identifying areas requiring additional or new effort, under the Minamata Convention, and encouraging further and continuous analysis and other efforts as may be needed,

1. WELCOMES the formal adoption by Parties of the Minamata Convention on Mercury in October 2013;

2. ENCOURAGES Member States:¹

- (1) to take the necessary domestic measures promptly to sign, ratify and implement the Minamata Convention on Mercury, which sets out internationally legally binding measures to address the risks of mercury and mercury compounds on human health and the environment;
- (2) to participate actively in national, regional and international efforts to implement the Minamata Convention on Mercury;
- (3) to address the health aspects of exposure to mercury and mercury compounds in the context of their health sector uses, and also the other negative health impacts that should be prevented or treated, by ensuring the sound management of mercury and mercury compounds throughout their life cycle;
- (4) to recognize the interrelation between the environment and public health in the context of the implementation of the Minamata Convention on Mercury and sustainable development;
- (5) to promote appropriate health care services for prevention, treatment and care for populations affected by the exposure to mercury or mercury compounds, including effective risk communication strategies targeted at vulnerable groups, such as children and women of childbearing age, especially pregnant women;
- (6) to ensure close cooperation between ministries of health and ministries of environment, as well as ministries of labour, industry, economy, agriculture and other ministries responsible for the implementation of aspects of the Minamata Convention on Mercury;
- (7) to facilitate the exchange of epidemiological information concerning health impacts associated with exposure to mercury and mercury compounds, in close cooperation with WHO and other relevant organizations, as appropriate;

3. REQUESTS the Director-General:

- (1) to facilitate WHO's efforts to provide advice and technical support to Member States to support the implementation of the Minamata Convention on Mercury in all health aspects related to mercury, consistent with WHO's programme of work, in order to promote and protect human health;
- (2) to provide support to Member States in developing and implementing strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, which may include adopting science-based health guidelines relating to exposure to mercury and mercury compounds, setting targets for mercury exposure reduction, where appropriate, and public education, with the participation of health and other involved sectors;

¹ And, where applicable, regional economic integration organizations.

(3) to cooperate closely with the Minamata Convention Intergovernmental Negotiating Committee, the Conference of the Parties and other international organizations and bodies, mainly UNEP, to fully support the implementation of the health-related aspects of the Minamata Convention on Mercury and to provide information to the Committee and Conference of the Parties on the progress made in this regard.

(Eighth meeting, 23 January 2014)

EB134.R6 Traditional medicine

The Executive Board,

Having considered the report on traditional medicine,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:²

The Sixty-seventh World Health Assembly,

Having considered the report on traditional medicine;

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43, WHA44.34, WHA54.11, WHA56.31, WHA61.21, and in particular WHA62.13 on traditional medicine, which requested the Director-General, inter alia, to update the WHO traditional medicine strategy 2002–2005, based on countries' progress and current new challenges in the field of traditional medicine;

Affirming the growing importance and value of traditional and complementary medicine in the provision of health care nationally and globally, and that such medicines are no longer limited exclusively to any particular regions or communities;

Noting the heightened level of interest in aspects of traditional and complementary medicine practices and in their practitioners, and related demand from consumers and governments that consideration be given to integration of those elements into health service delivery;

Noting also that the major challenges to the area of traditional and complementary medicine include deficiencies in: knowledge-based management and policy; appropriate regulation of practices and practitioners; monitoring and implementation of regulation on products; and appropriate integration of traditional and complementary medicine services into health care service delivery and self-health care,

1. TAKES NOTE of the WHO traditional medicine strategy: 2014–2023, its three objectives, and the relevant strategic directions and strategic actions that guide the traditional medicine sector in its further development and advancement over the next decade;

¹ Document EB134/24.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

2. URGES Member States, in accordance with national capacities, priorities, relevant legislation and circumstances:

- (1) to adopt, adapt and implement, where appropriate, the WHO traditional medicine strategy: 2014–2023 as a basis for national traditional and complementary medicine programmes or work plans;
- (2) to report to WHO on progress in implementing the WHO traditional medicine strategy: 2014–2023;

3. REQUESTS the Director-General:

- (1) to facilitate Member States' implementation of the WHO traditional medicine strategy: 2014–2023, supporting their formulation of related knowledge-based national policies, standards and regulations, and strengthening national capacity-building accordingly through information sharing, networks and training workshops;
- (2) to continue to provide policy guidance to Member States on how to integrate traditional and complementary medicine services within their national and/or subnational health care system(s), as well as the technical guidance that would ensure the safety, quality and effectiveness of such traditional and complementary medicine services;
- (3) to continue to promote international cooperation and collaboration in the area of traditional and complementary medicine in order to share evidence-based information, taking into account the traditions and customs of indigenous peoples and communities;
- (4) to monitor the implementation of the WHO traditional medicine strategy: 2014–2023;
- (5) to report to the Seventy-second World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Eighth meeting, 23 January 2014)

EB134.R7 Strengthening of palliative care as a component of integrated treatment within the continuum of care

The Executive Board,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:²

¹ Document EB134/28.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

The Sixty-seventh World Health Assembly,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course;

Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care;

Taking into account the United Nations Economic and Social Council's Commission on Narcotic Drugs' resolutions 53/4 and 54/6 respectively entitled "Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse" and "Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse";

Acknowledging the special report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes,¹ and the WHO guidance on ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines;²

Also taking into account resolution 2005/25 of the United Nations Economic and Social Council on treatment of pain using opioid analgesics;

Bearing in mind that palliative care is an approach that improves the quality of life of patients (adults and children) and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual;

Recognizing that palliative care, when indicated, is fundamental to improving quality of life, well-being, comfort and human dignity for individuals, being an effective person-centred health service that values patients' need to receive adequate, personally and culturally sensitive information on their health status, and their central role in making decisions about the treatment received;

Affirming that access to palliative care and to essential medicines for medical and scientific purposes manufactured from substances under control, including opioid analgesics such as morphine, in line with the three United Nations international drug control conventions,³ contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being;

Acknowledging that palliative care is an ethical responsibility of health systems, and that it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured, and that end-of-life care for individuals is among the critical components of palliative care;

¹ Document E/INCB/2010/1/Supp.1.

² Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines. Geneva: World Health Organization; 2011.

³ United Nations Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol; United Nations Convention on Psychotropic Substances, 1971; United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

Recognizing that more than 40 million people currently require palliative care every year, foreseeing the increased need for palliative care with ageing populations and the rise of noncommunicable and other chronic diseases worldwide, considering the importance of palliative care for children, and, in respect of this, acknowledging that Member States should have estimates of the quantities of the internationally controlled medicines needed, including medicines in paediatric formulations;

Realizing the urgent need to include palliation across the continuum of care, especially at the primary care level, recognizing that inadequate integration of palliative care into health and social care systems is a major contributing factor to the lack of equitable access to such care;

Noting that the availability and appropriate use of internationally controlled medicines for medical and scientific purposes, particularly for the relief of pain and suffering, remains insufficient in many countries, and highlighting the need for Member States, with the support of the WHO Secretariat, the United Nations Office on Drugs and Crime and the International Narcotics Control Board, to ensure that efforts to prevent the diversion of narcotic drugs and psychotropic substances under international control pursuant to the United Nations international drug control conventions do not result in inappropriate regulatory barriers to the medical access to such medicines;

Taking into account that the avoidable suffering of treatable symptoms is perpetuated by the lack of knowledge of palliative care, and highlighting the need for continuing education and adequate training for all hospital- and community-based health care providers and other caregivers, including nongovernmental organization workers and family members;

Recognizing the existence of diverse cost-effective and efficient palliative care models, acknowledging that palliative care uses an interdisciplinary approach to address the needs of patients and their families, and noting that the delivery of quality palliative care is most likely to be realized where strong networks exist between professional palliative care providers, support care providers (including spiritual support and counselling, as needed), volunteers and affected families, as well as between the community and providers of care for acute illness and the elderly;

Recognizing the need for palliative care across disease groups (noncommunicable diseases, and infectious diseases, including HIV and multidrug-resistant tuberculosis), and across all age groups;

Welcoming the inclusion of palliative care in the definition of universal health coverage and emphasizing the need for health services to provide integrated palliative care in an equitable manner in order to address the needs of patients in the context of universal health coverage;

Recognizing the need for adequate funding mechanisms for palliative care programmes, including for medicines and medical products, especially in developing countries;

Welcoming the inclusion of palliative care actions and indicators in the WHO comprehensive global monitoring framework for the prevention and control of noncommunicable diseases and in the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

Noting with appreciation the inclusion of medicines needed for pain and symptom control in palliative care settings in the 18th WHO Model List of Essential Medicines and the 4th WHO Model List of Essential Medicines for Children, and commending the efforts of WHO collaborating centres on pain and palliative care to improve access to palliative care;

Noting with appreciation the efforts of nongovernmental organizations and civil society in continuing to highlight the importance of palliative care, including adequate availability and appropriate use of internationally controlled substances for medical and scientific purposes, as set out in the United Nations international drug control conventions;

Recognizing the limited availability of palliative care services in much of the world and the great avoidable suffering for millions of patients and their families, and emphasizing the need to create or strengthen, as appropriate, health systems that include palliative care as an integral component of the treatment of people within the continuum of care,

1. URGES Member States:¹

(1) to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverage schemes;

(2) to ensure adequate domestic funding and allocation of human resources, as appropriate, for palliative care initiatives, including development and implementation of palliative care policies, education and training, and quality improvement initiatives, and support the availability and appropriate use of essential medicines, including controlled medicines for symptom management;

(3) to provide basic support, including through multisectoral partnerships, to families, community volunteers and other individuals acting as caregivers, under the supervision of trained professionals, as appropriate;

(4) to aim to include palliative care as an integral component of the ongoing education and training offered to care providers, in accordance with their roles and responsibilities, according to the following principles:

(a) basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education, and as part of in-service training of caregivers at the primary care level, including health care workers, caregivers addressing patients' spiritual needs and social workers;

(b) intermediate training should be offered to all health care workers who routinely work with patients with life-threatening illnesses, including those working in oncology, infectious diseases, paediatrics, geriatrics and internal medicine;

(c) specialist palliative care training should be available to prepare health care professionals who will manage integrated care for patients with more than routine symptom management needs;

(5) to assess domestic palliative care needs, including pain management medication requirements, and promote collaborative action to ensure adequate supply of essential medicines in palliative care, avoiding shortages;

¹ And, where applicable, regional economic integration organizations.

(6) to review and, where appropriate, revise national and local legislation and policies for controlled medicines, with reference to WHO policy guidance,¹ on improving access to and rational use of pain management medicines, in line with the United Nations international drug control conventions;

(7) to update, as appropriate, national essential medicines lists, in the light of the recent addition of sections on pain and palliative care medicines to the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children;

(8) to foster partnerships between governments and civil society, including patients' organizations, to support, as appropriate, the provision of services for patients requiring palliative care;

(9) to implement and monitor palliative care actions included in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020;

2. REQUESTS the Director-General:

(1) to ensure that palliative care is an integral component of all relevant global disease control and health system plans, including those relating to noncommunicable diseases and universal health coverage, as well as being included in country and regional cooperation plans;

(2) to update or develop, as appropriate, evidence-based guidelines and tools on palliation, including pain management options, in adults and children, including the development of WHO guidelines for the pharmacological treatment of pain, and ensure their adequate dissemination;

(3) to develop and strengthen, where appropriate, evidence-based guidelines on the integration of palliative care into national health systems, across disease groups and levels of care, that adequately address ethical issues related to the provision of comprehensive palliative care, such as equitable access, person-centred and respectful care, and community involvement, and to inform education in pain and symptom management and psychosocial support;

(4) to continue, through WHO's Access to Controlled Medicines Programme, to support Member States in reviewing and improving national legislation and policies with the objective of ensuring balance between the prevention of misuse, diversion and trafficking of controlled substances and appropriate access to controlled medicines, in line with the United Nations international drug control conventions;

(5) to explore ways to increase the availability and accessibility of medicines used in palliative care through consultation with Member States and relevant networks and civil society, as well as other international stakeholders, as appropriate;

(6) to work with the International Narcotics Control Board, the United Nations Office on Drugs and Crime, health ministries and other relevant authorities in order to promote the availability and balanced control of controlled medicines for pain and symptom management;

¹ Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines. Geneva: World Health Organization; 2011.

(7) to further cooperate with the International Narcotics Control Board to support Member States in establishing accurate estimates in order to enable the availability of medicines for pain relief and palliative care, including through better implementation of the guidance on estimating requirements for substances under international control;¹

(8) to collaborate with UNICEF and other relevant partners in the promotion and implementation of palliative care for children;

(9) to monitor the global situation of palliative care, evaluating the progress made in different initiatives and programmes in collaboration with Member States and international partners;

(10) to work with Member States to encourage adequate funding and improved cooperation for palliative care programmes and research initiatives, in particular in resource-poor countries, in line with the Programme budget 2014–2015, which addresses palliative care;

(11) to encourage research on models of palliative care that are effective in low- and middle-income countries, taking into consideration good practices;

(12) to report back to the Sixty-ninth World Health Assembly in 2016, through the Executive Board, on progress in the implementation of this resolution.

(Eighth meeting, 23 January 2014)

EB134.R8 Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion)

The Executive Board,

Having considered the report on contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion),²

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:³

The Sixty-seventh World Health Assembly,

Having considered the report on contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion);

¹ International Narcotics Control Board, World Health Organization. Guide on estimating requirements for substances under international control. New York: United Nations; 2012.

² Document EB134/54.

³ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

Reaffirming the principles of the Constitution of the World Health Organization stating that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

Reaffirming the right of every human being without distinction of any kind to the enjoyment of the highest attainable standard of physical and mental health, and to a standard of living adequate for the health and well-being of oneself and one's family, including adequate food, clothing, housing and to the continuous improvement of living conditions;

Recalling the Declaration of Alma-Ata on Primary Health Care, 1978 and the Global Strategy of Health for All by the year 2000, and their calls for coordination, cooperation and intersectoral action for health;

Acknowledging the United Nations General Assembly document "The Future we want",¹ and in particular its recognition that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and the call for the involvement of all relevant sectors for coordinated multisectoral action to address urgently the health needs of the world's population;

Recalling World Health Assembly resolutions on health promotion, public information and education for health,² health promotion,³ health promotion and healthy lifestyles,⁴ health promotion in a globalized world,⁵ and social determinants of health,⁶ and taking note of the outcome documents of the seven global WHO conferences on health promotion,⁷ in particular the Ottawa Charter, the Adelaide Statement and the Nairobi Call for Action;

Reaffirming commitments made to global health in the context of foreign policy and reiterating the request to consider universal health coverage in the discussions on the post-2015 development agenda, also considering broad public health measures, health protection and addressing determinants of health through policies across sectors;

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases⁸ and the WHO global strategy and action plan on the prevention and control of noncommunicable diseases, which recognize the primary role of governments in responding to the challenge of noncommunicable diseases and the essential need for the efforts and engagement of all sectors, rather than by making changes in health sector policy alone, as well as the important role of the international community and international cooperation in assisting the Member States in these efforts;

Noting that the health sector has a key role in working with other sectors in ensuring drinking-water quality, sanitation, food and nutritional safety, air quality and limiting exposure

¹ Annexed to United Nations General Assembly resolution 66/288.

² Resolution WHA42.44.

³ Resolution WHA51.12.

⁴ Resolution WHA57.16.

⁵ Resolution WHA60.24.

⁶ Resolution WHA65.8.

⁷ Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok, 2005; Nairobi, 2009.

⁸ Document A/66/L.1.

to health-damaging chemicals and radiation levels, as recognized in World Health Assembly resolutions;¹

Recognizing that a number of mental disorders can be prevented and that mental health can be promoted in the health sector and in sectors outside health and that global support is necessary for national and local work on mental health and development, for instance through the Mental Health Action Plan and the WHO MINDbank;

Noting further the relevance of the WHO Framework Convention on Tobacco Control for many sectors, underscoring the importance of addressing common risk factors for noncommunicable diseases across sectors and the cooperation needs under the International Health Regulations (2005), including among the organizations in the United Nations system, and between and within Member States;

Acknowledging the final report of the Commission on Social Determinants and Health² as a source of evidence, as well as the Rio Political Declaration on Social Determinants of Health and its call for the development and implementation of robust, evidence-based, reliable measures of societal well-being, and recognizing the important advocacy role of health ministries in this regard;

Recognizing that Health in All Policies refers to taking the health implications of decisions systemically into account in public policies across sectors, seeking synergies and avoiding harmful health impacts, in order to improve population health and health equity through assessing the consequences of public policies on the determinants of health and well-being and on health systems;

Concerned about gaps in taking into account across government, at various levels of governance, the impacts of policies on health, health equity and the functioning of the health system,

1. NOTES with appreciation the Helsinki Statement on Health in All Policies, endorsed by the 8th Global Conference on Health Promotion, (Helsinki, 10–14 June 2013), and notes the ongoing work on the Health in All Policies Framework for Country Action;

2. URGES Member States:³

(1) to champion health and the promotion of health equity as a priority and take efficient action on social, economic and environmental determinants of health, consistent with resolution WHA65.8, including on noncommunicable disease prevention;

(2) to take steps, including, where appropriate, effective legislation, cross-sectoral structures, processes, methods and resources such as the Urban Health Equity Assessment and Response Tool, that enable societal policies which take into account and address their impacts on health determinants, health protection, health equity and health systems functioning, and which measure and track social determinants and disparities in health;

¹ Resolutions WHA59.15, WHA61.19, WHA63.25, WHA63.26, WHA64.15, WHA64.24.

² World Health Organization. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: World Health Organization; 2008.

³ And, where applicable, regional economic integration organizations.

(3) to develop, as appropriate, and maintain adequate and sustainable institutional capacity and skills, such as assessing health implications of policy initiatives in all sectors, exploring solutions and negotiating policies across sectors, including within health authorities and relevant research and development institutes such as national public health institutes, to achieve improved outcomes from the perspective of health, health equity and health systems functioning;

(4) to take action to enhance health and safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest, through managing risk, strengthening due diligence and accountability and increasing the transparency of decision-making and engagement;

(5) to include, as appropriate, relevant stakeholders such as local communities and civil society actors in the development, implementation and monitoring of policies across sectors;

(6) to contribute to development of the post-2015 development agenda by emphasizing that policies in sectors other than health have a significant impact on health outcomes, and by identifying synergies between health and other sector policy objectives;

3. REQUESTS the Director-General:

(1) to prepare, for the consideration of the Sixty-eighth World Health Assembly, in consultation with Member States,¹ United Nations organizations and other relevant stakeholders as appropriate, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies, aimed at supporting national efforts to improve health, ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of noncommunicable diseases, based on best available knowledge and evidence;

(2) to provide guidance and technical assistance, upon request, to Member States in their efforts to build the necessary capacities, structures, mechanisms and processes in order to integrate health perspectives in non-health sector policies, including, where appropriate, through implementation of Health in All Policies, and for measuring and tracking social determinants and disparities in health;

(3) to strengthen WHO's role, capacities and knowledge resources, including by compiling and analysing good practices by Member States, to give guidance and technical assistance for implementation of policies across sectors at the various levels of governance, and ensure coherence and collaboration across programmes and initiatives within WHO;

(4) to continue to work with and provide leadership for the organizations in the United Nations system, development banks, other international organizations and foundations, in order to encourage them to take health considerations into account in major strategic initiatives and their monitoring, including the post-2015 development agenda, and to achieve coherence and synergy with commitments and obligations related to health and health determinants, including social determinants of health, in their work with Member States;

¹ And, where applicable, regional economic integration organizations.

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

(Ninth meeting, 24 January 2014)

EB134.R9 Confirmation of amendments to the Financial Rules

The Executive Board

CONFIRMS, in accordance with Financial Regulation 16.1, the amendment to Financial Rule III that has been made by the Director-General, with immediate effect.¹

(Tenth meeting, 23 January 2014)

EB134.R10 Implementation of the International Health Regulations (2005)

The Executive Board,

Having considered the report on implementation of the International Health Regulations (2005),²

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:³

The Sixty-seventh World Health Assembly,

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

Recalling the recent meeting and report of the Strategic Advisory Group of Experts on immunization,⁴ which completed its scientific review and analysis of evidence on issues concerning vaccination against yellow fever and concluded that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease, and that a booster dose of yellow fever vaccine is not needed;

Noting that in its report the Strategic Advisory Group of Experts on immunization recommended that WHO should revisit the provisions in the International Health Regulations (2005) relating to the period of validity for international certificates for vaccination against yellow fever,

1. ADOPTS, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the updated Annex 7 of the International Health Regulations (2005) below.

¹ See Annex 1.

² Document EB134/32.

³ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

⁴ Meeting of the Strategic Advisory Group of Experts on immunization, April 2013 – conclusions and recommendations. Weekly epidemiological record. 2013;88(20):201–216.

Proposed revisions to International Health Regulations (2005), Annex 7**ANNEX 7****REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS
FOR SPECIFIC DISEASES**

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

(i) the incubation period of yellow fever is six days;

(ii) yellow fever vaccines approved by WHO provide protection against infection starting 10 days following the administration of the vaccine;

(iii) this protection continues for the life of the person vaccinated ~~10 years~~; and

(iv) the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated ~~a period of 10 years~~, beginning 10 days after the date of vaccination ~~or, in the case of a revaccination within such period of 10 years, from the date of that revaccination.~~

(b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present.

(c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2(h) of this Annex may be applied on arrival.

(d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where the Organization has determined that a risk of yellow fever transmission is present.

(e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.

(f) States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.

(g) Every person employed at a point of entry in an area where the Organization has determined that a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.

(h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.

(i) Travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

(Eleventh meeting, 24 January 2014)

EB134.R11 Confirmation of amendments to the Staff Rules

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules, and the report of the Programme, Budget and Administrative Committee of the Executive Board,¹

1. CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2014 concerning the remuneration of staff in the professional and higher categories, and with effect from the school year in progress on 1 January 2013 in respect of the level of the education grant;²
2. REQUESTS the Director-General to convey to the International Civil Service Commission (ICSC) and the United Nations General Assembly the views of WHO Member States that rising staff costs are having a considerable budgetary impact on the Organization and to request that the ICSC study the impact of their recommendations on the budgets of common system organizations, particularly within the context of their ongoing comprehensive compensation review.

(Eleventh meeting, 24 January 2014)

EB134.R12 Salaries of staff in ungraded posts and of the Director-General

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,³

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:⁴

The Sixty-seventh World Health Assembly,

Having considered the report on amendments to the Staff Regulations and Staff Rules;

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

¹ Documents EB134/51 and EB134/3.

² See Annex 2 for the text of the amendments to the Staff Rules and Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

³ Document EB134/51.

⁴ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

1. ESTABLISHES the salaries of assistant directors-general and regional directors at US\$ 172 436 gross per annum with a corresponding net salary of US\$ 134 205 (dependency rate) or US\$ 121 527 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 189 744 gross per annum with a corresponding net salary of US\$ 146 321 (dependency rate) or US\$ 131 682 (single rate);
3. ESTABLISHES the salary of the Director-General at US\$ 252 055 gross per annum with a corresponding net salary of US\$ 176 836 (dependency rate) or US\$ 157 262 (single rate);
4. DECIDES that those adjustments in remuneration shall take effect on 1 January 2014.

(Eleventh meeting, 24 January 2014)

EB134.R13 Combating antimicrobial resistance, including antibiotic resistance¹

The Executive Board,

Having considered the report on antimicrobial drug resistance,²

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:³

The Sixty-seventh World Health Assembly,

Having considered the report on antimicrobial drug resistance;

Recognizing WHO's leadership role in the containment of antimicrobial resistance;

Recalling resolutions WHA39.27 and WHA47.13 on the rational use of drugs, WHA51.17 on emerging and other communicable diseases: antimicrobial resistance, WHA54.14 on global health security, WHA58.27 on improving the containment of antimicrobial resistance, WHA60.16 on progress in the rational use of medicines and WHA66.22 on follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination;

Aware that access to effective antimicrobial agents constitutes a prerequisite for most of modern medicine, that hard-won gains in health and development, in particular those brought about through the health-related Millennium Development Goals, are at risk due to increasing resistance to antimicrobials, and that antimicrobial resistance threatens the sustainability of the public health response to many communicable diseases, including tuberculosis, malaria and HIV/AIDS;

Aware that the health and economic consequences of antimicrobial resistance constitute a heavy and growing burden on high-, middle- and low-income countries, requiring urgent action

¹ Antimicrobial resistance refers to the loss of effectiveness of any anti-infective medicine, including antiviral, antifungal, antibacterial and antiparasitic medicines. Antibiotic resistance refers only to resistance to medicines in bacteria.

² Document EB134/37.

³ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

at national, regional and global levels, particularly in view of the limited development of new antimicrobial agents;

Recognizing that the main impact of antimicrobial resistance is on human health, but that the contributing factors and consequences, including economic and others, go beyond health and therefore there is a need for a coherent, comprehensive and integrated approach at global, regional and national levels, in a “One Health” approach and beyond, involving different actors and sectors such as human and veterinary medicine, agriculture, environment and consumers;

Noting that awareness of the broad scope and urgency of the threat posed has been limited and that previous resolutions of the Health Assembly and WHO’s strategies for the containment of antimicrobial resistance have not yet been widely implemented;

Recognizing that antimicrobial resistance involves a wide range of pathogens including bacteria, viruses and parasites but that the development of resistance among some pathogens, particularly antibiotic-resistant bacteria, is of particular urgency and most in need of immediate attention;

Welcoming the establishment of the WHO Global Task Force on Antimicrobial Resistance and the tripartite collaboration between FAO, OIE and WHO,

1. URGES Member States:¹

- (1) to increase political awareness, engagement and leadership in order to accelerate efforts to secure access to effective antimicrobials and to use them responsibly;
- (2) to take urgent action at national, regional and local levels to strengthen infection prevention and control, by means that include application of basic hygiene measures;
- (3) to develop or strengthen national plans and strategies and international collaboration for the containment of antimicrobial resistance;
- (4) to mobilize human and financial resources in order to implement plans and strategies to strengthen the containment of antimicrobial resistance;
- (5) to strengthen overall pharmaceutical management systems, including regulatory systems and supply chain mechanisms, and, where appropriate, laboratory infrastructure, with a view to ensuring access to and availability of effective antimicrobial agents, taking into account financial and other incentives that might have a negative impact on policies for prescribing and dispensing;
- (6) to monitor the extent of antimicrobial resistance and monitor regularly the use of antibiotics in all relevant sectors, in particular health and agriculture, including animal husbandry, and to share such information so national, regional and global trends can be detected and monitored;
- (7) to improve, among all relevant care providers, the public and other sectors and stakeholders, awareness of (i) the threat posed by antimicrobial resistance, (ii) the need for responsible use of antibiotics and (iii) the importance of infection prevention and control measures;

¹ And, where appropriate, regional economic integration organizations.

(8) to encourage and support research and development, including by academia and through new collaborative and financial models, to combat antimicrobial resistance and promote responsible use of antimicrobials, develop practical and feasible approaches for extending the lifespan of antimicrobial medicines and encourage the development of novel diagnostics and antimicrobial medicines;

(9) to collaborate with the Secretariat in developing and implementing a draft global action plan to combat antimicrobial resistance including antibiotic resistance, which is based on all available evidence and best practices;

(10) to develop antimicrobial resistance surveillance systems in three separate sectors: (i) inpatients in hospitals; (ii) outpatients in all other health care settings and the community; and (iii) animals and non-human usage of antimicrobials;

2. REQUESTS the Director-General:

(1) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are actively engaged and coordinated in promoting work on containing antimicrobial resistance, including through the tracking of resource flows for research and development on antimicrobial resistance in the new global health research and development observatory;

(2) to set aside adequate resources for the work in the Secretariat, in line with the Programme budget 2014–2015 and the Twelfth General Programme of Work, 2014–2019;

(3) to strengthen the tripartite collaboration between FAO, OIE and WHO for combating antimicrobial resistance in the spirit of the “One Health” approach;

(4) to explore with the United Nations Secretary-General options for a high-level initiative, including a high-level meeting, to increase political awareness, engagement and leadership on antimicrobial resistance;

(5) to develop a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, which addresses the need to ensure that all countries, especially low- and middle-income countries, have the capacity to combat antimicrobial resistance and which takes into account existing action plans and all available evidence and best practice as well as the recommendations of WHO’s Strategic Technical Advisory Group on antimicrobial resistance and the WHO policy package to combat antimicrobial resistance, which asks Member States:

(a) to commit to a comprehensive, financed national plan with accountability and civil society engagement;

(b) to strengthen surveillance and laboratory capacity;

(c) to ensure uninterrupted access to essential medicines of assured quality;

(d) to regulate and promote rational use of medicines, including in animal husbandry, and ensure proper patient care;

(e) to enhance infection prevention and control;

- (f) to foster innovation and research and development for new tools;
- (6) to apply a multisectoral approach to inform the drafting of the global action plan, by consulting Member States¹ as well as other relevant stakeholders, especially other multilateral stakeholders, such as FAO and OIE;
- (7) to submit to the Sixty-eighth World Health Assembly, through the Executive Board at its 136th session, a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, together with a summary report on progress made in implementing the other aspects of this resolution.

(Eleventh meeting, 24 January 2014)

EB134.R14 Health intervention and technology assessment in support of universal health coverage

The Executive Board,

Having considered the report on health intervention and technology assessment in support of universal health coverage,²

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:³

The Sixty-seventh World Health Assembly,

Having considered the report on health intervention and technology assessment in support of universal health coverage;

Recalling resolutions WHA52.19 on the revised drug strategy, WHA58.33 on sustainable health financing, universal coverage and social health insurance, WHA60.16 on progress in the rational use of medicines, WHA60.29 on health technologies, WHA63.21 on WHO's role and responsibilities in health research, and WHA64.9 on sustainable health financing structures and universal coverage;

Recognizing the importance of evidence-based policy development and decision-making in health systems, including decisions on resource allocation, service system designs and translation of policies into practice, as well as reaffirming WHO's roles and responsibilities in provision of support to strengthen information systems and health research capacity, and their utilization in Member States;

Noting that the efficient use of resources is a crucial factor in the sustainability of health systems' performance, especially when significant increases in access to essential medicines, including generic medicines, to medical devices and procedures, and to other health care interventions for promotion, prevention, diagnosis and treatment, rehabilitation and palliative care are pursued by Member States, as they move towards universal health coverage;

¹ And, where applicable, regional economic integration organizations.

² Document EB134/30.

³ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

Noting that *The world health report 2010*¹ indicates that as much as 40% of spending on health is being wasted and that there is, therefore, an urgent need for systematic, effective solutions to reduce such inefficiencies and to enhance the rational use of health technology;

Acknowledging the critical role of independent health intervention and technology assessment, as multidisciplinary policy research, in generating evidence to inform prioritization, selection, introduction, distribution, and management of interventions for health promotion, disease prevention, diagnosis and treatment, and rehabilitation and palliation;

Emphasizing that with rigorous and structured research methodology and transparent and inclusive processes, assessment of medicines, vaccines, medical devices and equipment, and health procedures, including preventive intervention, could help to address the demand for reliable information on the safety, efficacy, quality, appropriateness, cost-effectiveness and efficiency dimensions of such technologies to determine if and when they are integrated into particular health interventions and systems;

Concerned that the capacity to assess, research and document the public health, economic, organizational, social, legal and ethical implications of health interventions and technologies is inadequate in most developing countries, resulting in inadequate information to guide rational policy, and professional decisions and practices;

Recognizing the importance of strengthened national capacity, regional and international networking, and collaboration on health intervention and technology assessment to promote evidence-based health policy,

1. URGES Member States:²

- (1) to encourage the systematic utilization of independent health intervention and technology assessment in support of universal health coverage to inform policy decisions, including priority-setting, selection, procurement supply system management and use of health interventions and/or technologies, as well as the formulation of sustainable financing benefit packages, medicines, benefits management including pharmaceutical formularies, clinical practice guidelines and protocols for public health programmes;
- (2) to consider, in addition to the use of established and widely agreed methods, developing as appropriate national methodological and process guidelines and monitoring systems for health intervention and technology assessment in order to ensure the transparency, quality and policy relevance of related assessments and research;
- (3) to further consolidate and promote health intervention and technology assessment within national frameworks, such as those for health system research, health professional education, health system strengthening and universal health coverage;
- (4) to consider strengthening national capacity for regional and international networking, developing national know-how, avoiding duplication of efforts and achieving better use of resources;

¹ The world health report 2010. Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010.

² And, where applicable, regional economic integration organizations.

(5) to consider also collaborating with other Member States' health organizations, academic institutions, professional associations and other key stakeholders in the country or region in order to collect and share information and lessons learnt so as to formulate and implement national strategic plans concerning capacity-building for and introduction of health intervention and technology assessment, and summarizing best practices in transparent, evidence-informed health policy and decision-making;

(6) to identify gaps with regard to promoting and implementing evidence-based health policy, as well as improving related information systems and research capacity, and considering seeking technical support and exchanging information and sharing experiences with other Member States, regional networks and international entities, including WHO;

(7) to develop and improve the collection of data on health intervention and technology assessment, training relevant professionals, as appropriate, so as to improve assessment capacity;

2. REQUESTS the Director-General:

(1) to assess the status of health intervention and technology assessment in Member States in terms of methodology, human resources and institutional capacity, governance, linkage between health intervention and technology assessment units and/or networks with policy authorities, utilization of assessment results, and interest in and impediments to strengthening capacity;

(2) to raise awareness of, and to foster knowledge and encourage the practice of health intervention and technology assessment and its uses in evidence-based decision-making among national policy-makers and other stakeholders, by drawing best practices from the operation, performance and contribution of competent research institutes and health intervention and technology assessment agencies and programmes, and sharing such experiences with Member States through appropriate channels and activities, including global and regional networks and academic institutions;

(3) to integrate health intervention and technology assessment concepts and principles into the relevant strategies and areas of work of WHO, including, but not limited to, those on universal health coverage, including health financing, access to and rational use of quality-assured medicines, vaccines and other health technologies, the prevention and management of noncommunicable and communicable diseases, mother and child care, and the formulation of evidence-based health policy;

(4) to provide technical support to Member States, especially low-income countries, relevant intergovernmental organizations and global health partners, in order to strengthen capacity for health intervention and technology assessment, including, when appropriate, the development and use of global guidance on methods and processes based on internationally agreed practices;

(5) to ensure adequate capacity at all levels of WHO, utilizing its networks of experts and collaborating centres, as well as other regional and international networks, in order to address the demand for support to facilitate evidence-based policy decisions in Member States;

(6) to support exchange of information, sharing of experiences and capacity-building in health intervention and technology assessment through collaborative mechanisms and

networks at global, regional and country levels, as well as ensuring that these partnerships are active, effective and sustainable;

(7) to report on progress in the implementation of this resolution, through the Executive Board, to the Sixty-ninth World Health Assembly.

(Twelfth meeting, 24 January 2014)

EB134.R15 Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

The Executive Board,

Having considered the report on follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:²

The Sixty-seventh World Health Assembly,

Having considered the outcome document of the Third Global Forum on Human Resources for Health (Recife, Brazil, 10–13 November 2013);

Recognizing the leadership role of WHO in human resources for health, and the mandate given in this regard by resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel;

Recalling the commitment to attain universal health coverage and the need for an improved health workforce to achieve it;

Reaffirming the importance of the Kampala Declaration and Agenda for Global Action, as well as the WHO Global Code of Practice on the International Recruitment of Health Personnel, and recognizing the need to renew these commitments and take them forward in light of new developments with a view to progressing towards universal health coverage,

1. ENDORSES the call to action in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;
2. WELCOMES the commitments made by Member States in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;
2. URGES Member States³ to implement, as appropriate, and in accordance with national and subnational responsibilities, the commitments made in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

¹ Document EB134/55.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

³ And, where applicable, regional economic integration organizations.

3. REQUESTS the Director General to take into consideration the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage in the future work of WHO.

(Twelfth meeting, 24 January 2014)

EB134.R16 Access to essential medicines

The Executive Board,

Having considered the report on access to essential medicines,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:²

The Sixty-seventh World Health Assembly,

Having considered the report on access to essential medicines;

Noting that WHO's definition of an essential medicine³ contains the following elements: "Essential medicines are those that satisfy the priority health care needs of the population" and "Essential medicines are selected with due regard to their public health relevance, evidence of efficacy and safety, and comparative cost-effectiveness";

Recalling resolution WHA28.66 on prophylactic and therapeutic substances that relates to the formulation and implementation of medicines policies and pharmaceutical strategies; the Declaration of Alma-Ata in 1978 that recognized the provision of essential medicines as one of the pillars of primary health care, and subsequent resolutions in relation to essential medicines, such as resolution WHA54.11 on the WHO medicines strategy, WHA58.27 on improving the containment of antimicrobial resistance, WHA60.16 on progress in the rational use of medicines, WHA60.20 on better medicines for children, WHA60.29 on health technologies, WHA61.21 on the global strategy and plan of action on public health, innovation and intellectual property, and WHA64.9 on sustainable health financing structures and universal coverage, as well as WHA66.10 in which the Health Assembly endorsed the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, and which includes Target (9) on the availability of essential medicines required to treat noncommunicable diseases;

Bearing in mind that the WHO medicines strategy, as set out in the Twelfth General Programme of Work 2014–2019, is based on the principles of evidence-based selection of a limited range of medicines, efficient procurement and distribution systems, affordable prices, and the rational use of medicines in order to promote better management and greater availability of medicines, more cost-effective use of health resources, and higher quality health care;

Considering that the effective implementation of the above principles is of critical importance to improving people's health, progressing towards universal health coverage and achieving the health-related Millennium Development Goals;

¹ Document EB134/31.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

³ See WHO Technical Report Series, No. 985.

Welcoming WHO's regional actions in support of greater access to – and availability, affordability and rational use of – safe, effective and quality-assured essential medicines, including development of the Regional Office for the Western Pacific Regional Framework for Action on Access to Essential Medicines (2011–2016);

Acknowledging the complexity of the medicines supply chain and the challenges that countries encounter in this regard, the importance of good governance for medicines programmes,¹ and the consequences of the high costs of medicines, which are among the factors that make accessing care and treatment unaffordable;

Aware that shortages of essential medicines are a global problem that has an impact on the care of patients, the causes and implications of which vary from one country to another, and that there is insufficient information to determine the magnitude and specific characteristics of the problem;

Realizing the role of evidence-based clinical treatment guidelines to guide cost-effective treatment practices, the need for reliable and unbiased information to support rational prescribing, and the importance of increased health literacy to support patients and consumers to use medicines wisely;

Noting with concern that despite sustained efforts over a number of decades by Member States, the Secretariat and partners, most low-income countries are still facing a multitude of challenges in improving the availability, affordability and rational use of essential medicines;

Noting that the goal of Member States is to increase access to affordable, safe, effective and quality-assured essential medicines, including as appropriate, through the full use of the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights in line with the Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property;

Noting that support for research and development is important for the sustainable supply of future essential medicines, to address public health needs,

1. URGES Member States:²

- (1) to recognize the need and provide adequate resources, as required, for the development of comprehensive national medicine policies, strengthened pharmaceutical regulatory, procurement and distributions systems and coordinated responses to address the complex and interrelated activities that affect access to essential medicines, in order to improve their availability, affordability, quality and rational use;
- (2) to improve national policies for selection of essential medicines, particularly by using transparent, rigorous, evidence-based processes based on the methods of health technology assessment in selecting medicines for inclusion in the national essential medicines lists according to each country's health needs and priorities;

¹ In WHO's assessment instrument for measuring transparency in the public pharmaceutical sector (document WHO/EMP/MAR/2009.4), "good governance" refers to the formulation and implementation of appropriate policies and procedures that ensure the effective, efficient and ethical management of pharmaceutical systems, in particular medicines regulatory systems and medicine supply systems, in a manner that is transparent, accountable, follows the rule of law and minimizes corruption.

² And, where applicable, regional economic integration organizations.

- (3) to encourage and support research on health systems regarding the procurement, supply and rational use of essential medicines;
- (4) to promote collaboration and strengthen the exchange of information on best practices in the development, implementation and evaluation of medicine policies and strategies, that enhance access to affordable, safe, effective and quality-assured essential medicines;
- (5) to place greater emphasis on medicines for children and to promote the availability, affordability, quality and safety of essential medicines for children through the development and manufacture of appropriate paediatric formulations and to facilitate market access to these medicines;
- (6) to improve the education and training of health care professionals in order to support the implementation of national policies and strategies in relation to essential medicines, and to develop and implement evidence-based clinical practice guidelines and other interventions for the rational use of essential medicines;
- (7) to strengthen the engagement with the general public and civil society to increase awareness and knowledge of essential medicines and public involvement in enhancing access to and the rational use of these medicines;
- (8) to identify key barriers to access to essential medicines and to develop strategies to address these barriers, making use of WHO's tools¹ and guidance as appropriate;
- (9) to establish or strengthen, as appropriate, systems to monitor the availability, affordability and utilization of safe, effective and quality-assured essential medicines in public and private health facilities;
- (10) to systematize information collection and strengthen monitoring mechanisms, in order to better detect and understand the causes of essential medicines shortages, and to develop strategies to prevent and mitigate the associated problems and risk caused by shortages;
- (11) to consider, as appropriate, adapting national legislation in order to make full use of the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the flexibilities recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health and other WTO instruments related to that agreement, in order to promote access to essential medicines, in line with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;

2. REQUESTS the Director-General:

- (1) to urge Member States to recognize the importance of effective national medicines policies, and their implementation under good governance, in order to ensure equity of access to affordable, safe, effective and quality-assured essential medicines and their rational use in practice;

¹ Including but not limited to: pharmaceutical sector country profiles, the assessment instrument for measuring transparency in the public pharmaceutical sector, the WHO/Health Action International tool for measuring medicine prices, availability, affordability and price components, and guidance on how to investigate drug use in health facilities.

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- (2) to facilitate and support the exchange of information and collaboration among Member States on best practices in the development and implementation of medicines policies;
 - (3) to support Member States in sharing best practices in the selection of essential medicines, and facilitating collaboration between the Secretariat and Member States in developing processes for the selection of medicines for national essential medicines lists consistent with the evidence-based methods used for updating the WHO Model List of Essential Medicines;
 - (4) to support Member States in building capacity for the evidence-based selection of essential medicines, the development and dissemination of, and adherence to, clinical practice guidelines and the promotion of other strategies for the rational use of affordable, safe, effective and quality-assured essential medicines by health care professionals and the public;
 - (5) to support Member States in developing and implementing their national medicines policies and supply systems especially with regard to regulation, financing, selection, procurement, distribution, pricing, reimbursement and use, in order to increase their efficiency and ensure the access to safe, effective and quality-assured essential medicines, including high price essential medicines;
 - (6) to support Member States in systematizing information collection and strengthening monitoring mechanisms, in order to better detect and understand the causes of essential medicines shortages, and in developing strategies to prevent and mitigate the associated problems and risk caused by shortages;
 - (7) to urge Member States to expedite progress towards the achievement of the Millennium Development Goals and universal health coverage by, inter alia, implementing national medicines policies for improving access to affordable, safe, effective, and quality-assured essential medicines;
 - (8) to provide, as appropriate, upon request, in collaboration with other competent international organizations, technical support, including, where appropriate, to policy processes to Member States that intend to make use of the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the flexibilities recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health and other WTO instruments related to that Agreement, in order to promote access to essential medicines, in accordance with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;
 - (9) to report to the Sixty-ninth World Health Assembly, through the Executive Board, on the implementation of this resolution.

(Thirteenth meeting, 25 January 2014)

EB134.R17 Regulatory system strengthening for medical products

The Executive Board,

Having considered the report on regulatory system strengthening,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the consideration and adoption of the following resolution:²

The Sixty-seventh World Health Assembly,

Welcoming the efforts of the Director-General, and recognizing the pivotal role that WHO plays in supporting countries in strengthening their regulatory systems of medical products for human use,³ and in promoting equitable access to quality, safe, efficacious, and affordable medical products;

Recalling the Constitution of the World Health Organization, which affirms that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Recalling also United Nations General Assembly resolution 67/81 on global health and foreign policy, which, inter alia, recognized the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, in the provision of access to health services for all, in particular for the poorest segments of the population;

Recalling further resolutions WHA45.17, WHA47.17, WHA52.19, WHA54.11, WHA59.24, WHA63.12, and WHA65.19, all of which encompass aspects of the need to promote the quality, safety, efficaciousness and affordability of medicines, including blood products;

[Reaffirming resolution WHA65.19, which establishes a new Member State mechanism for international collaboration, from a public health perspective, to prevent and control substandard/spurious/false-labelled/falsified/counterfeit medical products and to promote access to affordable, safe and quality medical products;]

Recognizing that effective regulatory systems are an essential component of health system strengthening and contribute to better public health outcomes, that regulators are an essential part of the health workforce, and that inefficient regulatory systems themselves can be a barrier to access to safe, effective and quality medical products;

Recognizing also that effective regulatory systems are necessary for implementing universal health coverage, responding to the dual burden of infectious and noncommunicable diseases, and achieving Millennium Development Goal 4 (Reduce child mortality) Goal 5 (Improve maternal health) and Goal 6 (Combat HIV/AIDS, malaria and other diseases);

¹ Document EB134/29.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

³ For the purpose of this resolution, medical products include medicines, vaccines, diagnostics and medical devices.

Aware that health systems need to promote access to essential medical products and that, in order to ensure universal access to health care, rational use of medicines and the sustainability of health systems, urgent action is needed by the international community, Member States and relevant actors in health systems;

Very concerned by the impact on patients of medical products of compromised quality, safety and efficacy, in terms of poisoning, inadequate or no treatment, contributions to drug resistance, the related economic burden, and erosion of public trust in the health system;

[Aware of the regulatory challenges presented by ever-increasing complexities of medical product global supply chains;]

Emphasizing WHO's role in strengthening regulatory systems for medical products from a public health perspective, and in supporting national drug regulatory authorities and relevant regional bodies in this area, and in particular in developing countries;

Recalling the WHO global strategy and plan of action on public health, innovation and intellectual property, in particular element three, which calls for establishing and strengthening regulatory capacity in developing countries as one effective policy for building and improving innovative capacity, and element six, which promotes establishing and strengthening mechanisms to improve ethical review and regulate the quality, safety and efficacy of health products and medical devices;

Noting with appreciation the many national and regional efforts to strengthen regulatory capacity (including through a variety of models), improve regulatory coherence and convergence among regulatory authorities, and enhance good governance, including transparency in decision-making, leading to the improved availability of quality, safe, efficacious and affordable medical products, such as the European Union regulatory framework for medical products, work under way in PAHO following its 2010 resolution CD50.R9, the African Medicines Regulatory Harmonization Initiative, and the regulatory harmonization and cooperation work in ASEAN;

[Also noting with appreciation the ongoing collaboration between some national regulatory authorities, including at the global level, in setting standards, including the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use among others, and encouraging a continued emphasis of effort in strengthening regulatory systems in accordance with WHO principles and guidelines;]

Recognizing the significant investments made in the procurement of medicines through global health initiatives, national health budgets, and, in particular, the essential role of WHO's prequalification programme and national regulatory systems in assuring the safety, quality and efficacy of these medical products;

Recalling the WHO good clinical practices that focus on the protection of human research subjects;

Recalling also WHO's ongoing reform agenda and welcoming in this regard the establishment in November 2012 of the Health Systems and Innovation cluster,

1. URGES Member States:¹

- (1) to strengthen national regulatory systems by, as appropriate:
 - (a) undergoing self-evaluations, including with WHO support, to identify the strengths and opportunities for improvement in regulatory system functions, as a first step towards formulating plans for regulatory systems strengthening, including through WHO-coordinated institutional development plans;
 - (b) collecting data on regulatory system performance to enable analysis and benchmarking for improved systems in the future;
 - (c) developing strong legal foundations and political leadership to underpin a regulatory system with a clear focus on patient safety and transparency in decision-making;
 - (d) identifying and developing a core set of regulatory functions to meet country and/or regional needs, such as market control and postmarket surveillance;
 - (e) developing needed competencies as an integral part of, although not limited to, the health workforce, and encouraging the development of the regulatory field as a profession;
 - (f) **[implementing relevant guidance and science-based outputs of international regulatory harmonization and convergence efforts such as, where applicable, the Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use;]**
 - (g) **[implementing strategies to address the increasing complexities of global supply chains;]**
- (2) to engage in global, regional and subregional networks of national regulatory authorities, as appropriate, recognizing the importance of collaboration to pool regulatory capacities to promote greater access to quality, safe, efficacious and affordable medical products;
- (3) to promote international cooperation, as appropriate, for convergence and information sharing, including through electronic platforms;
- (4) to support regulatory systems for medical products with appropriate funding as an essential component of the health system;
- (5) to support regulatory system strengthening as an essential prerequisite to the development or expansion of local or regional production of quality, safe and efficacious medical products;
- (6) to achieve access to and rational use of quality, safe, efficacious and affordable essential medicines, noting the growing emergence of resistance, and as a foundation for achieving broader access to quality, safe, efficacious and affordable medical products;

¹ And, where applicable, regional economic integration organizations.

(7) to support WHO's institutional capacity relating to promoting access to and rational use of quality, safe, efficacious and affordable medical products in the context of universal health coverage;

(8) **[to support WHO in its efforts to strengthen its prequalification programmes, including exploring modalities in consultation with Member States¹ for improved sustainability of this critical programme, [while also focusing on supporting national and regional initiatives to improve regulatory capacity for medical products][focusing on achieving longer term objectives of developing national regulatory authority capacity among Member States];]**

(9) to identify the need to strengthen regulatory system capacity, collaboration and convergence in the technically complex areas where substantial gaps may still exist, such as the regulation of biotherapeutic products, blood products, and in vitro diagnostics;

2. REQUESTS the Director-General:

(1) to continue to support countries in the area of regulatory system strengthening, including by developing appropriate norms and standards[, **taking into account the standards created by existing regional and international initiatives**]; continue to evaluate national regulatory systems; continue to apply and improve WHO evaluation tools; continue to generate and analyse evidence of regulatory systems performance; continue to facilitate the formulation and implementation of institutional development plans; and continue to provide technical support to national regulatory authorities and governments;

(2) to ensure that all relevant parts of the Organization, at all levels, are actively engaged and coordinated in the carrying out of WHO's mandate pertaining to regulatory system strengthening as an integrated part of health system development, recognizing that WHO's support in this critical area, particularly for developing countries, may be required, as appropriate, well into the future;

(3) to prioritize support for establishing and strengthening regional and subregional networks of regulatory authorities, as appropriate, including strengthening areas of regulation of health products that are the least developed, such as regulation of medical devices, including diagnostics;

(4) to promote the greater participation of Member States in existing international and regional initiatives for collaboration, harmonization and convergence in accordance with WHO principles and guidelines;

(5) **[to strengthen the integration and coherence among WHO's prequalification programmes as an aid to assuring safe supply of quality medical products, engaging with Member States in the further refinement and improvement of the global prequalification model, while in parallel supporting the development of functional national and regional regulatory bodies and networks, leading to more global participation in the global prequalification programme;]**

¹ And, where applicable, regional economic integration organizations.

(6) to increase support for and recognition of the significant role of the International Conference of Drug Regulatory Authorities in promoting the exchange of information and collaborative approaches among drug regulatory authorities, and as a resource to guide and facilitate further development of, and regulatory harmonization and convergence among, these authorities;

(7) to raise awareness of the importance of effective regulatory systems within the health system context;

(8) to increase support and guidance for strengthening the capacity to regulate increasingly complex biological products with the focus on biotherapeutic products, blood products and associated in vitro diagnostics, and, where appropriate, on new medicines for human use based on gene therapy, somatic-cell therapy and tissue engineering;

(9) to report to the Seventieth and Seventy-second World Health Assemblies, through the Executive Board, on progress in the implementation of this resolution.

(Thirteenth meeting, 25 January 2014)

EB134.R18 Hepatitis

The Executive Board,

Having considered the report on hepatitis,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the consideration and adoption of the following resolution:²

The Sixty-seventh World Health Assembly,

Reaffirming resolution WHA63.18, adopted in 2010 by the World Health Assembly, which recognized viral hepatitis as a global public health problem and the need for governments and populations to take action to prevent, diagnose and treat viral hepatitis, and that called upon WHO to develop and implement a comprehensive global strategy to support these efforts, and expressing concern at the slow pace of implementation;

Recalling also resolution WHA45.17 on immunization and vaccine quality, which urged Member States to include hepatitis B vaccines in national immunization programmes, and concerned that currently the global hepatitis B vaccine coverage for infants is estimated at 75% and is therefore below the 90% global target;

Recalling further resolution WHA61.21, which adopted the global strategy and plan of action on public health innovation and intellectual property;

Noting with deep concern that viral hepatitis is now responsible for 1.4 million deaths every year (compared to 1.5 million deaths from HIV/AIDS and 1.2 million deaths from each of malaria and tuberculosis), that around 500 million people are currently living with viral hepatitis

¹ Document EB134/36.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

and some 2000 million have been infected with hepatitis B virus, and considering that most people with chronic hepatitis B or C are unaware of their infection and are at serious risk of developing cirrhosis or liver cancer, contributing to global increases in both of those chronic diseases;

Also noting that millions of acute infections with hepatitis A virus and hepatitis E virus occur annually and result in tens of thousands of deaths almost exclusively in lower- and middle-income countries;

Considering that while hepatitis C is not preventable by vaccination, current treatment regimens offer high cure rates that are expected to further improve with upcoming new treatments; and that although hepatitis B is preventable with a safe and effective vaccine, there are 240 million people living with hepatitis B virus infection and available effective therapies could prevent cirrhosis and liver cancer among many of those infected;

Expressing concern that preventive measures are not universally implemented and that equitable access to and availability of quality, effective, affordable and safe diagnostics and treatment regimens for both hepatitis B and C are lacking in many parts of the world, particularly in developing countries;

Recognizing the role of health promotion and prevention in the fight against viral hepatitis, and emphasizing the importance of strengthening vaccination strategies as high impact and cost-effective actions for public health;

Noting with concern that globally the birth dose coverage rate with hepatitis B vaccine remains unacceptably low;

Acknowledging also that, in Asia and Africa, hepatitis A and E continue to cause major outbreaks while a safe effective hepatitis A vaccine has been available for nearly two decades, and that hepatitis E vaccine candidates have been developed but not yet certified by WHO, and that lack of basic hygiene and sanitation promotes the risks of hepatitis A virus and hepatitis E virus transmission and most vulnerable populations do not have that access to those vaccines;

Taking into account that injection overuse and unsafe practices account for a substantial burden of death and disability worldwide, with an estimated 2 million hepatitis B virus infections and 500 000 hepatitis C virus infections in 2010;

Recognizing the need for safe blood to be available to blood recipients, as established by resolution WHA28.72 on utilization and supply of human blood and blood products, in which the World Health Assembly recommended the development of national public services for blood donation, and in resolution WHA58.13, in which the World Health Assembly agreed to the establishment of an annual World Blood Donor Day, considering that one of the main routes of transmission of hepatitis B virus and hepatitis C virus is parenteral;

Further recognizing the need to strengthen health systems and integrate collaborative approaches and synergies between prevention and control measures for viral hepatitis and those for infectious diseases such as HIV and other related sexually transmitted and blood-borne infections and other mother-to-child transmitted diseases, as well as for cancer and noncommunicable disease programmes;

Noting that hepatitis B virus, and particularly hepatitis C virus, disproportionately impact upon people who inject drugs, and that of the 16 million people who inject drugs around the

world, an estimated 10 million are living with hepatitis C virus infection and 1.2 million are living with hepatitis B virus infection;

[Recalling United Nations General Assembly resolution 65/277, subparagraph 59(h), and that the nine core interventions¹ mentioned in the WHO/UNODC/UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users are important components for both hepatitis B virus and hepatitis C virus prevention, diagnosis and treatment, and that access to those remain limited or absent in many countries of high hepatitis B virus and hepatitis C virus burden;]

Cognizant of the fact that 4–5 million people living with HIV are coinfecting with hepatitis C virus and more than 3 million are coinfecting with hepatitis B virus, which has become a major cause of disability and mortality amongst those taking antiretroviral therapy;

Taking into account that viral hepatitis is a major problem within indigenous communities in some countries;

Welcoming the development by WHO of a global strategy, within a health systems approach, on the prevention and control of viral hepatitis infection;²

Considering that most Member States lack adequate surveillance systems for viral hepatitis to enable them to take evidence-based policy decisions;

Taking into account that a periodic evaluation of implementation of the WHO strategy is crucial to monitor the global response to viral hepatitis and that the process was initiated with the 2013 publication of the Global policy report on the prevention and control of viral hepatitis in WHO Member States;

Acknowledging the need to reduce liver cancer mortality rates and that viral hepatitis is responsible for 78% of cases of primary liver cancer, and welcoming the inclusion of an indicator on hepatitis B vaccination in the comprehensive global monitoring framework adopted in resolution WHA66.10 on the Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases;

Acknowledging the need to fight and to eliminate stigma and discrimination against people living with or affected by viral hepatitis and determined to protect and safeguard their human rights,

¹ Needle and syringe programmes; opioid substitution therapy and other drug dependence treatment; HIV testing and counselling; antiretroviral therapy; prevention and treatment of sexually transmitted infections; condom programmes for injecting drug users and their sexual partners; targeted information, education and communication for injecting drug users and their sexual partners; vaccination, diagnosis and treatment of viral hepatitis; and prevention, diagnosis and treatment of tuberculosis.

² Prevention & Control of Viral Hepatitis Infection: Framework for Global Action. Geneva: World Health Organization; 2012.

1. URGES Member States:¹

- (1) to develop and implement coordinated multisectoral national strategies for preventing, diagnosing, and treating viral hepatitis based on the local epidemiological context;
- (2) to enhance actions related to health promotion and prevention of viral hepatitis, while stimulating and strengthening immunization strategies, including for hepatitis A, based on the local epidemiological context;
- (3) to promote the involvement of civil society in all aspects of preventing, diagnosing and treating viral hepatitis;
- (4) to put in place an adequate surveillance system for viral hepatitis in order to support decision-making on evidence-based policy;
- (5) to strengthen the system for collection of blood from low-risk, voluntary, non-remunerated donors, for quality-assured screening of all donated blood for HIV, hepatitis B, hepatitis C and syphilis, and for good transfusion practices to ensure patient safety;
- (6) to strengthen the system for quality-assured screening for HIV, hepatitis B, hepatitis C and syphilis, of all donors of tissues and organs;
- (7) to reduce the prevalence of chronic hepatitis B infection as proposed by WHO regional committees, in particular by enhancing efforts to prevent perinatal transmission through the delivery of the birth dose of hepatitis B vaccine;
- (8) to strengthen measures for the prevention of hepatitis A and E, in particular food and drinking-water safety and hygiene promotion;
- (9) to strengthen infection control in health care settings through all necessary measures to prevent the reuse of equipment designed only for single use, and cleaning and either high-level disinfection or sterilization, as appropriate, of multi-use equipment;
- (10) to include hepatitis B vaccine for infants, where appropriate, in national immunization programmes, working towards full coverage;
- (11) to make special provision in policies for the equitable access to prevention, diagnosis and treatment for populations affected by viral hepatitis, particularly indigenous people, migrants and vulnerable groups, where applicable;
- (12) to consider, as necessary, national legislative mechanisms for the use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to specific pharmaceutical products;²

¹ And, where applicable, to regional economic integration organizations.

² The WTO General Council in its Decision of 30 August 2003 (i.e. on Implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health) decided that “‘pharmaceutical product’ means any patented product, or product manufactured through a patented process, of the pharmaceutical sector needed to address the public health problems as recognized in paragraph 1 of the Declaration. It is understood that active ingredients necessary for its manufacture and diagnostic kits needed for its use would be included.”

(13) to consider, whenever necessary, the use of administrative and legal means in order to promote access to preventive, diagnostic and treatment technologies against viral hepatitis;

(14) [to establish, as appropriate, national harm reduction policies based on national legislation, policies and procedures, while using WHO standards;¹]

[or]

(14) [to implement, in line with United Nations General Assembly resolution 65/277, subparagraph 59(h), [harm reduction programmes] taking into account the nine core interventions included in the WHO /UNODC/UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users when establishing policies for the prevention, control and treatment of viral hepatitis, taking into account the domestic context and jurisdictional responsibility;]

(15) to aim to transition by 2017 to the exclusive use, where appropriate, of WHO prequalified or equivalent safety engineered injection devices including reuse-prevention syringes and sharp injury prevention devices for therapeutic injections and develop related national policies;

(16) to review, as appropriate, policies, procedures and practices associated with stigma and discrimination, including the denial of employment, training and education, as well as travel restrictions, against people living with and affected by viral hepatitis, or impairing their full enjoyment of the highest attainable standard of health;

2. REQUESTS the Director-General:

(1) to provide the necessary technical support to enable countries to develop robust national viral hepatitis prevention, diagnosis and treatment strategies with time-bound goals;

(2) to develop specific guidelines on adequate, effective and affordable algorithms for diagnosis in developing countries;

(3) in consultation with Member States, to develop a system for regular monitoring and reporting on the progress in viral hepatitis prevention, diagnosis and treatment;

(4) to provide technical guidance on cost-effective ways to integrate the prevention, testing, care and treatment of viral hepatitis into existing health care systems and make best use of existing infrastructure and strategies;

(5) to work with national authorities, upon their request, to promote comprehensive, equitable access to prevention, diagnosis and treatment for viral hepatitis, with particular attention to needle and syringe programmes and opioid substitution therapy or other evidence-based drug treatments for people who inject drugs, in national plans, taking into consideration national policy context and procedures and to support countries, upon request, to implement these measures;

¹ WHO/UNODC/UNAIDS Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization; 2009.

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- (6) to provide technical guidance on prevention of transfusion-transmitted hepatitis B and C through safe donation from low-risk, voluntary, non-remunerated donors, counselling, referral and treatment of infected donors, and effective blood screening;
 - (7) to examine the feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C with a view to potentially setting global targets;
 - (8) to estimate global, regional and domestic economic impact and burden of viral hepatitis in collaboration with Member States and relevant organizations, taking into due account potential and perceived conflicts of interest;
 - (9) to support Member States with technical assistance in the use of trade-related aspects of intellectual property rights flexibilities when needed, in accordance with the global strategy and plan of action on public health, innovation and intellectual property;
 - (10) to lead a discussion and work with key stakeholders to facilitate equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics;
 - (11) to assist Member States to ensure equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics, in particular in developing countries;
 - (12) to maximize synergies between viral hepatitis prevention, diagnosis and treatment programmes and ongoing work to implement the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;
 - (13) to report to the Sixty-ninth World Health Assembly, or earlier if needed, through the Executive Board, on the implementation of this resolution;
3. CALLS upon all relevant United Nations funds, programmes, specialized agencies and other stakeholders:
- (1) to include prevention, diagnosis and treatment of viral hepatitis in their respective work programmes and work in close collaboration;
 - (2) to identify and disseminate mechanisms to support countries in the provision of sustainable funding for the prevention, diagnosis and treatment of viral hepatitis.

(Thirteenth meeting, 25 January 2014)

EB134.R19 Access to biotherapeutic products and ensuring quality, safety and efficacy

The Executive Board,

Having considered the report on regulatory system strengthening,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the consideration and adoption of the following resolution:²

The Sixty-seventh World Health Assembly,

Recalling the WHO Constitution, which affirms that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Noting with particular concern that for millions of people, the right to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, remains a distant goal, that especially for children and those living in poverty, the likelihood of achieving this goal is becoming increasingly remote, that millions of people are driven below the poverty line each year because of catastrophic out-of-pocket payments for health care, and that excessive out-of-pocket payments can discourage the impoverished from seeking or continuing care;

Recalling resolution WHA55.14 on ensuring accessibility of essential medicines, which recognizes “the responsibility of Member States to support solid scientific evidence, excluding any biased information or external pressures that may be detrimental to public health”;

Further recalling that resolution WHA55.14 urged Member States, inter alia, “to reaffirm their commitment to increasing access to medicines, and to translate such commitment into specific regulation within countries, especially enactment of national drug policies and establishment of lists of essential medicines based on evidence and with reference to WHO’s model list into actions designed to promote policy for, access to, and quality and rational use of, medicines within national health systems”;

Considering that one of the objectives of pharmaceutical regulation is the assurance of the quality, safety and efficacy of pharmaceutical products through the regulatory processes of authorization, vigilance and monitoring;

Considering also that national pharmaceutical regulation should contribute to the performance and sustainability of health systems and the general welfare of society;

Considering that an update of the norms and standards applicable to medicines is required in the light of advances made in biotechnology and the new generation of medicines introduced as a result, in order to ensure the entry into the market of medicines that are affordable, safe, efficacious, of quality and accessible in a timely and adequate fashion;

¹ Document EB134.29.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

Recognizing that the use of such medicines has a positive impact on morbidity and mortality rates and that, while there are multiple barriers to access, their high cost affects the sustainability of health systems and could in many cases affect access to them;

[Noting that WHO Expert Committee on Biological Standardization guidelines of 2009 on evaluation of similar biotherapeutic products and that the placing on the market of these types of products is expected to significantly increase;]

Conscious that similar biotherapeutic products could be more affordable and offer better access to treatments of biological origin, while ensuring quality, safety and efficacy;

1. URGES Member States:¹

(1) to develop or strengthen, as appropriate, national regulatory assessment and authorization frameworks, with a view to meeting the public health needs for biotherapeutic products, and in particular similar biotherapeutic products;

[(2) to ensure that a solid, scientifically-based regulatory review process for reviewing, approving, and monitoring reference biotherapeutic products has been conducted before embarking on the review and approval of similar biotherapeutic products;]

(3) to work to ensure that the introduction of new national regulations, where appropriate, does not constitute a barrier to access to quality, safe, efficacious and affordable similar biotherapeutic products;

2. REQUESTS the Director-General:

(1) to support Member States in strengthening their capacity in the area of the health regulation of biotherapeutic products and in particular similar biotherapeutic products;

(2) to support, as appropriate, the development of national regulatory frameworks that promote access to quality, safe, efficacious and affordable similar biotherapeutic products;

(3) to encourage and promote cooperation and exchange of information, as appropriate, among Member States in relation to biotherapeutic products, in particular similar biotherapeutic products.

(Fourteenth meeting, 25 January 2014)

EB134.R20 Relations with nongovernmental organizations²

The Executive Board,

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

1. DECIDES to admit into official relations with WHO the following nongovernmental organizations: the Health on the Net Foundation, the International Council for Commonality in Blood

¹ And, where applicable, regional economic integration organizations.

² See Annex 3 and decision EB134(7).

³ Document EB134/44.

Banking Automation Inc., IntraHealth International Inc., the Medicines Patent Pool, the Drugs for Neglected Diseases initiative, the American Society for Reproductive Medicine, the International Psycho-Oncology Society, and the International Baby Food Action Network;

2. DECIDES to admit into official relations with WHO the Global Alliance for Improved Nutrition after satisfactory consideration of the information concerning the nature and extent of the links between the Global Alliance for Improved Nutrition and the global food industry, after confirmation of the closure of its Business Alliance, and after clarification of the position of the Global Alliance for Improved Nutrition with regard to its support and advocacy of WHO's nutritional policies, including those on infant feeding and the marketing of complementary foods;

3. DECIDES to discontinue official relations with Collegium Internationale Neuro-Psychopharmacologicum, the Industry Council for Development, International Special Dietary Foods Industries, the Global Forum for Health Research, the International Medical Parliamentarians Organization and the International Conference of Deans of French-Language Faculties of Medicine.

(Fourteenth meeting, 24 January 2014)

DECISIONS

EB134(1)¹ Follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases

The Executive Board, having considered the report of the Secretariat on the follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases,²

- (1) endorsed the nine action plan indicators contained in the report on the consultation with Member States to conclude the work on the limited set of action plan indicators for the WHO global action plan for the prevention and control of noncommunicable diseases (2013–2020),³ recommending their adoption by the Sixty-seventh World Health Assembly;
- (2) forwarded to the Sixty-seventh World Health Assembly for its consideration the report of the formal meeting of Member States to complete the work on the terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations;⁴
- (3) requested the Director-General to convene a second formal meeting of Member States,⁵ to be held before the end of April 2014, in order to conclude the work on the development of terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases,⁶ submitting the report of that meeting to the Sixty-seventh World Health Assembly for its consideration.

(Third meeting, 21 January 2014)

EB134(2)¹ Maternal, infant and young child nutrition

The Executive Board, having considered the report of the Secretariat on maternal, infant and young child nutrition,⁷

- (1) noted the report on: the progress in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition and achieving the six global nutrition targets endorsed by the World Health Assembly in resolution WHA65.6; the global strategy for infant

¹ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of the decision.

² Document EB134/14.

³ See document EB134/14 Annex 4 and appendix.

⁴ See document EB134/14 Annex 3 and appendix.

⁵ And, where applicable, regional economic integration organizations.

⁶ See document EB134/14 Annex 2 and appendix.

⁷ Document EB134/15.

and young-child feeding endorsed in resolution WHA55.25 in 2002; and the status of national measures to give effect to the International Code of Marketing of Breast-milk Substitutes, adopted in resolution WHA34.22 in 1981 and updated through subsequent related World Health Assembly resolutions;

(2) recommended to the Sixty-seventh World Health Assembly that it consider a decision:

(a) endorsing the seven indicators to monitor progress towards the achievement of the global targets as part of the core set of indicators of the global monitoring framework on maternal, infant and young child nutrition;

(b) requesting the Director-General to establish a working group composed of representatives and experts appointed by Member States and United Nations bodies in order to complete the work, before the end of 2014, on the development of the core set of indicators to monitor the comprehensive implementation plan on maternal, infant and young child nutrition, building on “tracer” indicators for policy and programme implementation in health and other sectors that are relevant to the achievement of the global nutrition targets, as well as developing an extended set of indicators in order to track processes that have an impact on the global targets in specific country settings, for consideration by Member States at the Sixty-eighth World Health Assembly;

(c) also requesting the Director-General to convene informal consultations with Member States¹ to complete the work, before the end of 2015, on risk assessment and management tools for conflicts of interest in nutrition, for consideration by Member States at the Sixty-ninth World Health Assembly;

(d) noting the work carried out by the WHO Secretariat in response to resolution WHA65.6, in which the Director-General was requested to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission; recalling resolution WHA63.23, in which Member States were urged to end inappropriate promotion of food for infants and young children; and requesting the Director-General to complete the work, before the end of 2015, on the development of recommendations for Member States on how to ensure appropriate marketing of complementary foods, for consideration by Member States at the Sixty-ninth World Health Assembly;

(3) noted the decision of FAO Council in December 2013² requesting the FAO Secretariat “to work closely with the World Health Organization in developing a roadmap that would allow for both an intergovernmental process and consultations with civil society and private sector organizations”, taking into account the WHO rules and regulations concerning engagement with non-State actors, in order to develop an outcome document for the Second International Conference on Nutrition, containing general principles on how to reshape the food system to better respond to the needs of the world population, considering emerging health, nutritional and environmental challenges and a framework for action for different sectors, and further:

(a) requested the Director-General to work with the Director-General of FAO, taking into account the guidance of the Executive Board, in order to set up a joint working group

¹ And, where applicable, regional economic integration organizations.

² Report of the Council of FAO, Hundred and Forty-eighth Session, Rome, 2–6 December 2013. Rome: Food and Agriculture Organization of the United Nations; 2013 (CL 148/REP).

and to develop modalities for its work, so as to prepare, by the end of September 2014, a draft outcome document on the basis of a zero draft prepared by the two Secretariats;

(b) recommended that the joint working group have a balanced participation from both WHO and FAO and that WHO Member States be represented by one or two members from each WHO region, as well as by one of the two co-chairs of the joint working group;

(c) called for the development of the draft outcome document in a fully transparent manner, engaging with Member States through appropriate measures, including videoconferences and public web consultations;

(d) requested the Director-General to work with the Director-General of FAO to explore jointly the possibility of convening, within the available resources, one meeting of an open-ended working group of Member States for the finalization of the outcome document;

(e) further requested the Director-General to work jointly with the Director-General of FAO to ensure consultations with all relevant stakeholders, including other United Nations organizations working in the field of nutrition, nongovernmental organizations and the private sector, as appropriate, before the draft outcome document is submitted to the open-ended working group;

(f) requested the Director-General in addition to report, for further guidance, to the Sixty-seventh World Health Assembly on WHO's role and the progress made in the preparation for the Second International Conference on Nutrition;

(g) further requested the Director-General to report to the Sixty-eighth World Health Assembly on the outcome of the Second International Conference on Nutrition, through the Executive Board at its 136th session.

(Eighth meeting, 23 January 2014)

EB134(3) WHO reform: methods of work of the governing bodies

The Executive Board, having considered the report by the Secretariat on options for improved decision-making by the governing bodies,¹

(1) endorsed the steps taken by the Secretariat to improve capacity-building and training for members of the Executive Board and its Officers;

(2) approved the proposal to introduce webcasting for future public sessions of the Programme, Budget and Administration Committee, and of the Executive Board, to all internet users through a link on the WHO website;

(3) recommended that the Sixty-seventh World Health Assembly decide to introduce webcasting for future public meetings of its committees A and B, as well as of its plenary meetings, to all internet users through a link on the WHO website, subject to resolution of any relevant technical issues and to the availability of financial resources;

¹ Documents EB134/6 and EB134/6 Add. 1.

- (4) endorsed the steps taken by the Secretariat to minimize the Organization's use of paper documents, and approved the proposed measures outlined in paragraph 9 of the report contained in document EB134/6;
- (5) requested that the Director-General continue to develop additional, transparent means for the Secretariat to communicate with Member States;
- (6) recommended that the Sixty-seventh World Health Assembly approve the recommendations of the Secretariat, contained in document EB134/6 Add.1, to rent a cost-effective and secure electronic voting system for the nomination and appointment of the Director-General, and to test such a system in advance through mock votes by the governing bodies prior to the election of the next Director-General;
- (7) amended the Rules of Procedure of the Executive Board, with effect from the closure of its 134th session, as follows:

New Rule 28*bis*:

"Proposals for resolutions or decisions to be considered by the Board relating to items of the agenda may be introduced until the close of the first day of the session. However, if a session is scheduled for two days or less, such proposals may be introduced no later than 48 hours prior to the opening of the session. The Board may, if it deems it appropriate, permit the late introduction of such proposals."

New Rule 28*ter*:

"Proposals and amendments related to items on the agenda shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. Except as may be decided otherwise by the Board, no proposal shall be discussed or put to the vote at any meeting of the Board unless copies of it have been circulated to all delegations at least 24 hours previously. The Chairman may, however, permit the discussion and consideration of amendments, even though they have not been circulated or have only been circulated the same day.";

- (8) recommended that the Sixty-seventh World Health Assembly amend the Rules of Procedure of the World Health Assembly, with effect from the closure of that session, as follows:

Delete Rule 49 and replace Rule 48 with the following text:

"Formal proposals relating to items of the agenda may be introduced until the first day of a regular session of the Health Assembly and no later than two days prior to the opening of a special session. All such proposals shall be referred to the committee to which the item of the agenda has been allocated, except if the item is considered directly in a plenary meeting.";

- (9) recalled the importance of the requirement in Rule 5 of the Rules of Procedure of the Executive Board that documents for sessions of the Executive Board be dispatched by the Director-General not less than six weeks before the commencement of a regular session of the Board;

(10) recommended that the Sixty-seventh World Health Assembly decide that progress reports shall henceforth be considered only by the Health Assembly and no longer by the Executive Board;

(11) required that the explanatory memoranda stipulated by Rule 9 of the Rules of Procedure of the Executive Board take into account the criteria established by the Executive Board in resolution EB121.R1 and identify linkages to the general programme of work and the programme budget;

(12) required also that the supporting statements stipulated by Rule 10 of the Rules of Procedure of the Executive Board for proposals of an urgent nature take into account the criteria established by the Executive Board in resolution EB121.R1, and include an explanation of the nature of the urgency as well as of the potential risks of deferral or exclusion;

(13) required further that the explanatory memoranda and supporting statements be provided to the Officers and members of the Executive Board, and be made available on the WHO web-based platform to all Member States and Associate Members; and in addition, that the minutes of the meetings of the Officers of the Board under Rule 8 be made available on that platform to all Member States and Associate Members;

(14) agreed to review the results of the additional procedures to improve methods of work at its 138th session.

(Twelfth meeting, 24 January 2014)

EB134(4) WHO reform: strategic resource allocation

The Executive Board, having considered the report by the Secretariat on strategic resource allocation¹ and, in particular, options for engaging Member States in developing this further,

(1) endorsed the proposal by the Director-General to establish a working group made up of one member of the Programme, Budget and Administration Committee from each region, and under the leadership of the Chairman of that Committee;

(2) requested that the Director-General develop the proposal for strategic resource allocation further, using external expertise where necessary;

(3) also requested that the Director-General facilitate the work of the working group through the holding of face-to-face meeting(s) and/or other means such as video-conferencing, so that the working group can consider the next iteration(s) of the proposal and provide guidance to the Secretariat as necessary;

(4) further requested that the Director-General use appropriate means, such as briefings to Member States, to provide regular updates on the ongoing work;

¹ Document EB134/10.

(5) endorsed an extension of the twentieth meeting of the Programme, Budget and Administration Committee, originally scheduled to be held on 15 and 16 May 2014,¹ by one day, in order to allow ample time for consideration of the proposal for strategic resource allocation to be submitted to the Sixty-seventh World Health Assembly.

(Twelfth meeting, 24 January 2014)

EB134(5) Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination – Health research and development demonstration projects

The Executive Board, having considered the report on the follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination – Health research and development demonstration projects,² taking into account the additional information requested by the Global Technical Consultative Meeting of Member States on the Identification of Health Research and Development Demonstration Projects and provided by the proponents of the 7+1 demonstration projects that were shortlisted by the Global Technical Consultative Meeting of Experts on the Identification of Health Research and Development Demonstration Projects,

(1) requested that the Director-General consider the demonstration projects in the order listed in document EB134/27 and, taking into account the additional information received, with the participation of the Chair and Vice-Chair of the Consultative Expert Working Group, and one Member State from each region, as observers, as appropriate, start convening virtual or direct meetings with stakeholders interested in funding and/or implementing the projects; with those meetings aiming to develop the project plan and mobilize the financial resources necessary for implementation of the projects;

(2) also requested that the Director-General monitor the progress made in implementation and, where appropriate, consider coordinating or combining projects that are closely interrelated or target the same disease or type of product, in order to maximize their effectiveness;

(3) further requested that the Director-General develop, with respect to the mandate of resolution WHA66.22, relevant indicators to measure success in the process and submit them to the Sixty-seventh World Health Assembly.

(Twelfth meeting, 24 January 2014)

EB134(6) Addressing the global challenge of violence, in particular against women and girls

The Board took note of the ongoing discussions on the draft resolution under agenda item 8.4 and encouraged Member States to finalize this work, in order for it to be duly considered by the Sixty-seventh World Health Assembly.

(Thirteenth meeting, 25 January 2014)

¹ See decision EB133(10).

² Document EB134/27.

EB134(7) Review of nongovernmental organizations in official relations with WHO

The Executive Board, having considered and noted the report of its Standing Committee on Nongovernmental Organizations¹ concerning the review of one third of the nongovernmental organizations in official relations with WHO, and follow-up to decision EB132(9), reached the decisions set out below,

- (1) maintained in official relations with WHO the nongovernmental organizations whose names are followed by an asterisk in the Annex to the report, noting with appreciation their collaboration with WHO and commending their continuing dedication to the work of the Organization;
- (2) deferred the review of relations with the International Union for Health Promotion and Education, the Inter-African Committee on Traditional Practices affecting the Health of Women and Children, and the World Psychiatric Association until its 136th session, at which time reports would be considered either on agreed plans for collaboration or on status of relations;
- (3) deferred, until its 136th session and for a second time, the review of relations with CMC – Churches' Action for Health and requested further clarification of its constitutional arrangements and the provision of an agreed plan for collaboration with WHO;
- (4) maintained the Council on Health Research for Development in official relations with WHO, noting that the Council on Health Research for Development and the Global Forum for Health Research had been merged and operated as one single organization (the Council on Health Research for Development) and that plans for collaboration had been agreed;
- (5) maintained Global Health Council, Inc., the International Catholic Committee of Nurses and Medico-Social Assistants, the International Federation of Hospital Engineering, the Commonwealth Pharmacists Association, and OXFAM in official relations with WHO, noting that plans for collaboration had been agreed.

(Fourteenth meeting, 25 January 2014)

EB134(8) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Prize Committee, awarded the Dr A.T. Shousha Foundation Prize for 2014 to Professor Abba Mehio Sibai from Lebanon for her significant contribution to public health in Lebanon, in particular in the areas of ageing and noncommunicable diseases. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.

(Fourteenth meeting, 25 January 2014)

¹ Document EB134/44.

EB134(9) Award of the Jacques Parisot Foundation Fellowship

The Executive Board, having considered the report of the Jacques Parisot Foundation Selection Panel, awarded the Jacques Parisot Foundation Fellowship for 2014 to Dr Htin Zaw Soe (Myanmar). The laureate will receive US\$ 5000.

(Fourteenth meeting, 25 January 2014)

EB134(10) Award of the Ihsan Doğramacı Family Health Foundation Prize

The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel, awarded the Ihsan Doğramacı Family Health Foundation Prize for 2014 to Professor Zulfiqar Bhutta from Pakistan for his long-standing career in global work on child and newborn survival and health, and in improving maternal and child health in his own country. The laureate will receive US\$ 20 000.

(Fourteenth meeting, 25 January 2014)

EB134(11) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2014 to the Leprosy Control Foundation, Inc./Dominican Institute of Dermatology and Skin Surgery “Dr Hubert Bogaert Diaz” of the Dominican Republic, which has greatly contributed to the reduction of the rates of incidence of leprosy in the Dominican Republic. The laureate, as an organization, will receive US\$ 40 000.

(Fourteenth meeting, 25 January 2014)

EB134(12) Award of the United Arab Emirates Health Foundation Prize

The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2014 to the National Institute for Health Research of Costa Rica, which is being honoured for the contribution made to scientific research in the fields of individual and collective ageing, genetic and infectious diseases, early detection and diagnosis of gastric cancer, which has a high prevalence in Costa Rica, and genotoxic damage from occupational exposure to pesticides. The laureate will receive US\$ 20 000.

(Fourteenth meeting, 25 January 2014)

EB134(13) Dr LEE Jong-wook Memorial Prize for Public Health

The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2014 jointly to Professor Sinata Koulla-Shiro from Cameroon for her dedication and outstanding contribution to the research and management of communicable diseases, and clinical microbiology in bacterial infections, HIV/AIDS and other infectious diseases, and to the Czech Society of Cardiology of the Czech Republic for its success in improving standards of prevention, diagnosis and treatment of cardiovascular diseases. The laureates will each receive US\$ 50 000.

(Fourteenth meeting, 25 January 2014)

EB134(14) Provisional agenda for the Sixty-seventh World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Sixty-seventh World Health Assembly,¹ and recalling its earlier decision that the Sixty-seventh World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 19 May 2014, and closing no later than Saturday, 24 May 2014, approved the provisional agenda of the Sixty-seventh World Health Assembly, as amended.

(Fourteenth meeting, 25 January 2014)

EB134(15) Date and place of the 135th session of the Executive Board

The Executive Board decided that its 135th session should be convened on 26 and 27 May 2014, in Geneva.

(Fourteenth meeting, 25 January 2014)

¹ Document EB134/46.

ANNEXES

ANNEX 1

Text of the amended Rule III of the Financial Rules of the World Health Organization¹

[EB134/40 – 12 November 2013]

Rule III – Budget Approval

103.1 The budget approved by the Health Assembly constitutes an authority to issue awards up to the amount approved to enable expenditures to be incurred for the purposes for which the budget is approved. The Director-General may determine the maximum amount of the approved budget that it would be prudent to issue as awards taking into account the prospects for collection of contributions and the availability of both the Working Capital Fund and internal borrowing.

¹ See resolution EB134.R9.

ANNEX 2

Confirmation of amendments to the Staff Rules¹

[EB134/51 – 20 December 2013]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.²
2. The amendments described below stem from decisions expected to be taken by the United Nations General Assembly at its sixty-eighth session, on the basis of recommendations made by the International Civil Service Commission in its report for 2013.³ Should the United Nations General Assembly not approve the Commission's recommendations, an addendum to this report will be issued.
3. The financial implications of the amendments for the biennium 2014–2015 involve negligible additional costs under the regular budget, which will be met from the appropriate allocations established for each region and for global and interregional activities, as well as from extrabudgetary sources of funds.⁴

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

Remuneration of staff in the professional and higher categories

4. The Commission recommended to the United Nations General Assembly that the current base/floor salary scale for the professional and higher categories should be increased by 0.19% through the standard consolidation method of increasing base salary and commensurately reducing post adjustment multiplier points (that is, on a “no loss, no gain” basis) with effect from 1 January 2014.
5. Amendments to Appendix 1 to the Staff Rules have been prepared accordingly and are set out in [Attachment 1 to this text].

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

6. Subject to the decision of the United Nations General Assembly in respect of the recommendation in paragraph 4 above, the Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board should recommend to the Sixty-seventh World Health Assembly modifications in the salaries of assistant directors-general and regional directors. Thus, as

¹ See resolutions EB134.R11 and EB134.R12.

² Basic documents, 47th ed., Geneva: World Health Organization; 2009.

³ Official record of the General Assembly, Sixty-eighth session, Supplement No. 30 (document A/68/30).

⁴ See document EB134/51 Add.1.

from 1 January 2014, the gross salary for assistant directors-general and regional directors would be US\$ 172 436 per annum, and the net salary US\$ 134 205 (dependency rate) or US\$ 121 527 (single rate).

7. Based on the adjustments to salaries described above, the salary modification to be authorized by the Health Assembly for the Deputy Director-General would entail, as from 1 January 2014, a gross salary of US\$ 189 744 per annum with a corresponding net salary of US\$ 146 321 (dependency rate) or US\$ 131 682 (single rate).

8. The salary adjustments described above would imply similar modifications to the salary of the Director-General. The salary to be authorized by the Health Assembly, as from 1 January 2014, would therefore be US\$ 252 055 per annum gross, US\$ 176 836 net (dependency rate) or US\$ 157 262 net (single rate).

Review of the level of the education grant

9. In considering this matter, the International Civil Service Commission had before it proposals by the Human Resources Network of the United Nations System Chief Executives Board for Coordination to consider introducing special measures in relation to the level of the education grant in Belgium.

10. The Commission recommended to the United Nations General Assembly that a special measure, allowing reimbursement of expenses related to education up to the maximum established for the United States dollar inside the United States zone, should be introduced for three English-curriculum schools in Brussels – namely, the International School of Brussels, the British School of Brussels and St John's International School – as from the academic year in progress on 1 January 2013.

11. Amendments to Appendix 2 to the Staff Rules have been prepared accordingly and are set out in [Attachment 2 to this text].

ACTION BY THE EXECUTIVE BOARD

12. [This paragraph contained two draft resolutions, which were adopted at the eleventh meeting as EB134.R11 and EB134.R12.]

Attachment 1

(Appendix 1 to the Staff Rules)

**SALARY SCALE FOR THE PROFESSIONAL AND HIGHER CATEGORIES: ANNUAL GROSS SALARIES AND NET EQUIVALENTS
AFTER APPLICATION OF STAFF ASSESSMENT (IN US DOLLARS)**

(effective 1 January 2014)

<i>Level</i>	Step														
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	<i>V</i>	<i>VI</i>	<i>VII</i>	<i>VIII</i>	<i>IX</i>	<i>X</i>	<i>XI</i>	<i>XII</i>	<i>XIII</i>	<i>XIV</i>	<i>XV</i>
		*	*	*	*	*									
D-2 Gross	141 519	144 521	147 523	150 549	153 680	156 810									
Net D	112 309	114 500	116 692	118 884	121 076	123 267									
Net S	103 177	105 026	106 869	108 706	110 539	112 360									
					*	*	*	*	*						
D-1 Gross	129 315	131 952	134 582	137 219	139 858	142 490	145 129	147 763	150 414						
Net D	103 400	105 325	107 245	109 170	111 096	113 018	114 944	116 867	118 790						
Net S	95 575	97 246	98 916	100 579	102 241	103 899	105 549	107 199	108 844		*	*	*		
P-5 Gross	106 944	109 185	111 429	113 668	115 914	118 153	120 399	122 640	124 882	127 125	129 367	131 608	133 852		
Net D	87 069	88 705	90 343	91 978	93 617	95 252	96 891	98 527	100 164	101 801	103 438	105 074	106 712		
Net S	80 887	82 342	83 792	85 241	86 688	88 130	89 572	91 011	92 447	93 881	95 313	96 739	98 167		
												*	*	*	*
P-4 Gross	88 108	90 108	92 106	94 105	96 106	98 104	100 114	102 277	104 441	106 603	108 770	110 930	113 095	115 260	117 425
Net D	72 605	74 185	75 764	77 343	78 924	80 502	82 083	83 662	85 242	86 820	88 402	89 979	91 559	93 140	94 720
Net S	67 611	69 049	70 488	71 920	73 354	74 787	76 219	77 647	79 074	80 502	81 925	83 349	84 773	86 193	87 613
													*	*	*
P-3 Gross	72 411	74 262	76 114	77 962	79 815	81 665	83 514	85 368	87 218	89 068	90 922	92 770	94 623	96 472	98 322
Net D	60 205	61 667	63 130	64 590	66 054	67 515	68 976	70 441	71 902	73 364	74 828	76 288	77 752	79 213	80 674
Net S	56 198	57 542	58 889	60 232	61 579	62 922	64 265	65 612	66 955	68 300	69 640	70 982	72 319	73 661	75 001
											*				
P-2 Gross	59 387	61 043	62 697	64 354	66 010	67 663	69 322	70 973	72 629	74 287	75 941	77 597			
Net D	49 916	51 224	52 531	53 840	55 148	56 454	57 764	59 069	60 377	61 687	62 993	64 302			
Net S	46 819	48 006	49 189	50 375	51 559	52 745	53 949	55 151	56 358	57 561	58 761	59 968			
P-1 Gross	46 487	47 968	49 442	50 995	52 582	54 173	55 766	57 359	58 946	60 537					
Net D	39 514	40 773	42 026	43 286	44 540	45 797	47 055	48 314	49 567	50 824					
Net S	37 273	38 432	39 591	40 748	41 906	43 064	44 222	45 366	46 504	47 643					

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).

Attachment 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 2013)

<i>Country/ currency area</i>	(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						
Austria (Euro)	18 240	13 680	3 882	5 824	19 504	13 064
Belgium* (Euro)	16 014	12 011	3 647	5 470	17 481	11 151
Denmark (Krone)	122 525	91 894	28 089	42 134	134 028	85 073
France* (Euro)	11 497	8 623	3 127	4 691	13 314	7 328
Germany (Euro)	20 130	15 098	4 322	6 484	21 582	14 367
Ireland (Euro)	17 045	12 784	3 147	4 721	17 505	12 849
Italy (Euro)	21 601	16 201	3 223	4 836	21 037	17 304
Netherlands (Euro)	18 037	13 528	3 993	5 990	19 518	12 713
Spain (Euro)	17 153	12 864	3 198	4 797	17 661	12 889
Japan yen (yen)	2 324 131	1 743 098	609 526	914 290	2 657 388	1 511 430
Sweden (krona)	157 950	118 462	26 219	39 328	157 790	122 991
Switzerland (Swiss franc)	32 932	24 699	5 540	8 310	33 009	25 545
United Kingdom of Great Britain and Northern Ireland (pound sterling)	25 864	19 398	3 821	5 731	25 129	20 769
Part B						
United States dollar (outside the United States of America)	21 428	16 071	3 823	5 735	21 806	16 331
Part C						
United States dollar (in the United States) ¹	45 586	34 190	6 265	9 399	43 589	37 233

* Except for the following schools where the United States dollar in the United States levels will be applied:

- | | |
|---------------------------------------|--|
| 1. American School of Paris | 7. Marymount School of Paris |
| 2. American University of Paris | 8. École Active Bilingue Jeanine Manuel |
| 3. British School of Paris | 9. International School of Brussels |
| 4. École Active Bilingue Victor Hugo | 10. British School of Brussels |
| 5. European Management School of Lyon | 11. St John's International School in Brussels |
| 6. International School of Paris | |

¹ The United States dollar in the United States of America applies, as a special measure, for China, Hungary, Indonesia, and the Russian Federation. Effective school year in progress on 1 January 2013 special measures for Romania are discontinued. Special measures are introduced in Thailand and for the American Cooperative School in Tunis, Tunisia and the American International School of Johannesburg, South Africa.

ANNEX 3

Nongovernmental organizations admitted into, or maintained in, official relations with WHO by virtue of resolution EB134.R20 and decision EB134(7)

[EB134/44, Annex – 24 January 2014]

Alzheimer's Disease International*
American Society for Reproductive Medicine
CMC – Churches' Action for Health
Corporate Accountability International*
Council on Health Research for Development
Drugs for Neglected Diseases initiative
European Generic medicines Association*
Family Health International*
Global Alliance for Improved Nutrition
Global Health Council, Inc.
Global Initiative on Psychiatry*
Handicap International Federation*
Health on the Net Foundation
HelpAge International*
Inclusion International*
Inter-African Committee on Traditional Practices affecting the Health of Women and Children
International Association for Child and Adolescent Psychiatry, and Allied Professions*
International Association for Suicide Prevention*
International Association for the Scientific Study of Intellectual Disabilities*
International Association of Hydatid Disease*
International Baby Food Action Network
International Bureau for Epilepsy*
International Catholic Committee of Nurses and Medico-Social Assistants
International Centre for Trade and Sustainable Development*
International Commission on Occupational Health*
International Committee for Monitoring Assisted Reproductive Technologies*
International Confederation of Midwives*
International Council for Commonality in Blood Banking Automation Inc.
International Council for Control of Iodine Deficiency Disorders*
International Ergonomics Association*
International Federation of Business and Professional Women (BPW International)*
International Federation of Gynecology and Obstetrics*
International Federation of Hospital Engineering
International Federation on Ageing*
International Insulin Foundation*
International Lactation Consultant Association*
International League Against Epilepsy*
International Network of Women Against Tobacco*
International Occupational Hygiene Association*
International Pediatric Association*

International Physicians for the Prevention of Nuclear War*
 International Planned Parenthood Federation*
 International Psycho-Oncology Society
 International Society for Biomedical Research on Alcoholism*
 International Society for Prosthetics and Orthotics*
 International Society of Andrology*
 International Society of Physical and Rehabilitation Medicine*
 International Spinal Cord Society*
 International Union for Health Promotion and Education
 International Union of Nutritional Sciences*
 International Union of Psychological Science*
 International Women's Health Coalition Inc.*
 IntraHealth International Inc.
 Italian Association of Friends of Raoul Follereau*
 Lifting The Burden*
 Medical Women's International Association*
 Medicines Patent Pool
 MSF International*
 Multiple Sclerosis International Federation*
 OXFAM
 Rehabilitation International*
 Stichting Health Action International*
 The Commonwealth Pharmacists Association
 The International Alliance of Women: Equal Rights-Equal Responsibilities*
 The International Association for the Study of Obesity*
 The International Society for the Prevention of Child Abuse and Neglect*
 The Population Council, Inc.*
 World Association for Psychosocial Rehabilitation*
 World Association for Sexual Health*
 World Confederation for Physical Therapy*
 World Federation for Mental Health*
 World Federation of Neurology*
 World Federation of Neurosurgical Societies*
 World Federation of Occupational Therapists*
 World Federation of the Deaf*
 World Psychiatric Association

* Based on reports of collaboration for the period under review 2011–2013, the Standing Committee on Nongovernmental Organizations recommended the maintenance in official relations of those nongovernmental organizations whose names are followed by an asterisk. The other nongovernmental organizations are the subject of specific decisions or a resolution.

ANNEX 4

Text of the amended Rules of Procedure of the Executive Board¹

[EB134/6 Add.2 – 24 January 2014]

CONDUCT OF BUSINESS

Rule 28 bis

Proposals for resolutions or decisions to be considered by the Board relating to items of the agenda may be introduced until the close of the first day of the session. However, if a session is scheduled for two days or less, such proposals may be introduced no later than 48 hours prior to the opening of the session. The Board may, if it deems it appropriate, permit the late introduction of such proposals.

Rule 28 ter

Proposals and amendments related to items on the agenda shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. Except as may be decided otherwise by the Board, no proposal shall be discussed or put to the vote at any meeting of the Board unless copies of it have been circulated to all delegations at least 24 hours previously. The Chairman may, however, permit the discussion and consideration of amendments, even though they have not been circulated or have only been circulated the same day.

¹ See decision EB134(3).

ANNEX 5

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

<p>1. Resolution EB134.R4 Global strategy and targets for tuberculosis prevention, care and control after 2015</p>
<p>2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)</p> <p>Category: 1. Communicable diseases Programme area(s): Tuberculosis Outcome: 1.2 Output: 1.2.1</p> <p>How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?</p> <p>This resolution fully adopts the global strategy for tuberculosis prevention, care and control after 2015. It therefore supports a majority of the Secretariat's tuberculosis control efforts during the biennium, including: preparing normative guidance and operational tools for implementing the strategy; and providing support to Member States to develop and adapt their national plans in line with the strategy, and build country level capacity to implement the strategy, together with related monitoring and evaluation. The resolution and strategy will inform the preparation of future biennium work plans from 2016 to 2035.</p> <p>Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)</p> <p>Yes.</p>
<p>3. Estimated cost and staffing implications in relation to the Programme budget</p> <p>(a) Total cost</p> <p>Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).</p> <p>Costs and staffing in relation to this strategy will be included in each of the biennial budgets during the lifespan of the strategy, based on a realistic costing of outputs and deliverables related to the work planned for each of the respective programme budget periods starting with the programme budget for 2016–2017.</p> <p>(b) Cost for the biennium 2014–2015</p> <p>Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).</p> <p>A substantial amount of the work identified as deliverables in the Programme budget 2014–2015 will contribute to the development and future implementation of the post-2015 strategy, as there is continuity between the two approaches (current and new), and the transition work will start during the current biennium.</p> <p>Total: US\$ 98.5 million (staff: US\$ 52.0 million; activities: US\$ 46.5 million)</p> <p>Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.</p> <p>All levels of the Organization.</p> <p>Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)</p> <p>Yes.</p>

If “no”, indicate how much is not included.

(c) **Staffing implications**

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The Secretariat is currently undertaking a thorough analysis of available funding for the work related to the implementation of this resolution in 2014–2015 and will identify funding shortfalls. This funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan to resolve funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R5 Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention

2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 3. Promoting health through the life-course

Programme area: Health and the environment

Outcome: 3.5

Output: 3.5.1. 3.5.2 and 3.5.3

Category: 2. Noncommunicable diseases

Programme area: Noncommunicable diseases

Outcome: 2.1

Output: 2.1.1

Category: 5. Preparedness, surveillance and response

Programme area: Food safety

Outcome: 5.4

Output: 5.4.3

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

By facilitating the prevention of human exposure to mercury and mercury compounds the resolution would directly contribute to the outcomes for the programme areas listed, namely: reduced environmental threats to health; increased access to interventions to prevent and manage noncommunicable diseases and their risk factors; and all countries adequately prepared to prevent and mitigate risks to food safety.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) **Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) A significant level of activities would be required from 2014 to 2020; activities would continue at a reduced level beyond that period (the Minamata Convention does not have an end-date).

(ii) Total (2014–2020): US\$ 9.03 million (staff: US\$ 2.68 million; activities: US\$ 6.35 million).

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 2.47 million (staff: US\$ 720 000; activities: US\$ 1.75 million).

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

All levels of the Organization.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)
Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The gap is estimated at US\$ 1.3 million. Potential sources of funds include: The Global Environment Facility, which is the financial mechanism for the Minamata Convention; and an Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R6 Traditional medicine

2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 4. Health systems

Programme area: Access to medicines and health technologies and strengthening regulatory capacity

Outcome: 4.3

Output: 4.3.1

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The objectives of the WHO traditional medicine strategy: 2014–2023 are in line with the vision and priorities set out in the Twelfth General Programme of Work, 2014–2019 and reflected in the Programme budget 2014–2015. The implementation of the traditional medicine strategy will contribute to the achievement of the outcomes of the programme areas for integrated, people-centred health services and access to medicines and health technologies and strengthening regulatory capacity, as described in the Programme budget 2014–2015.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)
Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Ten years (covering the period 2014–2023)

(ii) Total: US\$ 26.11 million (staff: US\$ 20.11 million; activities: US\$ 6.00 million)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 5.2 million (staff: US\$ 4.0 million; activities: US\$ 1.2 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

All levels of the Organization, including headquarters and all regional offices, with the involvement of country offices determined region by region.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)
Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

Funding gap: US\$ 1.97 million.

Expected sources of funds: US\$ 1.10 million from the Government of China, the Government of Macao Special Administrative Region (China) and the Government of India; US\$ 866 000 through fund raising efforts and financial dialogue.

1. Resolution EB134.R7 Strengthening of palliative care as a component of integrated treatment within the continuum of care**2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)**

Category: 2. Noncommunicable diseases

Programme area: Noncommunicable diseases

Outcome: 2.1

Output: 2.1.1

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

It would support achievement because palliative care is part of the continuum of care required for tackling noncommunicable diseases, particularly cardiovascular disease, cancer, chronic respiratory disease and diabetes. It is one of the activities included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020. An indicator for tracking access to palliative care is also included in the action plan's global monitoring framework.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)
Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Implementation would cover, and continue beyond, the seven remaining years of the global action plan for the prevention and control of noncommunicable diseases 2013–2020

(ii) Total: US\$ 20 million (staff: US\$ 10 million; activities: US\$ 10 million)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 1 million (staff: US\$ 600 000; activities: US\$ 400 000)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

All levels.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)
Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No, but the cost of filling the necessary positions has been included in the programme budget.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

In the next biennium, at least one additional staff member at grade P.5 would be needed at headquarters together with one at grade P.4 in each of the regional offices.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The funding gap is US\$ 640 000. It will be tackled through the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R8 Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion)

2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 2. Noncommunicable diseases

Programme area: Noncommunicable diseases

Outcome: 2.1

Output: 2.1.1

Programme area: Mental health and substance abuse Outcome: 2.2
Output: 2.2.1

Programme area: Nutrition Outcome: 2.5
Output: 2.5.1

Category: 3. Promoting health through the life-course

Programme area: Social determinants of health Outcome: 3.4
Output: 3.4.1

Programme area: Health and the environment Outcome: 3.5
Output: 3.5.2

Programme area: Gender, equity and human rights Outcome: 3.3
mainstreaming Output: 3.3.1

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

This resolution would contribute to improved health and health equity and social and economic development through sustained action across sectors. It would further strengthen the health sector's role in working with other sectors to tackle health issues, particularly prevention and control of noncommunicable diseases. It will strengthen collaboration both within WHO and between WHO and its partners.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)
Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Three years (covering the period 2014–2016)

(ii) Total: US\$ 1.45 million (staff: US\$ 790 000; activities: US\$ 660 000)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 980 000 (staff: US\$ 530 000; activities: US\$ 450 000)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Staffing costs would be incurred at headquarters only; activity costs would be incurred at all levels of the Organization.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)
Yes.

If "no", indicate how much is not included.

Not applicable.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ 980 000; source(s) of funds: assessed contributions and core voluntary contributions, with resource mobilization efforts undertaken, especially through the financing dialogue.

1. Resolution EB134.R10 Implementation of the International Health Regulations (2005)

2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 5. Preparedness, surveillance and response

Programme area(s): Alert and response capacities

Outcome: 5.1

Output: 5.1.1

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The resolution would sustain the Secretariat in its role of providing support to Member States in implementing the International Health Regulations (2005). The Strategic Advisory Group of Experts on immunization concluded recently that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease and that a booster dose of yellow fever vaccine is not needed.¹ WHO has endorsed this conclusion and a number of Member States have requested guidance from the Secretariat on implementation of this advice under the International Health Regulations (2005).

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) No Secretariat activities are required for implementation of this resolution

(ii) Total: US\$ nil (staff: US\$ nil; activities: US\$ nil)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ nil (staff: US\$ nil; activities: US\$ nil)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Not applicable.

¹ Meeting of the Strategic Advisory Group of Experts on immunization, April 2013 – conclusions and recommendations. Weekly epidemiological record. 2013;88(20):201–216.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)
Not applicable.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Not applicable.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

Not applicable.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

Not applicable.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ n/a; source(s) of funds: n/a.

- 1. Resolution EB134.R11** Confirmation of amendments to the Staff Rules
Resolution EB134.R12 Salaries of staff in ungraded posts and of the Director-General

- 2. Linkage to the Programme budget 2014–2015 (see document A66/7**
http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 6. Corporate services/enabling functions

Programme area(s): Management and administration

Outcome 6.4

Output 6.4.2

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The amendments outlined in the Secretariat’s report¹ aim to ensure that WHO’s compensation system complies with the decisions that are expected to be taken by the United Nations General Assembly. In this way, they support effective and efficient management administration across the Organization in line with Outcome 6.4 of the Programme budget 2014–2015.

Does the Programme budget already include the deliverables and outputs requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Two years (covering the period 2014–2015)

(ii) Total: US\$ 20 000

¹ Document EB134/51.

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 20 000 (staff: US\$ 20 000; activities: US\$ nil)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

All levels of the Organization.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

Yes.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ n/a; source(s) of funds: n/a.

1. Resolution EB134.R13 Combating antimicrobial resistance, including antibiotic resistance**2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)**

Category: 5. Preparedness, surveillance and response

Programme area: Epidemic-prone and pandemic-prone diseases

In addition, combating antimicrobial resistance involves, and has implications for, a broad range of categories and programme areas.

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The resolution is of direct relevance to the outcome “Increase the number of countries with a national antimicrobial resistance (AMR) action plan”.¹ The resolution will ensure global commitment by Member States and other organizations to achieve this outcome. The cross-cutting nature and health impacts of antimicrobial resistance mean that the resolution is also of direct relevance to outcomes and deliverables in other categories and programme areas.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)

Yes. However, the Programme budget 2014–2015 does not cover the implementation of the draft global action plan mentioned in operative subparagraph 2(5).

¹ As shown on WHO’s Programme budget web portal.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Two years (covering the period 2014–2015)

(ii) Total: US\$ 9.6 million (staff: US\$ 7.4 million; activities: US\$ 2.2 million)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 9.6 million (staff: US\$ 7.4 million; activities: US\$ 2.2 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

At headquarters and in the six regional offices. All activity costs will be implemented through headquarters; staff costs will be US\$ 4.6 million at headquarters and US\$ 470 000 in each regional office.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

No, it is only partially included.

If “no”, indicate how much is not included.

Total: US\$ 7.8 million (staff: US\$ 6.6 million; activities: US\$ 1.2 million)

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

Under the assumption that existing staff will continue to be assigned to the activities planned under the current Programme budget, including those on antimicrobial resistance, additional full-time equivalent staff members will be required in order to implement this resolution, comprising one full-time equivalent at each of the regional offices and four to six full-time equivalents at headquarters (staff in professional and higher category posts with expertise in health policy, communications and project management).

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The funding gap is estimated at US\$ 8.8 million. It will be tackled through the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R14 Health intervention and technology assessment in support of universal health coverage					
2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf) Category: 4. Health systems <table border="0"> <tr> <td>Programme area: National health policies, strategies and plans</td> <td>Outcome: 4.1 Output: 4.1.2</td> </tr> <tr> <td>Programme area: Access to medicines and health technologies and strengthening regulatory capacity</td> <td>Outcome: 4.3 Output: 4.3.1</td> </tr> </table> Also contributes to Categories 1, 2, 3 and 5 How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)? The resolution would directly contribute to the outcomes mentioned above as it would support increased capacity in countries to assess the cost-effectiveness of health interventions as well as of medicines and other health technologies, using an evidence-based and transparent approach. This would allow policy-makers to prioritize investment in health and support progress towards sustainable universal health coverage. Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no) Yes.		Programme area: National health policies, strategies and plans	Outcome: 4.1 Output: 4.1.2	Programme area: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.1
Programme area: National health policies, strategies and plans	Outcome: 4.1 Output: 4.1.2				
Programme area: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.1				
3. Estimated cost and staffing implications in relation to the Programme budget (a) Total cost Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000). (i) Six years (covering the period 2014–2019) (ii) Total: US\$ 28 million (staff: US\$ 12 million; activities: US\$ 16 million) Current estimates are for a duration of six years (2014–2019) for a total cost of up to US\$ 28 million. Costs and staffing in relation to this strategy will be included in each of the biennial budgets during the lifespan of the strategy, based on a realistic costing of outputs and deliverables related to the work planned for each of the respective programme budget periods starting with the programme budget for the biennium 2016–2017.					
(b) Cost for the biennium 2014–2015 Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000). Total: US\$ 13.6 million (staff: US\$ 6.6 million; activities: US\$ 7.0 million) Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant. Headquarters and all six regional offices. Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no) No. If “no”, indicate how much is not included. US\$ 5 million would be required to implement the full scope of this resolution, taking into account the need to increase capacity across the relevant programmatic areas to apply health intervention and technology assessment, as well as the start-up costs (for example, those relating to instruments and tools) for implementation of the resolution.					
(c) Staffing implications Could the resolution be implemented by existing staff? (Yes/no) No.					

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

A total of eight full-time equivalent staff would be required in the professional and higher categories (two at headquarters and one at each of the regional offices). These staff should have expertise in doing cost-effectiveness analysis or health intervention and technology assessment.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The funding gap is currently estimated at US\$ 13.6 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R15 Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 4. Health systems

Programme area: Integrated people-centred health services Outcome: 4.2
Output: 4.2.2

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

It would contribute to supporting countries to plan and implement strategies in line with WHO’s global strategy on human resources for health.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Four years (covering the period 2014–2017)

(ii) Total: US\$ 18.8 million (staff: US\$ 13.0 million; activities: US\$ 5.8 million)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 9.4 million (staff: US\$ 6.5 million; activities: US\$ 2.9 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Country offices, 30%; regional and subregional offices, 40%; and headquarters, 30%.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

Yes.

If “no”, indicate how much is not included.

<p>(c) Staffing implications</p> <p>Could the resolution be implemented by existing staff? (Yes/no)</p> <p>Yes, provided that current vacancies at headquarters and the regional offices are filled.</p> <p>If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.</p>
<p>4. Funding</p> <p>Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)</p> <p>No.</p> <p>If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).</p> <p>The funding gap is estimated at US\$ 3.8 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.</p>

<p>1. Resolution EB134.R16 Access to essential medicines</p>		
<p>2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)</p> <p>Category: 4. Health systems</p> <table> <tr> <td>Programme area: Access to medicines and health technologies and strengthening regulatory capacity</td> <td>Outcome: 4.3 Output: 4.3.3</td> </tr> </table> <p>Additional links to Categories 1, 2, 3 and 5</p> <p>How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?</p> <p>It would support achievement of improved access to and rational use of safe, efficacious and quality medicines and health technologies through: the development and implementation of national policies and best practices; regional approaches for sharing of information and experience; and provision by the Secretariat of support and guidance to countries for increasing and monitoring access to essential medicines.</p> <p>Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)</p> <p>Yes.</p>	Programme area: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.3
Programme area: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.3	
<p>3. Estimated cost and staffing implications in relation to the Programme budget</p> <p>(a) Total cost</p> <p>Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).</p> <p>(i) Six years (covering the period 2014–2019)</p> <p>(ii) Total: US\$ 18 million (staff: US\$ 8 million; activities: US\$ 10 million)</p> <p>(b) Cost for the biennium 2014–2015</p> <p>Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).</p> <p>Total: US\$ 8.6 million (staff: US\$ 3.6 million; activities: US\$ 5.0 million)</p> <p>Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.</p> <p>Headquarters and all regional offices.</p> <p>Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)</p> <p>Yes.</p> <p>If “no”, indicate how much is not included.</p>		

(c) Staffing implications**Could the resolution be implemented by existing staff? (Yes/no)**

No, but recruitment will take place against approved positions that are included in the approved Programme budget.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

Eight full-time equivalent staff would be required in the professional and higher categories (two at headquarters and six in the regional offices). The staff members concerned would have expertise in pricing, procurement and supply and rational use of medicines and health products.

4. Funding**Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)**

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The funding gap is estimated at US\$ 5.6 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R17 Regulatory system strengthening for medical products**2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)**

Category: 4. Health systems

Programme area(s): Access to medicines and health technologies and strengthening regulatory capacity

Outcome: 4.3

Output: 4.3.3

Additional links with Categories 1, 2, 3 and 5

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

This resolution would enhance strengthening of regulatory capacity worldwide to ensure the quality, safety and efficacy of medicines and other health technologies, through: improving assessment tools and their implementation; providing technical support and training to regulatory bodies; providing guidance on evaluation of new product classes; supporting and fostering regional and subregional networks and convergence of regulatory requirements; and strengthening of pharmacovigilance systems. It would also strengthen the WHO prequalification programme and allow prequalification of new classes of medicines.

Safe, effective and affordable medicines and health products are an essential element of: universal health coverage; attainment of the Millennium Development Goals; dealing with the growing burden of noncommunicable diseases; and fighting epidemics and pandemics.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost****Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).**

Current estimates are for a duration of 10 years (2014–2024) for a total cost of up to US\$ 250 million. Costs and staffing in relation to this strategy will be included in each of the biennial budgets during the lifespan of the strategy, based on a realistic costing of outputs and deliverables related to the work planned for each of the respective programme budget periods starting with the programme budget for the biennium 2016–2017.

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 30.0 million (staff: US\$ 11.5 million; activities: US\$ 18.5 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Costs will be incurred at headquarters, all WHO regional offices and certain country offices.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)
No.

If “no”, indicate how much is not included.

US\$ 25 million would be required to implement the full scope of this resolution, taking into account, for example, the increased breadth and depth of support to be provided to regional regulatory networks and for global collaboration and information exchange, prequalification of essential new classes of medicines and strengthening of pharmacovigilance.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

A total of 18 additional full-time equivalent staff members in the professional and higher categories would be needed (headquarters: three full-time equivalents; regional and subregional offices: two full-time equivalents; regional offices: two full-time equivalents per office; and in the three Inter-country Teams in the African Region: one per team). These staff should have a background in regulatory expertise, experience working in developing countries and some experience in working in an international environment.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The funding gap is currently estimated at US\$ 25 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R18 Hepatitis

**2. Linkage to the Programme budget 2014–2015 (see document A66/7
http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)**

Category: 1. Communicable diseases

Programme area: HIV/AIDS

Outcome: 1.1

Output: 1.1.2

Programme area: Vaccine-preventable diseases

Outcome: 1.5

Output: 1.5.2

Category: 4. Health systems

Programme area: Integrated, people-centred health services

Outcome: 4.2

Output: 4.2.3

Programme area: Access to medicines and health technologies and strengthening regulatory capacity

Outcome: 4.3
Output: 4.3.1

Category: 5. Preparedness, surveillance and response

Programme area: Alert and response capacities

Outcome: 5.1
Output: 5.1.1

Programme area: Epidemic-prone and pandemic-prone diseases

Outcome: 5.2
Output: 5.2.1

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The key actions called for in the resolution directly support attainment of outputs formulated in the above-mentioned programme areas, particularly by increasing commitment and capacities for an appropriate hepatitis prevention and treatment response.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) The resolution is not time-bound and it is anticipated that many activities outlined in the resolution will be ongoing.

(ii) An overall costing for the full implementation of the resolution across the Organisation will be completed in the process of preparation of the programme budget for 2016–2017.

(iii) The resolution includes elements that go beyond the previously-agreed framework for action on hepatitis, particularly with regard to accelerating access to hepatitis treatment and the assessment of the economic impact and burden of the disease at global and regional levels.

(iv) An indicative costing for the biennium 2016–2017 currently estimates the work to be performed by the secretariat of the Global Hepatitis Programme at headquarters at US\$ 7.4 million (staff: US\$ 5.8 million; activities: US\$ 1.6 million). It does not include yet costs incurred at regional and national levels.

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 3.3 million (staff: US\$ 2.1 million; activities: US\$ 1.2 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

In support of the initial implementation of the resolution, priority will be given to covering core activities at headquarters, including the elaboration of diagnostic and treatment guidelines, reporting, support to national strategy development, and the initiation of an access initiative.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

For the biennium 2014–2015, existing staff within the Global Hepatitis Programme and other departments, together with colleagues in the regional offices, will initiate implementation of the resolution. However, this will not be sufficient and, in the medium term, additional staff needs will be determined in collaboration with regional offices.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

Funding gap: US\$ 1.7 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan for making good funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R19 Access to biotherapeutic products and ensuring safety, quality and efficacy**2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)**

Category: 4. Health systems

Programme area: Access to medicines and health technologies and strengthening regulatory capacity

Outcome: 4.3

Output: 4.3.3

Additional links to Category 2. Noncommunicable diseases

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

Biological medicines that treat a wide range of noncommunicable diseases are currently unaffordable for the majority of the world's population. The implementation of the resolution would facilitate access to biologicals of assured quality, safety and efficacy by those who need them most, thus supporting the outcome mentioned above.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Ten years (covering the period 2014–2023)

(ii) Total: US\$ 25.0 million (staff: US\$ 12.5 million; activities: US\$ 12.5 million)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 3.0 million (staff: US\$ 1.5 million; activities: US\$ 1.5 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Headquarters and three regional offices.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)
Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No, but recruitment will take place against positions that are already included in the approved Programme budget.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

A total of 1.5 full-time equivalent staff would be required in the professional and higher categories (full-time equivalents in individual regions: 0.5, the Americas; 0.5, South-East Asia; and 0.5, Western Pacific). Staff members would need expertise and experience in biological regulation.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The funding gap is currently estimated at US\$ 2.5 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Decision EB134(1) Follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases

2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 2. Noncommunicable diseases

Programme area: Noncommunicable diseases

Outcome: 2.1

Outputs: 2.1.1, 2.1.2 and 2.1.3

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The second formal meeting of Member States will enable the Secretariat to conclude the work on the development of terms of reference for the global coordination mechanism on noncommunicable diseases.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)
Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) One year (covering the period 2014–2015)

(ii) Total: US\$ 300 000 (staff: US\$ 30 000; activities: US\$ 270 000)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 300 000 (staff: US\$ 30 000; activities: US\$ 270 000)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Headquarters.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ 300 000. This funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan to make good funding shortfalls in the Programme budget 2014–2015.

1. Decision EB134(2) Maternal, infant and young child nutrition**2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)**

Category: Noncommunicable diseases

Programme area: Nutrition

Outcome: 2.5

Output: 2.5.1

How would this decision contribute to the achievement of the outcome(s) of the above programme area(s)?

The decision would allow the Secretariat to complete three pending tasks relating to the comprehensive implementation plan on maternal, infant and young child nutrition: developing multisectoral policies on food and nutrition (through the Second International Conference on Nutrition), providing guidance on the marketing of complementary foods and developing an accountability framework (through work on the global monitoring framework for maternal, infant and young child nutrition).

Does the programme budget already include the outputs and deliverables requested in this decision? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the decision during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Two years (covering the period 2014–2015)

(ii) Total: US\$ 1.87 million (staff: US\$ 690 000; activities: US\$ 1.18 million)

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 1.87 million (staff: US\$ 690 000; activities: US\$ 1.18 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Headquarters.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the decision be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The funding gap is estimated at US\$ 780 000. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.