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EXECUTIVE BOARD

138TH SESSION

GENEVA, 25 JANUARY–30 JANUARY 2016

**RESOLUTIONS AND DECISIONS
ANNEXES**

**GENEVA
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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	UNODC	– United Nations Office on Drugs and Crime
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 138th session of the Executive Board was held at WHO headquarters, Geneva, from 25 January to 30 January 2016. 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 EB138/2016/REC/2.

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¹ See Annex 2.

² See Annex 4.

RESOLUTIONS

EB138.R1 Addressing the burden of mycetoma

The Executive Board,

Having considered the report on mycetoma,¹

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

The Sixty-ninth World Health Assembly,

Deeply concerned about the impact of mycetoma, especially among children and young adults of working age, and the public health and socioeconomic burdens that the disease places on poor, rural communities;

Aware that early detection and treatment minimize the adverse consequences of mycetoma;

Noting with satisfaction the progress made by some Member States with regard to research into mycetoma and management of cases of the disease;

Concerned that several factors, including late detection of cases of mycetoma and inadequacy of available tools for diagnosis, treatment and prevention of the disease, impede further progress;

Mindful that achievement of the United Nations Millennium Development Goals and the Goals of the 2030 Agenda for Sustainable Development,³ particularly those concerning poverty, hunger, health and education, may be hampered by the negative impact of neglected diseases of the poor, including mycetoma,

1. CALLS UPON the international community and all stakeholders including, inter alia, international organizations, bodies of the United Nations system, donors, nongovernmental organizations, foundations and research institutions:

(1) to cooperate directly with countries in which mycetoma is endemic, upon the request of such countries, in order to strengthen control activities;

¹ Document EB138/33.

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

³ United Nations General Assembly resolution 70/1 – Transforming our world: the 2030 Agenda for Sustainable Development, see http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1.

(2) to develop partnerships and foster collaboration with organizations and programmes involved in health system development in order to ensure that effective interventions can reach all those in need;

(3) to support institutions working on research into mycetoma;

2. ENCOURAGES Member States in which mycetoma is, or threatens to become, endemic:

(1) to assess the burden of mycetoma and, where necessary, establish a control programme;

(2) to accelerate efforts for early detection and treatment of mycetoma cases;

(3) to integrate, where feasible, efforts to control mycetoma with other relevant disease-control activities;

(4) within the context of health-system development, to establish and sustain partnerships for control of mycetoma at country and regional levels;

(5) to meet control needs, including in respect of improved access to treatment and rehabilitation services, by mobilizing national resources;

(6) to provide training to relevant health workers on the management of mycetoma;

(7) to intensify research in order to develop new tools to diagnose, treat and prevent mycetoma;

(8) to promote community awareness of disease symptoms in support of early detection and prevention of mycetoma, and to intensify community participation in control efforts;

3. REQUESTS the Director-General:

(1) to include mycetoma among the diseases termed “neglected tropical diseases”;

(2) to continue to offer technical support to institutions working on research into mycetoma, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;

(3) to support Member States in which mycetoma is endemic to strengthen capacities for improving early detection and access to treatment;

(4) to foster technical cooperation among countries as a means of strengthening mycetoma surveillance, control and rehabilitation services;

(5) through the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, to support the strengthening of research capacity in order to meet the need for better diagnostics, treatments and preventive tools for mycetoma;

(6) through the Strategic and Technical Advisory Group for Neglected Tropical Diseases, to define a systematic, technically-driven process for evaluation and potential inclusion of additional diseases among the “neglected tropical diseases”;

(7) to report on progress in implementing this resolution to the Seventy-second World Health Assembly.

(Tenth meeting, 28 January 2016)

EB138.R.2 Strengthening integrated, people-centred health services

The Executive Board,

Having considered the report on the framework on integrated, people-centred health services,¹

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

The Sixty-ninth World Health Assembly,

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) including target 3.8, which addresses achieving universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all;

Recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which urged Member States to continue investing in and strengthening health-delivery systems, in particular primary health care and services, and adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services;

Reaffirming resolution WHA62.12 (2009) on primary health care, including health system strengthening, which requested the Director-General to prepare implementation plans for four broad policy directions, including putting people at the centre of service delivery;

Recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel and its recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system and for the provision of health services;

Recalling also resolution WHA64.7 (2011) on strengthening nursing and midwifery and resolution WHA66.23 (2013) on transforming health workforce education in support of universal health coverage, which emphasize the implementation of strategies for enhancement of interprofessional education and collaborative practice as part of people-centred care;

¹ Document EB138/37.

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

Reaffirming resolution WHA60.27 (2007) on strengthening health information systems, which acknowledged that sound information is critical in framing evidence-based health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health-related development goals;

Recalling resolutions WHA67.20 (2014) on regulatory system strengthening for medical products, WHA67.21 (2014) on access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy, WHA67.22 (2014) on access to essential medicines and WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage,

1. ADOPTS the framework on integrated, people-centred health services;
2. URGES Member States:
 - (1) to implement proposed policy options and interventions for Member States in the framework on integrated, people-centred health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage;
 - (2) to make health care systems more responsive to people's needs, while recognizing their rights and responsibilities with regard to their own health, and engage stakeholders in policy development and implementation;
 - (3) to promote coordination of health services within the health sector and intersectoral collaboration in order to address the broader social determinants of health and to ensure a holistic approach to services, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;
3. INVITES international, regional and national partners to take note of the framework on integrated, people-centred health services;
4. REQUESTS the Director-General:
 - (1) to provide technical support and guidance to Member States for the implementation, national adaptation and operationalization of the framework on integrated, people-centred health services;
 - (2) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are aligned, actively engaged and coordinated in promoting and implementing the framework on integrated, people-centred health services;
 - (3) to perform research and development on indicators to trace global progress on integrated people-centred health services;
 - (4) to report on progress made in implementing the framework on integrated people-centred health services to the Seventy-first and Seventy-third World Health Assemblies and at regular intervals thereafter.

(Tenth meeting, 28 January 2016)

EB138.R3 WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children

The Executive Board,

Having taken note of the report on the draft global plan of action on violence,¹ as well as the result of WHO consultations, including extensive regional consultations, which includes the draft global plan of action to strengthen the role of the health system to address interpersonal violence, in particular against women and girls, and against children, as requested by resolution WHA67.15 (2014),

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

The Sixty-ninth World Health Assembly,

Having considered the draft WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;

Recognizing that this draft WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children is a technical document informed by evidence, best practices and existing WHO technical guidance and that it offers a set of practical actions that Member States may take to strengthen their health systems to address interpersonal violence, in particular against women and girls, and against children,

1. ENDORSES the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;
2. ENCOURAGES Member States to adapt at national level the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, in line with the international commitments that Member States have already made, including to the Goals of the 2030 Agenda for Sustainable Development, while taking into account region-specific situations and in accordance with national legislation, capacities, priorities and specific national circumstances;
3. URGES Member States to implement the proposed actions, as appropriate, for Member States in the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;

¹ Document EB138/9.

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

4. INVITES international, regional and national partners to implement the necessary actions to contribute to the accomplishment of the four strategic directions of the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;

5. REQUESTS the Director-General:

(1) to implement the proposed actions for the Secretariat in the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;

(2) to submit an interim report on the progress achieved in implementing the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children to the Seventy-first World Health Assembly, and a full report to the Seventy fourth World Health Assembly.

(Twelfth meeting, 29 January 2016)

EB138.R4 Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018

The Executive Board,

Having considered the report on prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2018,¹

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

The Sixty-ninth World Health Assembly,

Recalling resolution WHA66.10 (2013), United Nations General Assembly resolutions 66/2 (2011), 68/300 (2014), 69/313 (2015) and 70/1 (2015), and United Nations Economic and Social Council resolutions 2013/12, 2014/10 and 2015/8,

1. NOTES the process to update, in 2016, Appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

2. ENDORSES the process to further develop, in 2016, an approach that can be used to register and publish contributions of non-State actors to the achievement of the nine voluntary global targets for noncommunicable diseases;

¹ Document EB138/10.

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

3. URGES Member States to continue to implement the road map of national commitments included in United Nations General Assembly resolutions 66/2 and 68/300, including the four time-bound national commitments for 2015 and 2016, and other key commitments such as developing or strengthening surveillance systems to track social disparities in respect of noncommunicable diseases and their risk factors and pursuing and promoting gender-based approaches for the prevention of noncommunicable diseases in preparation for a third High level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018, taking into account the technical note published by WHO on 1 May 2015, which sets out the progress indicators that the Director-General will use to report to the United Nations General Assembly in 2017 on the progress achieved in the implementation of national commitments;

4. REQUESTS the Director-General:

(1) to submit an updated Appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, through the Executive Board, to the Seventieth World Health Assembly in 2017, in accordance with the timeline contained in Annex 2 of the report;

(2) to submit an approach that can be used to register and publish contributions of non-State actors, through the Executive Board, to the Seventieth World Health Assembly in 2017, in accordance with the timeline contained in Annex 4 of the report.

(Twelfth meeting, 29 January 2016)

EB138.R5 Strengthening essential public health functions in support of the achievement of universal health coverage

The Executive Board,

Having considered the report on health in the 2030 Agenda for Sustainable Development,¹

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

The Sixty-ninth World Health Assembly,

Noting the importance of public health functions as the most cost-effective, comprehensive and sustainable ways to enhance the health of populations and individuals and to reduce the burden of disease;

Recognizing also the need to strengthen public health governance and institutional and technical capacities in countries in order to contribute effectively to population health and protect people from the social and economic consequences of ill-health in a globalized world;

¹ Document EB138/14.

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

Acknowledging that Goal 3 of the 2030 Agenda for Sustainable Development (Ensure healthy lives and promote well-being for all at all ages) with its 13 health targets, together with the multiple other health-related targets and goals in the 2030 Agenda, will require strong intersectoral action in order to be fully implemented;

Reaffirming the commitment made in United Nations General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, especially target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all) which will contribute to ending poverty and fighting inequality and injustice;

Recalling United Nations General Assembly resolution 67/81 (2012) on global health and foreign policy, which acknowledges that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of populations in accordance with the principle of social inclusion, in order to enhance their ability to realize their right to the enjoyment of the highest attainable standard of physical and mental health;

Further recalling that United Nations General Assembly resolution 67/81 also recognizes that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health care services, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need, and that has an adequate skilled, well-trained and motivated workforce, as well as capacities for broad public health measures, health protection and addressing determinants of health through policies across sectors, including promoting the health literacy of the population;

Recalling also resolution WHA62.12 (2009) on primary health care, including health system strengthening, which urges Member States to put people at the centre of health care by adopting, as appropriate, delivery models focused on local and district levels that provide comprehensive primary health care services including health promotion, disease prevention, curative and palliative care, and noting the importance of equitable and affordable access to services;

Further recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which recognizes that effective health systems delivering comprehensive health services, including preventive services, are of utmost importance for health, economic development and well-being and that these systems need to be based on equitable and sustainable financing;

Recalling also United Nations General Assembly resolution 68/300 (2014), the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, which reaffirms the commitment to the prevention and control of noncommunicable diseases, which undermine social and economic development throughout the world, and which commits to the implementation of effective multisectoral public policies to promote health, and to strengthen and orient health systems to address prevention and control of noncommunicable diseases and underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle;

Recalling regional resolutions EUR/RC61/R2 (2011) on strengthening public health capacities and services in Europe: a framework for action, CD42.R14 (2000) on essential public health functions and CD53.R14 (2014) on the Strategy for Universal access to Health and Universal Health Coverage, WPR/RC53.R7 (2002) on essential public health functions, as well as the briefing to the sixty-second session of the WHO Regional Committee for the Eastern Mediterranean on assessing essential public health functions in the Eastern Mediterranean Region, encouraging Member States to strengthen essential public health functions as a basis for improving public health practice and as a means of achieving resilient health systems moving towards universal health coverage;

Recognizing that essential public health functions are the responsibility of Member States; that they support the achievement of the objectives of universal health coverage, facilitate the financial feasibility thereof by reducing health risks and threats, the burden of noncommunicable and communicable diseases; and that they contribute to the achievement of other health related sustainable development goals and targets;

Noting that essential public health functions that span multiple non-health sectors and address, among other things, economic, environmental and social determinants of health, benefit the health of the entire population and could be undersupplied without government intervention;

Recognizing that successful implementation of essential public health functions requires strengthening of governance and public health capacities, which may include, inter alia, building the knowledge and evidence base for policy options and strategies; ensuring sustainable and adequate resources, agency support and skilled and dedicated staff; assessing health and health-related gender impacts of different policy options; understanding the political agendas of other sectors and creating intersectoral platforms for dialogue and addressing challenges, including with social participation; evaluating the effectiveness of intersectoral work and integrated policy-making and working with other sectors of government to advance health and well-being;

Recalling resolution WHA58.3 (2005) on revision of the International Health Regulations, which urges Member States to strengthen and maintain public health capacities to detect, report, assess and respond to public health emergencies and public health risks, as part of countries' obligations to fully implement the International Health Regulations (2005); and resolution EBSS3.R1 (2015) of the Special Session of the Executive Board on Ebola, which recognizes the importance of addressing long-term systemic gaps in capacity to prevent and detect health threats and to respond to them effectively with the aim to improve health security at national, regional and global levels, and noting that this equally requires intersectoral action;

Underscoring the integrated, cross-cutting nature of the Sustainable Development Goals, which call for multisectoral action and provide new legitimacy for addressing wider determinants of health,

1. URGES Member States:¹

- (1) to show leadership and ownership in establishing effective health governance by national and subnational health authorities including cross-sectoral health policies and integrated strategies aiming to improve population health to achieve Sustainable Development Goal target 3.8 on universal health coverage and other health related Sustainable Development Goals, in accordance with nationally set priorities, accelerating

¹ And, where applicable, regional economic integration organizations.

their achievement, as appropriate, through establishing and enhancing monitoring, evaluation and accountability mechanisms and capacities;

(2) to enhance international cooperation to achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all;

(3) to invest adequate sustainable resources for health system strengthening in support of universal health coverage, including needs-based allocation among socioeconomic groups in favour of the most vulnerable and deprived populations within national contexts in order to reduce burden of disease, financial risks, inequality and injustice;

(4) to enhance institutional and operational capacity and infrastructure for public health, including scientific and operational competence of public health institutions, as appropriate to national circumstances, as well as a cross-sectoral infrastructure for delivering essential public health functions, including the capacity to address existing and emerging health threats and risks;

(5) to invest into the education, recruitment and retention of a fit-for-purpose and responsive public health workforce that is effectively and equitably deployed to contribute to effective and efficient delivery of essential public health functions, based on population needs;

(6) to ensure coordination, collaboration, communication and synergies across sectors, programmes and, as appropriate, other relevant stakeholders, with a view to improving health, protecting people from the financial risk of ill-health, and promoting a comprehensive approach to public health in support of the achievement of universal health coverage throughout the life cycle;

(7) to foster approaches that systematically tackle social, environmental and economic determinants of health and health inequity, taking into account gender impacts;

(8) to monitor, evaluate, analyse and improve health outcomes, including through the establishment of comprehensive and effective civil registration and vital statistics systems and effective delivery of essential public health functions, equitable access to quality health care services, and the level of financial risk protection;

2. REQUESTS the Director-General:

(1) to develop and disseminate technical guidance on the application of essential public health functions, taking into account WHO regional definitions, in the strengthening of health systems and for the achievement of universal health coverage;

(2) to facilitate international cooperation and to continue and enhance support to Member States upon request in their efforts to build the necessary institutional, administrative and scientific capacity, providing technical support in relation to essential public health functions, for health system strengthening, including to prevent, detect, assess and respond to public health events, and integrated and multisectoral approaches towards universal health coverage; and to develop facilitating tools in this regard;

(3) to take the leading role, facilitate international cooperation and foster coordination in global health at all levels, particularly in relation to health system strengthening,

including essential public health functions, supportive of the achievement of the health-related Sustainable Development Goals and targets;

(4) to report to the Health Assembly on the implementation of this resolution as a contribution to the achievement of the health-related targets in the 2030 Agenda for Sustainable Development.

(Thirteenth meeting, 30 January 2016)

EB138.R6 Scale of assessments for 2017

The Executive Board,

Having considered the report on the scale of assessments for 2017,¹

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

The Sixty-ninth World Health Assembly,

Having considered the report of the Director-General,

ADOPTS the scale of assessments of Members and Associate Members for the year 2017 as set out below.

Members and Associate Members	WHO scale for 2017 %
Afghanistan	0.0060
Albania	0.0080
Algeria	0.1610
Andorra	0.0060
Angola	0.0100
Antigua and Barbuda	0.0020
Argentina	0.8920
Armenia	0.0060
Australia	2.3371
Austria	0.7201
Azerbaijan	0.0600
Bahamas	0.0140
Bahrain	0.0440
Bangladesh	0.0100
Barbados	0.0070
Belarus	0.0560
Belgium	0.8851
Belize	0.0010
Benin	0.0030
Bhutan	0.0010

¹ Document EB138/43.

Members and Associate Members	WHO scale for 2017 %
Bolivia (Plurinational State of)	0.0120
Bosnia and Herzegovina	0.0130
Botswana	0.0140
Brazil	3.8232
Brunei Darussalam	0.0290
Bulgaria	0.0450
Burkina Faso	0.0040
Burundi	0.0010
Cabo Verde	0.0010
Cambodia	0.0040
Cameroon	0.0100
Canada	2.9211
Central African Republic	0.0010
Chad	0.0050
Chile	0.3990
China	7.9212
Colombia	0.3220
Comoros	0.0010
Congo	0.0060
Cook Islands	0.0010
Costa Rica	0.0470
Côte d'Ivoire	0.0090
Croatia	0.0990
Cuba	0.0650
Cyprus	0.0430
Czech Republic	0.3440
Democratic People's Republic of Korea	0.0050
Democratic Republic of the Congo	0.0080
Denmark	0.5840
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0460
Ecuador	0.0670
Egypt	0.1520
El Salvador	0.0140
Equatorial Guinea	0.0100
Eritrea	0.0010
Estonia	0.0380
Ethiopia	0.0100
Fiji	0.0030
Finland	0.4560
France	4.8592
Gabon	0.0170
Gambia	0.0010
Georgia	0.0080
Germany	6.3892
Ghana	0.0160

Members and Associate Members	WHO scale for 2017 %
Greece	0.4710
Grenada	0.0010
Guatemala	0.0280
Guinea	0.0020
Guinea-Bissau	0.0010
Guyana	0.0020
Haiti	0.0030
Honduras	0.0080
Hungary	0.1610
Iceland	0.0230
India	0.7370
Indonesia	0.5040
Iran (Islamic Republic of)	0.4710
Iraq	0.1290
Ireland	0.3350
Israel	0.4300
Italy	3.7482
Jamaica	0.0090
Japan	9.6802
Jordan	0.0200
Kazakhstan	0.1910
Kenya	0.0180
Kiribati	0.0010
Kuwait	0.2850
Kyrgyzstan	0.0020
Lao People's Democratic Republic	0.0030
Latvia	0.0500
Lebanon	0.0460
Lesotho	0.0010
Liberia	0.0010
Libya	0.1250
Lithuania	0.0720
Luxembourg	0.0640
Madagascar	0.0030
Malawi	0.0020
Malaysia	0.3220
Maldives	0.0020
Mali	0.0030
Malta	0.0160
Marshall Islands	0.0010
Mauritania	0.0020
Mauritius	0.0120
Mexico	1.4351
Micronesia (Federated States of)	0.0010
Monaco	0.0100
Mongolia	0.0050
Montenegro	0.0040

Members and Associate Members	WHO scale for 2017 %
Morocco	0.0540
Mozambique	0.0040
Myanmar	0.0100
Namibia	0.0100
Nauru	0.0010
Nepal	0.0060
Netherlands	1.4821
New Zealand	0.2680
Nicaragua	0.0040
Niger	0.0020
Nigeria	0.2090
Niue	0.0010
Norway	0.8491
Oman	0.1130
Pakistan	0.0930
Palau	0.0010
Panama	0.0340
Papua New Guinea	0.0040
Paraguay	0.0140
Peru	0.1360
Philippines	0.1650
Poland	0.8411
Portugal	0.3920
Puerto Rico	0.0010
Qatar	0.2690
Republic of Korea	2.0391
Republic of Moldova	0.0040
Romania	0.1840
Russian Federation	3.0882
Rwanda	0.0020
Saint Kitts and Nevis	0.0010
Saint Lucia	0.0010
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0030
Sao Tome and Principe	0.0010
Saudi Arabia	1.1461
Senegal	0.0050
Serbia	0.0320
Seychelles	0.0010
Sierra Leone	0.0010
Singapore	0.4470
Slovakia	0.1600
Slovenia	0.0840
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.3640

Members and Associate Members	WHO scale for 2017 %
South Sudan	0.0030
Spain	2.4431
Sri Lanka	0.0310
Sudan	0.0100
Suriname	0.0060
Swaziland	0.0020
Sweden	0.9561
Switzerland	1.1401
Syrian Arab Republic	0.0240
Tajikistan	0.0040
Thailand	0.2910
The former Yugoslav Republic of Macedonia	0.0070
Timor-Leste	0.0030
Togo	0.0010
Tokelau	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0340
Tunisia	0.0280
Turkey	1.0181
Turkmenistan	0.0260
Tuvalu	0.0010
Uganda	0.0090
Ukraine	0.1030
United Arab Emirates	0.6040
United Kingdom of Great Britain and Northern Ireland	4.4632
United Republic of Tanzania	0.0100
United States of America	22.0000
Uruguay	0.0790
Uzbekistan	0.0230
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.5710
Viet Nam	0.0580
Yemen	0.0100
Zambia	0.0070
Zimbabwe	0.0040
Total	100.0000

(Fourteenth meeting, 30 January 2016)

EB138.R7 Real estate: update on the Geneva buildings renovation strategy

The Executive Board,

Having considered the report of the Director-General on real estate: update on the Geneva buildings renovation strategy, and the report of the Programme, Budget and Administration Committee of the Executive Board;¹

Noting the favourable business case for the Geneva buildings renovation strategy, the critical need to address failing infrastructure at WHO headquarters and the sustainable financing mechanism established to fund the strategy;

Noting the status of negotiations with the Swiss authorities for the construction of a building in Geneva to replace existing temporary and provisional buildings and to provide additional space in order to facilitate the renovation of the main building,

1. REQUESTS the Director-General to establish a Member States Advisory Committee to provide guidance, monitoring and oversight to the WHO headquarters renovation project;
2. RECOMMENDS to the Sixty-ninth World Health Assembly the following draft decision:

The Sixty-ninth World Health Assembly, having considered the report of the Director General on real estate: update on the Geneva buildings renovation strategy, decided:

- (1) to reiterate its appreciation to the Swiss Confederation and to the Republic and Canton of Geneva for the continued expression of their hospitality;
- (2) to adopt the Geneva buildings renovation strategy, as described in the report on real estate: update on the Geneva buildings renovation strategy;
- (3) to authorize the Director-General to proceed with the renovation of the main building (110 million Swiss francs) and the construction of a new building (140 million Swiss francs) at WHO headquarters in Geneva with a total cost of 250 million Swiss francs, on the understanding that if during the evolution of the design period, the likely total cost of the project was to increase by more than 10%, further authority would be sought from the World Health Assembly;
- (4) to authorize the Director-General to accept the full 50-year, interest-free loan of 140 million Swiss francs from the Swiss federal authorities, subject to their final approval in December 2016;
- (5) to approve the use of the Real Estate Fund for the cost of renovations and the repayment over a 50-year period of the interest-free loan if provided by the Swiss authorities with effect from the first year of the completion of the building;

¹ Documents EB138/45 and EB138/3, respectively.

- (6) to request the Director-General:
- (a) to ensure the allocation of US\$ 25 million per biennium to the Real Estate Fund;
 - (b) to report at least every two years to the Executive Board and the World Health Assembly on progress in the construction of the new accommodation and on related construction costs.

(Fourteenth meeting, 30 January 2016)

EB138.R8 Relations with nongovernmental organizations¹

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,²

1. DECIDES to admit into official relations with WHO the following nongovernmental organizations: Action Contre la Faim International, Pasteur International Network Association, Micronutrient Initiative, International Food Policy Research Institute, and World Cancer Research Fund International;
2. FURTHER DECIDES to discontinue official relations with the International League of Dermatological Societies.

(Fourteenth meeting, 30 January 2016)

EB138.R9 Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories³

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,⁴

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 2016 concerning the remuneration of staff in the professional and higher categories.

(Fourteenth meeting, 30 January 2016)

¹ See Annex 1 and decision EB138(4).

² Document EB138/48.

³ See Annex 2.

⁴ Documents EB138/54 and EB138/3.

EB138.R10 Salaries of staff in ungraded posts and of the Director-General¹

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,²

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

The Sixty-ninth World Health Assembly,

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

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 176 463 gross per annum, with a corresponding net salary of US\$ 137 024 (dependency rate) or US\$ 124 080 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 194 136 gross per annum, with a corresponding net salary of US\$ 149 395 (dependency rate) or US\$ 134 449 (single rate);
3. ESTABLISHES the salary of the Director-General at US\$ 238 644 gross per annum, with a corresponding net salary of US\$ 180 551 (dependency rate) or US\$ 160 566 (single rate);
4. DECIDES that those adjustments in remuneration shall take effect on 1 January 2016.

(Fourteenth meeting, 30 January 2016)

EB138.R11 Confirmation of amendments to the Staff Rules: financial responsibility, classification review and recruitment policies¹

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,²

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 February 2016 concerning financial responsibility; classification review; and recruitment policies.

(Fourteenth meeting, 30 January 2016)

¹ See Annex 2.

² Documents EB138/54 and EB138/3.

EB138.R12 Confirmation of amendments to the Staff Rules: internal justice reform¹

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,²

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General concerning informal resolution; appeals of decisions relating to non-confirmation of appointment and termination of appointment for reasons of health; administrative review; Global Board of Appeal; administrative tribunal; effect of appeals on administrative decision; and availability of the Rules of Procedure, with effect from the entry into force of the Organization's internal justice reform policies.

(Fourteenth meeting, 30 January 2016)

EB138.R13 Amendments to the Staff Regulations: dispute resolution¹

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,²

RECOMMENDS, in accordance with Staff Regulation 12.1, to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,

Noting the recommendations of the Executive Board with regard to dispute resolution,

1. ADOPTS the proposed amendment to the title of Article XI of the Staff Regulations;
2. ADOPTS the proposed amendment to Staff Regulation 11.2;
3. DECIDES that these amendments shall take effect from the entry into force of the Organization's internal justice reform policies.

(Fourteenth meeting, 30 January 2016)

¹ See Annex 2; see Annex 4 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

² Documents EB138/54 and EB138/3.

DECISIONS

EB138(1) Member State consultative process on governance reform

The Executive Board, having considered the report on the Member State consultative process on governance reform,¹ and the report of the Programme, Budget and Administration Committee of the Executive Board,² in order to complete the process established by decision EB136(16) (2015), decided:

- (1) to convene as soon as possible, and no later than April 2016, an open-ended intergovernmental meeting³ to discuss, review, amend and come to an agreement on the recommendations presented during the Second Open Member States Meeting on Governance Reform (Geneva, 10 and 11 December 2015), on the basis of Appendix II of document EB138/6;
- (2) to request the Director-General to submit the results of the open-ended intergovernmental meeting to the Sixty-ninth World Health Assembly for its consideration.

(Eighth meeting, 28 January 2016)

EB138(2) Process for the election of the Director-General of the World Health Organization

The Executive Board, having noted the report by the Secretariat on the process for the election of the Director-General of the World Health Organization,⁴ decided to recommend to the Sixty-ninth World Health Assembly that it consider adopting a resolution to require that nominated candidates for the post of Director-General address the Health Assembly before the vote for appointment of the Director-General, on the understanding that:

- (1) statements shall be limited to a maximum of 15 minutes;
- (2) the order of statements shall be decided by lot;
- (3) there shall be no questions and answers after statements.

(Twelfth meeting, 29 January 2016)

¹ Document EB138/6.

² Document EB138/3.

³ Also to involve, where applicable, regional economic integration organizations.

⁴ Document EB138/46.

EB138(3) Framework of engagement with non-State actors

The Executive Board, having considered the report of the Open-ended Intergovernmental Meeting on the draft framework of engagement with non-State actors,¹ and the report of the Programme, Budget and Administration Committee of the Executive Board,² decided:

- (1) to endorse the request of the Open-ended Intergovernmental Meeting to extend its mandate, so that it may resume its work for a final session from 25 to 27 April 2016, in order to submit a consensus text of the draft framework and a draft resolution to the Sixty-ninth World Health Assembly through the Programme, Budget and Administration Committee; and
- (2) to request the Secretariat to present an objective and balanced report on the implications for WHO of the implementation of the framework, well in advance of the final session of the Open-ended Intergovernmental Meeting.

(Thirteenth meeting, 30 January 2016)

EB138(4) Review of nongovernmental organizations in official relations with WHO

The Executive Board, having considered and noted the report of its Standing Committee on Nongovernmental Organizations, concerning the review of one third of the nongovernmental organizations in official relations with WHO,³ reached the decisions set out below:

- (1) noting with appreciation their collaboration with WHO and commending the continuing dedication to the work of WHO, the Board decided to maintain in official relations with WHO the 57 nongovernmental organizations whose names are listed in the Annex to document EB138/48;
- (2) noting the reports and that plans for collaboration had yet to be agreed, the Board decided to defer the review of relations with the Aga-Khan Foundation, the International Organization for Standardization and The Commonwealth Pharmacists Association, until the 140th session of the Executive Board, at which time reports, either on agreed plans for collaboration or the status of relations, would be considered;
- (3) noting the reports, and in order to encourage improved collaboration in the area of pathology and laboratory medicine between WHO and the nongovernmental organizations, the Board decided to defer the review of relations with International Federation of Biomedical Laboratory Science, International Federation of Clinical Chemistry and Laboratory Medicine, and World Association of Societies of Pathology and Laboratory Medicine until the 140th session of the Executive Board, at which time reports should be presented to the Board either on the agreed plans for collaboration or on the status of relations.

(Fourteenth meeting, 30 January 2016)

¹ Document EB138/7, Annex.

² Document EB138/3.

³ Document EB138/48.

EB138(5) 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,¹ awarded the Dr A.T. Shousha Foundation Prize for 2016 to Dr Walid Ammar from Lebanon for his significant contribution to public health in Lebanon, in particular in the areas of primary health care and health policy, and for his efforts in translating research and evidence into policy, programmes and practice. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.

(Fourteenth meeting, 30 January 2016)

EB138(6) Award of the Ihsan Doğramacı Family Health Foundation Prize

The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Prize Committee,¹ awarded the Ihsan Doğramacı Family Health Foundation Prize for 2016 to Professor Sir Michael Marmot from the United Kingdom of Great Britain and Northern Ireland for his significant contribution in the field of global public health, particularly in respect of the social determinants of health and the health of women and children. The laureate will receive US\$ 20 000.

(Fourteenth meeting, 30 January 2016)

EB138(7) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel,¹ awarded the Sasakawa Health Prize for 2016 to the Federation of Medicus Mundi of Spain for its innovative project “Transforming public health systems on the basis of primary health care principles”, which was developed in El Salvador, Guatemala and Peru and the Plurinational State of Bolivia more than two decades ago. The laureate, as an organization, will receive US\$ 40 000.

(Fourteenth meeting, 30 January 2016)

EB138(8) 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,¹ awarded the United Arab Emirates Health Foundation Prize for 2016 to Dr Palize Mehmett from China, who is being honoured for the innovative work she has carried out over 30 years in the field of public health and in the fields of epidemics and disease control and prevention. The laureate will receive US\$ 20 000.

(Fourteenth meeting, 30 January 2016)

EB138(9) His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel,¹ awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2016 to Dr Michal Novák from Slovakia for his outstanding contribution over the past 30 years to research on the causes and treatment of Alzheimer’s disease. The laureate will receive US\$ 20 000.

(Fourteenth meeting, 30 January 2016)

¹ Document EB138/49.

EB138(10) 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,¹ awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2016 to Dr Alireza Mesdaghinia from the Islamic Republic of Iran for his lifelong commitment to, and leadership in, strengthening the capacity of public health facilities and education systems in the Islamic Republic of Iran. The laureate will receive US\$ 100 000.

(Fourteenth meeting, 30 January 2016)

EB138(11) Provisional agenda for the Sixty-ninth World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda of the Sixty-ninth World Health Assembly,² and recalling its earlier decision that the Sixty-ninth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 23 May 2016, and closing no later than Saturday, 28 May 2016,³ approved the provisional agenda of the Sixty-ninth World Health Assembly. With regard to the allocation of agenda items, the Executive Board proposed to the General Committee of the Health Assembly that it consider moving provisional agenda items 16 and 17 from the programme of work of Committee A to that of Committee B, as reflected in the preliminary daily timetable.⁴

(Fourteenth meeting, 30 January 2016)

EB138(12) Date and place of the 139th session of the Executive Board

The Executive Board decided that its 139th session should be convened on 30 and 31 May 2016, at WHO headquarters, Geneva.

(Fourteenth meeting, 30 January 2016)

¹ Document EB138/49.

² Document EB138/50.

³ See decision EB137(6).

⁴ See document EB138/50, Annex 2.

ANNEXES

ANNEX 1

Nongovernmental organizations admitted into, or maintained in, official relations with WHO by virtue of resolution EB138.R8 and decision EB138(4)

[EB138/48, Annex – 30 January 2016]

Action Contre la Faim International
African Medical and Research Foundation*
Aga Khan Foundation
Assiteb-Biorif*
Consumers International*
Council for International Organizations of Medical Sciences*
Council on Health Research for Development*
EuroSafe – European Association for Injury Prevention and Safety Promotion*
Framework Convention Alliance on Tobacco Control*
Global Health Council, Inc.*
International Alliance for Biological Standardization*
International Alliance of Patients' Organizations*
International Association of Cancer Registries*
International Catholic Committee of Nurses and Medico-Social Assistants*
International College of Surgeons*
International Council for Standardization in Haematology*
International Council of Nurses*
International Federation for Medical and Biological Engineering*
International Federation of Biomedical Laboratory Science
International Federation of Clinical Chemistry and Laboratory Medicine
International Federation of Fertility Societies*
International Federation of Health Information Management Associations*
International Federation of Hospital Engineering*
International Federation of Medical Students' Associations*
International Federation of Pharmaceutical Manufacturers and Associations*
International Federation of Surgical Colleges*
International Food Policy Research Institute
International Hospital Federation*
International Life Saving Federation*
International Medical Informatics Association*
International Organization for Standardization
International Pharmaceutical Federation*
International Pharmaceutical Students' Federation*
International Society for Telemedicine & eHealth*
International Society of Blood Transfusion*
International Society of Orthopaedic Surgery and Traumatology*
International Society of Radiology*
International Society on Thrombosis and Haemostasis*

International Union of Architects (UIA) *
 International Union of Basic and Clinical Pharmacology*
 International Union of Microbiological Societies*
 International Water Association*
 Medicus Mundi International – International Organisation for Cooperation in Health Care*
 Micronutrient Initiative
 OXFAM*
 Pasteur International Network Association
 The Cochrane Collaboration*
 The Commonwealth Pharmacists Association
 The International Society for Burn Injuries*
 The International Society for Quality in Health Care Incorporated*
 The International Society of Radiographers and Radiological Technologists*
 The Network: Towards Unity For Health*
 The Save the Children Fund*
 The Transplantation Society*
 The World Medical Association, Inc *
 World Association of Societies of Pathology and Laboratory Medicine
 World Cancer Research Fund International
 World Council of Churches*¹
 World Federation for Medical Education*
 World Federation for Ultrasound in Medicine and Biology*
 World Federation of Acupuncture-Moxibustion Societies*
 World Federation of Chiropractic*
 World Federation of Public Health Associations*
 World Federation of Societies of Anaesthesiologists*
 World Organization of Family Doctors*
 World Self-Medication Industry *
 World Vision International*
 Worldwide Network for Blood and Marrow Transplantation*

* Based on reports of collaboration for the period under review 2013–2015, 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.

¹ Previously known as CMC – Churches' Action for Health.

ANNEX 2

Confirmation of amendments to the Staff Rules¹

[EB138/54 – 23 December 2015]

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. In accordance with Staff Regulation 12.1,² proposed amendments to the Staff Regulations are submitted to the Executive Board, which is requested to recommend their adoption by the Sixty-ninth World Health Assembly.
3. The amendments described in section I of this document stem from decisions expected to be taken by the United Nations General Assembly at its seventieth session, on the basis of recommendations made by the International Civil Service Commission in its annual report for 2015.³ Should the United Nations General Assembly not approve the Commission's recommendations, an addendum to the present report will be issued.
4. The amendments described in section II of this document are made in the light of experience and in the interest of good human resources management.
5. The amendments described in section III of this document also are made and proposed in the light of experience and in the interest of good human resources management. They would take effect from the entry into force of the Organization's internal justice reform policies.
6. The financial implications of the amendments for the biennium 2016–2017 involve additional costs under the Programme budget 2016–2017. They are set out in the report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly, along with the financial implications beyond the biennium 2016–2017.⁴
7. The proposed amendments to the Staff Regulations and the amended Staff Rules are set out in the [Appendices].

¹ See resolutions EB138.R9, EB138.R10, EB138.R11, EB138.R12 and EB138.R13.

² Basic documents, 48th ed. Geneva: World Health Organization; 2014. Available at <http://apps.who.int/gb/bd/>.

³ General Assembly, Official Records, Seventieth Session, Supplement No. 30 (document A/70/30, copies available in the Executive Board room).

⁴ Document EB138/54 Add.1.

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

Remuneration of staff in the professional and higher categories

8. 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 1.08% 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 2016.

9. Amendments to Appendix 1 of the Staff Rules have been prepared accordingly and are set out in [the Attachment].

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

10. Subject to the decision of the United Nations General Assembly in respect of the recommendation in paragraph 8 above, the Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board recommend to the Sixty-ninth World Health Assembly modifications in the salaries of Assistant Directors-General and Regional Directors. Thus, as from 1 January 2016, the gross salary for Assistant Directors-General and Regional Directors would be US\$ 176 463 per annum, and the net salary US\$ 137 024 (dependency rate) or US\$ 124 080 (single rate).

11. 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 2016, a gross salary of US\$ 194 136 per annum, with a corresponding net salary of US\$ 149 395 (dependency rate) or US\$ 134 449 (single rate).

12. 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 2016, would therefore be US\$ 238 644 per annum gross, US\$ 180 551 net (dependency rate) or US\$ 160 566 net (single rate).

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

Financial responsibility

13. Staff Rule 130 has been added to explicitly define staff members’ obligation to protect the financial interests of the Organization.

Classification review

14. Staff Rule 230 has been amended to delete the sentence: “A staff member may request a re-examination of the classification of the post which he occupies”. As reclassification of a position has budgetary implications and affects the Human Resources Plan, it should be initiated by first level supervisors who, in turn, are responsible for assigning duties in line with staff members’ grade levels and position descriptions.

Recruitment policies

15. Staff Rule 410.3 has been amended to no longer allow for the appointment of a staff member’s father, mother, son, daughter, brother or sister, “when another person equally well qualified cannot be recruited...”. This is in line with best practice in the United Nations common system of salaries, allowances and other conditions of service.

III. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF EXPERIENCE AND IN THE INTEREST OF GOOD HUMAN RESOURCES MANAGEMENT WHICH, IF CONFIRMED¹ AND ADOPTED,² WOULD TAKE EFFECT FROM THE ENTRY INTO FORCE OF THE ORGANIZATION’S INTERNAL JUSTICE REFORM POLICIES³

Proposed amendments to the Staff Regulations

Dispute resolution

16. The proposed amendment to the title of Article XI from “Appeals” to “Dispute Resolution” reflects a new emphasis on the prevention and early resolution of employment disputes, rather than formal appeals.

17. The proposed amendment to Staff Regulation 11.2 reflects the recourse staff members have to the Administrative Tribunal of the International Labour Organization, rather than to the United Nations Administrative Tribunal, for disputes that are not resolved internally.

Amendments to the Staff Rules

Dispute resolution

18. The proposed amendment to the title of Section 12 from “Appeals” to “Dispute Resolution” reflects a new emphasis on the prevention and early resolution of employment disputes, rather than formal appeals.

¹ In the case of amendments to the Staff Rules.

² In the case of proposed amendments to the Staff Regulations.

³ See document EB138/51, paragraphs 18 and 19.

Informal resolution

19. Staff Rules 1215.1 to 1215.7 have been introduced to emphasize the prevention and early resolution of employment disputes through informal dispute resolution, including with the assistance of the Ombudsman.

Non-confirmation of appointment and Termination of appointment for reasons of health

20. Staff Rules 1210 and 1220 have been deleted as all challenges to final administrative decisions will be considered through an administrative review process.

Administrative review

21. Staff Rules 1225.1 to 1225.7 have been introduced to establish a mandatory process for the administrative review of all final administrative decisions before staff members may appeal against such decisions. Administrative review will provide an opportunity to resolve disputes before they escalate in the formal appeal process.

Global Board of Appeal

22. Staff Rule 1230 on Boards of Appeal has been deleted in its entirety and replaced with Staff Rules 1230.1 to 1230.9 establishing a Global Board of Appeal. The Global Board of Appeal will replace the headquarters and regional boards of appeal and will provide all staff members across the Organization with equal access to a WHO-wide and sufficiently resourced appeals mechanism. The Global Board of Appeal will review staff appeals and provide recommendations to the Director-General.

Administrative Tribunal

23. Staff Rule 1240 has been amended to bring it in line with the proposed amendment to Staff Regulation 11.2, as described in paragraph 17. The amendment also includes the deletion of references to Staff Rules 1210, 1220 and 1230, as described in paragraphs 20 and 22.

Effect of appeals on administrative decision

24. Staff Rule 1245 has been amended for editorial reasons.

Availability of Rules of Procedure

25. Staff Rule 1250 has been amended to reflect the newly established Global Board of Appeal.

ACTION BY THE EXECUTIVE BOARD

26. [This paragraph contained five draft resolutions, which were adopted at the fourteenth meeting as resolutions EB138.R9, EB138.R10, EB138.R11, EB138.R12 and EB138.R13, respectively.]

Appendix 1

TEXT OF AMENDED STAFF RULES

130. FINANCIAL RESPONSIBILITY

Staff members shall exercise reasonable care in any matter affecting the financial interests of the Organization, its physical and human resources, property and assets.

.....

230. CLASSIFICATION REVIEW

In accordance with procedures established by the Director-General, a staff member may request a re-examination of the classification of any post under his supervision and with reference to the approved human resources plan.

.....

410. RECRUITMENT POLICIES

410.3 Appointment shall not be granted to a person who bears any of the following relationships to a staff member: father, mother, son, daughter, brother or sister.

.....

SECTION 12 Dispute resolution

1215. INFORMAL RESOLUTION

1215.1 A staff member may use informal channels to resolve a work-related concern, including a final administrative decision, which he considers to be in non-observance of the terms of his appointment, including pertinent Staff Regulations or Staff Rules.

1215.2 The Director-General shall encourage and facilitate the use of informal channels to resolve work-related concerns.

1215.3 Staff members are encouraged to initiate or participate in informal means of resolution and to make good faith efforts to take action to address and resolve concerns as early as possible.

1215.4 Informal resolution of a work-related concern may be initiated at any time, including before or after the initiation of a formal resolution process.

1215.5 A staff member may seek the assistance of an Ombudsman, who is an independent and neutral interlocutor who provides confidential impartial assistance. A staff member may also use other available informal channels to resolve a work-related concern.

1215.6 Participation in informal resolution efforts shall not affect any right to pursue the work-related concern formally in accordance with the provisions of the Staff Rules.

- 1215.7 The conduct of informal resolution, including mediation, by an Ombudsman or through other informal channels, may result in the extension of time limits, including those applicable to the appeals process under Section 12 of the Staff Rules.
-

1225. ADMINISTRATIVE REVIEW

- 1225.1 A staff member wishing to contest formally a final administrative decision alleging non-observance of his terms of appointment, including pertinent Staff Regulations or Staff Rules, shall, as a first step, submit a request in writing for an administrative review of that final administrative decision. A staff member shall not request an administrative review until all the existing administrative channels have been exhausted and the administrative decision has become final. An administrative decision is to be considered as final when it has been taken by a duly authorized official and the staff member has received written notification of the decision.
- 1225.2 If a staff member has submitted a written request relating to the terms of his appointment, the request shall be deemed to have been rejected if no definitive reply is received within:
- 1225.2.1 sixty (60) calendar days for staff assigned to headquarters and to regional offices;
- 1225.2.2 ninety (90) calendar days for staff assigned to other duty stations.
- 1225.3 A request for administrative review must be filed no later than sixty (60) calendar days from the date on which the staff member received written notification of the contested final administrative decision or within sixty (60) calendar days of a deemed rejection under Staff Rule 1225.2.
- 1225.4 The final decision on a request for administrative review (the Administrative Review Decision) shall be communicated in writing to the staff member within sixty (60) calendar days of receipt of the complete request for administrative review. The deadline may be extended, including to allow for informal resolution.
- 1225.5 If a staff member has filed a request for administrative review, the request shall be deemed to have been rejected if no final decision is received within the sixty (60) calendar day deadline or the extended deadline referred to in Staff Rule 1225.4.
- 1225.6 A request for administrative review shall not have the effect of delaying the final administrative decision which is the subject of the review.
- 1225.7 Requests for administrative review shall be dealt with in accordance with the provisions of this Staff Rule and under conditions established by the Director-General.
-

1230. GLOBAL BOARD OF APPEAL¹

1230.1 Subject to Staff Rule 1230.5, a staff member may appeal before the Global Board of Appeal (the Board) against an Administrative Review Decision or against a deemed rejection under Staff Rule 1225.5.

Membership

1230.2 In accordance with procedures established by the Director-General, the Board shall be composed of:

1230.2.1 one chair and one deputy chair appointed by the Director-General in consultation with representatives of staff; and

1230.2.2 an equal number of members and alternate members appointed respectively by the Director-General and elected by staff.

Panels

1230.3 Subject to Staff Rule 1230.4, an appeal shall normally be heard by a Panel of three members of the Board. Each Panel shall be composed of:

1230.3.1 a chair, who shall be the chair or deputy chair of the Board;

1230.3.2 one member appointed to the Board by the Director-General and assigned to the Panel by its chair; and

1230.3.3 one member elected to the Board by staff and assigned to the Panel by its chair;

1230.3.4 In exceptional circumstances as determined by the chair and deputy chair, an appeal may be heard by a Panel of five members of the Board, including two additional members appointed by the chair under Staff Rules 1230.3.2 and 1230.3.3;

1230.3.5 If the appellant was assigned to a region at the time of the appealed decision, there shall be at least one member assigned to that region on the Panel. If the appellant was assigned to headquarters, including offices administered by headquarters, at the time of the appealed decision, there shall be at least one member assigned to headquarters on the Panel;

1230.3.6 The appellant may object to no more than one member of a three member Panel, and two members of a five member Panel, assigned to hear the appeal, under conditions established by the Director-General.

¹ All pending appeals filed with either the headquarters Board of Appeal or a regional Board of Appeal shall be dealt with under the Staff Rules in effect at the time the appeal was filed, unless the staff member having filed the appeal requests, and the Organization agrees, that the Staff Rules amended with effect from the entry into force of internal justice reform policies shall apply. If a pending appeal before a regional Board of Appeal is concluded at the regional level, any appeal of the decision of the Regional Director concerned shall be filed with the Global Board of Appeal under these amended Staff Rules.

Board chair and deputy chair

- 1230.4 The authorities of the chair and deputy chair shall be determined by the Director-General, and shall include making recommendations to the Director-General on the receivability of an appeal.

Conditions of appeal

- 1230.5 The following provisions shall govern the conditions of appeal against an Administrative Review Decision or against a deemed rejection under Staff Rule 1225.5.

1230.5.1 A staff member wishing to appeal must file with the Board, within ninety (90) calendar days after receipt of the Administrative Review Decision, or within ninety (90) calendar days of the expiration of the deadline or extended deadline referred to in Staff Rule 1225.5, a complete statement of appeal specifying the decision against which the appeal is made and stating the facts of the case and the pleas. The Board shall open its proceedings upon receipt of the appellant's complete statement of appeal.

1230.5.2 A request to suspend proceedings before the Board may be made at any time, in particular with a view to pursuing an informal resolution. The suspension may be granted by the chair of the Panel concerned. Such suspension shall normally not exceed ninety (90) calendar days.

Reporting and decision-making

- 1230.6 A Panel of the Board reviewing an appeal shall report its findings and recommendations to the Director-General within ninety (90) calendar days of the date of the Panel's receipt of the final written pleadings of both parties. This period may be extended by the chair of the Panel concerned in accordance with conditions established by the Director-General.

1230.6.1 The Director-General shall make the final decision on appeals. If the appellant was assigned to a region at the time of the final administrative decision, the Director-General shall consult with the Regional Director before making a final decision.

1230.6.2 The Director-General shall inform the parties to the appeal and the chair of the Board of his decision within sixty (60) calendar days of the date of the receipt by him of the findings and recommendations of the Panel concerned.

General

- 1230.7 Secretariat services to the Board shall be provided by the Organization.

- 1230.8 The work of the Board shall be carried out in accordance with rules of procedure to be established by the Director-General.

- 1230.9 In discharging their duties, members of the Board shall act independently and respect confidentiality. Parties to an appeal and all persons involved in Board proceedings shall also respect confidentiality.
-

1240. ADMINISTRATIVE TRIBUNAL

1240.1 Disputes between the Organization and a staff member which cannot be resolved internally may be referred to the Administrative Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.

1240.2 A complaint may be made to the Tribunal when the decision contested is a final decision further to Staff Rule 1230.6.1 and the person concerned has exhausted such other means of challenging it as are open to him under these Rules.

.....

1245. EFFECT OF APPEALS ON ADMINISTRATIVE DECISION

The filing of an appeal under any of the procedures described in this section shall not constitute grounds for delaying the final administrative decision against which the appeal is made.

.....

1250. AVAILABILITY OF RULES OF PROCEDURE

Copies of the rules of procedure of the Global Board of Appeal and the Statute of the Tribunal shall be available from the Global Board of Appeal Secretariat and on the WHO intranet.

Appendix 2

PROPOSED AMENDMENTS TO THE STAFF REGULATIONS**Former text**

STAFF REGULATIONS – ARTICLE XI

Appeals

11.1 The Director-General shall establish administrative machinery with staff participation to advise him in case of any appeal by staff members against an administrative decision alleging the non-observance of their terms of appointment, including all pertinent regulations and rules, or against disciplinary action.

11.2 Any dispute which cannot be resolved internally, arising between the Organization and a member of the staff regarding the fulfillment of the contract of the said member, shall be referred for final decision to the United Nations Administrative Tribunal.

Proposed new text

STAFF REGULATIONS – ARTICLE XI

~~Appeals~~ **Dispute Resolution**

11.1 The Director-General shall establish administrative machinery with staff participation to advise him in case of any appeal by staff members against an administrative decision alleging the non-observance of their terms of appointment, including all pertinent regulations and rules, or against disciplinary action.

11.2 Any dispute which cannot be resolved internally, arising between the Organization and a member of the staff regarding the fulfillment of the contract of the said member, shall be referred for final decision to the ~~United Nations~~ **Administrative Tribunal of the International Labour Organization**.

Attachment

(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 2016)

Step

Level	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
D-2 Gross	144 751	147 815	150 920	154 117	157 314	160 510									
Net D	114 668	116 905	119 144	121 382	123 620	125 857									
Net S	105 345	107 233	109 114	110 990	112 861	114 721									
D-1 Gross	132 290	134 984	137 668	140 362	143 055	145 742	148 437	151 174	153 980						
Net D	105 572	107 538	109 498	111 464	113 430	115 392	117 359	119 322	121 286						
Net S	97 583	99 289	100 994	102 692	104 389	106 081	107 766	109 451	111 130	*					
P-5 Gross	109 449	111 738	114 029	116 315	118 608	120 895	123 188	125 475	127 766	130 055	132 344	134 632	136 923		
Net D	88 898	90 569	92 241	93 910	95 584	97 253	98 927	100 597	102 269	103 940	105 611	107 281	108 954		
Net S	82 586	84 072	85 552	87 032	88 510	89 981	91 454	92 923	94 390	95 853	97 316	98 771	100 229	*	*
P-4 Gross	90 038	92 080	94 122	96 162	98 205	100 244	102 275	104 285	106 295	109 101	111 314	113 521	115 730	117 941	120 151
Net D	74 130	75 743	77 356	78 968	80 582	82 193	83 807	85 420	87 033	88 644	90 259	91 870	93 483	95 097	96 710
Net S	69 032	70 499	71 969	73 431	74 895	76 358	77 820	79 278	80 736	82 193	83 646	85 100	86 554	88 004	89 454
P-3 Gross	74 013	75 903	77 794	79 680	81 572	83 461	85 348	87 241	89 129	91 019	92 911	94 799	96 690	98 578	100 505
Net D	61 470	62 963	64 457	65 947	67 442	68 934	70 425	71 920	73 412	74 905	76 400	77 891	79 385	80 877	82 369
Net S	57 379	58 751	60 126	61 497	62 873	64 244	65 615	66 991	68 361	69 735	71 103	72 473	73 838	75 209	76 577
P-2 Gross	60 715	62 405	64 095	65 786	67 477	69 165	70 857	72 544	74 235	75 928	77 615	79 306			
Net D	50 965	52 300	53 635	54 971	56 307	57 640	58 977	60 310	61 646	62 983	64 316	65 652			
Net S	47 803	49 015	50 223	51 434	52 642	53 853	55 083	56 310	57 542	58 770	59 995	61 228			
P-1 Gross	47 464	48 976	50 516	52 146	53 767	55 392	57 016	58 644	60 265	61 887					
Net D	40 344	41 630	42 908	44 195	45 476	46 760	48 043	49 329	50 609	51 891					
Net S	38 056	39 239	40 423	41 605	42 786	43 969	45 151	46 319	47 481	48 644					

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

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

ANNEX 3

Evaluation workplan 2016–2017

[EB138/44 – 4 December 2015]

[Paragraphs 1–9 described the progress made in the implementation of evaluation activities since the adoption by the Executive Board of decision EB131(1) (2012), in which the Board approved the WHO evaluation policy.]

10. The evaluation policy states that WHO will develop a biennial, Organization-wide evaluation workplan as part of the its planning and budgeting cycle. The biennial workplan ensures accountability and oversight of performance and results, and reinforces organizational learning in a way that informs policy and operational decisions.

11. The 2016–2017 biennial workplan incorporates both the corporate/centralized and decentralized evaluations planned, and it was developed in consultation with senior WHO colleagues across the Organization, especially for decentralized evaluations. The workplan was discussed with the Independent Expert Advisory Oversight Committee during its meeting in October 2015.

12. In this regard, the corporate/centralized evaluations will be managed, commissioned or conducted by the Evaluation Office, and will include evaluations linked to a General Programme of Work leadership priority, programme evaluations, thematic evaluations and office-specific evaluations. There are a number of roll-over evaluations covering those begun in 2015 and due for completion in 2016. Furthermore, as a result of the additional work created by the Ebola Interim Assessment Panel, three evaluations from the approved 2014–2015 evaluation workplan have been postponed until 2016–2017: leadership and management in WHO – evaluation of WHO reform, third stage; implementation of WHO evaluation policy and the framework for strengthening evaluation and organizational learning (United Nations Evaluation Group peer review); and the evaluation of the utilization of national professional officers at country level.

13. The decentralized evaluations in the biennial workplan will be managed, commissioned or conducted outside the central Evaluation Office, that is, they will be initiated by headquarters clusters, regional offices or country offices and mainly comprise programmatic and thematic evaluations. In this instance, the central Evaluation Office would provide quality assurance and technical backstopping. Coherence and harmonization across the Organization is achieved through adherence to guidance provided in the *WHO Evaluation Practice Handbook*¹ and through the Global Network on Evaluation.

14. The evaluations in the biennial workplan respond to one or more of the following selection criteria identified in the evaluation policy: organizational requirements, organizational significance, and organizational utility.

¹ WHO Evaluation Practice Handbook. Geneva: World Health Organization; 2013.

Corporate evaluations to be commissioned, managed or conducted by the Evaluation Office:

15. The corporate/centralized evaluations planned for 2016–2017 are a combination of carry-over evaluations from the 2014–2015 evaluation workplan and a set of new evaluations.

16. Roll-over evaluations cover those started in 2015 and due to continue into the biennium 2016–2017: (i) comprehensive evaluation of the global strategy and plan of action on public health, innovation and intellectual property, (ii) evaluation of WHO's presence in countries, (iii) evaluation of the impact of WHO publications; and (iv) evaluation of the normative function of WHO.

17. In 2016–2017, the following new corporate evaluations are planned:

- evaluation of the Secretariat's contribution to the health-related Millennium Development Goals, in particular, to identify key lessons and recommendations to inform future Secretariat support to the Sustainable Development Goals;
- leadership and management at WHO: evaluation of WHO reform, third stage;
- implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning (United Nations Evaluation Group peer review);
- evaluation of the utilization of national professional officers at country level;
- evaluation of the Neglected Tropical Diseases Programme, with a special focus on the current Neglected Tropical Diseases roadmap for implementation;¹ and
- three country office evaluations.²

Decentralized evaluations³ to be commissioned or managed by regional offices, country offices and headquarters departments

18. Roll-over evaluations that cover evaluations started in 2015 and which are due to continue into the biennium 2016–2017 include an evaluation of the contribution of the Regional Office for

¹ The current neglected tropical diseases roadmap for implementation has two key sets of targets/milestones, one set for 2015 and the next set for 2020. A formative, programmatic evaluation of the implementation would be timely, would be conducted at the very beginning of 2016, and would document successes, challenges, gaps and provide lessons learnt/recommendations for the next implementation phase.

² Country office evaluations will be informed by the lessons learnt and tools developed in the ongoing evaluation of WHO's presence in countries. They will focus on the outcomes/results achieved by the country office, as well as contributions through global and regional inputs in the country. In addition, the evaluations aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context.

³ This is a provisional list of decentralized evaluations, as further additions are likely to be made during the coming months. Future updates will be reported in forthcoming evaluation reports to the governing bodies.

South-East Asia to maternal health in Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka; and an evaluation of the contribution of the Regional Office for South-East Asia to the implementation of the national immunization programme in Bangladesh, with a special emphasis on the surveillance medical officer programme.

19. In 2016–2017, the following new decentralized evaluations are planned:

- evaluation of capacity-building efforts in the Eastern Mediterranean Region;
- evaluation of work undertaken by consultants in the Eastern Mediterranean Region;
- evaluation of the Regional reform agenda – Keeping Countries at the Centre – in the Western Pacific Region;
- evaluation of the health system strengthening project in Cambodia;
- evaluation of the demonstration project on noncommunicable diseases and mental health service delivery at community level in Viet Nam;
- evaluation of the implementation of Regional action plans on noncommunicable diseases and health throughout the life course in the Western Pacific Region;
- evaluation of the implementation of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020;
- preliminary evaluation of the WHO global coordination mechanism on noncommunicable diseases;
- review of the Pandemic Influenza Preparedness Framework;
- final evaluation of the Medicines Transparency Alliance project;
- review of the Member State Mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products;
- evaluation of the European Community Human Resources for Health migration project;
- evaluation of the EU/Luxembourg-WHO Universal Health Coverage Partnership;
- evaluation of the national health policies, strategies and plans country learning programme; and
- external review of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

20. Further information on these corporate and decentralized evaluations is provided in the [Appendix] to this document.

ACTION BY THE EXECUTIVE BOARD

21. [In this paragraph, the Board was invited to note the report and approve the Organization-wide evaluation workplan for 2016–2017.]¹

Appendix

ORGANIZATION-WIDE EVALUATION WORKPLAN FOR 2016–2017

Evaluation type	Area of evaluation	Justification	Category in Twelfth General Programme of Work
Corporate/centralized evaluations			
Programmatic	Comprehensive evaluation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property	<i>Requirement/utility</i>	4
Thematic	Evaluation of WHO's presence in countries	<i>Utility</i>	6
Thematic	Evaluation of the impact of WHO publications	<i>Requirement/utility</i>	4.6
Thematic	Evaluation of the normative function of WHO	<i>Utility</i>	6
Leadership priority	Evaluation of the WHO Secretariat's contribution to the health-related Millennium Development Goals: in particular to identify key lessons/recommendations to inform future Secretariat support to Sustainable Development Goals	<i>Significance/utility</i>	Cross-category
Thematic	Leadership and management at WHO: evaluation of WHO reform, third stage	<i>Significance/utility</i>	
Thematic	Implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning	<i>Requirement</i>	6
Thematic	Evaluation of the utilization of national professional officers at country level	<i>Utility</i>	6

¹ See document EB138/2016/REC/2, summary record of the fourteenth meeting, section 3.

Evaluation type	Area of evaluation	Justification	Category in Twelfth General Programme of Work
Programmatic	Evaluation of the Neglected Tropical Diseases Programme, with a special focus on the current neglected tropical diseases roadmap for implementation	<i>Significance/utility</i>	1
Office-specific	Three country office evaluations	<i>Utility</i>	6
Decentralized evaluations			
Programmatic	Evaluation of the implementation of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020	<i>Requirement/utility</i>	2
Programmatic	Preliminary evaluation of the WHO Global Coordination Mechanism on Noncommunicable Diseases	<i>Requirement/utility</i>	2
Programmatic	Review of the Pandemic Influenza Preparedness Framework	<i>Requirement/utility</i>	5
Programmatic	Final evaluation of the Medicines Transparency Alliance project	<i>Utility</i>	4
Programmatic	Evaluation of the Member States Mechanism on SSFFC medical products	<i>Requirement/utility</i>	4
Programmatic	Evaluation of the European Community Human Resources for Health migration project	<i>Utility</i>	4
Programmatic	Evaluation of the EU/Luxembourg–WHO Universal Health Coverage Partnership	<i>Utility</i>	4
Programmatic	Evaluation of the national health policies, strategies and plans country learning programme	<i>Utility</i>	4
Programmatic	External review of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases	<i>Requirement/utility</i>	1
Thematic	Evaluation of capacity-building efforts in the Eastern Mediterranean Region	<i>Utility</i>	6
Thematic	Evaluation of work undertaken by consultants in the Eastern Mediterranean Region	<i>Utility</i>	6

Evaluation type	Area of evaluation	Justification	Category in Twelfth General Programme of Work
Programmatic	Evaluation of the contribution of the Regional Office for South-East Asia to maternal health in Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka	<i>Utility</i>	3
Programmatic	Evaluation of the contribution of the Regional Office for South-East Asia to the implementation of the national immunization programme in Bangladesh with special emphasis on the surveillance medical officer programme	<i>Utility</i>	1
Thematic	Evaluation of the Regional reform agenda in the Western Pacific Region – Keeping Countries at the Centre	<i>Utility</i>	6
Programmatic	Evaluation of the health system strengthening project in Cambodia	<i>Utility</i>	4
Programmatic	Evaluation of the demonstration project on noncommunicable diseases and mental health service delivery at community level in Viet Nam	<i>Utility</i>	2
Programmatic	Evaluation of the implementation of Regional action plans on noncommunicable diseases and health throughout the life course in the Western Pacific Region	<i>Utility</i>	2.3

ANNEX 4

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

Resolution EB138.R1 Addressing the burden of mycetoma			
A. Link to the general programme of work and the programme budget			
<p>1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.</p> <p>Twelfth General Programme of Work, 2014–2019: Outcome 1.4 Increased and sustained access to essential medicines for neglected tropical diseases.</p> <p>Programme budget 2016–2017: Output 1.4.2 Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support; and Output 1.4.3 New knowledge, solutions and implementation strategies that respond to the health needs of disease-endemic countries.</p> <p>The activities mandated by the resolution are part of the deliverables that need reinforcement specifically for the control of mycetoma. The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases no longer engages in managing research and development for drugs and diagnostics, should such be required for mycetoma, but would assist the Secretariat in convening expert groups to analyse the situation and form research priorities. The funds required to take these priorities forward are not included in the present report.</p>			
<p>2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.</p> <p>Not applicable.</p>			
<p>3. What is the proposed timeline for implementation of this resolution?</p> <p>10 years.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>			
B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	300 000	300 000	600 000
Regional offices	200 000	200 000	400 000
Headquarters	400 000	100 000	500 000
Total	900 000	600 000	1 500 000

1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No) Yes.			
1(b) Financing implications for the budget in the current biennium: – How much is financed in the current biennium? None. – What are the gaps? US\$ 1 500 000 – What action is proposed to close these gaps? Advocacy, reprioritizing, resource mobilization. A potential source of external funding may be negotiated with WHO partners through product development partnerships.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	400 000	400 000	800 000
Regional offices	300 000	250 000	550 000
Headquarters	500 000	150 000	650 000
Total	1 200 000	800 000	2 000 000
2(a) Financing implications for the budget in the next biennium: – How much is currently financed in the next biennium? None. – What are the financing gaps? US\$ 2 000 000 – What action is proposed to close these gaps? Advocacy, reprioritizing, resource mobilization. A potential source of external funding may be negotiated with WHO partners through product development partnerships.			

Resolution EB138.R2 Strengthening integrated, people-centred health services	
A. Link to the general programme of work and the programme budget	
1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted. Twelfth General Programme of Work, 2014–2019: Through its mapping of strategies for more integrated and effective services, expansion of services to underserved populations and support for the systems underpinning health security at the country level, the resolution will contribute to the following impacts: reducing under-5 child mortality; reducing maternal mortality; reducing premature mortality from noncommunicable diseases; preventing death, illness and disability arising from emergencies; and reducing rural-urban difference in under-5 mortality. Programme budget 2016–2017: Output 4.2.1 Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened; Output 4.2.2 Health workforce strategies oriented towards universal health coverage implemented in countries; and Output 4.2.3 Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage.	

2.	<p>If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.</p> <p>Not applicable.</p>		
3.	<p>What is the proposed timeline for implementation of this resolution?</p> <p>The resolution will support the implementation of the Framework on integrated people-centred health services, 2016–2026.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>		
B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	0	5 000 000	5 000 000
Regional offices	550 000	400 000	950 000
Headquarters	550 000	1 015 000	1 565 000
Total	1 100 000	6 415 000	7 515 000
<p>1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No)</p> <p>Yes.</p>			
<p>1(b) Financing implications for the budget in the current biennium:</p> <p>– How much is financed in the current biennium?</p> <p>US\$ 0.94 million</p> <p>– What are the gaps?</p> <p>US\$ 6.575 million</p> <p>– What action is proposed to close these gaps?</p> <p>The funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan for dealing with funding shortfalls in the Programme budget 2016–2017.</p>			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	0	4 200 000	4 200 000
Regional offices	550 000	400 000	950 000
Headquarters	550 000	1 015 000	1 565 000
Total	1 100 000	5 615 000	6 715 000

2(a) Financing implications for the budget in the next biennium:**– How much is currently financed in the next biennium?**

0

– What are the financing gaps?

US\$ 6.715 million

– What action is proposed to close these gaps?

The funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan for dealing with funding shortfalls in the Programme budget 2018–2019.

Resolution EB138.R3 WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children

A. Link to the general programme of work and the programme budget**1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.**

Twelfth General Programme of Work, 2014–2019: Outcome 2.3 Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence;

Outcome 3.1 Reproductive, maternal, newborn, child and adolescent health: Increased access to interventions for improving the health of women, newborns, children and adolescents; and

Outcome 5.3 Emergency risk and crisis management: countries with capacity to manage public health risks associated with emergencies.

Programme budget 2016–2017: Output 2.3.3 Development and implementation of policies and programmes to address violence against women, youth and children facilitated;

Output 3.1.3 Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health;

Output 3.1.6 Research undertaken and research capacity strengthened for sexual and reproductive health including in family planning, maternal and perinatal health, adolescent sexual and reproductive health, sexually transmitted infections, preventing unsafe abortion, infertility, sexual health, female genital mutilation, violence against women, and sexual and reproductive health in humanitarian settings; and

Output 5.3.1 Technical assistance to Member States for the development and maintenance of core capacities to manage risks to health associated with disasters and conflicts using an all-hazards approach.

2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.

Not applicable.

3. What is the proposed timeline for implementation of this resolution?

The draft global plan of action covers the 15-year 2016–2030 timeline, in line with the Sustainable Development Goals.

If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.

B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	1 113 750	800 000	1 913 750
Regional offices	3 875 000	2 250 000	6 125 000
Headquarters	4 278 450	5 365 000	11 643 450
Total	9 267 200	8 415 000	17 682 200
1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No)			
Yes.			
1(b) Financing implications for the budget in the current biennium:			
– How much is financed in the current biennium?			
40%			
– What are the gaps?			
60%			
– What action is proposed to close these gaps?			
Coordinated resource mobilization through the Financing Dialogue and voluntary specified fundraising.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	3 275 750	4 000 000	7 275 750
Regional offices	6 053 550	3 850 000	9 903 550
Headquarters	6 839 200	9 718 000	17 657 200
Total	16 168 500	17 568 000	33 736 500
2(a) Financing implications for the budget in the next biennium:			
– How much is currently financed in the next biennium?			
At present there is no funding for 2018–2019.			
– What are the financing gaps?			
100%			
– What action is proposed to close these gaps?			
Actions to be determined as necessary: coordinated resource mobilization through the Financing Dialogue and voluntary specified fundraising.			

Resolution EB138.R4 Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018

A. Link to the general programme of work and the programme budget

1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.

Programme budget 2016–2017: Output 2.1.1 Development and/or implementation of multisectoral policies and plans to prevent and control noncommunicable diseases accelerated.

<p>2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.</p> <p>Not applicable.</p>			
<p>3. What is the proposed timeline for implementation of this resolution?</p> <p>2016 and 2017.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>			
<p>B. Budgetary implications of implementation of the resolution</p>			
<p>1. Current biennium: estimated budgetary requirements, in US\$</p>			
Level	Staff	Activities	Total
Country offices	0	0	0
Regional offices	0	0	0
Headquarters	1 100 000	100 000	1 200 000
Total	1 100 000	100 000	1 200 000
<p>1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No)</p> <p>Yes.</p>			
<p>1(b) Financing implications for the budget in the current biennium:</p> <ul style="list-style-type: none"> – How much is financed in the current biennium? 100% – What are the gaps? None. – What action is proposed to close these gaps? Not applicable. 			
<p>2. Next biennium: estimated budgetary requirements, in US\$</p>			
Level	Staff	Activities	Total
Country offices	0	0	0
Regional offices	0	0	0
Headquarters	0	0	0
Total	0	0	0
<p>2(a) Financing implications for the budget in the next biennium:</p> <ul style="list-style-type: none"> – How much is currently financed in the next biennium? Not applicable. – What are the financing gaps? Not applicable. – What action is proposed to close these gaps? Not applicable. 			

Resolution EB138.R5 Strengthening essential public health functions in support of the achievement of universal health coverage																							
A. Link to the general programme of work and the programme budget																							
<p>1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.</p> <p>Twelfth General Programme of Work, 2014–2019: Given that essential public health functions by definition touch on a wide range of health goals, the resolution will contribute to all eight impact goals: reduce under-5 child mortality; reduce maternal mortality; reduce the number of people dying from AIDS, tuberculosis and malaria; eradicate poliomyelitis; reduce dracunculiasis; reduce premature mortality from noncommunicable diseases; prevent death, illness and disability arising from emergencies; and reduce rural-urban difference in under-5 mortality.</p> <p>Programme budget 2016–2017: Outcome 3.4 Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health; Outcome 3.5 Reduced environmental threats to health; Outcome 4.3 Improved access to, and rational use of, safe, efficacious and quality medicines and other health technologies; Outcome 4.2 Policies, financing and human resources in place to increase access to integrated, people-centred health services; Outcome 4.4 All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities; Outcome 5.1 All obligations under the International Health Regulations (2005) met; Outcome 5.3 Countries with the capacity to manage public health risks associated with emergencies; Outcome 5.4 All countries are adequately prepared to prevent and mitigate risks to food safety; and Outcome 5.6 All countries adequately respond to threats and emergencies with public health consequences.</p>																							
<p>2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.</p> <p>Not applicable.</p>																							
<p>3. What is the proposed timeline for implementation of this resolution?</p> <p>To be aligned with the 2030 Agenda for Sustainable Development.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>																							
B. Budgetary implications of implementation of the resolution																							
<p>1. Current biennium: estimated budgetary requirements, in US\$</p> <p>The areas of work highlighted in the resolution touch on: (a) awareness and advocacy; (b) coordination; (c) country support; and (d) monitoring and evaluation. The broad scope of the work currently being done across WHO in the areas of essential public health makes estimating the amounts of the current budget being devoted to these areas a complex task. An analysis is nevertheless presented below.</p> <p>The majority of the work will have to be done with the current resources and staffing.</p> <table border="1"> <thead> <tr> <th>Level</th> <th>Staff</th> <th>Activities</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Country offices</td> <td>0</td> <td>19 950 000</td> <td>19 950 000</td> </tr> <tr> <td>Regional offices</td> <td>0</td> <td>1 200 000</td> <td>1 200 000</td> </tr> <tr> <td>Headquarters</td> <td>0</td> <td>1 000 000</td> <td>1 000 000</td> </tr> <tr> <td>Total</td> <td>0</td> <td>22 150 000</td> <td>22 150 000</td> </tr> </tbody> </table>				Level	Staff	Activities	Total	Country offices	0	19 950 000	19 950 000	Regional offices	0	1 200 000	1 200 000	Headquarters	0	1 000 000	1 000 000	Total	0	22 150 000	22 150 000
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Total	0	22 150 000	22 150 000																				

1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No) Yes.																				
1(b) Financing implications for the budget in the current biennium: – How much is financed in the current biennium? 100% Monitoring and evaluation implications of the resolution will be incorporated into broader efforts to monitor the health-related goals of the 2030 Agenda for Sustainable Development. – What are the gaps? None. – What action is proposed to close these gaps? Not applicable.																				
2. Next biennium: estimated budgetary requirements, in US\$ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 25%;">Level</th> <th style="width: 15%;">Staff</th> <th style="width: 25%;">Activities</th> <th style="width: 35%;">Total</th> </tr> <tr> <td>Country offices</td> <td style="text-align: center;">0</td> <td style="text-align: right;">19 950 000</td> <td style="text-align: right;">19 950 000</td> </tr> <tr> <td>Regional offices</td> <td style="text-align: center;">0</td> <td style="text-align: right;">1 200 000</td> <td style="text-align: right;">1 200 000</td> </tr> <tr> <td>Headquarters</td> <td style="text-align: center;">0</td> <td style="text-align: right;">1 000 000</td> <td style="text-align: right;">1 000 000</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">0</td> <td style="text-align: right;">22 150 000</td> <td style="text-align: right;">22 150 000</td> </tr> </table>	Level	Staff	Activities	Total	Country offices	0	19 950 000	19 950 000	Regional offices	0	1 200 000	1 200 000	Headquarters	0	1 000 000	1 000 000	Total	0	22 150 000	22 150 000
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Headquarters	0	1 000 000	1 000 000																	
Total	0	22 150 000	22 150 000																	
2(a) Financing implications for the budget in the next biennium: – How much is currently financed in the next biennium? Financing gaps may arise once the implications for WHO's work have been determined. – What are the financing gaps? Unknown at present. – What action is proposed to close these gaps? Any gaps would be addressed as part of the Organization-wide coordinated resource-mobilization plan for dealing with funding shortfalls in the programme budget for the next biennium.																				

Resolution EB138.R12 Confirmation of amendments to the Staff Rules: internal justice reform Resolution EB138.R13 Amendments to the Staff Regulations: dispute resolution
A. Link to the general programme of work and the programme budget
1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted. General Programme of Work, 2014–2019: Outcome 6.2 WHO operates in an accountable and transparent manner and has well-functioning risk-management and evaluation frameworks. Programme budget 2016–2017: Output 6.2.3 Ethical behaviour, decent conduct and fairness promoted across the Organization.
2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution. Not applicable.

3. What is the proposed timeline for implementation of this resolution?			
Implementation is anticipated to begin between 1 September 2016 and 1 January 2017.			
<i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i>			
B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices			
Regional offices			
Headquarters	10 756 350	35 000	10 791 350
Total	10 756 350	35 000	10 791 350
1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No)			
No.			
1(b) Financing implications for the budget in the current biennium:			
– How much is financed in the current biennium? US\$ 5 646 725			
– What are the gaps? US\$ 5 144 625			
– What action is proposed to close these gaps? The Secretariat is actively exploring ways to set up and manage the new functions across the Organization in a more cost-efficient way which could reduce the actual cost.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	n/a	n/a	n/a
Regional offices	n/a	n/a	n/a
Headquarters	n/a	n/a	n/a
Total	n/a	n/a	n/a
2(a) Financing implications for the budget in the next biennium:			
– How much is currently financed in the next biennium? Not applicable.			
– What are the financing gaps? Not applicable.			
– What action is proposed to close these gaps? Not applicable.			