

First report of Committee B

(Draft)

Committee B held its first, second and third meetings on 19 May 2010 under the chairmanship of Dr Wimal Jayantha (Sri Lanka).

It was decided to recommend to the Sixty-third World Health Assembly the adoption of the attached eight resolutions and one decision relating to the following agenda items:

15. Financial matters

- 15.1 Financial report and audited financial statements for the period
1 January 2008 – 31 December 2009

One resolution

- 15.4 Scale of assessments 2010–2011

One resolution

- 15.7 Safety and security of staff and premises and the Capital Master Plan

Two resolutions entitled:

- Safety and security of staff and premises
- The Capital Master Plan

16. Audit and oversight matters

- 16.1 Report of the External Auditor

One resolution

17. Staffing matters

17.4 Amendments to the Staff Regulations and Staff Rules

One resolution entitled:

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

17.6 Appointment of representatives to the WHO Staff Pension Committee

One decision

18. Management and legal matters

18.1 Partnerships

One resolution

18.3 Agreements with intergovernmental organizations

One resolution

Agenda item 15.1

Financial report and audited financial statements for the period 1 January 2008 – 31 December 2009

The Sixty-third World Health Assembly,

Having examined the Financial report and audited financial statements for the period 1 January 2008 – 31 December 2009;¹

Having noted the second report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-third World Health Assembly;²

ACCEPTS the Director-General's Financial report and audited financial statements for the period 1 January 2008 – 31 December 2009.

¹ Document A63/32.

² Document A63/51 Rev.1.

Agenda item 15.4

Scale of assessments 2010–2011

The Sixty-third World Health Assembly,

Having considered the report on scale of assessments 2010–2011,¹

Considering that a new United Nations scale of assessments was adopted for the period 2010–2012,²

Recalling that the Health Assembly, in resolution WHA56.33, decided to accept henceforth the latest available United Nations scale of assessment for assessed contributions of Member States, taking into account differences in membership between WHO and the United Nations,

DECIDES that the scale of assessments for the year 2011 shall be as follows:

Members and Associate Members	WHO scale for 2011 %
Afghanistan	0.0040
Albania	0.0100
Algeria	0.1280
Andorra	0.0070
Angola	0.0100
Antigua and Barbuda	0.0020
Argentina	0.2870
Armenia	0.0050
Australia	1.9331
Austria	0.8511
Azerbaijan	0.0150
Bahamas	0.0180
Bahrain	0.0390
Bangladesh	0.0100
Barbados	0.0080
Belarus	0.0420
Belgium	1.0751
Belize	0.0010
Benin	0.0030
Bhutan	0.0010
Bolivia (Plurinational State of)	0.0070
Bosnia and Herzegovina	0.0140
Botswana	0.0180
Brazil	1.6111
Brunei Darussalam	0.0280
Bulgaria	0.0380

¹ Document A63/31.

² United Nations General Assembly resolution 64/248.

Members and Associate Members	WHO scale for 2011 %
Burkina Faso	0.0030
Burundi	0.0010
Cambodia	0.0030
Cameroon	0.0110
Canada	3.2072
Cape Verde	0.0010
Central African Republic	0.0010
Chad	0.0020
Chile	0.2360
China	3.1892
Colombia	0.1440
Comoros	0.0010
Congo	0.0030
Cook Islands	0.0010
Costa Rica	0.0340
Côte d'Ivoire	0.0100
Croatia	0.0970
Cuba	0.0710
Cyprus	0.0460
Czech Republic	0.3490
Democratic People's Republic of Korea	0.0070
Democratic Republic of the Congo	0.0030
Denmark	0.7361
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0420
Ecuador	0.0400
Egypt	0.0940
El Salvador	0.0190
Equatorial Guinea	0.0080
Eritrea	0.0010
Estonia	0.0400
Ethiopia	0.0080
Fiji	0.0040
Finland	0.5660
France	6.1234
Gabon	0.0140
Gambia	0.0010
Georgia	0.0060
Germany	8.0186
Ghana	0.0060
Greece	0.6910
Grenada	0.0010
Guatemala	0.0280
Guinea	0.0020
Guinea-Bissau	0.0010
Guyana	0.0010
Haiti	0.0030
Honduras	0.0080
Hungary	0.2910
Iceland	0.0420
India	0.5340

Members and Associate Members	WHO scale for 2011 %
Indonesia	0.2380
Iran (Islamic Republic of)	0.2330
Iraq	0.0200
Ireland	0.4980
Israel	0.3840
Italy	4.9994
Jamaica	0.0140
Japan	12.5309
Jordan	0.0140
Kazakhstan	0.0760
Kenya	0.0120
Kiribati	0.0010
Kuwait	0.2630
Kyrgyzstan	0.0010
Lao People's Democratic Republic	0.0010
Latvia	0.0380
Lebanon	0.0330
Lesotho	0.0010
Liberia	0.0010
Libyan Arab Jamahiriya	0.1290
Lithuania	0.0650
Luxembourg	0.0900
Madagascar	0.0030
Malawi	0.0010
Malaysia	0.2530
Maldives	0.0010
Mali	0.0030
Malta	0.0170
Marshall Islands	0.0010
Mauritania	0.0010
Mauritius	0.0110
Mexico	2.3562
Micronesia (Federated States of)	0.0010
Monaco	0.0030
Mongolia	0.0020
Montenegro	0.0040
Morocco	0.0580
Mozambique	0.0030
Myanmar	0.0060
Namibia	0.0080
Nauru	0.0010
Nepal	0.0060
Netherlands	1.8551
New Zealand	0.2730
Nicaragua	0.0030
Niger	0.0020
Nigeria	0.0780
Niue	0.0010
Norway	0.8711
Oman	0.0860
Pakistan	0.0820
Palau	0.0010
Panama	0.0220

Members and Associate Members	WHO scale for 2011 %
Papua New Guinea	0.0020
Paraguay	0.0070
Peru	0.0900
Philippines	0.0900
Poland	0.8281
Portugal	0.5110
Puerto Rico	0.0010
Qatar	0.1350
Republic of Korea	2.2602
Republic of Moldova	0.0020
Romania	0.1770
Russian Federation	1.6021
Rwanda	0.0010
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	0.8301
Senegal	0.0060
Serbia	0.0370
Seychelles	0.0020
Sierra Leone	0.0010
Singapore	0.3350
Slovakia	0.1420
Slovenia	0.1030
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.3850
Spain	3.1772
Sri Lanka	0.0190
Sudan	0.0100
Suriname	0.0030
Swaziland	0.0030
Sweden	1.0641
Switzerland	1.1301
Syrian Arab Republic	0.0250
Tajikistan	0.0020
Thailand	0.2090
The former Yugoslav Republic of Macedonia	0.0070
Timor-Leste	0.0010
Togo	0.0010
Tokelau	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0440
Tunisia	0.0300
Turkey	0.6170
Turkmenistan	0.0260
Tuvalu	0.0010
Uganda	0.0060
Ukraine	0.0870

Members and Associate Members	WHO scale for 2011 %
United Arab Emirates	0.3910
United Kingdom of Great Britain and Northern Ireland	6.6045
United Republic of Tanzania	0.0080
United States of America	22.0000
Uruguay	0.0270
Uzbekistan	0.0100
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.3140
Viet Nam	0.0330
Yemen	0.0100
Zambia	0.0040
Zimbabwe	0.0030
Total	100.0000

Agenda item 15.7

Safety and security of staff and premises

The Sixty-third World Health Assembly,

Having considered the report on safety and security of staff and premises and the Capital Master Plan: safety and security of staff, and noting the related report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-third World Health Assembly;¹

Concerned about the vulnerability of the Organization with regard to staff safety and security;

Acknowledging the financial mechanism put in place by the Secretariat in order to ensure sustainable funding for security;

Recognizing the urgent requirements that have been identified and the associated financing needed for ensuring safety and security of staff and premises;

Considering the inadequate balance in the Security Fund,

1. RESOLVES to appropriate US\$ 10 million from Member States' non-assessed income to the Security Fund in order to cover the costs of urgent actions to ensure the safety and security of staff and premises;
2. REQUESTS the Director-General to report to the Executive Board at its 128th session in January 2011 on the implementation of projects funded through the Security Fund.

¹ Document A63/35.

Agenda item 15.7

The Capital Master Plan

The Sixty-third World Health Assembly,

Having considered the report on safety and security of staff and premises and the Capital Master Plan: the Capital Master Plan¹ and noting the related report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-third World Health Assembly;

Recalling the need for a strategic approach to the management of the Organization's physical infrastructure through the Capital Master Plan for the period 2010–2019;

Recognizing that much of WHO's building stock is old and in need of renovation, and no longer meets acceptable standards of safety, security and energy efficiency;

Having considered the actions taken by other organizations in the United Nations system to finance major renovations, construction and acquisitions;

Having also considered the Organization's immediate and continuing needs for renovations, construction and acquisitions, and the options for financing the Capital Master Plan;

Having further considered the merits of the options for establishing a sustainable mechanism for funding the Real Estate Fund,

1. RESOLVES to appropriate US\$ 22 million from Member States' non-assessed income to the Real Estate Fund in order to cover the costs of urgently needed renovation;
2. AUTHORIZES the Director-General:
 - (1) to allocate, at the end of each financial period, up to US\$ 10 million, as available, from the Member States' non-assessed income to the Real Estate Fund in order to finance the projects identified in the Capital Master Plan;
 - (2) to proceed with the technical studies and initiate work on the urgent projects identified in the report,¹ particularly those pertaining to the headquarters perimeter and construction of associated facilities;
3. REQUESTS the Director-General to report to the Executive Board at its 128th session in January 2011 on the implementation of projects funded through the Real Estate Fund.

¹ Document A63/36.

Agenda item 16.1

Report of the External Auditor

The Sixty-third World Health Assembly,

Having considered the report of the External Auditor to the Health Assembly;¹

Having noted the eighth report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-third World Health Assembly,²

ACCEPTS the report of the External Auditor to the Health Assembly.

¹ Document A63/37.

² Document A63/56 Rev.1.

Agenda item 17.4

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

The Sixty-third 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\$ 183 022 gross per annum before staff assessment, resulting in a modified net salary of US\$ 131 964 (dependency rate) or US\$ 119 499 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 201 351 gross per annum before staff assessment, resulting in a modified net salary of US\$ 143 878 (dependency rate) or US\$ 129 483 (single rate);
3. ESTABLISHES the salary of the Director-General at US\$ 247 523 gross per annum before staff assessment, resulting in a modified net salary of US\$ 173 890 (dependency rate) or US\$ 154 641 (single rate);
4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2010.

Agenda item 17.6

Appointment of representatives to the WHO Staff Pension Committee

The Health Assembly nominated Dr A.A. Yoosuf (Maldives) as member and Mr Rolando Chacon (Guatemala) as alternate member of the WHO Staff Pension Committee for a three-year term until May 2013.

Agenda item 18.1

Partnerships

The Sixty-third World Health Assembly,

Having considered the report on partnerships;¹

Recognizing the critical need for, and contribution of, collaborative work by WHO to achieve health outcomes and the diversity of such collaborations;

Noting that WHO's Constitution, the Eleventh General Programme of Work, 2006–2015 and the Medium-term strategic plan 2008–2013 describe collaboration and coordination as core functions of the Organization;

Noting further that the growth of health partnerships and other forms of collaboration have increased greatly in the past decade;

Considering the need for WHO to have a policy governing its engagement in, and hosting of, partnerships in a manner that avoids duplication of WHO's core responsibilities in partnerships' activities.

Welcoming the collaboration of WHO with stakeholders based on clear distinction of roles that creates added value, synergies and coordination among different programmes that support achievement of global and national health outcomes and reduced transaction costs,

1. ENDORSES the policy (as annexed) on WHO's engagement with global health partnerships and hosting arrangements;
2. CALLS UPON Member States to take the policy into account when seeking engagement by the Director-General in partnerships, in particular with regard to hosting arrangements;
3. INVITES concerned organizations of the United Nations system, international development partners, international financial institutions, nongovernmental organizations, representatives of communities affected by diseases, and private-sector entities to enhance their collaboration with WHO, in a synergistic manner, in order to attain the strategic objectives contained in the Medium-term strategic plan 2008–2013;
4. REQUESTS the Director-General:
 - (1) to continue collaboration with concerned organizations of the United Nations system, international development partners, international financial institutions, nongovernmental organizations, representatives of communities affected by diseases, and private-sector entities in

¹ Documents A63/44 and A63/44 Corr.1.

implementing the Medium-term strategic plan 2008–2013 in order to advance the global health agenda contained in the Eleventh General Programme of Work, 2006–2015;

(2) to create an operational framework for WHO's hosting of formal partnerships;

(3) to apply the policy on WHO's engagement with global health partnerships and hosting arrangements, to the extent possible and in consultation with the relevant partnerships, to current hosting arrangements with a view to ensuring their compliance with the principles embodied in the policy;

(4) to submit to the Executive Board any proposals for WHO to host formal partnerships for its review and decision;

(5) to report on progress in implementing this resolution to the Sixty-fifth World Health Assembly through the Executive Board at its 129th session, the various actions taken by the Secretariat in relation to partnerships in implementing the policy on partnerships.

ANNEX

POLICY ON WHO ENGAGEMENT WITH GLOBAL HEALTH PARTNERSHIPS AND HOSTING ARRANGEMENTS

1. This document presents WHO's policy that provides a framework to guide WHO's assessment of, and decision concerning, potential engagement in different types of health partnerships; it also provides specific parameters to be applied in cases where WHO agrees to host a formal partnership.

2. The set of criteria noted below aims to guide WHO's decision making about when and how to engage in partnerships, and how to develop, revise or terminate that engagement. WHO favours, as a general principle, mechanisms within WHO that facilitate collaboration without involving separate governance structures.

3. The number of global health partnerships, initiatives and other forms of collaboration has increased steadily over the past decade. The term "partnerships" is being used generically to include various organizational structures, relationships and arrangements within and external to WHO for furthering collaboration in order to achieve better health outcomes. These range from legally incorporated entities with their own governance to simpler collaborations with varied stakeholders. Diverse terms such as "partnership", "alliance", "network", "programme", "project collaboration", "joint campaigns," and "task force" may be used in the title of these partnerships, although this list does not represent a typology.

4. Examples of different partnerships include legally incorporated entities external to WHO (e.g., Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the Medicines for Malaria Venture) and unincorporated partnerships within WHO with their own governance (e.g., Stop TB Partnership, Partnership for Maternal, Newborn and Child Health, Roll-Back Malaria Partnership, UNITAID, the Global Health Workforce Alliance, and the Health Metrics Network).

5. As part of its core functions, WHO manages several collaborative efforts that are fully under its managerial control and accountability and for which there are no separate governance arrangements, and are designed to provide a means to collaborate with multiple stakeholders. Examples include networks, programmes, task forces and project collaborations such as the Global Outbreak and Response Network, Global Noncommunicable Disease Network, Guinea Worm Eradication Program, Meningitis Vaccine Project, Global Polio Eradication Initiative, and the Global Task Force on Cholera Control.

Definition

6. For the purposes of this policy, the term “formal partnerships” refers to those partnerships with or without a separate legal personality but with a governance structure (for example, a board or steering committee) that takes decisions on direction, workplans and budgets. WHO currently serves as the host organization for several formal partnerships which have not been established as legal entities. WHO’s decision-making process for engaging in partnerships, outlined below, applies in all cases whether or not the partnership is external to the Organization.

Criteria for WHO’s engagement in a partnership

7. In all situations in which the Secretariat identifies a need for, or is asked to participate in, a partnership it will use a decision tree (see Appendix) based on the criteria below to review such requests and identify alternatives as necessary. This process applies to all forms of partnership regardless of whether WHO is hosting it, or those not hosted by WHO in which WHO seeks, or is asked, to serve as a partner at a technical level.

8. The following criteria will be used to assess future partnerships and will guide the relationship with the existing formal partnerships.

(a) **The partnership demonstrates a clear added value for public health** in terms of mobilizing partners, knowledge and resources, and creating synergy, in order to achieve a public-health goal that would otherwise not be met to the same extent.

(b) **The partnership has a clear goal that concerns a priority area of work for WHO** reflected in WHO’s strategic objectives, and for which realistic time frames are provided. Participation would represent an extension of WHO’s core functions, policies, and relative strengths to other organizations, and would reinforce the quality and integrity of WHO’s programmes and work.

(c) **Partnerships are guided by the technical norms and standards** established by WHO.

(d) **The partnership supports national development objectives.** In cases where a partnership is active at country level and seeks to help to build capacity in-country, WHO’s engagement would help to harmonize efforts and thus reduce the overall management burden on countries.

(e) **The partnership ensures appropriate and adequate participation of stakeholders.** The agreed goals of the partnership shall be ensured through the active participation of all relevant stakeholders (including, as relevant, beneficiaries, civil society and the private sector) and the respect of their individual mandates. Partnerships may benefit from the contribution of organizations and agencies outside the traditional public-health sector as relevant.

- (f) **The roles of partners are clear.** In order for WHO to participate in a partnership, the latter must clearly articulate the strengths of the partners, avoid duplication of WHO's and partners' activities, and the introduction of parallel systems.
- (g) **Transaction costs related to a partnership must be evaluated, along with the potential benefits and risks.** Expected additional workloads for WHO (at all levels) shall be assessed and quantified.
- (h) **Pursuit of the public-health goal takes precedence over the special interests of participants.** Risks and responsibilities arising from public-private partnerships need to be identified and managed through development and implementation of safeguards that incorporate considerations of conflicts of interest. The partnership shall have mechanisms to identify and manage conflicts of interest. Whenever commercial, for-profit companies are considered as potential partners, potential conflicts of interest shall be taken into consideration as part of the design and structure of the partnership.
- (i) **The structure of the partnership corresponds to the proposed functions.** The design of the structure of the partnership should correspond to its function. For example, those with a significant financing element may require a more formal governance structure, with clear accountability for funding decisions. Those whose role is primarily a coordinating one could most effectively operate without a formal governance structure. Task-focused networks can be highly effective and efficient in achieving partnership goals with maximum flexibility, and can limit the transaction costs often associated with formal structures and governance mechanisms.
- (j) **The partnership has an independent external evaluation and/or self-monitoring mechanism.** The time frame, purpose, objectives, structure and functioning of a partnership shall be regularly reviewed and modified as appropriate. Criteria for modifying or ending a partnership shall be clearly presented, along with consideration for transition plans.

Hosting arrangements

9. In some cases, WHO agrees to host a formal partnership without a separate legal personality. Hosting should be considered an exceptional arrangement that must be in the overwhelming interest of all parties.
10. For formal partnerships hosted by WHO, overarching considerations include ensuring that the overall mandate of the partnership and its hosting are consistent with WHO's constitutional mandate and principles and do not place additional burdens on the Organization, that it minimizes transaction costs to WHO, adds value to WHO's work, and adheres to WHO's accountability framework.
11. The decision for WHO to serve as the host will depend first and foremost on WHO's participation in the partnership as a strategic and technical partner. Most importantly, WHO must be a member of, and fully participate in, the steering body of the partnership. The partnership must also recognize, be in harmony with, and complement WHO's mandate and core functions, without duplicating or competing with them.

12. WHO will ensure that its hosting of the partnership and provision of its secretariat is congruent with WHO's accountability framework¹ and operational platform (covering political, legal, financial, communication and administrative activities) and protects WHO's integrity and reputation. The consideration and implementation of hosting arrangements will be in accordance with WHO's Constitution, Financial Regulations and Financial Rules, Staff Regulations and Staff Rules, and administrative and other relevant rules ("WHO's rules"). When WHO acts as the host, the operations of the partnership's secretariat must, in all respects, be administered in accordance with WHO's rules.

13. The hosting of a partnership by WHO goes beyond the simple provision of administrative services. The secretariat of a hosted partnership is part of WHO's Secretariat and, as such, shares the legal identity and status of the Organization. In particular, the staff of the partnership will, as staff members of WHO, enjoy the applicable privileges and immunities for the protection of their functions. To this end, it is essential that the function of the secretariat be, and be seen as, part of the functions of WHO. This consideration is particularly relevant for Switzerland, the host country of WHO's headquarters, which has granted privileges, immunities and facilities to the Organization and its staff for the performance of its constitutional mandate. In order to comply with the host agreement between WHO and the Swiss Federal Council, the functions of the partnership secretariat must be part of the overall functions of WHO and may not be seen as separate from them. The Director-General will consult with the Swiss authorities when considering the hosting of formal partnerships.

14. The Director-General shall submit to the Executive Board any proposals for WHO to host formal partnerships for its review and decision.

Human resources

15. Although the organizational structure and specific duties of the partnership secretariat are normally determined by the steering body of the partnership, the secretariat staff are selected, managed and evaluated in accordance with WHO's rules. The staff members of the partnership secretariat will be recruited solely for service with the partnership secretariat.

16. As regards the head of a partnership secretariat, he or she will be appointed by the Director-General in compliance with WHO's Staff Regulations, Staff Rules and selection procedures and in consultation with the partnership's steering body. Similarly, the performance of the head of the partnership secretariat will be assessed under WHO's Performance Management and Development System, with an opportunity to receive feedback from the partnership's steering body.

Programme and financial management

17. Formal partnerships, where WHO's role is *not* exclusive in respect of governance, strategic and operational planning, will be outside the programme budget. This approach differentiates formal partnerships from WHO programmes. Separate accounts shall be established for each partnership so that relevant income and expenditure is recorded and reported upon in a manner separate from WHO's accounts. WHO shall invest any available balances of cash or cash equivalents in accordance with its

¹ With particular reference to Article 37 of WHO's Constitution which reads: "In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them."

own regulations for the use of the partnership. Although these partnerships are outside the programme budget, their work must be synergistic with WHO's respective strategic objectives.

18. Regardless of programme budget status, all payments from the respective partnership accounts must be in accordance with WHO's Financial Regulations and Financial Rules in order to enable appropriate monitoring of the financial accountability of grantees and other recipients and of progress towards programme objectives.

19. As regards financial management for formal partnerships outside the programme budget, the partnership secretariat will need to prepare separate financial statements of income and expenditure, certified by the Office of the Chief Accountant of WHO, which will be provided to the partnership's board on an annual basis. The statements will normally require a separate audit opinion from WHO's External Auditor. All partnerships are in addition subject to internal audit in accordance with WHO's Financial Regulations, Financial Rules and practices. Before the selection of a new head of a partnership secretariat, the Director-General may request an internal audit of the partnership.

20. As an exception to the above, a small number of formal partnerships exists in which WHO's role in respect of governance is not exclusive, but where the partnerships concerned contribute directly and fully to the achievement of the Organization-wide expected results and indicators as set out in the Programme budget. The work of these entities is exclusive to and follow strictly WHO's results hierarchy. These partnerships are included within the programme budget under the budget segment "Special programmes and collaborative arrangements". Most notable in this small group are long-established research programmes whose activities have been embedded in WHO's work for many years.¹

21. Where WHO programmes provide direct contributions to supporting a hosted partnership, these costs shall be included in the WHO programme budget's relevant expected results, budget and workplans.

Resource mobilization and cost recovery

22. Each hosted partnership shall be responsible for mobilizing adequate funds for its effective operation, including the costs of its secretariat and all related activities provided for in its budget and workplan. The obligation of WHO to implement any particular aspect of the partnership's workplan will be conditional on WHO having received all necessary funding. Resource mobilization by hosted partnerships shall be closely coordinated with WHO, and those partnerships shall be required to indemnify the Organization for any financial risks and liabilities incurred by the latter in the performance of its hosting functions. Fundraising by a WHO-hosted partnership from the commercial private sector shall be subject to WHO's guidelines on interaction with commercial enterprises.

23. Unless otherwise stated in the hosting arrangement, WHO shall be reimbursed for its programme support costs as determined by the Health Assembly and/or WHO's internal policy. Hosted partnerships can impose heavy workloads on different parts of the Organization, including at regional and country levels. WHO will seek to be reimbursed for all administrative and technical support costs incurred in providing hosting functions for partnerships and implementing or supporting

¹ UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

their activities. Similarly, partnerships that may have human resource implications for WHO at the regional and country levels shall be required to meet the related costs. Hosting arrangements will also require hosted partnerships to indemnify WHO for costs, expenses and claims incurred as a result of activities carried out by the partnership secretariat.

Communications

24. In order to protect the integrity of the partnership and of WHO, the partnership secretariat will follow WHO's guidelines and administrative procedures for internal and external communications (including media products, publications, technical reports and advocacy material). Official communications by the partnership secretariat with Member States, WHO offices and staff will follow WHO's normal channels.

Evaluation and “sunset clauses”

25. WHO's arrangements with all its hosted partnerships will contain an “evaluation and sunset clause”, whereby an assessment will be carried out before the expiration of the hosting arrangement based on the past performance of the partnership, its relationship with WHO, the continued demand or emerging alternatives to fostering collaboration, and future expectations. Working with the partnerships, WHO will design a monitoring and evaluation framework for such an assessment.

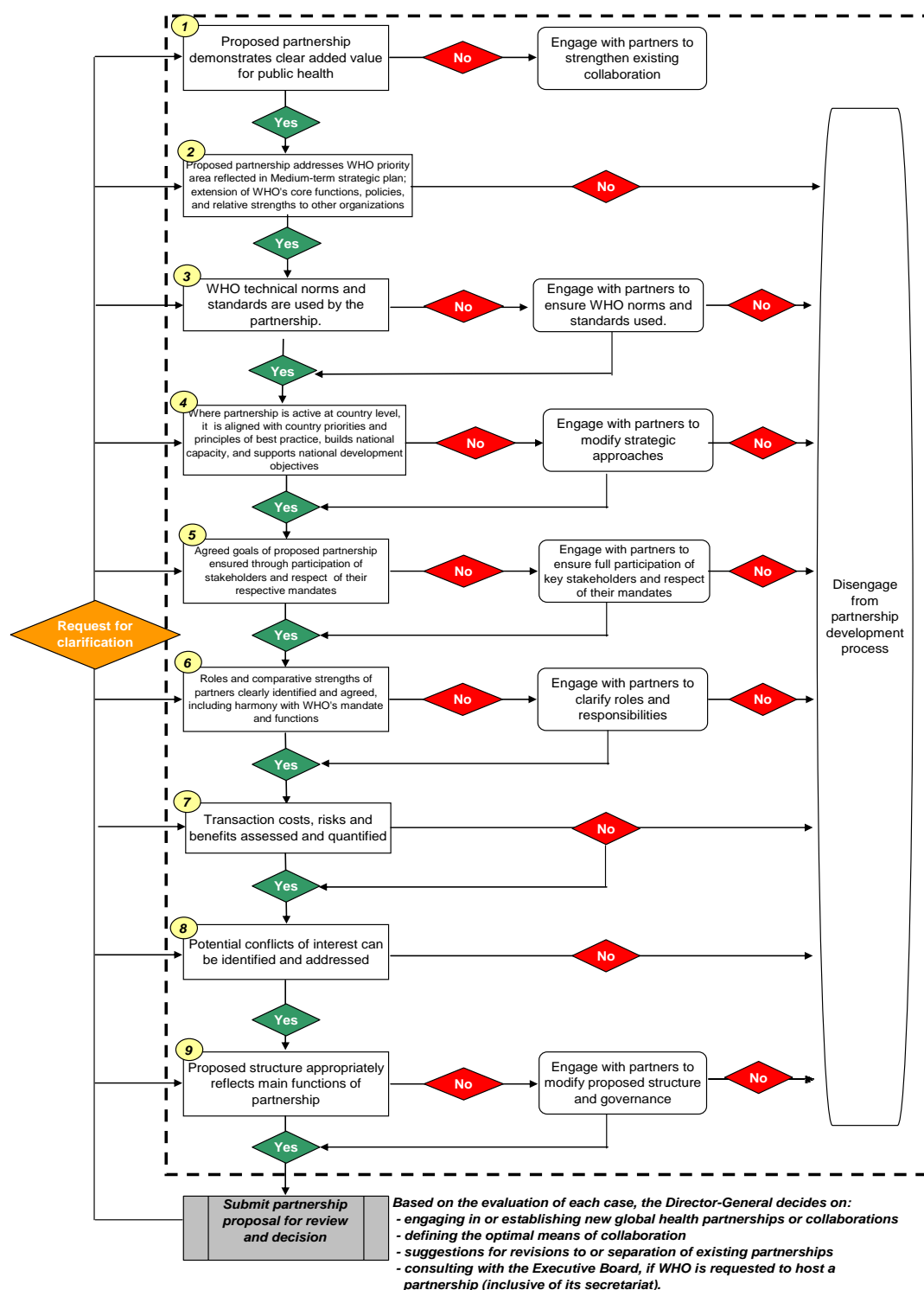
26. Following the assessment, WHO and the partnership will discuss the results with a view to choosing one of four possible approaches, namely: (1) continuing the current arrangement for a new specified period; (2) making recommendations for changes to the partnership structure and/or purpose and for revision of WHO's hosting arrangement; (3) integrating the partnership into WHO with clear specifications for ensuring broad and inclusive collaboration with partners; or (4) separating the partnership from WHO.

27. The application and impact of this policy will be periodically reviewed and updated.

28. The Director-General will prepare guidelines and operating procedures for the implementation of this policy by the Secretariat.

Appendix

Decision tree for evaluating the criteria for WHO engagement



Agenda item 18.3

Agreements with intergovernmental organizations

The Sixty-third World Health Assembly,

Having considered the report on agreements with intergovernmental organizations: collaboration between WHO and the Office International des Épidémiologies¹ with its proposed amendment to the Agreement between the Office International des Épidémiologies and the World Health Organization;²

Considering Article 70 of the Constitution of WHO,

APPROVES the following amendment to the Agreement between the Office International des Épidémiologies and the World Health Organization:

Article 4 is amended by the addition of the following text to be inserted as subparagraph 4.7: “Joint development of international standards relating to relevant aspects in animal production which impact on food safety, in collaboration with other appropriate international agencies.”

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¹ Document A63/46.

² *Basic documents*, 47th edition. Geneva, World Health Organization, 2009.