

## **Second report of Committee B**

Committee B held its third and fourth meetings on 25 May 2012 under the chairmanship of Dr Mohammad Hossein Nicknam (Islamic Republic of Iran) and Dr Enrique Tayag (Philippines).

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

18. Staffing matters

18.3 Amendments to the Staff Regulations and Staff Rules

One resolution entitled: Salaries of staff in ungraded posts and of the Director-General

18.4 Appointment of representatives to the WHO Staff Pension Committee

One decision entitled: United Nations Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee

19. Management and legal matters

19.1 Election of the Director-General of the World Health Organization: Report of the Working Group

One resolution

19.2 Agreements with intergovernmental organizations

One resolution

13. Technical and health matters

13.12 Draft global vaccine action plan

One resolution entitled: Global vaccine action plan

One resolution entitled: World Immunization Week

### **Agenda item 18.3**

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

The Sixty-fifth 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\$ 174 214 [US\$ 172 071] gross per annum before staff assessment, resulting in a modified net salary of US\$ 133 950 (dependency rate) or US\$ 121 297 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 191 491 [US\$ 189 349] gross per annum before staff assessment, resulting in a modified net salary of US\$ 146 044 (dependency rate) or US\$ 131 432 (single rate);
3. ESTABLISHES the salary of the Director-General at US\$ 251 540 [US\$ 232 859] gross per annum before staff assessment, resulting in a modified net salary of US\$ 176 501 (dependency rate) or US\$ 156 964 (single rate);
4. DECIDES that those adjustments in remuneration shall take effect on 1 January 2012.

**Agenda item 18.4**

**United Nations Joint Staff Pension Fund: appointment of representatives  
to the WHO Staff Pension Committee**

The Sixty-fifth World Health Assembly nominated Dr A.J. Mohamad of the delegation of Oman as a member, and Dr M. Tailhades of the delegation of Switzerland as alternate member of the WHO Staff Pension Committee for a three-year term until May 2015.

**Agenda item 19.1**

**Election of the Director-General of the World Health Organization:  
report of the Working Group**

The Sixty-fifth World Health Assembly,

Guided by the purposes and principles of the Charter of the United Nations, *inter alia*, Article 101, paragraph 3;

Having regard to the Constitution of the World Health Organization, including Article 31;

Recalling resolution EB128.R14 on the Election of the Director-General of the World Health Organization, which established a time-bound and results-oriented working group on the process and methods of the election of the Director-General of the World Health Organization with a view to enhancing fairness, transparency, and equity among the Member States of the six regions of the Organization with respect to the process of nomination and appointment of the Director-General of the World Health Organization;

Reaffirming that the qualifications of the candidates are of paramount importance in the selection and nomination process of the Director-General, and that due regard should be paid to the importance of recruiting future Directors-General on as wide a geographical basis as possible from Member States of the six regions of the Organization;

Reaffirming the critical importance of the role of the Executive Board in the screening and nomination, and of the World Health Assembly in electing and appointing the Director-General, and therefore the need to consider ways to strengthen and improve relevant elements of these procedures;

Having considered the report of the Working Group on the process and methods of the election of the Director-General of the World Health Organization,<sup>1</sup>

1. DECIDES that:

(a) due regard shall be paid to the principle of equitable geographical representation in the overall process of nomination, election and appointment of the Director-General of the World Health Organization, being mindful at the same time that candidates appointed to this post have so far only come from three out of the six regions of the Organization, and that the paramount consideration of the necessity of securing the highest standard of efficiency, competence and integrity in the election and appointment of the Director-General shall be maintained;

(b) the Executive Board will nominate three candidates for the Health Assembly's consideration for the appointment of the Director-General of the World Health Organization, paying due regard to equitable geographical representation;

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<sup>1</sup> See document A65/38.

- (c) in exceptional circumstances, where the above is not practicable, such as where there is only one or two candidates, the Executive Board may decide to nominate less than three candidates for consideration by the Health Assembly for appointment as Director-General of the World Health Organization ;
- (d) a code of conduct, in line with Recommendation 7<sup>1</sup> of the report of the Joint Inspection Unit “Selection and Conditions of Service of Executive Heads in the United Nations System Organizations”,<sup>2</sup> which candidates for the post of Director-General and Member States should undertake to observe and respect, will be developed by the Secretariat for consideration by the Sixty-sixth World Health Assembly through the Executive Board;
- (e) a candidates’ forum, open to all Member States,<sup>3</sup> shall be established to provide a non-decision-making platform for candidates to make themselves and their vision known to Member States on an equal basis; the modalities of the candidates’ forum will be developed by the Secretariat to be considered by the Sixty-sixth World Health Assembly through the Executive Board;
- (f) the Executive Board should ensure that the nominated candidates fulfil the following criteria, while underscoring the paramount importance of professional qualifications and integrity and the need to pay due regard to equitable geographical representation, as well as gender balance in the process leading to the nomination of the candidate(s) that should be submitted to the Health Assembly; he or she should have:
- (1) a strong technical background in a health field, including experience in public health;
  - (2) exposure to and extensive experience in international health;
  - (3) demonstrable leadership skills and experience;
  - (4) excellent communication and advocacy skills;
  - (5) demonstrable competence in organizational management;
  - (6) sensitivity to cultural, social and political differences;
  - (7) strong commitment to the mission and objectives of WHO;
  - (8) good health condition required of all staff members of the Organization;

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<sup>1</sup> Recommendation 7: “The legislative/governing bodies of the United Nations system organizations should condemn and prohibit unethical practices such as promises, favours, invitations, gifts, etc., provided by candidates for the post of executive head or their supporting governments during the selection/election campaign, in return for favourable votes for certain candidates.”

<sup>2</sup> Document JIU/REP/2009/8.

<sup>3</sup> And, where applicable, regional economic integration organizations.

(9) sufficient skill in at least one of the official working languages of the Executive Board and the Health Assembly;

(g) appropriate tool(s) to enhance the Executive Board's effective application of the revised list of criteria will be developed by the Secretariat for consideration by the Sixty-sixth World Health Assembly through the Executive Board;

(h) an evaluation, open to all Member States,<sup>1</sup> will be conducted by the Executive Board<sup>2</sup> within one year from the appointment of the next Director-General of the World Health Organization, to assess the efficacy of the revised process and methods, in order to discuss any need for further enhancing fairness, transparency and equity among the Member States of the six regions of WHO;

2. REQUESTS the Executive Board to give effect to all the provisions outlined in paragraph 1 above and to submit a report on the implementation of this resolution to the Sixty-sixth World Health Assembly, with the exception of the report referred to in paragraph 1(h) which will be submitted to a later session of the Health Assembly;

3. FURTHER REQUESTS the Executive Board, in implementing paragraph 2, to do so on the understanding that some of the existing procedures of the Executive Board and Health Assembly such as those involving secret ballots, shortlisting, voting and interviewing of candidates have proven to be useful and effective and should be continued; the Executive Board will also consider that the Director-General should be appointed by a clear and strong majority at the Health Assembly;

4. REQUESTS the Director-General to propose to the Executive Board amendments to the Rules of Procedure of the Executive Board in order to implement this resolution.

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> This agenda item shall be an open meeting as per the Rules of Procedure of the Executive Board, Rule 7(b).

**Agenda item 19.2**

**Agreements with intergovernmental organizations**

The Sixty-fifth World Health Assembly,

Considering Article 70 of the Constitution of the World Health Organization,

APPROVES the proposed agreement between the Commission of the African Union and the World Health Organization.<sup>1</sup>

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<sup>1</sup> Document A65/42, Annex.

## **Agenda item 13.12**

### **Global vaccine action plan**

The Sixty-fifth World Health Assembly,

Having considered the report on the draft global vaccine action plan;<sup>1</sup>

Recognizing the importance of immunization as one of the most cost-effective interventions in public health which should be recognized as a core component of the human right to health;

Acknowledging the remarkable progress made in immunization in several countries to ensure that every eligible individual is immunized with all appropriate vaccines, irrespective of geographical location, age, gender, disability, educational level, socioeconomic level, ethnic group or work condition;

Applauding the contribution of successful immunization programmes in achieving global health goals, in particular in reducing childhood mortality and morbidity, and their potential for reducing mortality and morbidity across the life-course;

Noting that the introduction of new vaccines targeted against several important causes of major killer diseases such as pneumonia, diarrhoea and cervical cancer can be used as a catalyst to scale up complementary interventions and create synergies between primary health care programmes; and that beyond the mortality gains, these new vaccines will prevent morbidity with resulting economic returns even in countries that have already succeeded in reducing mortality;

Concerned that, despite the progress already made, disease eradication and elimination goals such as the eradication of poliomyelitis, the elimination of measles, rubella, and maternal and neonatal tetanus cannot be met without achieving and sustaining high and equitable coverage;

Concerned that low- and middle-income countries where the adoption of available vaccines has been slower may not have the opportunity to access newer and improved vaccines expected to become available during this decade;

Alarmed that globally routine immunization services are not reaching one child in five, and that substantial gaps persist in routine immunization coverage within countries;

Recalling resolutions WHA58.15 and WHA61.15 on the global immunization strategy,

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<sup>1</sup> Document A65/22.



1. ENDORSES the Global Vaccine Action Plan;
2. URGES Members States:
  - (1) to apply the vision and the strategies of the Global Vaccine Action Plan to develop the vaccines and immunization components of their national health strategy and plans, paying particular attention to improving performance of the Expanded Programme on Immunization, and according to the epidemiological situation in their respective countries;
  - (2) to commit themselves to allocating adequate human and financial resources to achieve the immunization goals and other relevant key milestones;
  - (3) to report every year to the regional committees during a dedicated Decade of Vaccines session, on lessons learnt, progress made, remaining challenges and updated actions to reach the national immunization targets;
3. REQUESTS the Director-General:
  - (1) to foster alignment and coordination of global immunization efforts by all stakeholders in support of the implementation of the Global Vaccine Action Plan;
  - (2) to ensure that support to the Global Vaccine Action Plan's implementation at regional and country level includes a strong focus on strengthening routine immunization;
  - (3) to identify human and financial resources for the provision of technical support in order to implement the national plans of the Global Vaccine Action Plan and monitor their impact;
  - (4) to mobilize more financial resources in order to support implementation of the Global Vaccine Action Plan in low-income and middle-income countries.
  - (5) to monitor progress and report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets, as a substantive agenda item, utilizing the proposed accountability framework to guide discussions and future actions;

## **Agenda item 13.12**

### **World Immunization Week**

The Sixty-fifth World Health Assembly,

Having considered the report on the draft global vaccine action plan;<sup>1</sup>

Recalling resolutions WHA58.15 and WHA61.15 on the global immunization strategy, and the commitment to use the decade 2011–2020 to achieve immunization goals and milestones in vaccine research and development;

Recognizing the importance of immunization as one of the most cost-effective interventions in public health;

Acknowledging the significant achievements of the Expanded Programme on Immunization at the global level, including the eradication of smallpox, major advances towards eradicating poliomyelitis, eliminating measles and rubella, and the control of other vaccine-preventable diseases, such as diphtheria and tetanus;

Noting the contribution of successful immunization programmes towards significant reductions in childhood mortality and improvements in maternal health, and thereby towards the attainment of Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health), and towards cancer prevention;

Recognizing that initiatives such as regional vaccination weeks have contributed towards promoting immunization, advancing equity in the use of vaccines and universal access to vaccination services, and enabling cooperation on cross-border immunization activities;

Recognizing also that the initiative of vaccination weeks, a growing global movement that was first introduced in the Region of the Americas in 2003, was observed simultaneously in WHO's six regions in April 2012, with the participation of more than 180 Member States, territories and areas;

Acknowledging also the high level of political support and international visibility given so far to regional vaccination week initiatives, and noting that the flexibility of the vaccination week framework allows individual Member States and regions to tailor their participation in accordance with national and regional public health priorities;

Concerned that, despite all the achievements of immunization initiatives, many challenges remain, including maintaining immunization as a fundamental aspect of primary health care, administering vaccines to all vulnerable populations regardless of their location, protecting national immunization programmes against the growing threat of misinformation on vaccines and

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<sup>1</sup> Document A65/22.

immunization, and ensuring that national programmes are considered a financial priority for Member States,

1. REQUESTS Member States to designate the last week of April, when appropriate, as World Immunization Week;

2. REQUESTS the Director-General:

(1) to support the annual implementation of World Immunization Week as the overarching framework for all regional initiatives that are dedicated to promoting the importance of vaccination across the life-course and working to ensure the universal access of individuals of all ages and in all countries to this essential preventive health service;

(2) to provide support to Member States in mobilizing the resources necessary to sustain World Immunization Week, and to encourage civil society organizations and other stakeholders to support the initiative.

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