



Second report of Committee B

Committee B held its second and third meetings on 23 May 2013 under the chairmanship of, respectively, Mrs Kathryn Tyson (United Kingdom of Great Britain and Northern Ireland) and Dr Poonam Khetrpal Singh (India).

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

21. Financial matters

- 21.2 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution

One resolution

- 21.3 Special arrangements for settlement of arrears: Tajikistan

One resolution

- 21.4 Scale of assessments for 2014–2015 – Report of the Director-General

One resolution entitled:

- Scale of assessments for 2014–2015

One resolution entitled:

- Foreign exchange risk management

22. Audit and oversight matters

- 22.1 Report of the External Auditor

One resolution

23. Staffing matters

23.5 Appointment of representatives to the WHO Staff Pension Committee

One decision

24. Management and legal matters

24.1 Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization

One resolution

24.2 Real estate

One resolution

24.3 Agreements with intergovernmental organizations

One resolution

24.4 Reassignment of South Sudan from the Eastern Mediterranean Region to the African Region

One resolution

Agenda item 21.2**Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution**

The Sixty-sixth World Health Assembly,

Having considered the reports on status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, and special arrangements for settlement of arrears;¹

Noting that, at the time of opening of the Sixty-sixth World Health Assembly, the voting rights of Central African Republic, Comoros, Grenada, Guinea-Bissau and Somalia were suspended, such suspension to continue until the arrears of the Members concerned have been reduced, at the present or future Health Assemblies, to a level below the amount that would justify invoking Article 7 of the Constitution;

Noting that Afghanistan, Antigua and Barbuda, Bosnia and Herzegovina, Cameroon, Côte d'Ivoire, Jordan, Kyrgyzstan, Malawi and Sierra Leone were in arrears at the time of the opening of the Sixty-sixth World Health Assembly to such an extent that it was necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of those countries should be suspended – for Afghanistan and Kyrgyzstan at the opening of the Sixty-sixth World Health Assembly, and for the remaining eight Member States at the opening of the Sixty-seventh World Health Assembly,

DECIDES:

- (1) that in accordance with the statement of principles set out in resolution WHA41.7 if, by the time of the opening of the Sixty-seventh World Health Assembly, Antigua and Barbuda, Bosnia and Herzegovina, Cameroon, Côte d'Ivoire, Jordan, Malawi, and Sierra Leone are still in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening; and in accordance with resolution WHA59.6 and resolution WHA61.8 if, by the time of the opening of the Sixty-sixth World Health Assembly, Afghanistan and Kyrgyzstan, respectively, are still in arrears in the payment of their rescheduled assessments, their voting privileges shall be suspended automatically;
- (2) that any suspension that takes effect as set out in paragraph (1) above shall continue at the Sixty-seventh World Health Assembly and subsequent Health Assemblies until the arrears of Afghanistan Antigua and Barbuda, Bosnia and Herzegovina, Cameroon, Côte d'Ivoire, Jordan, Kyrgyzstan, Malawi and Sierra Leone have been reduced to a level below the amount that would justify invoking Article 7 of the Constitution;
- (3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

¹ Documents A66/30 and A66/55.

Agenda item 21.3**Special arrangements for settlement of arrears: Tajikistan**

The Sixty-sixth World Health Assembly,

Having considered the report by the Secretariat on the status of collection of assessed contributions,¹ and the request of Tajikistan;²

Noting that Tajikistan has outstanding contributions of US\$ 366 513;

Considering the request of Tajikistan to reschedule this balance over the period 2013 to 2022;

1. DECIDES to allow Tajikistan to retain its voting privileges at the Sixty-sixth World Health Assembly on the following conditions:

Tajikistan shall pay its outstanding arrears of assessed contributions, totalling US\$ 366 513 over 10 years from 2013 to 2022, as set out below, in addition to payment of its annual assessment for the current year;

Year	US\$
2013	36 651
2014	36 651
2015	36 651
2016	36 651
2017	36 651
2018	36 651
2019	36 651
2020	36 651
2021	36 651
2022	36 654
Total	366 513

2. DECIDES that, in accordance with Article 7 of the Constitution, voting privileges shall be automatically suspended if Tajikistan does not meet the requirements laid down in paragraph 1 above;
3. REQUESTS the Director-General to report to the Sixty-seventh World Health Assembly on the prevailing situation;
4. REQUESTS the Director-General to communicate this resolution to the Government of Tajikistan.

¹ Document A66/30.

² Document A66/45.

Agenda item 21.4**Scale of assessments for 2014–2015**

The Sixty-sixth World Health Assembly,

Having considered the report on the scale of assessments for 2014–2015,¹

ADOPTS the scale of assessments of Members and Associate Members for the biennium 2014–2015 as set out below.

Members and Associate Members	WHO scale for 2014–2015 %
Afghanistan	0.0050
Albania	0.0100
Algeria	0.1370
Andorra	0.0080
Angola	0.0100
Antigua and Barbuda	0.0020
Argentina	0.4320
Armenia	0.0070
Australia	2.0741
Austria	0.7981
Azerbaijan	0.0400
Bahamas	0.0170
Bahrain	0.0390
Bangladesh	0.0100
Barbados	0.0080
Belarus	0.0560
Belgium	0.9981
Belize	0.0010
Benin	0.0030
Bhutan	0.0010
Bolivia (Plurinational State of)	0.0090
Bosnia and Herzegovina	0.0170
Botswana	0.0170
Brazil	2.9342
Brunei Darussalam	0.0260
Bulgaria	0.0470
Burkina Faso	0.0030
Burundi	0.0010
Cambodia	0.0040
Cameroon	0.0120
Canada	2.9842
Cape Verde	0.0010
Central African Republic	0.0010
Chad	0.0020
Chile	0.3340
China	5.1484

¹ Document A66/31.

Members and Associate Members	WHO scale for 2014–2015 %
Colombia	0.2590
Comoros	0.0010
Congo	0.0050
Cook Islands	0.0010
Costa Rica	0.0380
Côte d'Ivoire	0.0110
Croatia	0.1260
Cuba	0.0690
Cyprus	0.0470
Czech Republic	0.3860
Democratic People's Republic of Korea	0.0060
Democratic Republic of the Congo	0.0030
Denmark	0.6750
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0450
Ecuador	0.0440
Egypt	0.1340
El Salvador	0.0160
Equatorial Guinea	0.0100
Eritrea	0.0010
Estonia	0.0400
Ethiopia	0.0100
Fiji	0.0030
Finland	0.5190
France	5.5935
Gabon	0.0200
Gambia	0.0010
Georgia	0.0070
Germany	7.1416
Ghana	0.0140
Greece	0.6380
Grenada	0.0010
Guatemala	0.0270
Guinea	0.0010
Guinea-Bissau	0.0010
Guyana	0.0010
Haiti	0.0030
Honduras	0.0080
Hungary	0.2660
Iceland	0.0270
India	0.6660
Indonesia	0.3460
Iran (Islamic Republic of)	0.3560
Iraq	0.0680
Ireland	0.4180
Israel	0.3960
Italy	4.4483
Jamaica	0.0110
Japan	10.8338
Jordan	0.0220
Kazakhstan	0.1210
Kenya	0.0130
Kiribati	0.0010

Members and Associate Members	WHO scale for 2014–2015 %
Kuwait	0.2730
Kyrgyzstan	0.0020
Lao People's Democratic Republic	0.0020
Latvia	0.0470
Lebanon	0.0420
Lesotho	0.0010
Liberia	0.0010
Libya	0.1420
Lithuania	0.0730
Luxembourg	0.0810
Madagascar	0.0030
Malawi	0.0020
Malaysia	0.2810
Maldives	0.0010
Mali	0.0040
Malta	0.0160
Marshall Islands	0.0010
Mauritania	0.0020
Mauritius	0.0130
Mexico	1.8421
Micronesia (Federated States of)	0.0010
Monaco	0.0120
Mongolia	0.0030
Montenegro	0.0050
Morocco	0.0620
Mozambique	0.0030
Myanmar	0.0100
Namibia	0.0100
Nauru	0.0010
Nepal	0.0060
Netherlands	1.6541
New Zealand	0.2530
Nicaragua	0.0030
Niger	0.0020
Nigeria	0.0900
Niue	0.0010
Norway	0.8511
Oman	0.1020
Pakistan	0.0850
Palau	0.0010
Panama	0.0260
Papua New Guinea	0.0040
Paraguay	0.0100
Peru	0.1170
Philippines	0.1540
Poland	0.9211
Portugal	0.4740
Puerto Rico	0.0010
Qatar	0.2090
Republic of Korea	1.9941
Republic of Moldova	0.0030
Romania	0.2260
Russian Federation	2.4382
Rwanda	0.0020

Members and Associate Members	WHO scale for 2014–2015 %
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	0.8641
Senegal	0.0060
Serbia	0.0400
Seychelles	0.0010
Sierra Leone	0.0010
Singapore	0.3840
Slovakia	0.1710
Slovenia	0.1000
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.3720
South Sudan	0.0040
Spain	2.9732
Sri Lanka	0.0250
Sudan	0.0100
Suriname	0.0040
Swaziland	0.0030
Sweden	0.9601
Switzerland	1.0471
Syrian Arab Republic	0.0360
Tajikistan	0.0030
Thailand	0.2390
The former Yugoslav Republic of Macedonia	0.0080
Timor-Leste	0.0020
Togo	0.0010
Tokelau	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0440
Tunisia	0.0360
Turkey	1.3281
Turkmenistan	0.0190
Tuvalu	0.0010
Uganda	0.0060
Ukraine	0.0990
United Arab Emirates	0.5950
United Kingdom of Great Britain and Northern Ireland	5.1794
United Republic of Tanzania	0.0090
United States of America	22.0000
Uruguay	0.0520
Uzbekistan	0.0150
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.6270
Viet Nam	0.0420
Yemen	0.0100
Zambia	0.0060
Zimbabwe	0.0020
Total	100.0000

Agenda item 21.4**Foreign exchange risk management**

The Sixty-sixth World Health Assembly,

Having considered the report on foreign exchange risk management;¹

Recognizing the need for ensuring long-term matching between currencies of income and expense,

1. DECIDES:

(1) that the currency of assessed contributions will from 2014 be denominated half in United States dollars and half in Swiss francs, calculated at the time of the approval of the Programme budget and of the amount of the Programme budget to be financed from assessed contributions;

(2) that this measure will concern all Member States for whom the total amount of annual assessed contributions is US\$ 200 000 or greater, with Member States whose total annual assessed contributions are less than US\$ 200 000 continuing to be assessed solely in United States dollars;

2. DECIDES to amend Financial Regulation 6.6 to read as follows:

6.6 Where the total of annual assessed contributions for a Member is US\$ 200 000 or greater, that Member's contributions shall be assessed half in United States dollars and half in Swiss francs. Where the total of annual assessed contributions for a Member is less than US\$ 200 000, that Member's contributions shall be assessed in United States dollars only. The contributions shall be paid in either United States dollars, euros or Swiss francs, or such other currency or currencies as the Director-General shall determine.

3. FURTHER DECIDES that the foregoing changes to its Rules of Procedure shall take effect from the closure of its Sixty-sixth session.

¹ Document A66/32.

Agenda item 22.1

Report of the External Auditor

The Sixty-sixth World Health Assembly,

Having considered the report of the External Auditor on the financial operations of the World Health Organization for the financial year ended 31 December 2012 to the Sixty-sixth World Health Assembly;¹

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

ACCEPTS the report of the External Auditor to the Sixty-sixth Health Assembly.

¹ Document A66/34.

² Document A66/58.

Agenda item 23.5

Appointment of representatives to the WHO Staff Pension Committee

1. The Sixty-sixth World Health Assembly nominated Dr Viroj Tangcharoensathien of the delegation of Thailand as a member for a three-year term until May 2016 and the most senior alternate member, Mrs Palanitina Tupuimatagi Toelupe of the delegation of Samoa, as a member for the remainder of her term of office until May 2014.
2. The Sixty-sixth World Health Assembly nominated Dr Mahmoud N. Fikry of the delegation of United Arab Emirates and Mr Alejandro Henning of the delegation of Argentina as alternate members of the WHO Staff Pension Committee for a three-year term until May 2016.

Agenda item 24.1

Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization

The Sixty-sixth World Health Assembly

Having considered the report on the follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization,¹

1. ADOPTS the Code of Conduct for the Election of the Director-General of the World Health Organization as set forth in Annex 1 to this resolution;
2. ESTABLISHES a candidates' forum open to all Member States,² as a non-decision-making platform for candidates, as set forth in Annex 2 to this resolution;
3. APPROVES the standard form for a curriculum vitae set forth in Annex 3 to this resolution, which shall be used henceforth by Member States proposing persons for the post of Director-General as the sole document to be submitted;
4. DECIDES that the curriculum vitae of each candidate shall be limited to [3500] words and shall also be submitted in electronic format in order to enable the Chairman of the Board to verify that this limit is not exceeded;
5. DECIDES to amend Rules 70 and 108 of the Rules of Procedure of the World Health Assembly and to add a new Rule 70bis, as set forth in Annex 4 to this resolution;
6. REQUESTS the Director-General:
 - (1) to explore options for the use of electronic voting for the appointment of the Director-General, including the financial and electronic security implications thereof, and to report thereon, through the Executive Board, to the Sixty-seventh World Health Assembly;
 - (2) to consolidate a description of the overall process for the election of the Director-General in a single draft reference document with a view to submitting it, through the Executive Board, for the consideration of the Sixty-seventh World Health Assembly.

¹ Document A66/41.

² And, where applicable, regional economic integration organizations.

ANNEX 1

**CODE OF CONDUCT FOR THE ELECTION OF THE
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION**

In resolution WHA65.15 concerning the report of the Working Group of Member States on the Process and Methods of the Election of the Director-General of the World Health Organization, the World Health Assembly decided, inter alia, that “a code of conduct, in line with Recommendation 7 of the report of the Joint Inspection Unit “Selection and Conditions of Service of Executive Heads in the United Nations System Organizations”, which candidates for the post of Director-General of the World Health Organization 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.”

This code of conduct (the “code”) aims at promoting an open, fair, equitable and transparent process for the election of the Director-General of the World Health Organization. In seeking to improve the overall process, the code addresses several areas, including the submission of proposals, the conduct of electoral campaigns by Member States and candidates, as well as funding and financial matters.

The code is a political understanding reached by the Member States of the World Health Organization. It recommends desirable behaviour by Member States and candidates with regard to the election of the Director-General in order to increase the fairness, credibility, openness and transparency of the process and thus its legitimacy as well as the legitimacy and acceptance of its outcome. As such, the code is not legally binding but Member States and candidates are expected to honour its contents.

A. General requirements**I. Basic principles**

The whole election process as well as electoral campaign activities related to it should be guided by the following principles that further the legitimacy of the process and of its result:

due regard to the principle of equitable geographical representation,
fairness,
equity,
transparency,
good faith,
dignity, mutual respect and moderation,
non-discrimination, and
merit.

II. Authority of the Health Assembly and the Executive Board in accordance with their Rules of Procedure

1. Member States accept the authority of the Health Assembly and the Executive Board to conduct the election of the Director-General in accordance with their Rules of Procedure and relevant resolutions and decisions.
2. Member States that propose persons for the post of Director-General have the right to promote those candidatures. The same applies to candidates with regard to their own candidature. In the exercise of that right, Member States and candidates should abide by all rules governing the election of the Director-General contained in the Constitution of the World Health Organization, the Rules of Procedure of the World Health Assembly, and the Rules of Procedure of the Executive Board as well as in relevant resolutions and decisions.

III. Responsibilities

1. It is the responsibility of Member States and candidates for the post of Director-General of the World Health Organization to observe and respect this code.
2. Member States acknowledge that the process of election of the Director-General should be fair, open, transparent, equitable and based on the merits of the individual candidates. They should make this code publicly known and easily accessible.
3. The Secretariat will also promote awareness of the code in accordance with the provisions of the code.

B. Requirements for the different steps of the election process

I. Submission of proposals

When proposing the name of one or more persons for the post of Director-General, Member States should include in their proposal a statement to the effect that they and the persons proposed by them pledge to observe the provisions of the code. The Director-General will remind Member States accordingly when inviting Member States to propose persons for the post of Director-General in accordance with Rule 52 of the Rules of Procedure of the Executive Board.

II. Electoral campaign

1. This code applies to electoral campaign activities related to the election of the Director-General whenever they take place until the appointment by the Health Assembly.
2. All Member States and candidates should encourage and promote communication and cooperation among one another during the entire election process. Member States and candidates should act in good faith bearing in mind the shared objectives of promoting equity, openness, transparency and fairness throughout the election process.
3. All Member States and candidates should consider disclosing their campaign activities (for example, hosting of meetings, workshops and visits) and communicate them to the Secretariat. Information so disclosed will be posted on a dedicated page of the WHO web site.

4. Member States and candidates should refer to one another with respect; no Member State or candidate should at any time disrupt or impede the campaign activities of other candidates. Nor should any Member State or any candidate make any oral or written statement or other representation that could be deemed slanderous or libellous.
5. Member States and candidates should refrain from improperly influencing the election process, by, for example, granting or accepting financial or other benefits as a quid pro quo for the support of a candidate, or by promising such benefits.
6. Member States and candidates should not make promises or commitments in favour of, or accept instructions from, any person or entity, public or private, and should avoid any other similar action, when that could undermine, or be perceived as undermining, the integrity of the election process.
7. Member States proposing persons for the post of Director-General should consider disclosing grants or aid funding to other Member States during the previous two years in order to ensure full transparency and mutual confidence among Member States.
8. Member States that have proposed persons for the post of Director-General should facilitate meetings between their candidate and other Member States, if so requested. Wherever possible, meetings between candidates and Member States should be arranged on the occasion of conferences or other events involving different Member States rather than through bilateral visits.
9. Travel by candidates to Member States to promote their candidature should be limited in order to avoid excessive expenditure which could lead to inequality among Member States and candidates. In this connection, Member States and candidates should consider using as much as possible existing mechanisms (sessions of the regional committees, Executive Board and Health Assembly) for meetings and other promotional activities linked to the electoral campaign.
10. Candidates, whether internal or external, should not combine their official travel with campaigning activities. Electoral promotion or propaganda under the guise of technical meetings or similar events should be avoided.
11. After the Director-General has dispatched all proposals, curricula vitae and supporting information to Member States in accordance with Rule 52 of the Rules of Procedure of the Executive Board, the Secretariat will open on the WHO web site a password-protected forum for questions and answers, open to all Member States and candidates who request to participate in such a forum. The Secretariat will also post on the WHO web site information on all candidates who so request including their curricula vitae and other particulars of their qualifications and experience as received from Member States, as well as their contact information. The web site will also provide links to individual web sites of candidates upon request. Each candidate is responsible for setting up and financing his or her own web site.
12. The Secretariat will also post on WHO's web site, at the time referred to in the first paragraph of Rule 52 of the Rules of Procedure of the Executive Board, information on the election process and the applicable rules and decisions, as well as the text of this code.

III. Nomination and appointment

1. The nomination and appointment of the Director-General is conducted by the Executive Board and the Health Assembly, respectively, in accordance with their Rules of Procedure and relevant resolutions and decisions. As a matter of principle in order to preserve the serenity of the proceedings, candidates should not attend those meetings even if they form part of the delegation of a Member State.
2. Member States should abide strictly by the Rules of Procedure of the Executive Board and of the World Health Assembly and other applicable resolutions and decisions and respect the integrity, legitimacy and dignity of the proceedings. As such, they should avoid behaviours and actions, both inside and outside the conference room where the nomination and appointment take place, that could be perceived as aiming at influencing its outcome.
3. Member States should respect the confidentiality of the proceedings and the secrecy of the votes. In particular, they should refrain from communicating or broadcasting the proceedings during the private meetings through electronic devices.
4. In view of the secret nature of the vote for the nomination and appointment of the Director-General, Member States should refrain from publicly announcing in advance their intention to vote for a particular candidate.

IV. Internal candidates

1. WHO staff members, including the Director-General in office, who are proposed for the post of Director-General, are subject to the obligations contained in the WHO Constitution, Staff Regulations and Staff Rules as well as to the guidance which may be issued from time to time by the Director-General.
2. WHO staff members who are proposed for the post of Director-General must observe the highest standard of ethical conduct and strive to avoid any appearance of impropriety. WHO staff members must clearly separate their WHO functions from their candidacy and avoid any overlap, or perception of overlap, between campaign activities and their work for WHO. They also have to avoid any perception of conflict of interest.
3. WHO staff members are subject to the authority of the Director-General, in accordance with the applicable regulations and rules, in case of allegations of breach of their duties with regard to their campaign activities.
4. The Health Assembly or the Executive Board may call upon the Director-General to apply Staff Rule 650 concerning special leave to staff members who have been proposed for the post of Director-General.

ANNEX 2

CANDIDATES' FORUM

Convening and conduct of the forum

1. The candidates' forum will be convened by the Secretariat at the request of the Executive Board as a self-standing event preceding the Board, and will be chaired by the Chairman of the Board, with the support of the Officers of the Executive Board. The Board will formally convene the candidates' forum and decide its date at the session preceding the session at which the nomination will take place.

Timing

2. The candidates' forum shall be held not later than two months in advance of the session of the Board session at which the nomination will take place.

Duration

3. The duration of the candidates' forum will be decided by the Officers of the Board depending on the number of candidates. Notwithstanding the foregoing, the maximum duration of the forum shall be three days.

Format

4. Each candidate shall make a presentation of up to 30 minutes, which will be followed by a questions and answers session so that the overall duration of each interview shall be 60 minutes. The order of the interviews shall be determined by lot. The forum shall decide, upon the proposal of the Chairman, on detailed arrangement for the interviews.

5. Member States and Associate Members participating in the candidates' forum will be invited to prepare questions for each candidate during the initial presentation. Questions to be asked to each candidate will be drawn by lot by the Chairman.

Participation

6. Participation in the candidates' forum will be limited to Member States¹ and Associate Members of the World Health Organization.

7. For those Member States or Associate Members which should not be able to attend, the candidates' forum will be broadcast by the Secretariat through a password protected website.

Documentation

8. The curricula vitae of candidates and other supporting information provided in line with Rule 52 of the Rules of Procedure of the Board will be made available electronically to all Member States and Associate Members in the language versions provided on a password-protected web site.

¹ And, where applicable, regional economic integration organizations.

ANNEX 3

FORM FOR CURRICULUM VITAE

Family name (surname):		Attach recent photograph
First/other names:		
Gender:		
Place and country of birth:	Date of birth (Day/Month/Year):	
Citizenship:		
If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars:		
Civil status:	Number of dependants:	

Address to which correspondence should be sent:	Telephone:
	Mobile phone:
	Fax:
	E-mail:

Degrees/certificates obtained:

(Please indicate here the principal degrees/certificates obtained, with dates and names of institutions. Additional pages may be added.)

20

Positions held

Please indicate here the positions and work experience held during your professional career, with the corresponding dates, duties, achievements/accomplishments and responsibilities. Additional pages may be added.

Please state any other relevant facts that might help in the evaluation of your application. List your activities in civil, professional, public or international affairs.

Please list here a maximum of 10 publications - especially the main ones in the field of public health, with names of journals, books or reports in which they appeared. An additional page may be used for this purpose, if necessary. (Please feel free also to attach a complete list of all publications.) Do not attach the publications themselves.

Please list hobbies, sports, skills and any other relevant facts that might help in the evaluation of your application:

WRITTEN STATEMENT

1. Please evaluate how you meet each of the “Criteria for candidates for the post of the Director-General of the World Health Organization” (see attached sheet). In so doing, please make reference to specific elements of your curriculum vitae to support your evaluation. The criteria adopted by the World Health Assembly in resolution WHA65.15 are the following:

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

2. Please state your vision of priorities and strategies for the World Health Organization.

ANNEX 4

RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY

Rule 70

Decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting. These questions shall include: the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and with intergovernmental organizations and agencies in accordance with Articles 69, 70 and 72 of the Constitution; amendments to the Constitution; decisions on the amount of the effective working budget; and decisions to suspend the voting privileges and services of a Member under Article 7 of the Constitution.

Rule 70bis

The Director-General of the World Health Organization shall be elected by a clear and strong majority of members present and voting as set forth in Rule 108 of these Rules of Procedure.

Rule 108

The Health Assembly shall consider the Board's nomination at a private meeting and shall come to a decision by secret ballot.

1. If the Board nominates three persons, the following procedure shall apply:
 - (a) If in the first ballot a candidate obtains a two-thirds majority or more of the Members present and voting, this will be considered a clear and strong majority and he or she will be appointed Director-General. If no candidate obtains the required majority, the candidate having received the least number of votes shall be eliminated. If two candidates tie for the least number of votes, a separate ballot shall be held between them and the candidate receiving the least number of votes shall be eliminated.
 - (b) In the subsequent ballot, a candidate will be appointed Director-General if he or she obtains a two-thirds majority or more of the Members present and voting which will be considered a clear and strong majority.
 - (c) If no candidate receives the majority indicated in subparagraph (b), a candidate will be appointed Director-General if he or she receives in the subsequent ballot a majority of the Member States of the World Health Organization or more, which will be considered a clear and strong majority.
 - (d) If no candidate receives the majority indicated in subparagraph (c), a candidate will be appointed Director-General if he or she receives in the subsequent ballot a majority or more of the Members present and voting, which will be considered a clear and strong majority.

2. If the Board nominates two persons, the following procedure shall apply:
 - (a) a candidate will be appointed Director-General if he or she obtains a two-thirds majority or more of the Members present and voting, which will be considered a clear and strong majority.
 - (b) If no candidate receives the majority indicated in subparagraph (a), a candidate will be appointed Director-General if he or she receives in the subsequent ballot a majority of the Member States of the World Health Organization or more, which will be considered a clear and strong majority.
 - (c) If no candidate receives the majority indicated in subparagraph (b), a candidate will be appointed Director-General if he or she receives in the subsequent ballot a majority or more of the Members present and voting, which will be considered a clear and strong majority.
3. If the Board nominates one person, the Health Assembly shall decide by a two-thirds majority of the Members present and voting.

Agenda item 24.2

Real estate

The Sixty-sixth World Health Assembly,

Having considered the report on real estate;¹

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

APPROVES the construction of the new WHO sub-office in Garowe, Puntland Somalia.

¹ Document A66/42.

² Document A66/62.

Agenda item 24.3

Agreements with intergovernmental organizations

The Sixty-sixth World Health Assembly,

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

APPROVES the proposed agreement between the World Health Organization and the South Centre.

Agenda item 24.4

**Reassignment of South Sudan from the Eastern Mediterranean Region
to the African Region**

The Sixty-sixth World Health Assembly,

Having considered the request from the Government of South Sudan for the inclusion of that country in the African Region,¹

RESOLVES that South Sudan shall form part of the African Region.

¹ See document A66/43.

ANNEX

EXTRACTS OF REPORTS OF THE REGIONAL COMMITTEES

1. EXTRACT OF THE REPORT OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN, FIFTY-NINTH SESSION¹ (CAIRO, 1–4 OCTOBER 2012)

- 8.2 Application of the Republic of South Sudan for reassignment from the WHO Eastern Mediterranean Region to the WHO African Region**

Agenda item 9, Document EM/RC59/11, Decision 4

“... On 27 September 2011 South Sudan had become a Member State of WHO and fell within the geographical scope of the Eastern Mediterranean Region. South Sudan had requested to be reassigned from the Eastern Mediterranean Region to the African Region. ... The Regional Committee decided to accept the request of the Government of South Sudan to be reassigned to the WHO African Region and requested the Regional Director to convey its decision to the Sixty-sixth World Health Assembly for consideration.”²

2. EXTRACT OF THE REPORT OF THE SIXTY-SECOND SESSION OF THE REGIONAL COMMITTEE FOR AFRICA (LUANDA, 19–23 NOVEMBER 2012)

- 8. Reassignment of the Republic of South Sudan to the African Region of the World Health Organization**

Agenda item 8, Document AFR/RC62/4

“... In accordance with World Health Assembly resolution WHA49.6, the Sixty-second session of the Regional Committee examined the request of the Republic of South Sudan and expressed the view that South Sudan be reassigned to the WHO African Region. The Regional Committee congratulated and welcomed South Sudan and requested the Regional Director to convey its view, through the Director-General of WHO, to the Sixty-sixth World Health Assembly for consideration ...”

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¹ Document EM/RC59/14-E.

² Document EM/RC59/13, decision no. 4.