

**Extracts from document EB150/2022/REC/1  
for consideration by the Seventy-fifth  
World Health Assembly<sup>1</sup>**

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<sup>1</sup> The present document is made available in order to assist the Health Assembly in its deliberations. The final version of document EB150/2022/REC/1 will be made available in due course on the Governance website at <http://apps.who.int/gb/or/>.



## **RESOLUTIONS**

### **EB150.R1      Nomination for the post of Director-General**

The Executive Board,

1. NOMINATES Dr Tedros Adhanom Ghebreyesus for the post of Director-General of the World Health Organization, in accordance with Article 31 of the Constitution of the World Health Organization;
2. SUBMITS this nomination to the Seventy-fifth World Health Assembly.

(Third meeting, 25 January 2022)

### **EB150.R2      Post of Director-General: draft contract**

The Executive Board,

In accordance with the requirements of Rule 109 of the Rules of Procedure of the World Health Assembly,

1. SUBMITS to the Seventy-fifth World Health Assembly the draft contract establishing the terms and conditions of appointment of the Director-General;<sup>1</sup>
2. RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following resolution:

The Seventy-fifth World Health Assembly,

#### **I**

Pursuant to Article 31 of the Constitution and Rule 109 of the Rules of Procedure of the World Health Assembly,

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General;

#### **II**

Pursuant to Rule 112 of the Rules of Procedure of the World Health Assembly,

AUTHORIZES the President of the Seventy-fifth World Health Assembly to sign this contract in the name of the Organization.

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<sup>1</sup> See Annex to the present resolution.

## ANNEX

**DRAFT CONTRACT OF THE DIRECTOR-GENERAL**

THIS CONTRACT is made this                      day of May of the year two thousand and twenty-two between the World Health Organization (hereinafter called the Organization) of the one part and                      (hereinafter called the Director-General) of the other part.

## WHEREAS

(1) It is provided by Article 31 of the Constitution of the Organization that the Director-General of the Organization shall be appointed by the World Health Assembly (hereinafter called the Health Assembly) on the nomination of the Executive Board (hereinafter called the Board) on such terms as the Health Assembly may decide; and

(2) The Director-General has been duly appointed by the Health Assembly at its meeting held on the                      day of May of the year two thousand and twenty-two for a period of five years.

## NOW THIS CONTRACT WITNESSETH and it is hereby agreed as follows,

I. (1) The Director-General shall serve from the sixteenth day of August of the year two thousand and twenty-two until the fifteenth day of August of the year two thousand and twenty-seven, on which date the appointment and this Contract shall terminate.

(2) Subject to the authority of the Board, the Director-General shall exercise the functions of chief technical and administrative officer of the Organization and shall perform such duties as may be specified in the Constitution and in the rules of the Organization and/or as may be assigned to him or her by the Health Assembly or the Board.

(3) The Director-General fully commits to the responsible management and appropriate stewardship of WHO's resources, including financial resources, human resources and physical resources, in an efficient and effective manner to achieve the Organization's objectives; an ethical culture, so that all Secretariat decisions and actions are informed by accountability, transparency, integrity, and respect; equitable geographical representation and gender balance in staff appointments and in accordance with Article 35 of the Constitution of the World Health Organization; follow-up of recommendations from the Organization's internal and external audits, and timeliness and transparency of official documentation.

(4) The Director-General shall be subject to the Staff Regulations of the Organization in so far as they may be applicable to him or her. In particular he or she shall not hold any other administrative post, and shall not receive emoluments from any outside sources in respect of activities relating to the Organization. He or she shall not engage in business or in any employment or activity that would interfere with his or her duties in the Organization.

(5) The Director-General, during the term of this appointment, shall enjoy all the privileges and immunities in keeping with the office by virtue of the Constitution of the Organization and any relevant arrangements already in force or to be concluded in the future.

(6) The Director-General may at any time give six months' notice of resignation in writing to the Board, which is authorized to accept such resignation on behalf of the Health Assembly; in which case, upon the expiration of the said period of notice, the Director-General shall cease to hold the appointment and this Contract shall terminate.

(7) The Health Assembly shall have the right, on the proposal of the Board and after hearing the Director-General and subject to at least six months' notice in writing, to terminate this Contract for reasons of exceptional gravity likely to prejudice the interests of the Organization.

II. (1) As from the sixteenth day of August of the year two thousand and twenty-two the Director-General shall receive from the Organization an annual salary of two hundred and fifty-nine thousand, five hundred and fifty-three United States dollars, before staff assessment, resulting in a net salary (to be paid monthly) of one hundred and ninety-five thousand, one hundred and eighty-seven United States dollars per annum<sup>1</sup> or its equivalent in such other currency as may be mutually agreed between the parties to this Contract.

(2) In addition to the normal adjustments and allowances authorized to staff members under the Staff Rules, the Director-General shall receive an annual representation allowance of twenty-one thousand United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Contract, to be paid monthly commencing on the sixteenth day of August of the year two thousand and twenty-two. The representation allowance shall be used at his or her discretion entirely in respect of representation in connection with his or her official duties. He or she shall be entitled to such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official station, on termination of appointment, or on official travel and home leave travel.

III. The terms of the present Contract relating to rates of salary and representation allowance are subject to review and adjustment by the Health Assembly, on the proposal of the Board and after consultation with the Director-General, in order to bring them into conformity with any provision regarding the conditions of employment of staff members which the Health Assembly may decide to apply to staff members already in the service.

IV. If any question of interpretation or any dispute arises concerning this Contract that is not settled by negotiation or agreement, the matter shall be referred for final decision to the competent tribunal provided for in the Staff Rules.

WHEREUNTO we have set our hands the day and year first above written.

.....  
Director-General

.....  
President of the .....  
World Health Assembly

(Third meeting, 25 January 2022)

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<sup>1</sup> Indicative amounts only, pending approval by the Health Assembly on the Board's recommendations.

**EB150.R3      The draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections<sup>1</sup>**

The Executive Board,

Having considered the report by the Director-General,<sup>2</sup>

DECIDES that informal consultations on the draft global health sector strategies on respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 will continue to be facilitated by the Secretariat prior to the Seventy-fifth World Health Assembly with a view to enabling the following draft resolution to be submitted to the Seventy-fifth World Health Assembly for adoption:

The Seventy-fifth World Health Assembly,

Having considered the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030,

1. ADOPTS the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030;
2. REQUESTS the Director-General to report on the progress made in the implementation of the global health sector strategies to the Health Assembly in 2024, 2026, 2028 and 2031, noting that the 2026 report will provide a mid-term review based on the progress made in meeting the strategies' 2025 targets and the progress made towards achieving the 2030 goals.

(Eighth meeting, 27 January 2022)

**EB150.R4      Extending the Thirteenth General Programme of Work, 2019–2023 to 2025<sup>3</sup>**

The Executive Board,

Having considered the report by the Director-General,<sup>4</sup>

RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following resolution:

The Seventy-fifth World Health Assembly,

Considering the request in respect of the Thirteenth General Programme of Work, 2019–2023, made to the Director-General in resolution WHA74.3 (2021),

APPROVES the extension of the period of the Thirteenth General Programme of Work from 2023 to 2025, together with the areas of focus set out in the report by the Director-General.

(Eleventh meeting, 29 January 2022)

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

<sup>2</sup> Document EB150/8.

<sup>3</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

<sup>4</sup> Document EB150/29.

**EB150.R5      Scale of assessments 2022–2023**

The Executive Board,

Having considered the report by the Director-General,<sup>1</sup>

RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following resolution:

The Seventy-fifth World Health Assembly,

Having considered the report by the Director-General,

ADOPTS the scale of assessments for 2023, as set out below.

Members and Associate Members	WHO scale for 2023 %
Afghanistan	0.0060
Albania	0.0080
Algeria	0.1090
Andorra	0.0050
Angola	0.0100
Antigua and Barbuda	0.0020
Argentina	0.7190
Armenia	0.0070
Australia	2.1111
Austria	0.6790
Azerbaijan	0.0300
Bahamas	0.0190
Bahrain	0.0540
Bangladesh	0.0100
Barbados	0.0080
Belarus	0.0410
Belgium	0.8281
Belize	0.0010
Benin	0.0050
Bhutan	0.0010
Bolivia (Plurinational State of)	0.0190
Bosnia and Herzegovina	0.0120
Botswana	0.0150
Brazil	2.0131
Brunei Darussalam	0.0210
Bulgaria	0.0560
Burkina Faso	0.0040
Burundi	0.0010
Cabo Verde	0.0010
Cambodia	0.0070
Cameroon	0.0130
Canada	2.6282
Central African Republic	0.0010

<sup>1</sup> Document EB150/31.

Chad	0.0030
Chile	0.4200
China	15.2550
Colombia	0.2460
Comoros	0.0010
Congo	0.0050
Cook Islands (not a member of the United Nations)	0.0010
Costa Rica	0.0690
Côte d'Ivoire	0.0220
Croatia	0.0910
Cuba	0.0950
Cyprus	0.0360
Czechia	0.3400
Democratic People's Republic of Korea	0.0050
Democratic Republic of the Congo	0.0100
Denmark	0.5530
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0670
Ecuador	0.0770
Egypt	0.1390
El Salvador	0.0130
Equatorial Guinea	0.0120
Eritrea	0.0010
Estonia	0.0440
Eswatini	0.0020
Ethiopia	0.0100
Faroe Islands (new Associate Member)	0.0010
Fiji	0.0040
Finland	0.4170
France	4.3183
Gabon	0.0130
Gambia	0.0010
Georgia	0.0080
Germany	6.1114
Ghana	0.0240
Greece	0.3250
Grenada	0.0010
Guatemala	0.0410
Guinea	0.0030
Guinea-Bissau	0.0010
Guyana	0.0040
Haiti	0.0060
Honduras	0.0090
Hungary	0.2280
Iceland	0.0360
India	1.0441
Indonesia	0.5490
Iran (Islamic Republic of)	0.3710
Iraq	0.1280
Ireland	0.4390
Israel	0.5610
Italy	3.1892



Jamaica	0.0080
Japan	8.0335
Jordan	0.0220
Kazakhstan	0.1330
Kenya	0.0300
Kiribati	0.0010
Kuwait	0.2340
Kyrgyzstan	0.0020
Lao People's Democratic Republic	0.0070
Latvia	0.0500
Lebanon	0.0360
Lesotho	0.0010
Liberia	0.0010
Libya	0.0180
Lithuania	0.0770
Luxembourg	0.0680
Madagascar	0.0040
Malawi	0.0020
Malaysia	0.3480
Maldives	0.0040
Mali	0.0050
Malta	0.0190
Marshall Islands	0.0010
Mauritania	0.0020
Mauritius	0.0190
Mexico	1.2211
Micronesia (Federated States of)	0.0010
Monaco	0.0110
Mongolia	0.0040
Montenegro	0.0040
Morocco	0.0550
Mozambique	0.0040
Myanmar	0.0100
Namibia	0.0090
Nauru	0.0010
Nepal	0.0100
Netherlands	1.3771
New Zealand	0.3090
Nicaragua	0.0050
Niger	0.0030
Nigeria	0.1820
Niue (not a member of the United Nations)	0.0010
North Macedonia	0.0070
Norway	0.6790
Oman	0.1110
Pakistan	0.1140
Palau	0.0010
Panama	0.0900
Papua New Guinea	0.0100
Paraguay	0.0260
Peru	0.1630
Philippines	0.2120
Poland	0.8371

Portugal	0.3530
Puerto Rico (not a member of the United Nations)	0.0010
Qatar	0.2690
Republic of Korea	2.5742
Republic of Moldova	0.0050
Romania	0.3120
Russian Federation	1.8661
Rwanda	0.0030
Saint Kitts and Nevis	0.0020
Saint Lucia	0.0020
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0020
Sao Tome and Principe	0.0010
Saudi Arabia	1.1841
Senegal	0.0070
Serbia	0.0320
Seychelles	0.0020
Sierra Leone	0.0010
Singapore	0.5040
Slovakia	0.1550
Slovenia	0.0790
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.2440
South Sudan	0.0020
Spain	2.1341
Sri Lanka	0.0450
Sudan	0.0100
Suriname	0.0030
Sweden	0.8711
Switzerland	1.1341
Syrian Arab Republic	0.0090
Tajikistan	0.0030
Thailand	0.3680
Timor-Leste	0.0010
Togo	0.0020
Tokelau (not a member of the United Nations)	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0370
Tunisia	0.0190
Turkey	0.8451
Turkmenistan	0.0340
Tuvalu	0.0010
Uganda	0.0100
Ukraine	0.0560
United Arab Emirates	0.6350
United Kingdom of Great Britain and Northern Ireland	4.3753
United Republic of Tanzania	0.0100
United States of America	22.0000
Uruguay	0.0920
Uzbekistan	0.0270
Vanuatu	0.0010

Venezuela (Bolivarian Republic of)	0.1750
Viet Nam	0.0930
Yemen	0.0080
Zambia	0.0080
Zimbabwe	0.0070
<b>TOTAL</b>	<b>100.0000</b>

(Eleventh meeting, 29 January 2022)

**EB150.R6      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 Executive Board,

Having considered the report by the Director-General<sup>1</sup>

Having been delegated the power to suspend the voting privileges of Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution;<sup>2</sup>

Noting that Eritrea, Iran (Islamic Republic of) and Libya remained in arrears at the time of the 150th Executive Board to such an extent that it was necessary for the Executive Board to consider, in accordance with Article 7 of the Constitution, whether the voting privileges of those countries should be suspended at the opening of the Seventy-fifth World Health Assembly in 2022,

DECIDES:

(1) that, in accordance with the statement of principles set out in resolution WHA41.7 (1988), if, by the time of the opening of the Seventy-fifth World Health Assembly, Eritrea, Iran (Islamic Republic of) and Libya 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;

(2) that any suspension that takes effect as set out in paragraph (1) above shall begin as from the opening day of the Seventy-fifth World Health Assembly and continue at subsequent Health Assemblies, until arrears 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.

(Eleventh meeting, 29 January 2022)

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<sup>1</sup> Document EB150/32.

<sup>2</sup> Decision WHA74(28).

**EB150.R7      Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories<sup>1</sup>**

The Executive Board,

Having considered the report by the Director-General,<sup>2</sup>

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 2022 concerning the remuneration of staff in the professional and higher categories.

(Twelfth meeting, 29 January 2022)

**EB150.R8      Salaries of staff in ungraded positions and of the Director-General<sup>3</sup>**

The Executive Board,

Having considered the report by the Director-General,<sup>2</sup>

RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following resolution:

The Seventy-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 salary of each Assistant Director-General and Regional Director<sup>4</sup> at US\$ 188 253 gross per annum with a corresponding net salary of US\$ 139 747;
2. ESTABLISHES the salary of the Deputy Director-General<sup>5</sup> at US\$ 207 368 gross per annum with a corresponding net salary of US\$ 152 363;
3. ESTABLISHES the salary of the Director-General at US\$ 259 553 gross per annum with a corresponding net salary of US\$ 195 187; and
4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2022.

(Twelfth meeting, 29 January 2022)

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<sup>1</sup> See Annex 1, and Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

<sup>2</sup> Document EB150/46 Rev.1.

<sup>3</sup> See Annex 1, and Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

<sup>4</sup> Salary category UG1.

<sup>5</sup> Salary category UG2.

**EB150.R9      Confirmation of amendments to the Staff Rules: education grant<sup>1</sup>**

The Executive Board,

Having considered the report by the Director-General,<sup>2</sup>

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 the school year in progress on 1 January 2022, concerning the education grant sliding reimbursement scale.

(Twelfth meeting, 29 January 2022)

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<sup>1</sup> See Annex 1, and Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

<sup>2</sup> Document EB150/46 Rev.1.

## DECISIONS

### **EB150(1) Special procedures to regulate the conduct of hybrid meetings of the Executive Board at its 150th session<sup>1</sup>**

The Executive Board, having considered the report by the Director-General,<sup>2</sup>

Decided to adopt the special procedures set out in Annex 2 in order to regulate the conduct of hybrid meetings of the Executive Board at its 150th session, opening on 24 January 2022 and closing no later than 29 January 2022.

(First meeting, 24 January 2022)

### **EB150(2) Mandate of the Working Group on Sustainable Financing**

The Executive Board, having considered the report of the Working Group on Sustainable Financing,<sup>3</sup> and having also considered the associated recommendations contained in the report of the Programme, Budget and Administration Committee of the Executive Board,<sup>4</sup>

Decided to extend the mandate of the Working Group on Sustainable Financing with a view to having it report to the Seventy-fifth World Health Assembly, through the thirty-sixth meeting of the Programme, Budget and Administration Committee, acting on behalf of the Executive Board.

(Fourth meeting, 25 January 2022)

### **EB150(3) Strengthening the International Health Regulations (2005): a process for their revision through potential amendment<sup>5</sup>**

The Executive Board, having considered the interim report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies<sup>6</sup> and the report by the Director-General;<sup>7</sup> recognizing the critical importance of the International Health Regulations (2005) in preventing, preparing for, and responding to health emergencies; underscoring the importance of States Parties' implementation of and compliance with the International Health Regulations (2005), including regarding collaboration and international cooperation, and development, maintenance and strengthening of core capacities required by the International Health Regulations (2005); emphasizing the importance of solidarity and equitable access to and distribution of medical countermeasures in the context of health emergencies, as well as the importance of strengthening the health and care workforce and addressing access concerns; noting with concern the negative effects of discrimination, misinformation, disinformation and stigmatization on public health emergency prevention, preparedness and response, as well as unnecessary interference with international traffic and trade, and recognizing the need for strengthened coordination; noting the recommendations aimed at strengthening implementation of compliance with and modernization of the International Health Regulations (2005) from the main report

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>2</sup> Document EB150/2.

<sup>3</sup> Document EB150/30, Annex.

<sup>4</sup> Document EB150/5, paragraph 35.

<sup>5</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>6</sup> Document EB150/16.

<sup>7</sup> Document EB150/15.

of the Independent Panel for Pandemic Preparedness and Response,<sup>1</sup> the report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response,<sup>2</sup> the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme,<sup>3</sup> and the annual reports of the Global Preparedness Monitoring Board for 2019, 2020 and 2021,<sup>4</sup> as well as the recommendations from the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response,<sup>5</sup> the report of the Ebola Interim Assessment Panel<sup>6</sup> and the report of the High-level Panel on the Global Response to Health Crises;<sup>7</sup> bearing in mind the importance of ensuring coherence, complementarity and communication between different processes that will run in parallel, including the process for developing the new instrument on pandemic prevention, preparedness and response and the ongoing work under resolution WHA74.7 (2021), and ensuring coordination between those processes in order to avoid creating an excessive burden on Member States; noting the urgent need to further strengthen implementation of and compliance with the International Health Regulations (2005), and mindful that Member States face challenges due to, inter alia, capacity constraints and insufficient global solidarity and collaboration,

Decided:

(1) to note that the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies will include, as part of its ongoing work, dedicated time to allow for discussions on strengthening of the International Health Regulations (2005), including through implementation, compliance and potential amendments;

(2) to urge Member States<sup>8</sup> to take all appropriate measures to consider potential amendments to the International Health Regulations (2005), with the understanding that this would not lead to reopening the entire instrument for renegotiation. Such amendments should be limited in scope and address specific and clearly identified issues, challenges – including equity, technological or other developments – or gaps that could not effectively be addressed otherwise but are critical to supporting effective implementation and compliance of the International Health Regulations (2005) and their universal application for the protection of all people of the world from the international spread of disease in an equitable manner.

(Sixth meeting, 26 January 2022)

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<sup>1</sup> Document A74/INF./2.

<sup>2</sup> Document A74/9 Add.1.

<sup>3</sup> Document A74/16.

<sup>4</sup> A world at risk: annual report on global preparedness for health emergencies. Geneva: World Health Organization; 2019 ([https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=d1c9143c\\_30](https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2019-annualreport-en.pdf?sfvrsn=d1c9143c_30), accessed 26 January 2022); A world in disorder: Global Preparedness Monitoring Board annual report 2020. Geneva: World Health Organization; 2020 ([https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2020-annualreport-en.pdf?sfvrsn=bd1b8933\\_36](https://www.gpmb.org/docs/librariesprovider17/default-document-library/annual-reports/gpmb-2020-annualreport-en.pdf?sfvrsn=bd1b8933_36), accessed 26 January 2022); and From worlds apart to a world prepared: Global Preparedness Monitoring Board report 2021. Geneva: World Health Organization; 2021 ([https://www.gpmb.org/docs/librariesprovider17/default-document-library/gpmb-annual-report-2021.pdf?sfvrsn=44d10dfa\\_9](https://www.gpmb.org/docs/librariesprovider17/default-document-library/gpmb-annual-report-2021.pdf?sfvrsn=44d10dfa_9), accessed 26 January 2022).

<sup>5</sup> Document A69/21.

<sup>6</sup> Report of the Ebola Interim Assessment Panel. Geneva: World Health Organization, (<https://www.who.int/publications/m/item/report-of-the-ebola-interim-assessment-panel---july-2015>, accessed 6 May 2022).

<sup>7</sup> United Nations General Assembly document A/70/723.

<sup>8</sup> And, where applicable, regional economic integration organizations.

**EB150(4) Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases<sup>1</sup>**

The Executive Board, having considered the report by the Director-General<sup>2</sup> and the appendix containing the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority,<sup>3</sup>

Decided to recommend that the Seventy-fifth World Health Assembly note the report by the Director-General and its annexes, and that it adopt:

- the implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030;<sup>4</sup>
- the recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets;<sup>5</sup>
- the global strategy on oral health;<sup>6</sup>
- the recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies;<sup>7</sup>
- the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031;<sup>8</sup>
- the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority;<sup>9</sup>
- the recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard;<sup>10</sup>
- the workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases 2022–2025.<sup>11</sup>

(Eighth meeting, 27 January 2022)

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>2</sup> Document EB150/7.

<sup>3</sup> Document EB150/7 Add.1.

<sup>4</sup> Document EB150/7, Annex 1.

<sup>5</sup> Document EB150/7, Annex 2.

<sup>6</sup> Document EB150/7, Annex 3.

<sup>7</sup> Document EB150/7, Annex 4.

<sup>8</sup> Document EB150/7, Annex 7.

<sup>9</sup> Document EB150/7, Annex 8; see also document EB150/7 Add.1, which contains the Appendix to Annex 8.

<sup>10</sup> Document EB150/7, Annex 9.

<sup>11</sup> Document EB150/7, Annex 10.



**EB150(5)            Global Health for Peace Initiative<sup>1</sup>**

The Executive Board, having considered the report by the Director-General,<sup>2</sup>

Decided to recommend to the Seventy-fifth World Health Assembly the adoption of the following decision:

The Seventy-fifth World Health Assembly, having considered the report by the Director-General,

Recalling that the WHO Constitution recognizes that the health of all peoples is fundamental to the attainment of peace and security, and recalling resolution WHA34.38 (1981), which recognized the role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all;

Reiterating the commitment of Member States to the 2030 Agenda for Sustainable Development, which emphasized, inter alia, that there can be no sustainable development without peace and no peace without sustainable development; and emphasizing the importance of ensuring healthy lives, promoting well-being for all at all ages, and promoting just, peaceful and inclusive societies;

Noting the role of WHO within its mandate as the directing and coordinating authority on international health matters,

Decided:

- (1) to note the report;
- (2) to request the Director-General to consult with Member States<sup>3</sup> and Observers<sup>4</sup> on the implementation of the proposed ways forward contained in document EB150/20 on the Global Health for Peace Initiative, and to then develop – in full consultation with Member States<sup>5</sup> and Observers,<sup>6</sup> and in full collaboration with other organizations of the United Nations system and relevant non-State actors in official relations with WHO – a road map for the Initiative, for consideration by the Seventy-sixth World Health Assembly in 2023 through the Executive Board at its 152nd session.

(Ninth meeting, 28 January 2022)

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>2</sup> Document EB150/20.

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

<sup>4</sup> As described in document EB146/43, paragraph 3.

<sup>5</sup> And, where applicable, regional economic integration organizations.

<sup>6</sup> As described in document EB146/43, paragraph 3.

**EB150(6) Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response<sup>1</sup>**

The Executive Board, having considered the report by the Director-General,<sup>2</sup>

Decided:

(1) in accordance with Rule 18 of the Rules of Procedure of the Executive Board, to consider establishing a standing committee, to be called the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response, until the closure of the Seventy-eighth World Health Assembly in 2025, which will hold its first meeting at a date to be determined by the Executive Board, following the adoption of its terms of reference by the Board;

(2) to request the Director-General:

(a) to facilitate further informal consultations in an inclusive, transparent manner among Member States<sup>3</sup> in order to finalize the draft terms of reference of the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response, taking into account the deliberations of the Executive Board at its 150th session, with a view to submitting the terms of reference for consideration by the Executive Board at its 151st session in May 2022;

(b) to report on the functioning and impact of the Standing Committee and submit the results and proposed recommendations based thereon for the consideration of the Executive Board at its 156th session in January 2025.

(Tenth meeting, 28 January 2022)

**EB150(7) Maternal, infant and young child nutrition<sup>4</sup>**

The Executive Board, having considered the report by the Director-General,<sup>5</sup>

Decided to recommend to the Seventy-fifth World Health Assembly the adoption of the following decision:

The Seventy-fifth World Health Assembly, having considered the report by the Director-General,

Decided to request the Director-General:

(1) to develop guidance for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes, so as to ensure that existing and new regulations designed to implement the International Code of Marketing Breast-milk

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>2</sup> Document EB150/17.

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

<sup>4</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>5</sup> Document EB150/23.

Substitutes and subsequent relevant Health Assembly resolutions adequately address digital marketing practices;

(2) to report on the performance of the task described in paragraph (1) to the Seventy-seventh World Health Assembly in 2024.

(Tenth meeting, 28 January 2022)

**EB150(8) WHO global strategy for food safety<sup>1</sup>**

The Executive Board, having considered the report by the Director-General,<sup>2</sup>

Decided to recommend to the Seventy-fifth World Health Assembly the adoption of the following decision:

The Seventy-fifth World Health Assembly, having considered the report by the Director-General,

Decided:

- (1) to adopt the updated WHO global strategy for food safety;
- (2) to call on Member States to develop national implementation road maps and to make appropriate financial resources available to support such work;
- (3) to request the Director-General to report on progress in the implementation of the updated WHO global strategy for food safety to the Seventy-seventh World Health Assembly in 2024 and thereafter every two years until 2030.

(Eleventh meeting, 29 January 2022)

**EB150(9) Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control<sup>3</sup>**

The Executive Board, having considered the report by the Director-General,<sup>4</sup>

Decided to recommend to the Seventy-fifth World Health Assembly the adoption of the following decision:

The Seventy-fifth World Health Assembly, having considered the report by the Director-General,

Decided to request the Director-General:

- (1) to update the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets in order to

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>2</sup> Document EB150/25.

<sup>3</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>4</sup> Document EB150/26.

answer questions on the scope of the guidance, including the species that the guidance covers (mammalian species or mammalian species plus other species) and farmed or wild live animals;

(2) to develop plans to support country implementation of the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control;

(3) to report on progress made in updating the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control and the country support plans to the Seventy-seventh World Health Assembly in 2024 and thereafter every two years until 2030, in parallel with reporting on the progress in implementing the WHO global strategy for food safety.

(Eleventh meeting, 29 January 2022)

#### **EB150(10) Standardization of medical devices nomenclature<sup>1</sup>**

The Executive Board, having considered the reports by the Director-General and the draft steps towards standardization of medical devices nomenclature referred to therein,<sup>2</sup>

Decided to request the Director-General:

(1) to continue the mapping and use of the four nomenclature systems in WHO platforms and publications, with stakeholder collaboration, [and with the purpose of drafting a plan on the development of a WHO global nomenclature of medical devices];

(2) to submit a report on progress made on the steps towards the standardization of medical devices nomenclature to the Seventy-sixth World Health Assembly in 2023.

(Eleventh meeting, 29 January 2022)

#### **EB150(11) Global strategy and plan of action on public health, innovation and intellectual property<sup>3</sup>**

The Executive Board, having considered the report by the Director-General,<sup>4</sup>

Decided to recommend to the Seventy-fifth World Health Assembly the adoption of the following resolution:

The Seventy-fifth World Health Assembly,

Having considered the report by the Director-General;

Recalling resolutions WHA61.21 (2008), WHA62.16 (2009), WHA68.18 (2015) and WHA72.8 (2019) and decisions WHA71(9) (2018) and WHA73(11) (2020) on the global strategy

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>2</sup> Documents EB150/14 and EB150/14 Add.1.

<sup>3</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>4</sup> Document EB150/36.

and plan of action on public health, innovation and intellectual property that aims to promote new thinking on innovation and access to medicines;

Reiterating the essential role that the global strategy and plan of action on public health, innovation and intellectual property plays in directing and coordinating WHO's policies and programme on this interface, including the WHO–WIPO–WTO trilateral cooperation;

Stressing that the relationship, including the balance, between public health, innovation and intellectual property is a critical component of sustainable and resilient health systems, as well as but not limited to the prevention of, preparedness for and response to health emergencies, including the continuing pandemic of coronavirus disease (COVID-19) and future pandemics;

Acknowledging the continued value of the principles and elements of work enshrined in the global strategy and plan of action on public health, innovation and intellectual property, which guide and frame the work of WHO on access to medicines and other health products;

Reaffirming the goals and objectives of the global strategy and plan of action on public health, innovation and intellectual property, and recognizing the important contribution and prioritization effort made by the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property;<sup>1</sup>

Renewing the expression of Member States' shared concern about the pace of implementation of the global strategy and plan of action on public health, innovation and intellectual property by stakeholders as defined in the global strategy,<sup>2</sup> which was further hindered by the challenges posed by the COVID-19 pandemic;

Noting the contribution that several activities within the plan of action on public health, innovation and intellectual property might have in helping to meet targets set in the Sustainable Development Goals,

1. DECIDES to extend the time frame of the plan of action on public health, innovation and intellectual property from 2022 until 2030;
2. URGES Member States:
  - (1) to reinforce the implementation, as appropriate and taking into account national contexts, of the recommendations of the review panel that are addressed to Member States to the extent they are consistent with the global strategy and plan of action on public health, innovation and intellectual property;
  - (2) to identify and share, through informal consultations to be convened by WHO at least every two years, best practices related to the implementation of actions within the global strategy and plan of action on public health, innovation and intellectual property;
3. REITERATES to the Director-General the importance of allocating the necessary resources to implement the recommendations of the review panel of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual

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<sup>1</sup> Overall programme review of the global strategy and plan of action on public health, innovation and intellectual property. Report of the review panel. November 2017 ([https://cdn.who.int/media/docs/default-source/essential-medicines/intellectual-property/gspa/gspa-phi3011rev.pdf?sfvrsn=c66f768b\\_5](https://cdn.who.int/media/docs/default-source/essential-medicines/intellectual-property/gspa/gspa-phi3011rev.pdf?sfvrsn=c66f768b_5), accessed 6 April 2022).

<sup>2</sup> Document A61/9, Appendix to Annex 1; see also resolution WHA61.21 (2008), Annex, resolution WHA62.16 (2009) and document A62/16 Add.3.

property<sup>1</sup> addressed to the WHO Secretariat as prioritized by the review panel, to the extent they are consistent with the global strategy and plan of action on public health, innovation and intellectual property;

4. REQUESTS the Director-General:

(1) to continue to provide technical assistance and knowledge sharing that could enable countries to implement actions consistent with the global strategy and plan of action on public health, innovation and intellectual property;

(2) to promote collaboration and coordination within and among countries and with relevant stakeholders, for the implementation of actions consistent with the global strategy and plan of action on public health, innovation and intellectual property;

(3) to identify potential synergies in and challenges to ongoing work within the Secretariat for the implementation of actions consistent with the global strategy and plan of action on public health, innovation and intellectual property;

(4) to conduct, in 2023, a review of the indicators included in the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property<sup>1</sup> in consultation with Member States,<sup>2</sup> and to develop proposed revisions to align indicators with the new term of validity of the plan of action;

(5) to report biennially to the Health Assembly in 2024, 2026 and 2028 on the implementation of the global strategy and plan of action on public health, innovation and intellectual property and the present resolution;

5. ENCOURAGES non-State actors in official relations with WHO to engage with countries in the implementation of actions consistent with the global strategy and plan of action on public health, innovation and intellectual property.

(Eleventh meeting, 29 January 2022)

**EB150(12) WHO reform: involvement of non-State actors in WHO's governing bodies<sup>3</sup>**

The Executive Board, having considered the report by the Director-General,<sup>4</sup>

Decided:

(1) that the proposed informal pre-meeting for interested non-State actors in official relations with WHO, Member States and the Secretariat will be organized annually during the four to six weeks before the Health Assembly, in accordance with the modalities outlined in paragraphs 16 to 18 of Annex 3;

<sup>1</sup> Overall programme review of the global strategy and plan of action on public health, innovation and intellectual property. Report of the review panel. November 2017 ([https://cdn.who.int/media/docs/default-source/essential-medicines/intellectual-property/gspa/gspa-phi3011rev.pdf?sfvrsn=c66f768b\\_5](https://cdn.who.int/media/docs/default-source/essential-medicines/intellectual-property/gspa/gspa-phi3011rev.pdf?sfvrsn=c66f768b_5, accessed 6 April 2022), accessed 6 April 2022).

<sup>2</sup> And, where applicable, regional economic integration organizations.

<sup>3</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>4</sup> Document EB150/37.

(2) that constituency statements will be tested again for three agenda items during the Seventy-fifth World Health Assembly in 2022 before making a final decision on their implementation during all WHO governing bodies sessions;

(3) to request the Director-General to report on the experience of testing constituency statements during the Seventy-fifth World Health Assembly, as well as during the 150th session of the Executive Board, to the Executive Board at its 152nd session in January 2023.

(Eleventh meeting, 29 January 2022)

### **EB150(13) Engagement with non-State actors<sup>1</sup>**

The Executive Board, having considered the report by the Director-General,<sup>2</sup> and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,<sup>3</sup>

(1) Decided:

(a) to admit into official relations with WHO the following non-State actors: Global Healthcare Information Network C.I.C., International Generic and Biosimilar Medicines Association, The Rockefeller Foundation and Women in Global Health, Inc.;

(b) to discontinue official relations with International Food Policy Research Institute and Medicines for Europe;

(2) Noted with appreciation the collaboration with WHO of the non-State actors listed in Annex 4, commended their continuing contribution to the work of WHO, and decided to renew them in official relations with WHO;

(3) Further noted that the plans for collaboration with The Albert B. Sabin Vaccine Institute, Inc. and International Association of Cancer Registries have yet to be agreed, and decided to defer the review of relations with these entities until the 152nd session of the Executive Board in January 2023, at which time reports should be submitted to the Board on the agreed plan for collaboration and on the status of relations.

(Eleventh meeting, 29 January 2022)

### **EB150(14) Provisional agenda of the Seventy-fifth World Health Assembly**

The Executive Board, having considered the report by the Director-General,<sup>4</sup> and recalling its earlier decision that the Seventy-fifth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Sunday, 22 May 2022, and closing no later than Saturday, 28 May 2022,<sup>5</sup> approved the provisional agenda of the Seventy-fifth World Health Assembly.

(Eleventh meeting, 29 January 2022)

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this decision.

<sup>2</sup> Document EB150/39.

<sup>3</sup> Document EB150/5.

<sup>4</sup> Document EB150/40.

<sup>5</sup> See decision EB149(10) (2021).

**EB150(15)      Date and place of the 151st session of the Executive Board**

The Executive Board decided:

- (1) that its 151st session should be convened on 30 May 2022, at WHO headquarters, Geneva;
- (2) that, in the event that limitations to physical meetings preclude the holding of the 151st session of the Executive Board in May 2022 as envisaged, adjustments to the arrangements for that session should be made by the Executive Board or, exceptionally, by the Officers of the Board, in consultation with the Director-General.

(Eleventh meeting, 29 January 2022)

**EB150(16)      Independent Expert Oversight Advisory Committee: terms of reference**

The Executive Board, having considered the revised terms of reference of the Independent Expert Oversight Advisory Committee,<sup>1</sup> and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,<sup>2</sup>

Decided to confirm its agreement to the terms of reference of the Independent Expert Oversight Advisory Committee, as amended by the Programme, Budget and Administration Committee<sup>3</sup> and contained in Annex 5.

(Twelfth meeting, 29 January 2022)

**EB150(17)      Award of the Ihsan Doğramacı Family Health Foundation Prize**

The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel,<sup>4</sup> awarded the Ihsan Doğramacı Family Health Foundation Prize for 2022 to Professor Mehmet Haberal from Turkey for his pioneering work in the field of general surgery, organ transplantation and treatment of burns in Turkey and in the world. The laureate will receive a gold-plated silver medal, a certificate and an honorarium of US\$ 20 000.

(Twelfth meeting, 29 January 2022)

**EB150(18)      Award of the Sasakawa Health Prize**

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel,<sup>5</sup> awarded the Sasakawa Health Prize for 2022 to Dr Paisan Ruamviboonsuk from Thailand for his work on diabetic retinopathy in Thailand. The laureate will receive a statuette and US\$ 30 000.

(Twelfth meeting, 29 January 2022)

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<sup>1</sup> Document EB150/43, Annex.

<sup>2</sup> Document EB150/5.

<sup>3</sup> See document EB150/5.

<sup>4</sup> Document EB150/44, section 1.

<sup>5</sup> Document EB150/44, section 2.



**EB150(19) 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,<sup>1</sup> awarded the United Arab Emirates Health Foundation Prize for 2022 to the National Malaria Component of the Ministry for Citizen's Power for Health of Nicaragua, with support from the community network of voluntary collaborators (ColVol) of Nicaragua for its work in malaria control for over 50 years. The laureate will receive US\$ 20 000.

(Twelfth meeting, 29 January 2022)

**EB150(20) Award of the State of Kuwait Health Promotion Foundation's 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,<sup>2</sup> awarded the State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2022 to Dr Hanadi Khamis Mubarak Al Hamad from Qatar for her remarkable achievements in improving the care of older patients in Qatar. The laureate will receive a plaque and US\$ 20 000.

(Twelfth meeting, 29 January 2022)

**EB150(21) Award of the 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,<sup>3</sup> awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2022 jointly to Professor Prakrit Vathesatogkit from Thailand for his work in tobacco control and to the Severe Hypothermia Treatment Centre in Poland for its treatment of hypothermic patients in the country. Each laureate will receive a plaque and US\$ 50 000.

(Twelfth meeting, 29 January 2022)

**EB150(22) Award of the Nelson Mandela Award for Health Promotion**

The Executive Board, having considered the report of the Nelson Mandela Award for Health Promotion Selection Panel,<sup>4</sup> awarded the Nelson Mandela Award for Health Promotion for 2022 to Dr Wu Zunyou from China for his achievements in health promotion in the field of HIV/AIDS prevention. The laureate will receive a plaque.

(Twelfth meeting, 29 January 2022)

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<sup>1</sup> Document EB150/44, section 3.

<sup>2</sup> Document EB150/44, section 4.

<sup>3</sup> Document EB150/44, section 5.

<sup>4</sup> Document EB150/44, section 6.

**EB150(23)      Preventing sexual exploitation, abuse and harassment**

The Executive Board, taking into account the report of the Director-General,<sup>1</sup> the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme's Subcommittee for the Prevention and Response to Sexual Exploitation, Abuse and Harassment,<sup>2</sup> and the report of the Programme, Budget and Administration Committee of the Executive Board,<sup>3</sup> and having considered the draft decision on preventing sexual exploitation, abuse and harassment,<sup>4</sup>

Decided<sup>5</sup> to temporarily suspend Financial Rule XII, 112.1, in part, in order to enable the application of the provision set forth in the Annex to this decision.

**ANNEX****PROVISION REQUIRING THE TEMPORARY SUSPENSION  
OF FINANCIAL RULE XII, 112.1**

1. During this suspension, the Head, Investigations, shall be responsible for all investigations of allegations and complaints of sexual exploitation and abuse and abusive conduct.<sup>6</sup> In this capacity the Head, Investigations, shall have the same reporting lines, the same type of access, the same channels for reporting the results of work undertaken, including to the Executive Board, and the same authority as those currently granted to the Director, Internal Oversight Services, in this area.
2. All other investigations that are not investigations of sexual exploitation and abuse or abusive conduct as referred to above remain under the overall responsibility of the Director, Internal Oversight Services.
3. This provision will remain in effect until the 151st session of the Executive Board in May 2022.

(Twelfth meeting, 29 January 2022)

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<sup>1</sup> Document EB150/33.

<sup>2</sup> Document EB150/34.

<sup>3</sup> Document EB150/5.

<sup>4</sup> Document EB150/33 Add.1.

<sup>5</sup> This decision was taken due to exceptional circumstances and does not set a precedent.

<sup>6</sup> As defined in the WHO policy on preventing and addressing abusive conduct.



## ANNEX 6

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

<b>Resolution EB150.R3:</b> The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this resolution would contribute:</b>	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</p> <p>1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</p>
<b>2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	Nine years.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 696.70 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 149.40 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 152.40 million.

<b>4. Estimated resource requirements to be considered for the programme budgets of future bienniums, in US\$ millions:</b>
US\$ 394.90 million.
<b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the resolution in the current biennium:</b>
US\$ 112.10 million.
– <b>Remaining financing gap in the current biennium:</b>
US\$ 37.30 million.
This includes the resources to fully fund the WHO Regional Office for Africa and to address the shortfall in funding for viral hepatitis and sexually transmitted infections programme activities across the three levels of the Organization.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	36.20	5.10	9.10	5.20	5.10	9.30	34.70	104.70
	Activities	15.50	2.10	3.90	2.30	2.10	4.00	14.80	44.70
	Total	51.70	7.20	13.00	7.50	7.20	13.30	49.50	149.40
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	36.90	5.20	9.20	5.40	5.30	9.50	35.40	106.90
	Activities	15.80	2.20	3.90	2.30	2.20	4.00	15.10	45.50
	Total	52.70	7.40	13.10	7.70	7.50	13.50	50.50	152.40
<b>Future bienniums</b> resources to be planned	Staff	95.70	13.40	23.90	13.90	13.60	24.50	91.50	276.50
	Activities	41.00	5.70	10.20	6.00	5.80	10.50	39.20	118.40
	Total	136.70	19.10	34.10	19.90	19.40	35.00	130.70	394.90

<b>Resolution EB150.R4:</b> Extending the Thirteenth General Programme of Work, 2019–2023 to 2025 <sup>1</sup>	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this resolution would contribute:</b>	<p>The scope of extending the Thirteenth General Programme of Work, 2019–2023 to 2025 would be that of the proposed programme budget for 2024–2025, spanning all the outputs included therein.</p> <p>In addition to the outputs under the three outcomes of the triple billion targets, the work under the below outputs of the approved Programme budget 2022–2023 will be reviewed and reprioritized to achieve the objectives set for the extension of the Thirteenth General Programme of Work, 2019–2023.</p> <p>4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts</p> <p>4.1.2. GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored</p> <p>4.1.3. Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries</p> <p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p> <p>4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13</p>
<b>2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b>	Two years.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	Not applicable.

<sup>1</sup> Note: The full cost of extending the Thirteenth General Programme of Work, 2019–2023 to 2025 would be covered by the proposed programme budget for 2024–2025, spanning all the outputs included therein. The proposed programme budget for 2024–2025 will include a focus on promoting integrated platforms for country offices to deliver on the triple billion targets and the health-related Sustainable Development Goals. This will be achieved by focusing on strengthening: (a) primary health care-oriented health systems; (b) data and delivery; (c) science and innovation, including digital health; and (d) global health architecture/partnerships, including the Sustainable Development Goals Global Action Plan. Consistent with one of the key recommendations from the evaluation of the WHO transformation, the required resources costed will be prioritized for country offices. In preparation for 2024–2025, the work under the Programme budget 2022–2023 will be reviewed and reprioritized to achieve the above.

<p><b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Not applicable.</p> <p><b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Not applicable.</p>
<p><b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> The cost implications of extending the Thirteenth General Programme of Work, 2019–2023 to 2025 for 2024–2025 relate to the full cost of developing and costing the proposed programme budget for 2024–2025 and submitting it to the governing bodies within the relevant statutory deadlines.</p>
<p><b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> Not applicable.</p>
<p><b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the resolution in the current biennium:</b> Not applicable.</li> <li>– <b>Remaining financing gap in the current biennium:</b> Zero.</li> </ul>
<ul style="list-style-type: none"> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.</li> </ul>

GPW 13: Thirteenth General Programme of Work, 2019–2023.

<b>Resolution EB150.R7:</b>	Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories
<b>Resolution EB150.R8:</b>	Salaries of staff in ungraded positions and of the Director-General
<b>Resolution EB150.R9:</b>	Confirmation of amendments to the Staff Rules: education grant
<b>A. Link to the approved Programme budget 2022–2023</b>	
<p><b>1. Output(s) in the approved Programme budget 2022–2023 to which these resolutions would contribute:</b> 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery</p>	<p><b>2. Short justification for considering the resolutions, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b> Not applicable.</p>
<p><b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b> Not applicable.</p>	

<p><b>4. Estimated time frame (in years or months) to implement the resolutions:</b></p> <p>With respect to <b>resolution 7</b> (concerning remuneration of staff in the Professional and higher categories), the relevant amendments to the Staff Rules will take effect from 1 January 2022.</p> <p>With respect to <b>resolution 8</b> (concerning remuneration of staff in ungraded positions and the Director-General), the relevant adjustments in remuneration will take effect from 1 January 2022.</p> <p>With respect to <b>resolution 9</b> (concerning education grant sliding reimbursement scale), the relevant amendments to the Staff Rules will take effect from 1 January 2022.</p> <p>There is no defined end date for implementation.</p>
<p><b>B. Resource implications for the Secretariat for implementation of the resolutions</b></p>
<p><b>1. Total resource requirements to implement the resolutions, in US\$ millions:</b></p> <p>The resource requirements for the three resolutions are already included within what is planned under the approved Programme budget 2022–2023.</p> <p>It should be noted that payroll costs are always subject to some variability due to post adjustment, exchange rates, staff mix in terms of dependency and education grant entitlements, among other factors. These additional costs will be absorbed within the overall payroll budget fluctuations and post cost averages.</p>
<p><b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>3. Estimated resource requirements to be considered for the proposed programme budget 2024–2025, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>5. Level of available resources to fund the implementation of the resolutions in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the resolutions in the current biennium:</b> Not applicable.</li> <li>– <b>Remaining financing gap in the current biennium:</b> Not applicable.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.</li> </ul>



<b>Decision EB150(3):</b>	Strengthening the International Health Regulations (2005): a process for their revision through potential amendment
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	One year.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 0.18 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 0.18 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	Zero.
<b>4. Estimated resource requirements to be considered for the programme budgets of future bienniums, in US\$ millions:</b>	Zero.
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>	
– <b>Resources available to fund the decision in the current biennium:</b>	US\$ 0.18 million.
– <b>Remaining financing gap in the current biennium:</b>	Not applicable.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>	Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.03
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.15	0.15
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.18	0.18
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

<b>Decision EB150(4):</b>	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases <sup>1</sup>
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</p> <p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings</p> <p>3.2.1. Countries enabled to address risk factors through multisectoral actions</p> <p>3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures</p> <p>3.3.1. Countries enabled to address environmental determinants, including climate change</p>
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.

<sup>1</sup> Note: This costing below derives from the combined costings of eight separate appendices. This applies both to the different amounts and to the implementation time frames. Individual costings are presented as appendices to this Annex.

The individual appendices are:

1. Implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
2. Recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets
3. Global strategy on oral health
4. Recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies
5. Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030 (no costing associated)
6. Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health (no costing associated)
7. Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031
8. Action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority
9. Recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard
10. Workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases 2022–2025

<b>4.</b>	<b>Estimated time frame (in years or months) to implement the decision:</b> 10 years.
<b>B.</b>	<b>Resource implications for the Secretariat for implementation of the decision</b>
<b>1.</b>	<b>Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 252.62 million.
<b>2.a.</b>	<b>Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 38.51 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Zero.
<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 63.72 million.
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 150.39 million.
<b>5.</b>	<b>Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 23.75 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 14.76 million.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Various donor negotiations are ongoing.</li> </ul>

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	2.19	1.53	1.09	1.90	1.06	1.11	10.72	19.60
	Activities	2.50	1.80	1.35	2.00	2.10	1.45	7.71	18.91
	Total	4.69	3.33	2.44	3.90	3.16	2.56	18.43	38.51
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	4.21	3.13	2.76	2.92	2.84	2.48	9.66	28.02
	Activities	5.53	3.80	4.41	4.25	5.00	4.37	8.34	35.70
	Total	9.74	6.93	7.17	7.17	7.84	6.85	18.01	63.72
Future bienniums resources to be planned	Staff	7.15	6.49	5.66	6.66	4.22	5.49	17.55	53.21
	Activities	14.50	13.40	13.83	14.22	12.78	13.91	14.54	97.18
	Total	21.65	19.89	19.48	20.88	17.01	19.40	32.08	150.39

<sup>a</sup> The row and column totals may not always add up, due to rounding.

<b>Decision EB150(5):</b> Global Health for Peace Initiative	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	One year, with a report to be submitted to the Executive Board at its 152nd session in January 2023.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 0.642 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 0.642 million, including staff time at WHO headquarters and in regions, consultations with relevant stakeholders, and three missions for consultative meetings in three regions.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Not applicable.

<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>
	Not applicable
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>
	Not applicable.
<b>5.</b>	<b>Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>
	– <b>Resources available to fund the decision in the current biennium:</b>
	US\$ 0.642 million.
	– <b>Remaining financing gap in the current biennium:</b>
	Not applicable.
	– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
	Not applicable

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.010	0.010	0.010	0.010	0.010	0.010	0.107	0.168
	Activities	0.071	0.020	0.005	0.067	0.080	0.005	0.226	0.474
	Total	0.081	0.030	0.015	0.077	0.090	0.015	0.333	0.642
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

<sup>a</sup> The row and column totals may not always add up, due to rounding.

<b>Decision EB150(6):</b>	Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	46 months (March 2022 – December 2025).
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 1.10 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 0.55 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 0.55 million.
<b>4. Estimated resource requirements to be considered for the programme budgets of future bienniums, in US\$ millions:</b>	Not applicable.
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>	
– Resources available to fund the decision in the current biennium:	US\$ 0.55 million.
– Remaining financing gap in the current biennium:	Zero.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Zero.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.11
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.44	0.44
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.55	0.55
<b>2022–2023</b> additional resources	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>2024–2025</b> resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.11
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.44	0.44
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.55	0.55
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

<b>Decision EB150(7):</b>	Maternal, infant and young child nutrition
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	18 months.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 0.60 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 0.60 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Not applicable.



<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>
Not applicable.
<b>4. Estimated resource requirements to be considered for the programme budgets of future bienniums, in US\$ millions:</b>
Not applicable.
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the decision in the current biennium:</b>
US\$ 0.60 million.
– <b>Remaining financing gap in the current biennium:</b>
Not applicable.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.40	0.40
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.20	0.20
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.60	0.60
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

**Decision EB150(8):** WHO global strategy for food safety

**A. Link to the approved Programme budget 2022–2023**

**1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:**  
3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach

**2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:**  
Not applicable.

<b>3.</b>	<b>Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b> Not applicable.
<b>4.</b>	<b>Estimated time frame (in years or months) to implement the decision:</b> Eight years.
<b>B.</b>	<b>Resource implications for the Secretariat for implementation of the decision</b>
<b>1.</b>	<b>Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 24.40 million.
<b>2.a.</b>	<b>Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 4.70 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Zero.
<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 6.60 million.
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 13.10 million.
<b>5.</b>	<b>Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 1.80 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 2.90 million.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> US\$ 0.30 million.</li> </ul>

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	0.20	0.20	0.20	0.20	0.20	0.20	0.80	2.00
	Activities	0.30	0.30	0.30	0.30	0.30	0.30	0.90	2.70
	Total	0.50	0.50	0.50	0.50	0.50	0.50	1.70	4.70
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.30	0.30	0.20	0.30	0.20	0.30	1.10	2.70
	Activities	0.80	0.60	0.50	0.50	0.60	0.60	0.30	3.90
	Total	1.10	0.90	0.70	0.80	0.80	0.90	1.40	6.60
Future bienniums resources to be planned	Staff	0.70	0.60	0.50	0.60	0.50	0.50	2.20	5.60
	Activities	1.60	1.20	1.00	1.10	1.20	1.10	0.30	7.50
	Total	2.30	1.80	1.50	1.70	1.70	1.60	2.50	13.10

**Decision EB150(9):** Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control

**A. Link to the approved Programme budget 2022–2023**

**1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:**  
3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach

**2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:**  
Not applicable.

**3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:**  
Not applicable.

**4. Estimated time frame (in years or months) to implement the decision:**  
Eight years.

**B. Resource implications for the Secretariat for implementation of the decision**

**1. Total resource requirements to implement the decision, in US\$ millions:**  
US\$ 17.30 million.

**2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:**  
US\$ 1.40 million.

**2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:**  
Zero.

<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 5.30 million.
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 10.60 million.
<b>5.</b>	<b>Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 0.90 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 0.50 million.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Zero.</li> </ul>

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.09	0.08	0.07	0.08	0.07	0.07	0.40	0.90
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.50
	Total	0.09	0.08	0.07	0.08	0.07	0.07	0.90	1.40
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	0.40	0.10	0.30	0.10	0.10	0.10	0.70	1.80
	Activities	0.70	0.60	0.40	0.40	0.50	0.40	0.50	3.50
	Total	1.10	0.70	0.70	0.50	0.60	0.50	1.20	5.30
<b>Future bienniums</b> resources to be planned	Staff	0.70	0.20	0.70	0.20	0.20	0.20	1.40	3.60
	Activities	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00
	Total	1.70	1.20	1.70	1.20	1.20	1.20	2.40	10.60

<sup>a</sup> The row and column totals may not always add up, due to rounding.

<b>Decision EB150(10):</b> Standardization of medical devices nomenclature	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	<p>1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists</p> <p>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</p>
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	<p>One and a half years.</p> <p>This includes the time required to: continue the mapping work, update country data and provide a selection of nomenclature systems for Member States that do not have one, and submit a report to the Seventy-sixth World Health Assembly in 2023.</p>
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 1.60 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 1.60 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	Not applicable.
<b>4. Estimated resource requirements to be considered for the programme budgets of future bienniums, in US\$ millions:</b>	Not applicable.

- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**  
Zero.
  - **Remaining financing gap in the current biennium:**  
US\$ 1.60 million.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
US\$ 1.60 million.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.08	0.07	0.06	0.07	0.06	0.07	0.50	0.90
	Activities	0.05	0.05	0.05	0.05	0.05	0.05	0.40	0.70
	Total	0.13	0.12	0.11	0.12	0.11	0.12	0.90	1.60
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

<sup>a</sup> The row and column totals may not always add up, due to rounding.

<b>Decision EB150(11):</b>	Global strategy and plan of action on public health, innovation and intellectual property
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	<p>1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists</p> <p>1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</p> <p>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</p> <p>1.3.4. Research and development agenda defined and research coordinated in line with public health priorities</p>
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.

<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>
Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>
Eight years.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>
US\$ 33.15 million for the period from 2023 to 2030.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>
US\$ 3.83 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>
Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>
US\$ 7.96 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>
US\$ 21.36 million (cumulative from 2026 to 2030).
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the decision in the current biennium:</b>
US\$ 1.27 million.
– <b>Remaining financing gap in the current biennium:</b>
US\$ 2.56 million.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
Discussions are ongoing with Member States and other donors to mobilize additional resources.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.0	0.0	0.0	0.0	0.0	0.0	1.4	2.3
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.9	1.5
	Total	0.0	0.0	0.0	0.0	0.0	0.0	2.3	3.8
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	0.0	0.0	0.0	0.0	0.0	0.0	2.9	4.8
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	1.9	3.2
	Total	0.0	0.0	0.0	0.0	0.0	0.0	4.8	8.0
<b>Future bienniums</b> resources to be planned	Staff	0.0	0.0	0.0	0.0	0.0	0.0	7.7	12.8
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	5.1	8.5
	Total	0.0	0.0	0.0	0.0	0.0	0.0	12.8	21.4

<sup>a</sup> The row and column totals may not always add up, due to rounding.

Note: The difference between the total cost and the WHO headquarters cost is the total for investment in regions. At present, the work being carried out is in a fluid state where regional investment is planned to be scaled up, but the breakdown between regions is not yet finalized. The amounts required for headquarters as a whole are more easily calculated at present than for other major offices at the individual level.

<b>Decision EB150(12):</b>	WHO reform: involvement of non-State actors in WHO's governing bodies
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communication and in accordance with the Sustainable Development Goals in the context of United Nations reform
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	About two months per year.  The annual informal meetings between non-State actors, Member States and WHO technical units on selected World Health Assembly items would be held in the 4–6 week period before the Assembly in order to increase meaningful engagement and interaction between the parties. The meetings could also be used for non-State actors in official relations to discuss and prepare constituency statements for delivery at WHO governing bodies sessions.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 0.378 million.



GPW 13: Thirteenth General Programme of Work, 2019–2023.[illegible]

<b>Decision EB150(13):</b> Engagement with non-State actors	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	<p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p> <p>4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation</p>
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Official relations with non-State actors is a standing agenda item of the January session of the Executive Board. Each year one third of non-State actors are reviewed and, where applicable, renewed for a three year period based on an agreed workplan and new entities are admitted for official relations with WHO.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	Resources (both income and expenses) associated with interactions with non-State actors in official relations are part of the regular planning cycle and are not calculated separately.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Not applicable.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget 2024–2025, in US\$ millions:</b>	Not applicable.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>	Not applicable.

- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**  
Not applicable.
  - **Remaining financing gap in the current biennium:**  
Not applicable.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

## Appendix 1

**Financial and administrative implications for the Secretariat of  
decisions proposed for adoption by the Executive Board<sup>1</sup>**

<b>Decision:</b>	Implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
<b>A.</b>	<b>Link to the approved Programme budget 2022–2023</b>
<b>1.</b>	<b>Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b> 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
<b>2.</b>	<b>Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b> Not applicable.
<b>4.</b>	<b>Estimated time frame (in years or months) to implement the decision:</b> One year.
<b>B.</b>	<b>Resource implications for the Secretariat for implementation of the decision</b>
<b>1.</b>	<b>Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 0.30 million.
<b>2.a.</b>	<b>Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 0.30 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Zero.
<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> Zero.
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> Zero.

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<sup>1</sup> See decision EB150(4), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**  
US\$ 0.30 million.
  - **Remaining financing gap in the current biennium:**  
Zero.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.10
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.20	0.20
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.30	0.30
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

## Appendix 2

**Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board<sup>1</sup>**

<b>Decision:</b> Recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</p> <p>3.2.1. Countries enabled to address risk factors through multisectoral actions</p>
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Nine years.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 96.00 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 3.30 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 13.30 million.

<sup>1</sup> See decision EB150(4), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>  US\$ 79.40 million.
<b>5.</b>	<b>Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>  – <b>Resources available to fund the decision in the current biennium:</b> US\$ 3.30 million.  – <b>Remaining financing gap in the current biennium:</b> Zero.  – <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.08	0.06	0.06	0.07	0.06	0.07	1.10	1.50
	Activities	0.20	0.35	0.20	0.20	0.20	0.20	0.45	1.80
	Total	0.28	0.41	0.26	0.27	0.26	0.27	1.55	3.30
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	0.60	0.60	0.40	0.50	0.40	0.50	1.10	4.10
	Activities	1.30	1.30	1.50	1.40	1.50	1.40	0.80	9.20
	Total	1.90	1.90	1.90	1.90	1.90	1.90	1.90	13.30
<b>Future bienniums</b> resources to be planned	Staff	1.90	1.90	1.50	1.60	1.40	1.50	3.60	13.40
	Activities	10.60	10.60	10.60	10.60	10.60	10.60	2.40	66.00
	Total	12.50	12.50	12.10	12.20	12.00	12.10	6.00	79.40

## Appendix 3

**Financial and administrative implications for the Secretariat of  
decisions proposed for adoption by the Executive Board<sup>1</sup>**

<b>Decision:</b> Global strategy on oral health	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 3.3.1. Countries enabled to address environmental determinants, including climate change
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Nine years.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 22.20 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 3.00 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 6.00 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 13.20 million.

<sup>1</sup> See decision EB150(4), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.



- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**  
US\$ 2.40 million.
  - **Remaining financing gap in the current biennium:**  
US\$ 0.60 million.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
Ongoing donor negotiations are expected to produce the resources required in the current biennium.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.60	0.00	0.00	0.00	0.00	0.00	1.80	2.40
	Activities	0.20	0.00	0.00	0.00	0.00	0.00	0.40	0.60
	Total	0.80	0.00	0.00	0.00	0.00	0.00	2.20	3.00
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	0.60	0.40	0.40	0.00	0.60	0.00	1.80	3.80
	Activities	0.30	0.20	0.30	0.30	0.20	0.30	0.60	2.20
	Total	0.90	0.60	0.70	0.30	0.80	0.30	2.40	6.00
<b>Future bienniums</b> resources to be planned	Staff	1.20	0.80	0.80	0.60	1.20	0.60	3.60	8.80
	Activities	0.60	0.40	0.60	0.60	0.40	0.60	1.20	4.40
	Total	1.80	1.20	1.40	1.20	1.60	1.20	4.80	13.20

## Appendix 4

**Financial and administrative implications for the Secretariat of  
decisions proposed for adoption by the Executive Board<sup>1</sup>**

<b>Decision:</b> Recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings</p>
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Four years.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 27.50 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 10.00 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 17.50 million.

<sup>1</sup> See decision EB150(4), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>
	Zero.
<b>5.</b>	<b>Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>
	– <b>Resources available to fund the decision in the current biennium:</b>
	US\$ 4.00 million.
	– <b>Remaining financing gap in the current biennium:</b>
	US\$ 6.00 million.
	– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
	Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.50	0.25	0.25	0.25	0.50	0.25	1.50	3.50
	Activities	1.25	0.50	0.50	0.75	1.25	0.50	1.75	6.50
	Total	1.75	0.75	0.75	1.00	1.75	0.75	3.25	10.00
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	1.25	0.50	0.50	0.50	1.25	0.50	1.25	5.75
	Activities	2.50	1.25	1.50	1.25	2.50	1.50	1.25	11.75
	Total	3.75	1.75	2.00	1.75	3.75	2.00	2.50	17.50
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

## Appendix 7

**Financial and administrative implications for the Secretariat of  
decisions proposed for adoption by the Executive Board<sup>1</sup>**

<b>Decision:</b> Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031	
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	10 years.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 37.68 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 7.11 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 7.37 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 23.20 million.

<sup>1</sup> See decision EB150(4), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**  
US\$ 1.00 million.
  - **Remaining financing gap in the current biennium:**  
US\$ 6.11 million.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.56	0.52	0.43	0.48	0.40	0.44	1.17	4.00
	Activities	0.31	0.31	0.31	0.31	0.31	0.31	1.25	3.11
	Total	0.87	0.83	0.74	0.79	0.71	0.75	2.42	7.11
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	0.58	0.54	0.45	0.50	0.42	0.46	1.21	4.16
	Activities	0.32	0.32	0.32	0.32	0.32	0.32	1.29	3.21
	Total	0.90	0.86	0.77	0.82	0.74	0.78	2.50	7.37
<b>Future bienniums</b> resources to be planned	Staff	1.88	1.77	1.46	1.63	1.35	1.49	3.96	13.54
	Activities	0.96	0.96	0.96	0.96	0.96	0.96	3.90	9.66
	Total	2.84	2.73	2.42	2.59	2.31	2.45	7.86	23.20

## Appendix 8

**Financial and administrative implications for the secretariat of  
decisions proposed for adoption by the Executive Board<sup>1</sup>**

<b>Decision:</b>	Action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority
<b>A.</b>	<b>Link to the approved Programme budget 2022–2023</b>
<b>1.</b>	<b>Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b> 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 3.2.1. Countries enabled to address risk factors through multisectoral actions
<b>2.</b>	<b>Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b> Not applicable.
<b>4.</b>	<b>Estimated time frame (in years or months) to implement the decision:</b> Nine years.
<b>B.</b>	<b>Resource implications for the Secretariat for implementation of the decision</b>
<b>1.</b>	<b>Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 46.47 million.
<b>2.a.</b>	<b>Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 8.55 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Zero.
<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 11.55 million.
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 26.37 million.

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<sup>1</sup> See decision EB150(4), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**  
US\$ 8.55 million.
  - **Remaining financing gap in the current biennium:**  
Zero.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.25	0.60	0.25	1.00	0.00	0.25	3.20	5.55
	Activities	0.10	0.30	0.10	0.40	0.00	0.10	2.00	3.00
	Total	0.35	0.90	0.35	1.40	0.00	0.35	5.20	8.55
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	0.85	0.90	0.85	1.22	0.00	0.85	2.34	7.00
	Activities	0.50	0.25	0.45	0.50	0.00	0.37	2.49	4.55
	Total	1.35	1.15	1.30	1.72	0.00	1.22	4.82	11.55
<b>Future bienniums</b> resources to be planned	Staff	1.62	1.75	1.62	2.55	0.00	1.62	5.84	15.00
	Activities	1.24	0.62	1.12	1.24	0.00	0.93	6.21	11.37
	Total	2.86	2.37	2.74	3.79	0.00	2.55	12.05	26.37

<sup>a</sup> The row and column totals may not always add up, due to rounding.

## Appendix 9

**Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board<sup>1</sup>**

<b>Decision:</b>	Recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard
<b>A.</b>	<b>Link to the approved Programme budget 2022–2023</b>
<b>1.</b>	<b>Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b> 3.2.1. Countries enabled to address risk factors through multisectoral actions
<b>2.</b>	<b>Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b> Not applicable.
<b>4.</b>	<b>Estimated time frame (in years or months) to implement the decision:</b> Nine years.
<b>B.</b>	<b>Resource implications for the Secretariat for implementation of the decision</b>
<b>1.</b>	<b>Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 15.22 million.
<b>2.a.</b>	<b>Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 3.00 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Zero.
<b>3.</b>	<b>Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 4.00 million.
<b>4.</b>	<b>Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 8.22 million.

<sup>1</sup> See decision EB150(4), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.



- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**  
US\$ 1.00 million.
  - **Remaining financing gap in the current biennium:**  
US\$ 2.00 million.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.20	0.10	0.10	0.10	0.10	0.10	0.20	0.90
	Activities	0.40	0.30	0.20	0.30	0.30	0.30	0.30	2.10
	Total	0.60	0.40	0.30	0.40	0.40	0.40	0.50	3.00
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	0.27	0.13	0.13	0.14	0.13	0.13	0.27	1.20
	Activities	0.53	0.40	0.27	0.40	0.40	0.40	0.40	2.80
	Total	0.80	0.53	0.40	0.54	0.53	0.53	0.67	4.00
<b>Future bienniums</b> resources to be planned	Staff	0.55	0.27	0.27	0.27	0.27	0.27	0.55	2.47
	Activities	1.10	0.82	0.55	0.82	0.82	0.82	0.82	5.75
	Total	1.64	1.10	0.82	1.10	1.10	1.10	1.37	8.22

<sup>a</sup> The row and column totals may not always add up, due to rounding.

## Appendix 10

**Financial and administrative implications for the Secretariat of  
decisions proposed for adoption by the Executive Board<sup>1</sup>**

<b>Decision:</b>	Workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases 2022–2025
<b>A. Link to the approved Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b>	3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Four years.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 7.25 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	US\$ 3.25 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 4.00 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b>	Zero.

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<sup>1</sup> See decision EB150(4), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

- 5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**  
US\$ 3.20 million.
  - **Remaining financing gap in the current biennium:**  
US\$ 0.05 million.
  - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**  
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2022–2023</b> resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	1.65	1.65
	Activities	0.04	0.04	0.04	0.04	0.04	0.04	1.36	1.60
	Total	0.04	0.04	0.04	0.04	0.04	0.04	3.01	3.25
<b>2022–2023</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2024–2025</b> resources to be planned	Staff	0.07	0.06	0.03	0.06	0.04	0.04	1.70	2.00
	Activities	0.08	0.08	0.08	0.08	0.08	0.08	1.52	2.00
	Total	0.15	0.14	0.11	0.14	0.12	0.12	3.22	4.00
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–