



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

132ND SESSION

GENEVA, 21–29 January 2013

**RESOLUTIONS AND DECISIONS
ANNEXES**

GENEVA
2013

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

| | | | |
|-------|---|--------|--|
| ACHR | – Advisory Committee on Health Research | OIE | – <i>Office International des Epizooties</i> |
| ASEAN | – Association of Southeast Asian Nations | PAHO | – Pan American Health Organization |
| CEB | – United Nations System Chief Executives Board for Coordination | UNAIDS | – Joint United Nations Programme on HIV/AIDS |
| CIOMS | – Council for International Organizations of Medical Sciences | UNCTAD | – United Nations Conference on Trade and Development |
| FAO | – Food and Agriculture Organization of the United Nations | UNDCP | – United Nations International Drug Control Programme |
| IAEA | – International Atomic Energy Agency | UNDP | – United Nations Development Programme |
| IARC | – International Agency for Research on Cancer | UNEP | – United Nations Environment Programme |
| ICAO | – International Civil Aviation Organization | UNESCO | – United Nations Educational, Scientific and Cultural Organization |
| IFAD | – International Fund for Agricultural Development | UNFPA | – United Nations Population Fund |
| ILO | – International Labour Organization (Office) | UNHCR | – Office of the United Nations High Commissioner for Refugees |
| IMF | – International Monetary Fund | UNICEF | – United Nations Children’s Fund |
| IMO | – International Maritime Organization | UNIDO | – United Nations Industrial Development Organization |
| INCB | – International Narcotics Control Board | UNRWA | – United Nations Relief and Works Agency for Palestine Refugees in the Near East |
| ITU | – International Telecommunication Union | WFP | – World Food Programme |
| OECD | – Organisation for Economic Co-operation and Development | WIPO | – World Intellectual Property Organization |
| | | WMO | – World Meteorological Organization |
| | | WTO | – World Trade Organization |

The designations used and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 132nd session of the Executive Board was held at WHO headquarters, Geneva, from 21 to 29 January 2013. The proceedings are issued in two volumes. The present volume contains the resolutions and decisions, and relevant annexes. The summary records of the Board's discussions, list of participants and officers, and details regarding membership of committees, are issued in document EB132/2013/REC/2.

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¹ See Annex 3.

² See Annex 1.

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¹ See Annex 2.

² See Annex 3.

RESOLUTIONS

EB132.R1 Towards universal eye health: a global action plan 2014–2019

The Executive Board,

Having considered the report on universal eye health: a draft global action plan 2014–2019,¹

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

The Sixty-sixth World Health Assembly,

Having considered the report and draft global action plan 2014–2019 on universal eye health;

Recalling resolutions WHA56.26 on elimination of avoidable blindness and WHA62.1 and WHA59.25 on prevention of avoidable blindness and visual impairment;

Recognizing that the global action plan 2014–2019 on universal eye health builds upon the action plan for the prevention of avoidable blindness and visual impairment for the period 2009–2013;

Recognizing that globally, 80% of all visual impairment can be prevented or cured and that about 90% of the world's visually impaired live in developing countries;

Recognizing the linkages between some areas of the global action plan 2014–2019 on universal eye health and efforts to address noncommunicable diseases and neglected tropical diseases,

1. ENDORSES the global action plan 2014–2019 on universal eye health;
2. URGES Member States:
 - (1) to strengthen national efforts to prevent avoidable visual impairment including blindness through, inter alia, better integration of eye health into national health plans and health service delivery, as appropriate;
 - (2) to implement the proposed actions in the global action plan 2014–2019 on universal eye health in accordance with national priorities, including universal and equitable access to services;

¹ Document EB132/9.

² See Annex 3 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

(3) to continue to implement the actions agreed by the World Health Assembly in resolution WHA62.1 on prevention of blindness and visual impairment and the action plan for the prevention of blindness and visual impairment for the period 2009–2013;

(4) to continue to support the work of the WHO Secretariat to implement the current action plan up to 2013;

(5) to consider programme and budget implications related to implementation of this resolution within the context of the broader programme budget;

3. REQUESTS the Director-General:

(1) to provide technical support to Member States for the implementation of the proposed actions in the global action plan 2014–2019 on universal eye health in accordance with national priorities;

(2) to further develop the global action plan 2014–2019 on universal eye health in particular with regard to the inclusion of universal and equitable access to services;

(3) to continue to give priority to the prevention of avoidable visual impairment, including blindness, and to consider allocating resources for the implementation of the global action plan 2014–2019 on universal eye health;

(4) to report to the Seventieth and Seventy-third World Health Assemblies, in 2017 and 2020 respectively, through the Executive Board, on progress in implementing the action plan.

(Third meeting, 22 January 2013)

EB132.R2 Appointment of the Regional Director for the Americas

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering the nomination made by the Regional Committee for the Americas at its sixty-fourth session,¹

1. APPOINTS Dr Carissa Faustina Etienne as Regional Director for the Americas as from 1 February 2013; and

2. AUTHORIZES the Director-General to issue a contract to Dr Carissa Faustina Etienne for a period of five years as from 1 February 2013, subject to the provisions of the Staff Regulations and Staff Rules.

(Fourth meeting, 22 January 2013)

¹ Resolution CSP28.R7.

EB132.R3 Expression of appreciation to Dr Mirta Roses Periago

The Executive Board,

Desiring, on the occasion of the retirement of Dr Mirta Roses Periago as Regional Director for the Americas, to express its appreciation of her services to the World Health Organization;

Mindful of her lifelong devotion to the cause of international health, and especially recalling her 10 years of service as Regional Director for the Americas;

Recalling resolution CSP28.R8 adopted by the 28th Pan American Sanitary Conference, 64th session of the Regional Committee for the Americas, which designates Dr Mirta Roses Periago as Director Emeritus of the Pan American Sanitary Bureau,

1. EXPRESSES its profound gratitude and appreciation to Dr Mirta Roses Periago for her invaluable contribution to the work of WHO;
2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service to humanity.

(Fourth meeting, 22 January 2013)

EB132.R4 Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children

The Executive Board,

Having considered the reports on monitoring the achievement of the health-related Millennium Development Goals, and on the follow-up of the recommendations of the Commission on Information and Accountability for Women's and Children's Health and on the work done to follow up the recommendations and implementation plan of the United Nations Commission on Life-Saving Commodities for Women and Children,¹

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

The Sixty-sixth World Health Assembly,

Recalling resolution WHA63.15 on monitoring of the achievement of the health-related Millennium Development Goals and resolution WHA65.7 on implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health;

Recalling also that the United Nations Secretary-General called upon the global community through the Global Strategy for Women's and Children's Health to work together to save 16 million lives by 2015;

¹ Documents EB132/11 and EB132/13, respectively.

² See Annex 3 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

Acknowledging the pledges and commitments made by a large number of Member States and partners to the United Nations Secretary-General's Global Strategy for Women's and Children's Health;

Recognizing that millions of women and children die needlessly every year from conditions easily prevented with existing, inexpensive medical commodities;

Recognizing also the need urgently to address and overcome the barriers that prevent women and children from accessing and using appropriate commodities;

Welcoming the report of the United Nations Commission on Life-Saving Commodities for Women and Children, which estimates that six million lives can be saved within five years by improving access to 13 specific, overlooked commodities and related products;

Welcoming also the actions recommended by the United Nations Commission on Life-Saving Commodities for Women and Children and the implementation plan to deliver the actions;

Acknowledging that the actions recommended by the United Nations Commission on Life-Saving Commodities for Women and Children's will also increase access to a broader set of commodities;

Acknowledging also the need to promote, establish or support and strengthen the health services needed by women and children from before pregnancy to delivery, during the immediate post-delivery period, and childhood;

Reaffirming the importance of facilitating technology transfer on mutually agreed terms between developed and developing countries as well as among developing countries, as appropriate;

Acknowledging the role of the independent Expert Review Group in reviewing the progress made in implementing the recommended actions,

1. URGES Member States to put into practice, as appropriate, the implementation plan on life-saving commodities for women and children, including:

- (1) improving the quality, supply and use of the 13 life-saving commodities and building upon information and communication technology best practices for making these improvements;
- (2) developing plans to implement at scale appropriate interventions in order to increase demand for and utilization of health services and the 13 life-saving commodities, particularly among underserved populations;
- (3) addressing financial barriers to ensure the poorest members of society have access to the 13 life-saving commodities and any other appropriately related commodities;
- (4) improving regulatory efficiency by harmonizing registration requirements and streamlining assessment processes, including granting priority review to the life-saving commodities;
- (5) implementing proven mechanisms and interventions to ensure that health care providers are knowledgeable about the latest national guidelines for maternal and child health;

2. REQUESTS the Director-General:

- (1) to work with UNICEF, UNFPA, World Bank, UNAIDS, UN Women, national, regional and international regulators, private sector actors and other partners to promote and assure the availability of safe, quality commodities;
- (2) to work with and support Member States, as appropriate, in improving regulatory efficiency, standardizing and harmonizing registration requirements and streamlining assessment processes, including granting priority review to the products belonging to the life-saving commodities;
- (3) to provide support to the independent Expert Review Group on Information and Accountability for Women's and Children's Health in its work in assessing progress of the United Nations Secretary-General's Global Strategy for Women's and Children's Health and implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children;
- (4) to report annually until 2015 to the World Health Assembly, through the Executive Board, on progress achieved in the follow-up of the recommendations of the Commission on Life-Saving Commodities for Women and Children in connection with the agenda item concerning promoting health through the life course.

ANNEX

Commodities by life stage¹

| Maternal health commodities | |
|------------------------------------|---|
| 1 | Oxytocin – post partum haemorrhage (PPH) |
| 2 | Misoprostol – post-partum haemorrhage |
| 3 | Magnesium sulfate – eclampsia and severe pre-eclampsia |
| Newborn health commodities | |
| 4 | Injectable antibiotics – newborn sepsis |
| 5 | Antenatal corticosteroids (ANCs) – preterm respiratory distress syndrome |
| 6 | Chlorhexidine – newborn cord care |
| 7 | Resuscitation devices – newborn asphyxia |
| Child health commodities | |
| 8 | Amoxicillin – pneumonia |
| 9 | Oral rehydration salts – diarrhoea |
| 10 | Zinc – diarrhoea |

¹ See United Nations Commission on Life-Saving Commodities for Women and Children, Commissioner's Report, September 2012, Table 1, page 7.

| Reproductive health commodities | |
|--|--|
| 11 | Female condoms |
| 12 | Contraceptive implants – family planning/contraception |
| 13 | Emergency contraception – family planning/contraception |

(Sixth meeting, 23 January 2013)

EB132.R5 Disability

The Executive Board,

Having considered the report on disability,¹

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

The Sixty-sixth World Health Assembly,

Having considered the report on disability;

Recalling resolution WHA58.23 on disability, including prevention, management and rehabilitation;

Recalling the Convention on the Rights of Persons with Disabilities, signed by 155 countries and regional integration organizations and now ratified by 127, which highlights that disability is both a human rights issue and a development issue and, for States Parties, recommends that national policies and international development programmes are inclusive of and accessible to persons with disabilities;

Recalling United Nations General Assembly resolutions calling for the mainstreaming of disability in the development agenda (64/131 on realizing the Millennium Development Goals for persons with disabilities, 65/186 on realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond, and 66/229 on the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto); resolution 66/288 endorsing the outcome document of the United Nations Conference on Sustainable Development; and resolution 66/124 deciding to convene a High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities;

Recognizing existing national and regional efforts to facilitate the enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity;

¹ Document EB132/10.

² See Annex 3 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

Welcoming the first *World report on disability*,¹ which is based on the best available scientific evidence and which shows that many of the barriers people with disabilities face are avoidable and that the disadvantage associated with disability can be overcome;

Noting that an estimated 1000 million people live with disabilities; that this number is set to increase as populations age, the prevalence of chronic health conditions rises and in response to trends in environmental and other factors; that disability disproportionately affects vulnerable populations, notably women, older people and poor people; that low-income countries have a higher prevalence of disability than high-income countries; and that people with disabilities, particularly those in developing countries, experience poorer health than people without disabilities, higher rates of poverty, lower rates of educational participation and employment, increased dependency and restricted participation, and higher rates of violence and abuse than non-disabled people;

Recognizing the responsibility of Member States to take appropriate measures to ensure equal access to health services and care for persons with disabilities;

Recognizing that people with disabilities have the same need for general health care as non-disabled people, yet have been shown to receive poorer treatment from health care systems than non-disabled people;

Recognizing the important role that formal and informal caregivers play in supporting persons with disabilities and that, although informal caregivers cannot replace the role of the national and local authorities, they do need particular attention from the authorities to help them with their tasks, and noting that their role is increasing in the context of the sustainability of health systems and the ageing of the population;

Also recognizing the extensive unmet needs for habilitation and rehabilitation services, which are vital to enable many people with a broad range of disabilities to participate in education, the labour market, and civic life, and, further, that measures to promote the health of people with disabilities and their inclusion in society through general and specialized health services are as important as measures to prevent people developing health conditions associated with disability;

Acknowledging that a comprehensive multisectoral approach is required to meet the multiple barriers faced by persons with disabilities and that mainstreaming disability in development is the most efficient and cost-effective way of meeting the needs of people with disabilities;

Welcoming the work of WHO's Task Force on Disability to raise awareness of disability as a cross-cutting issue in WHO's technical work, and in removing physical, information and policy barriers to the participation of people with disabilities in WHO's work,

1. ENDORSES the recommendations of the *World report on disability*, which offer strategies for the implementation of the Convention on the Rights of Persons with Disabilities;

¹ World Health Organization, the World Bank. *World report on disability*. Geneva, World Health Organization, 2011.

2. URGES Member States:¹

(1) to implement as States Parties the Convention on the Rights of Persons with Disabilities;

(2) to develop, as appropriate, plans of action, in close consultation with and active involvement of persons with disabilities, including children with disabilities, through their representative organizations, so that different sectors and different actors can coordinate effectively to remove barriers and enable persons with disabilities to enjoy their human rights;

(3) to gather appropriate sex- and age-disaggregated data on disability, including prevalence, needs and unmet needs, direct and indirect costs, barriers and quality of life, using the International Classification of Functioning, Disability and Health, and effective programmes and good practices developed in different regions in order to ensure that data are nationally relevant and internationally comparable;

(4) to work to ensure that all mainstream health services are inclusive of persons with disabilities, an action that will necessitate, inter alia, adequate financing, comprehensive insurance coverage, accessible health care facilities, services and information, and training of health care professionals, in order to respect the human rights of persons with disabilities and to communicate with them effectively;

(5) to promote the receipt by informal caregivers of appropriate support in supplementing the services provided by health authorities;

(6) to promote habilitation and rehabilitation across the life-course and for a wide range of health conditions through: early intervention; integrated and decentralized rehabilitation services, including mental health services; improved provision of wheelchairs, hearing aids, low vision devices and other assistive technologies; and training to ensure a sufficient supply of rehabilitation professionals to enable people with disabilities to achieve their potential and have the same opportunities to participate fully in society;

(7) to promote and strengthen community-based rehabilitation programmes as a multisectoral strategy that empowers all persons with disabilities to access, benefit from, and participate fully in education, employment, and health and social services;

(8) to prevent discriminatory denial of health care or health services on the basis of disability in order to promote equality;

3. REQUESTS the Director-General:

(1) to provide support to Member States in implementing the recommendations of the *World report on disability*;

(2) to provide support to Member States, and intensify collaboration with a broad range of stakeholders including organizations of the United Nations system, academia, the private sector and organizations of persons with disabilities, in the implementation of the Convention on the Rights of Persons with Disabilities, in particular Articles 16

¹ And, where applicable, regional economic integration organizations.

(Freedom from exploitation, violence and abuse), 19 (Living independently and being included in the community), 20 (Personal mobility), 25 (Health), 26 (Habilitation and rehabilitation) and 31 (Statistics and data collection) across the global health agenda;

(3) to ensure that the health needs of children and adults with disabilities are included in WHO's technical work on, inter alia, child and adolescent health, sexual, reproductive and maternal health, long-term care for older people, care and treatment of noncommunicable conditions, work on HIV/AIDS and other communicable diseases, emergency risk management, and health system strengthening;

(4) to ensure that WHO itself is inclusive of people with disabilities, whether they be visitors, collaborators or employees, by continuing to create accessible premises and information, providing reasonable accommodation, and by ensuring that people with disabilities are consulted closely and involved actively through their representative organizations wherever necessary and appropriate;

(5) to support and participate in the High-level Meeting of the United Nations General Assembly on the Realization of the Millennium Development Goals and Other Internationally Agreed Development Goals for Persons with Disabilities, and efforts to include disability in the post-2015 development agenda by drawing attention to disability data, and health and rehabilitation needs and related responses;

(6) to prepare, in consultation with other organizations of the United Nations system and within existing resources, a comprehensive WHO action plan with measurable outcomes, based on the evidence in the *World report on disability*, in line with the Convention on the Rights of Persons with Disabilities and the report of the High-level Meeting of the United Nations General Assembly on Disability "The way forward: a disability-inclusive development agenda towards 2015 and beyond" for consideration by Member States at the Sixty-seventh World Health Assembly, through the Executive Board.

(Ninth meeting, 23 January 2013)

EB132.R6 Scale of assessments for 2014–2015

The Executive Board,

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

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

The Sixty-sixth World Health Assembly,

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

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

¹ Document EB132/28.

| Members and Associate Members | WHO scale for 2014–2015 % |
|---------------------------------------|--------------------------------------|
| Afghanistan | 0.0050 |
| Albania | 0.0100 |
| Algeria | 0.1370 |
| Andorra | 0.0080 |
| Angola | 0.0100 |
| Antigua and Barbuda | 0.0020 |
| Argentina | 0.4320 |
| Armenia | 0.0070 |
| Australia | 2.0741 |
| Austria | 0.7981 |
| Azerbaijan | 0.0400 |
| Bahamas | 0.0170 |
| Bahrain | 0.0390 |
| Bangladesh | 0.0100 |
| Barbados | 0.0080 |
| Belarus | 0.0560 |
| Belgium | 0.9981 |
| Belize | 0.0010 |
| Benin | 0.0030 |
| Bhutan | 0.0010 |
| Bolivia (Plurinational State of) | 0.0090 |
| Bosnia and Herzegovina | 0.0170 |
| Botswana | 0.0170 |
| Brazil | 2.9342 |
| Brunei Darussalam | 0.0260 |
| Bulgaria | 0.0470 |
| Burkina Faso | 0.0030 |
| Burundi | 0.0010 |
| Cambodia | 0.0040 |
| Cameroon | 0.0120 |
| Canada | 2.9842 |
| Cape Verde | 0.0010 |
| Central African Republic | 0.0010 |
| Chad | 0.0020 |
| Chile | 0.3340 |
| China | 5.1484 |
| Colombia | 0.2590 |
| Comoros | 0.0010 |
| Congo | 0.0050 |
| Cook Islands | 0.0010 |
| Costa Rica | 0.0380 |
| Côte d'Ivoire | 0.0110 |
| Croatia | 0.1260 |
| Cuba | 0.0690 |
| Cyprus | 0.0470 |
| Czech Republic | 0.3860 |
| Democratic People's Republic of Korea | 0.0060 |
| Democratic Republic of the Congo | 0.0030 |
| Denmark | 0.6750 |
| Djibouti | 0.0010 |
| Dominica | 0.0010 |
| Dominican Republic | 0.0450 |
| Ecuador | 0.0440 |
| Egypt | 0.1340 |
| El Salvador | 0.0160 |

| Members and Associate Members | WHO scale for 2014–2015 % |
|--------------------------------------|-------------------------------------|
| Equatorial Guinea | 0.0100 |
| Eritrea | 0.0010 |
| Estonia | 0.0400 |
| Ethiopia | 0.0100 |
| Fiji | 0.0030 |
| Finland | 0.5190 |
| France | 5.5935 |
| Gabon | 0.0200 |
| Gambia | 0.0010 |
| Georgia | 0.0070 |
| Germany | 7.1416 |
| Ghana | 0.0140 |
| Greece | 0.6380 |
| Grenada | 0.0010 |
| Guatemala | 0.0270 |
| Guinea | 0.0010 |
| Guinea-Bissau | 0.0010 |
| Guyana | 0.0010 |
| Haiti | 0.0030 |
| Honduras | 0.0080 |
| Hungary | 0.2660 |
| Iceland | 0.0270 |
| India | 0.6660 |
| Indonesia | 0.3460 |
| Iran (Islamic Republic of) | 0.3560 |
| Iraq | 0.0680 |
| Ireland | 0.4180 |
| Israel | 0.3960 |
| Italy | 4.4483 |
| Jamaica | 0.0110 |
| Japan | 10.8338 |
| Jordan | 0.0220 |
| Kazakhstan | 0.1210 |
| Kenya | 0.0130 |
| Kiribati | 0.0010 |
| Kuwait | 0.2730 |
| Kyrgyzstan | 0.0020 |
| Lao People's Democratic Republic | 0.0020 |
| Latvia | 0.0470 |
| Lebanon | 0.0420 |
| Lesotho | 0.0010 |
| Liberia | 0.0010 |
| Libya | 0.1420 |
| Lithuania | 0.0730 |
| Luxembourg | 0.0810 |
| Madagascar | 0.0030 |
| Malawi | 0.0020 |
| Malaysia | 0.2810 |
| Maldives | 0.0010 |
| Mali | 0.0040 |
| Malta | 0.0160 |
| Marshall Islands | 0.0010 |
| Mauritania | 0.0020 |
| Mauritius | 0.0130 |
| Mexico | 1.8421 |

| Members and Associate Members | WHO scale for 2014–2015 % |
|--------------------------------------|--|
| Micronesia (Federated States of) | 0.0010 |
| Monaco | 0.0120 |
| Mongolia | 0.0030 |
| Montenegro | 0.0050 |
| Morocco | 0.0620 |
| Mozambique | 0.0030 |
| Myanmar | 0.0100 |
| Namibia | 0.0100 |
| Nauru | 0.0010 |
| Nepal | 0.0060 |
| Netherlands | 1.6541 |
| New Zealand | 0.2530 |
| Nicaragua | 0.0030 |
| Niger | 0.0020 |
| Nigeria | 0.0900 |
| Niue | 0.0010 |
| Norway | 0.8511 |
| Oman | 0.1020 |
| Pakistan | 0.0850 |
| Palau | 0.0010 |
| Panama | 0.0260 |
| Papua New Guinea | 0.0040 |
| Paraguay | 0.0100 |
| Peru | 0.1170 |
| Philippines | 0.1540 |
| Poland | 0.9211 |
| Portugal | 0.4740 |
| Puerto Rico | 0.0010 |
| Qatar | 0.2090 |
| Republic of Korea | 1.9941 |
| Republic of Moldova | 0.0030 |
| Romania | 0.2260 |
| Russian Federation | 2.4382 |
| Rwanda | 0.0020 |
| Saint Kitts and Nevis | 0.0010 |
| Saint Lucia | 0.0010 |
| Saint Vincent and the Grenadines | 0.0010 |
| Samoa | 0.0010 |
| San Marino | 0.0030 |
| Sao Tome and Principe | 0.0010 |
| Saudi Arabia | 0.8641 |
| Senegal | 0.0060 |
| Serbia | 0.0400 |
| Seychelles | 0.0010 |
| Sierra Leone | 0.0010 |
| Singapore | 0.3840 |
| Slovakia | 0.1710 |
| Slovenia | 0.1000 |
| Solomon Islands | 0.0010 |
| Somalia | 0.0010 |
| South Africa | 0.3720 |
| South Sudan | 0.0040 |
| Spain | 2.9732 |
| Sri Lanka | 0.0250 |
| Sudan | 0.0100 |

| Members and Associate Members | WHO scale for 2014–2015 % |
|--|--------------------------------------|
| Suriname | 0.0040 |
| Swaziland | 0.0030 |
| Sweden | 0.9601 |
| Switzerland | 1.0471 |
| Syrian Arab Republic | 0.0360 |
| Tajikistan | 0.0030 |
| Thailand | 0.2390 |
| The former Yugoslav Republic of Macedonia | 0.0080 |
| Timor-Leste | 0.0020 |
| Togo | 0.0010 |
| Tokelau | 0.0010 |
| Tonga | 0.0010 |
| Trinidad and Tobago | 0.0440 |
| Tunisia | 0.0360 |
| Turkey | 1.3281 |
| Turkmenistan | 0.0190 |
| Tuvalu | 0.0010 |
| Uganda | 0.0060 |
| Ukraine | 0.0990 |
| United Arab Emirates | 0.5950 |
| United Kingdom of Great Britain and Northern Ireland | 5.1794 |
| United Republic of Tanzania | 0.0090 |
| United States of America | 22.0000 |
| Uruguay | 0.0520 |
| Uzbekistan | 0.0150 |
| Vanuatu | 0.0010 |
| Venezuela (Bolivarian Republic of) | 0.6270 |
| Viet Nam | 0.0420 |
| Yemen | 0.0100 |
| Zambia | 0.0060 |
| Zimbabwe | 0.0020 |
| Total | 100.0000 |

(Twelfth meeting, 26 January 2013)

EB132.R7 Neglected tropical diseases

The Executive Board,

Having considered the report on neglected tropical diseases,¹

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

The Sixty-sixth World Health Assembly,

Having considered the report on neglected tropical diseases, and recalling the previous World Health Assembly resolutions listed therein;

¹ Document EB132/19.

² See Annex 3 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

Recognizing that increased national and international investments in prevention and control of neglected tropical diseases have succeeded in improving health and social well-being in many countries;

Noting WHO's roadmap to accelerate the work to overcome the global impact of neglected tropical diseases and the subsequent London Declaration on Neglected Tropical Diseases endorsed by a community of partners;

Acknowledging the linkages between, and mutual supportiveness of, control and elimination of neglected tropical diseases and the global strategy and plan of action on public health, innovation and intellectual property;

Acknowledging that expansion of activities to prevent and control neglected tropical diseases will need adequately resourced national programmes functioning within effective health, education and other sectors in order to provide for an uninterrupted supply and delivery of quality-assured commodities and services;

Realizing that current approaches to the prevention and control of neglected tropical diseases, when implemented in an integrated manner and across all relevant sectors, are highly effective and contribute to stronger health systems and the achievement of the health-related Millennium Development Goals, but that there are still many challenges;

Appreciating the generous contribution of pharmaceutical companies in donating sufficient quantities of quality-assured essential medicines for the prevention and treatment of neglected tropical diseases, while acknowledging the need to ensure their continuous availability and affordability;

Recognizing the contribution of bodies in the United Nations system, intergovernmental and nongovernmental organizations, academic institutions and civil society;

Recognizing the diversity of neglected tropical diseases, their causative agents and relevant vectors and intermediate hosts, their epidemic potential (such as for dengue, Chagas disease, human rabies of canine origin and leishmaniasis), and their morbidity, mortality and associated stigmatization,

1. URGES Member States:

(1) to ensure country ownership of programmes for neglected tropical disease prevention, control, elimination and eradication;

(2) to expand and implement, as appropriate, interventions against neglected tropical diseases in order to reach the targets agreed by all partners in the London Declaration on Neglected Tropical Diseases and set out in WHO's roadmap for accelerating work to overcome the global impact of neglected tropical diseases by:

(a) ensuring that resources match national requirements and flow in a sustainable manner as a result of thorough planning and costing of prevention and control activities and detailed analysis of associated expenditures;

(b) enabling improvement of the management of the supply chain, in particular through forecasting, timely procurement of quality-assured goods, improved stock-management systems, and facilitating importation and customs clearance;

- (c) integrating neglected tropical diseases control programmes into primary health care services and vaccination campaigns, or into existing programmes where feasible, in order to achieve greater coverage and reduce operational costs;
 - (d) ensuring appropriate programme management and implementation through the development, sustenance and supervision of a cadre of skilled staff (including other sectors than health) at national, district and community levels;
- (3) to advocate predictable, long-term, international financing for the control of neglected tropical diseases; to enhance and sustain national financial commitments, including resource mobilization from sectors other than health; and to strengthen capacity for prevention and control of neglected tropical diseases, strengthening research, in order to accelerate implementation of the policies and strategies designed to achieve the targets set by the Health Assembly in various resolutions related to specific neglected tropical diseases as well as in the roadmap and the London Declaration;
- (4) to strengthen national capacity for monitoring and evaluation of the impact of interventions against neglected tropical diseases;
- (5) to devise plans for achieving and maintaining universal access to and coverage with interventions against neglected tropical diseases, notably:
- (a) to provide prompt diagnostic testing of all suspected cases of neglected tropical diseases and effective treatment with appropriate therapy of patients in both the public and private sectors at all levels of the health system including the community level;
 - (b) to implement and sustain coverage with preventive chemotherapy¹ of at least 75% of the populations in need, as a prerequisite for achieving goals of disease control or elimination;
 - (c) to improve coordination for reducing transmission and strengthening control of neglected tropical diseases through provision of safe drinking-water, basic sanitation, health promotion and education, vector control and veterinary public health;
2. CALLS upon WHO's international partners, including intergovernmental, international and nongovernmental organizations, financing bodies, academic and research institutions, civil society and the private sector:
- (1) to support Member States, as appropriate:
 - (a) to provide sufficient and predictable funding to enable the targets for 2015 and 2020 to be met and efforts to control neglected tropical diseases to be sustained;
 - (b) to harmonize the provision of support to countries for implementing a national plan based on WHO-recommended policies and strategies and using commodities that meet international quality standards;

¹ Preventive chemotherapy means large-scale preventive treatment against helminthiases and trachoma with safe, single-dose, quality-assured medicines.

- (c) to promote universal access to preventive chemotherapy, and diagnostics, case management, and vector control and other prevention measures, as well as effective surveillance systems;
- (2) to encourage initiatives for the discovery and development of new diagnostics, medicines, vaccines, and pesticides and biocides, improved tools and technologies and other innovative instruments for vector control and infection prevention and to support operational research to increase the efficiency and cost-effectiveness of interventions, taking into account the global strategy and plan of action on public health, innovation and intellectual property;
- (3) to collaborate with WHO in order to provide support to Member States in measuring progress towards, and in accomplishing, their goals of elimination and eradication of selected neglected tropical diseases;
3. REQUESTS the Director-General:
- (1) to sustain WHO's leadership in the drive to overcome neglected tropical diseases;
- (2) to support the development and updating of evidence-based norms, standards, policies, guidelines and strategies and research for prevention, control and elimination of neglected tropical diseases in order to chart a course for reaching the related targets set in resolutions of the Health Assembly;
- (3) to monitor progress in achieving the targets for neglected tropical diseases set in WHO's roadmap for accelerating work to overcome the global impact of neglected tropical diseases, and to provide support to Member States in their efforts to collect, validate and analyse data from national surveillance systems;
- (4) to provide support to Member States to strengthen human resource capacity for prevention, diagnosis and control of neglected tropical diseases, including vector control and veterinary public health;
- (5) to encourage and support initiatives to discover and obtain new diagnostic tools, medicines and insecticides, and to support operational research to increase the efficacy and cost-effectiveness of interventions;
- (6) to report to the Sixty-eighth World Health Assembly on progress towards the elimination and eradication of targeted diseases, through the Executive Board.

(Thirteenth meeting, 28 January 2013)

EB132.R8 eHealth standardization and interoperability

The Executive Board,

Having considered the report on eHealth and health Internet domain names,¹

¹ Document EB132/24.

RECOMMENDS to the Sixty-sixth World Health Assembly the adoption of the following resolution:¹

The Sixty-sixth World Health Assembly,

Recalling resolution WHA58.28 on eHealth;

Recognizing that information and communication technologies have been incorporated in the Millennium Development Goals;

Recognizing that the Regional Committee for Africa adopted resolution AFR/RC60/R3 on eHealth in the African Region and that the 51st Directing Council of the Pan American Health Organization adopted resolution CD51.R5 on eHealth and has approved the related Strategy and Plan of Action;²

Recognizing that the secure, effective and timely transmission of personal data or population data across information systems requires adherence to standards on health data and related technology;

Recognizing that it is essential to make appropriate use of information and communication technologies in order to improve care, to increase the level of engagement of patients in their own care, as appropriate, to offer quality health services, to support sustainable financing of health care systems, and to promote universal access;

Recognizing that the lack of a seamless exchange of data within and between health information systems hinders care and leads to fragmentation of health information systems, and that improvement in this is essential to realize the full potential of information and communication technologies in health system strengthening;

Recognizing that, through standardized electronic data: health workers can gain access to fuller and more accurate information in electronic form on patients at the point of care; pharmacies can receive prescriptions electronically; laboratories can transmit test results electronically; imaging and diagnostic centres have access to high-quality digital images; researchers can carry out clinical trials and analyse data with greater speed and accuracy; public health authorities have access to electronic reports on vital events in a timely manner, and can implement public health measures based on the analysis of health data; and individuals can gain access to their personal medical information, which supports patient empowerment;

Recognizing that advances in medical health care, coupled with an exponential increase in the use of information and communication technologies in the health sector and other related fields, including environment, have brought about a need to collect, store and process more data about patients and their environment in multiple computer and telecommunication systems;

Recognizing that the electronic collection, storage, processing and transmission of personal health data require adherence to the highest standards of data protection;

Recognizing that the electronic transmission of personal or population data using health information systems based on information and communication technologies requires adherence

¹ See Annex 3 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

² See document CD51/13.

to standards in health data and technology in order to achieve a secure, timely and accurate exchange of data for health decision-making;

Emphasizing that scientific evaluation of the impact on health care outcomes of health information systems based on information and communication technologies is necessary to justify strong investment in such technologies for health;

Highlighting the need for national eHealth strategies to be developed and implemented, in order to provide the necessary context for the implementation of health data standards, and in order that countries undertake regular, scientific evaluation;

Recognizing that it is essential to ensure secure online management of health data, given their sensitive nature, and to increase trust in eHealth tools and health services as a whole,

1. URGES Member States:¹

(1) to consider, as appropriate, options to collaborate with relevant stakeholders, including national authorities, relevant ministries, health care providers, and academic institutions, in order to draw up a roadmap for implementation of health data standards at national and subnational levels;

(2) to consider developing, as appropriate, policies and legislative mechanisms linked to an overall national eHealth strategy, in order to ensure compliance in the adoption of health data standards by the public and private sectors, as appropriate, and the donor community, as well as to ensure the privacy of personal clinical data;

2. REQUESTS the Director-General, within existing resources:

(1) to provide support to Member States, as appropriate, in order to integrate the application of health data standards and interoperability in their national eHealth strategies through a multistakeholder and multisectoral approach including national authorities, relevant ministries, relevant private sector parties, and academic institutions;

(2) to provide support to Member States, as appropriate, in their promotion of the full implementation of health data standards in all eHealth initiatives;

(3) to provide guidance and technical support, as appropriate, to facilitate the coherent and reproducible evaluation of information and communication technologies in health interventions, including a database of measurable impacts and outcome indicators;

(4) to promote full utilization of the network of WHO collaborating centres for health and medical informatics and eHealth in order to support Member States in related research, development and innovation in these fields;

(5) to promote, in collaboration with relevant international standardization agencies, harmonization of eHealth standards;

(6) to report regularly through the Executive Board to the World Health Assembly on progress made in the implementation of this resolution.

(Fourteenth meeting, 28 January 2013)

¹ And, where applicable, regional economic integration organizations.

EB132.R9 Relations with nongovernmental organizations¹

The Executive Board,

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

1. DECIDES to admit into official relations with WHO the following nongovernmental organizations: The Global Alliance for Rabies Control, Inc., WaterAid, the Worldwide Network for Blood and Marrow Transplantation, the European Society for Medical Oncology, The Worldwide Palliative Care Alliance, and the International Association for Hospice and Palliative Care Inc.;
2. DECIDES to postpone consideration of the application for admission into official relations from The Global Alliance for Improved Nutrition to the Executive Board's 134th session:
3. REQUESTS that the following information be provided to the Executive Board at its 134th session through its Standing Committee on Nongovernmental Organizations: the nature and extent of The Global Alliance for Improved Nutrition's links with the global food industry, and the position of the Alliance with regard to its support and advocacy of WHO's nutrition policies, including infant feeding and marketing of complementary foods;
4. DECIDES to discontinue official relations with the International Epidemiological Association and La Leche League International.

(Fourteenth meeting, 28 January 2013)

EB132.R10 Confirmation of amendments to the Staff Rules³

The Executive Board,

Having considered the report on the amendments to the Staff Regulations and Staff Rules,⁴

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General:⁵

- (1) with effect from 1 February 2013, concerning the effective date of amendments to the Staff Rules; appointment policies; completion of appointments; abolition of posts including the reassignment process; standards of conduct for staff members; working hours and attendance; appeals process; and terminal remuneration; and
- (2) with effect from 1 January 2013, concerning the remuneration of staff in the professional and higher categories including the revised rates of staff assessment in conjunction with gross base salaries, subject to the adoption of a resolution by the United Nations General Assembly of the recommendations on the International Civil Service Commission in its report for 2012 (document A/67/30).

(Fifteenth meeting, 28 January 2013)

¹ See Annex 1 and decision EB132(9).

² Document EB132/34.

³ See Annex 3 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

⁴ Document EB132/40.

⁵ See Annex 2.

EB132.R11 Salaries of staff in ungraded posts and of the Director-General

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules¹ and noting that the sixty-seventh session of the United Nations General Assembly deferred consideration of the United Nations Common System agenda item until the first resumed session of the sixty-seventh session of the United Nations General Assembly,

RECOMMENDS to the Sixty-sixth World Health Assembly the adoption of the following resolution, contingent on the adoption of a resolution at the first resumed session of the sixty-seventh session of the United Nations General Assembly on the 2012 report of the International Civil Service Commission and the base/floor salary scale therein:

The Sixty-sixth World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,²

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 172 301 gross per annum before staff assessment, resulting in a modified net salary of US\$ 134 111 (dependency rate) or US\$ 121 443 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 189 599 gross per annum before staff assessment, resulting in a modified net salary of US\$ 146 219 (dependency rate) or US\$ 131 590 (single rate);
3. ESTABLISHES the salary of the Director-General at US\$ 233 161 gross per annum before staff assessment, resulting in a modified net salary of US\$ 176 713 (dependency rate) or US\$ 157 152 (single rate);
4. DECIDES that those adjustments in remuneration shall take effect on 1 January 2013.

(Fifteenth meeting, 28 January 2013)

EB132.R12 Revised terms of reference of the Independent Expert Oversight Advisory Committee

The Executive Board,

Having considered the report on the revisions to the terms of reference of the Independent Expert Oversight Advisory Committee,³

1. DECIDES to revise the terms of reference of the Independent Expert Oversight Advisory Committee as contained in the Annex to this resolution;

¹ Document EB132/40.

² See Annex 2, and Annex 3 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

³ Document EB132/32.

2. REQUESTS the Director-General to report to the Board after the completion of the performance review mentioned in subparagraph 2(f) of the revised terms of reference, in order to facilitate the Board's consideration of further proposed amendments to the terms of reference related to the selection criteria for the appointment of the External Auditor, and the advice to be provided to the Director-General in relation to future appointments of the Director of the Office of Internal Oversight Services.

ANNEX

REVISED TERMS OF REFERENCE OF THE INDEPENDENT EXPERT OVERSIGHT ADVISORY COMMITTEE¹

PURPOSE OF THE COMMITTEE

1. As an independent advisory committee established by the Executive Board of WHO, and reporting to the Programme, Budget and Administration Committee, the purpose of the Independent Expert Oversight Advisory Committee is to advise the Programme, Budget and Administration Committee and, through it, the Executive Board, in fulfilling their oversight advisory responsibility and, upon request, to advise the Director-General on issues within its mandate.

FUNCTIONS

2. The functions of the Committee shall be:

- (a) to review the financial statements of WHO and significant financial reporting policy issues, including advice on the operational implications of the issues and trends apparent;
- (b) to advise on the adequacy of the Organization's internal controls and risk management systems, and to review management's risk assessment in the Organization and the comprehensiveness of its ongoing risk management processes;
- (c) to exchange information with, and review the effectiveness of, the Organization's internal audit, evaluation and investigation work as currently vested in its Office of Internal Oversight Services; its external audit function; and to monitor the timely, effective and appropriate implementation of all audit findings and recommendations;
- (d) to advise on the appropriateness and effectiveness of accounting policies and disclosure practices and to assess changes and risks in those policies;
- (e) to provide, on request, advice to the Director-General on the matters under points (a) to (d) above;
- (f) to review and report periodically on its own performance according to best professional practice in oversight committees and as per the principles recommended by the Joint Inspection Unit of the United Nations system; and

¹ Revised by the Executive Board at its 132nd session.

(g) to prepare an annual report on its activities, conclusions, recommendations and, where necessary, interim reports, for submission to the Programme, Budget and Administration Committee of the Executive Board by the Chairman of the Independent Expert Oversight Advisory Committee.

COMPOSITION

3. The composition of the Committee and the qualifications of its members shall be as follows:
- (a) The Committee shall comprise five members of integrity and objectivity and who have proven experience in senior positions in the areas covered by these terms of reference.
 - (b) Following consultations with Member States, the Director-General shall propose to the Executive Board candidates for membership of the Committee. Members of the Committee shall be appointed by the Executive Board. No two members shall be nationals of the same State.
 - (c) Members shall provide their services free.
 - (d) Members must be independent. They shall serve in their personal capacity and cannot be represented by an alternate attendee. They shall neither seek nor accept instructions in regard to their performance on the Committee from any government or other authority external to or within WHO. All members will be required to sign a declaration of interest and a confidentiality agreement in accordance with WHO practice in this respect.
 - (e) Members shall collectively possess relevant professional, financial, managerial and organizational qualifications and recent senior-level experience in accounting, auditing, risk management, internal controls, financial reporting, and other relevant and administrative matters.
 - (f) Members shall have an understanding of and, if possible, relevant experience in the inspection, investigative processes, monitoring and evaluation.
 - (g) Members should have or acquire rapidly a good understanding of WHO's objectives, governance structure and accountability, the relevant regulations and rules, and its organizational culture and control environment.
 - (h) Committee membership should have a balanced representation of public and private sector experience.
 - (i) At least one member shall be selected on the basis of his or her qualifications and experience as a senior oversight professional or senior financial manager in the United Nations system or in another international organization.
 - (j) In the selection process, due regard shall be given to geographical representation and gender balance. In order to retain the most equitable geographical representation, membership should be rotated among the WHO regions to the extent possible.

TERM OF OFFICE

4. The term of office shall be four years, non-renewable, except that the term of office for two of the initial members shall be two years, renewable once only for four years. The Chairman of the Committee shall be selected by its members. He or she shall serve in this capacity for a term of two years.

ADMINISTRATIVE ARRANGEMENTS

5. The following arrangements shall apply:

(a) Members of the Committee not resident in the Canton of Geneva or neighbouring France shall be entitled to the reimbursement of travel expenses in accordance with WHO procedures applying to members of the Executive Board.

(b) The Committee shall meet at least twice per year.

(c) The quorum for meetings of the Committee shall be three members.

(d) Except as provided for in its terms of reference, the Committee shall, *mutatis mutandis*, be guided by the Rules of Procedure of the Executive Board concerning the conduct of business and the adoption of decisions. The Committee may propose amendments to its terms of reference for consideration by the Executive Board, through the Programme, Budget and Administration Committee.

(e) The Committee may decide at any time to obtain independent counsel or outside expertise if necessary and shall have full access to all WHO files and archives, which shall be treated on a confidential basis.

(f) The WHO Secretariat will provide secretariat support to the Committee.

(Twelfth meeting, 26 January 2013)

EB132.R13 Amended Rule 52 of the Rules of Procedure of the Executive Board

The Executive Board,

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

DECIDES, with effect from the closure of its 132nd session, to amend Rule 52 of the Rules of Procedure of the Executive Board as set forth in the Annex to this resolution.

¹ Document EB132/29.

ANNEX

**TEXT OF AMENDED RULE 52 OF THE RULES OF PROCEDURE
OF THE EXECUTIVE BOARD**

| RULE 52 |
|---|
| <p>1. At least nine months before the date fixed for the opening of a session of the Board at which a nomination for the post of Director-General has to take place, the Director-General shall inform Member States that they may propose persons for nomination by the Board for the post of Director-General.</p> |
| <p>2. Any Member State may propose for the post of Director-General one or more persons, submitting with the proposal the curriculum vitae or other supporting information for each person. Such proposals shall be sent under confidential sealed cover to the Chairman of the Executive Board, care of the World Health Organization in Geneva (Switzerland), so as to reach the headquarters of the Organization not less than four months before the date fixed for the opening of the session.</p> |
| <p>3. The Chairman of the Board shall open the proposals received sufficiently in advance of the session so as to ensure that all proposals, curricula vitae and supporting information are translated into all official languages, duplicated and dispatched to all Member States three months before the date fixed for the opening of the session.</p> <p>Immediately after the dispatch to Member States of the proposals, curricula vitae and supporting information, the Director-General shall, in consultation with the Chairman of the Board, convene a candidates' forum open to all Member States and Associate Members, to which all candidates will be invited to make themselves and their vision known to Member States on an equal basis. The candidates' forum shall be chaired by the Chairman of the Board and shall be held not later than two months before the opening of the session. The Board shall decide on the modalities of the candidates' forum. The candidates' forum shall not be convened in case only one person has been proposed for the post of Director-General.</p> |
| <p>4. If no proposals have been received by the deadline referred to in the second paragraph of this Rule, the Director-General shall immediately inform all Member States of this fact and that they may propose persons for nomination in accordance with this Rule, provided such proposals reach the Chairman of the Board at least two weeks prior to the date fixed for the opening of the session of the Board. The Chairman shall inform Member States of all such proposals as soon as possible.</p> |
| <p>5. All members of the Board shall have the opportunity to participate in an initial screening of all candidatures in order to eliminate those candidates not meeting the criteria proposed by the Board and approved by the Health Assembly.</p> |
| <p>6. The Board shall decide, by a mechanism to be determined by it, underscoring the paramount importance of professional qualifications and integrity and paying due regard to equitable geographical representation and gender balance, on a short list of candidates. This short list shall be drawn up at the commencement of its session, and the selected candidates shall be interviewed by the Board meeting as a whole as soon as possible thereafter.</p> |
| <p>7. The interviews should consist of a presentation by each selected candidate in addition to answers to questions from members of the Board. If necessary, the Board may extend the session in order to hold the interviews and make its selection.</p> |
| <p>8. The Board shall fix a date for the meeting at which it shall nominate three persons by secret ballot from among the candidates on the short list. In exceptional circumstances where the nomination of three candidates is not practicable such as where there are only one or two candidates, the Board may decide to nominate fewer than three candidates.</p> |

RULE 52

9. For the purpose of nominating three candidates, each member of the Board shall write on his ballot paper the names of three candidates, chosen from the short list. Those candidates obtaining in the first ballot the majority required shall be elected. If the number of candidates obtaining such majority is less than the number of places to be filled, the candidate having received the least number of votes shall be eliminated at each ballot. If two candidates tie for the least number of votes, a separate ballot shall be held between them and the candidate receiving the least number of votes shall be eliminated. The same mechanism shall apply, *mutatis mutandis*, when the Board decides to nominate fewer than three candidates.

10. The names of the person or persons so nominated shall be announced at a public meeting of the Board and submitted to the Health Assembly.

(Seventeenth meeting, 29 January 2013)

EB132.R14 Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization

The Executive Board,

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

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

The Sixty-sixth World Health Assembly,

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

1. ADOPTS the Code of Conduct for the Election of the Director-General of the World Health Organization as set forth in Annex 1 to this resolution;
2. ESTABLISHES a candidates' forum open to all Member States,³ as a non-decision-making platform for candidates, as set forth in Annex 2 to this resolution;
3. APPROVES the standard form for a curriculum vitae set forth in Annex 3 to this resolution, which shall be used henceforth by Member States proposing persons for the post of Director-General as the sole document to be submitted;
4. DECIDES that the curriculum vitae of each candidate shall be limited to [3500] words and shall also be submitted in electronic format in order to enable the Chairman of the Board to verify that this limit is not exceeded;

¹ Document EB132/29.

² See Annex 3 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

³ And, where applicable, regional economic integration organizations.

5. DECIDES to amend Rules 70 and 108 of the Rules of Procedure of the World Health Assembly and to add a new Rule 70bis, as set forth in Annex 4 to this resolution;
6. REQUESTS the Director-General:
 - (1) to explore options for the use of electronic voting for the appointment of the Director-General, including the financial and electronic security implications thereof, and to report thereon, through the Executive Board, to the Sixty-seventh World Health Assembly;
 - (2) to consolidate a description of the overall process for the election of the Director-General in a single draft reference document with a view to submitting it, through the Executive Board, for the consideration of the Sixty-seventh World Health Assembly.

ANNEX 1

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

In resolution WHA65.15 concerning the report of the Working Group of Member States on the Process and Methods of the Election of the Director-General of the World Health Organization, the World Health Assembly decided, inter alia, that “a code of conduct, in line with Recommendation 7 of the report of the Joint Inspection Unit “Selection and Conditions of Service of Executive Heads in the United Nations System Organizations”, which candidates for the post of Director-General of the World Health Organization and Member States should undertake to observe and respect, will be developed by the Secretariat for consideration by the Sixty-sixth World Health Assembly through the Executive Board.”

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

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

A. General requirements

I. Basic principles

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

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

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

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

III. Responsibilities

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

B. Requirements for the different steps of the election process

I. Submission of proposals

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

II. Electoral campaign

1. This code applies to electoral campaign activities related to the election of the Director-General whenever they take place until the appointment by the Health Assembly.

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

12. The Secretariat will also post on WHO's web site, at the time referred to in the first paragraph of Rule 52 of the Rules of Procedure of the Executive Board, information on the election process and the applicable rules and decisions, as well as the text of this code.

III. Nomination and appointment

1. The nomination and appointment of the Director-General is conducted by the Executive Board and the Health Assembly, respectively, in accordance with their Rules of Procedure and relevant resolutions and decisions. As a matter of principle in order to preserve the serenity of the proceedings, candidates should not attend those meetings even if they form part of the delegation of a Member State.

2. Member States should abide strictly by the Rules of Procedure of the Executive Board and of the World Health Assembly and other applicable resolutions and decisions and respect the integrity, legitimacy and dignity of the proceedings. As such, they should avoid behaviours and actions, both inside and outside the conference room where the nomination and appointment take place, that could be perceived as aiming at influencing its outcome.

3. Member States should respect the confidentiality of the proceedings and the secrecy of the votes. In particular, they should refrain from communicating or broadcasting the proceedings during the private meetings through electronic devices.

4. In view of the secret nature of the vote for the nomination and appointment of the Director-General, Member States should refrain from publicly announcing in advance their intention to vote for a particular candidate.

IV. Internal candidates

1. WHO staff members, including the Director-General in office, who are proposed for the post of Director-General, are subject to the obligations contained in the WHO Constitution, Staff Regulations and Staff Rules as well as to the guidance which may be issued from time to time by the Director-General.

2. WHO staff members who are proposed for the post of Director-General must observe the highest standard of ethical conduct and strive to avoid any appearance of impropriety. WHO staff members must clearly separate their WHO functions from their candidacy and avoid any overlap, or perception of overlap, between campaign activities and their work for WHO. They also have to avoid any perception of conflict of interest.

3. WHO staff members are subject to the authority of the Director-General, in accordance with the applicable regulations and rules, in case of allegations of breach of their duties with regard to their campaign activities.

4. The Health Assembly or the Executive Board may call upon the Director-General to apply Staff Rule 650 concerning special leave to staff members who have been proposed for the post of Director-General.

ANNEX 2

CANDIDATES' FORUM

Convening and conduct of the forum

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

Timing

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

Duration

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

Format

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

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

Participation

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

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

Documentation

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

¹ And, where applicable, regional economic integration organizations.

ANNEX 3

FORM FOR CURRICULUM VITAE

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

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

Degrees/certificates obtained:

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

| Knowledge of languages | | Mother tongue | Speak | Read | Write |
|--|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>For languages other than mother tongue, enter appropriate number from code below to indicate level of your language knowledge. If no knowledge, please leave blank.</p> <p>CODE: 1. Limited conversation, reading of newspapers, routine correspondence.</p> <p>2. Engage freely in discussions, read and write more difficult material</p> <p>3. Fluent (nearly) as in mother tongue</p> | Arabic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chinese | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | French | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Spanish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Russian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Others (please specify) | | | | |
| | | | | | |

Positions held

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

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

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

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

WRITTEN STATEMENT

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

- (1) a strong technical background in a health field, including experience in public health;
 - (2) exposure to and extensive experience in international health;
 - (3) demonstrable leadership skills and experience;
 - (4) excellent communication and advocacy skills;
 - (5) demonstrable competence in organizational management;
 - (6) sensitivity to cultural, social and political differences;
 - (7) strong commitment to the mission and objectives of WHO;
 - (8) good health condition required of all staff members of the Organization; and
 - (9) sufficient skill in at least one of the official working languages of the Executive Board and the Health Assembly.
2. Please state your vision of priorities and strategies for the World Health Organization.

ANNEX 4

RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY*Rule 70*

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

Rule 70bis

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

Rule 108

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

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

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

(Seventeenth meeting, 29 January 2013)

DECISIONS

EB132(1) Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases

The Executive Board, having considered the report of the Formal Meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases, decided to endorse the comprehensive global monitoring framework, including indicators, and a set of global voluntary targets for the prevention and control of noncommunicable diseases, as detailed in Appendix 1 and Appendix 2 respectively of document EB132/6, further decided to forward the report and the appendices to the Sixty-sixth World Health Assembly for adoption, and requested the Director-General to prepare a proposal for a draft resolution for consideration by the World Health Assembly whereby it would adopt the framework.

(Second meeting, 21 January 2013)

EB132(2) Membership of the Independent Expert Oversight Advisory Committee

The Executive Board noted the report on membership of the Independent Expert Oversight Advisory Committee,¹ and appointed Mr Farid Lahoud (Lebanon) as a member of the Committee for the remainder of the term of Dr Shamshad Akhtar (Pakistan), until May 2016.

(Twelfth meeting, 26 January 2013)

EB132(3) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Prize Committee, awarded the Dr A.T. Shousha Foundation Prize for 2013 to Dr Mohammad-Reza Mohammadi from the Islamic Republic of Iran for his significant contribution to public health in the Islamic Republic of Iran, particularly in the area of child and adolescent psychiatry. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.

(Fourteenth meeting, 28 January 2013)

EB132(4) Award of the Léon Bernard Foundation Prize

The Executive Board, having considered the report of the Léon Bernard Foundation Committee, awarded the Léon Bernard Foundation Prize for 2013 to Dr Teng Shuzhong from China for the significant contribution he has made to health training and health-care services in the region of Fenghuang, Hunan Province, China. The laureate will receive 2500 Swiss francs.

(Fourteenth meeting, 28 January 2013)

¹ Document EB132/31.

EB132(5) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2013 to Professor No-yai Park from the Republic of Korea who has been instrumental in improving the quality of public health centres and health staff education, particularly in the area of maternal and child care nursing in the Republic of Korea. The laureate, as an individual, will receive US\$ 30 000.

(Fourteenth meeting, 28 January 2013)

EB132(6) 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, awarded the United Arab Emirates Health Foundation Prize for 2013 to Dr Laila Ali Akbar Bastaki from Kuwait who is being honoured for her outstanding contribution to the research and management of genetic disorders, and the increased delivery of health services in Kuwait. The laureate will receive US\$ 15 000.

(Fourteenth meeting, 28 January 2013)

EB132(7) Award of the State of Kuwait Prize for Research in Health Promotion

The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the State of Kuwait Prize for Research in Health Promotion for 2013 to Dr Wang Guiqi from China for his significant contribution to early detection and treatment of oesophageal cancer, one of the most common forms of cancer in China, particularly in high-risk rural areas. The laureate will receive US\$ 20 000.

(Fourteenth meeting, 28 January 2013)

EB132(8) 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, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2013 jointly to Dr An Dong from China for his dedication and outstanding contribution made to public health in the Province of Ghizhou, China, and to the Diabetes Society of Maldives for its success in creating public awareness on diabetes, making health promotion interventions for the prevention of diabetes and other noncommunicable diseases in the Maldives, and for the training of local staff to offer counselling and eventual treatment. The laureates will each receive US\$ 50 000.

(Fourteenth meeting, 28 January 2013)

EB132(9) Review of nongovernmental organizations in official relations with WHO

The Executive Board, having considered the report of its Standing Committee on Nongovernmental Organizations¹ and supplementary information provided by the Board concerning

¹ Document EB132/34.

the review of one third of the nongovernmental organizations in official relations with WHO, and follow-up to decision EB130(8), noted the report and reached the decisions set out below,

- (1) noting with appreciation their collaboration with WHO and commending the continuing dedication to the work of the Organization, decided to maintain in official relations with WHO the nongovernmental organizations whose names are followed by an asterisk in the Annex to the report;
- (2) having been made aware that the Global Health Council, Inc. had recently elected a new Board and that the organization had been revived, decided to defer the review of relations with the Global Health Council, Inc. until the 134th session of the Executive Board, at which time a report on the status of relations would be considered;
- (3) decided to defer the review of relations with the Council on Health Research for Development and the Global Forum for Health Research until the 134th session of the Executive Board and requested that each organization's governing body clarify their wishes with regard to an official relationship and how each proposes to ensure that collaboration plans will be separate and implemented individually; also recalling the provision in the Principles governing relations between WHO and nongovernmental organizations, by which "[w]hen there are several international NGOs with similar areas of interest, they may form a joint committee or other body authorized to act for the group as a whole", requested that the organizations consider the option that relations be maintained with one organization to be known as the "COHRED Group", to include the Global Forum for Health Research;
- (4) decided to defer the review of relations with CMC – Churches' Action for Health and requested that a report be submitted to the Board at its 134th session on the status of the relations, and, in particular, on the organization's constitutional arrangements;
- (5) noting that plans for collaboration have yet to be agreed, decided to defer the review of relations with the International Catholic Committee of Nurses and Medico-Social Assistants, the International Federation of Hospital Engineering, The Commonwealth Pharmacists Association, and the International Medical Parliamentarians Organization, until the 134th session of the Executive Board, at which time reports, either on agreed plans for collaboration or on the status of relations, would be considered;
- (6) noting that, in order that the International Conference of Deans of French-Language Faculties of Medicine be provided with an opportunity to clarify its views with regard to relations with WHO and, if appropriate, to pursue agreement with WHO on a plan for collaboration, decided to defer the review of relations with the International Conference of Deans of French-Language Faculties of Medicine, and requested that a report, on either the agreed plan or the status of relations, be submitted to the Executive Board at its 134th session;
- (7) decided to defer the review of relations with OXFAM until the 134th session of the Executive Board, at which time a report, either on collaboration or on the status of relations, would be considered;
- (8) noting that plans for collaboration had been agreed, the Board decided to maintain CropLife International and the International Federation of Biomedical Laboratory Science in official relations with WHO, as well as the International Federation of Clinical Chemistry and Laboratory Medicine.

EB132(10) WHO reform: hosted partnerships

The Executive Board,

Having considered document EB132/5 Add.1 on hosted health partnerships:

- (1) requested the Programme, Budget and Administration Committee of the Executive Board to ensure that the arrangements for hosted health partnerships are regularly reviewed on a case-by-case and timely basis in respect of their contributions to improved health outcomes, WHO's interaction with individual hosted partnerships, and the harmonization of their work with the work of WHO; and to make recommendations for the consideration of the Board, as appropriate, through a standing item on the subject on the Board's agenda;
- (2) decided that, when the hosted partnership has an exclusively regional jurisdiction, the review will be conducted by the appropriate regional governing body, in adherence with the global partnership policy and subject to oversight and review by the Programme, Budget and Administration Committee as needed;
- (3) requested the Director-General to prepare an operational framework for the Programme, Budget and Administration Committee on hosted health partnerships;
- (4) further requested the Director-General to ensure that the Secretariat fully recovers all costs associated with hosted partnerships;
- (5) further requested the Director-General to pursue and apply as appropriate the approach proposed in paragraphs 16(b)–16(d) and 16(f)–16(i) of document EB132/5 Add.1 to consulting hosted partnerships, in particular with regard to matters that depend on a partnership's board's decision for managing WHO's relationships with hosted partnerships;
- (6) encouraged Member States to promote coherence in their positions across the governing bodies of WHO and those of hosted partnerships.

(Sixteenth meeting, 29 January 2013)

EB132(11) WHO reform: engagement with nongovernmental organizations

The Executive Board,

Having considered document EB132/5 Add.2 on engagement with nongovernmental organizations, requested the Director-General:

- (1) to submit, for the consideration of the Executive Board at its 133rd session in May 2013, overarching principles for WHO's engagement with non-State actors, defining separate operational procedures for both nongovernmental organizations and private commercial entities;
- (2) to harmonize the development of the draft policy for engagement with nongovernmental organizations with the draft policy on WHO's relations with private commercial entities, such development being guided by the principles stated by the Sixty-fifth World Health Assembly in decision WHA65(9), subparagraphs (9)(i)–(v);

(3) to work further on the draft policy of engagement with nongovernmental organizations, proceeding with the revision of accreditation procedures for nongovernmental organizations for WHO's governing bodies (i.e. authorization to participate therein) and incorporating those procedures in the draft; including updated terms of reference and operational procedures of the standing committee on nongovernmental organizations; and incorporating the inputs provided during the deliberations of the Board at its 132nd session;

(4) to conduct public web-based consultations on the draft principles and policies of engagement with non-State actors; and convene two separate consultations, one with Member States and nongovernmental organizations, and one with Member States and the private commercial sector, to support the development of the respective draft policies;

(5) to report on the development of the two draft policies to the Board at its 134th session in January 2014.

(Sixteenth meeting, 29 January 2013)

EB132(12) WHO reform: streamlining national reporting and communication with Member States

The Executive Board,

Having considered document EB132/5 Add.4 on streamlining national reporting and communication with Member States:

(1) welcomed the proposals on streamlining the reporting by and communication with Member States;

(2) requested the Director-General to advance the work proposed in document EB132/5 Add.4, taking into account the division of health responsibilities of national and subnational levels of government, and to report on progress in implementation to the Executive Board at its 134th session in January 2014, including relevant financial information;

(3) further requested the Director-General to propose the definition of a minimal set of health data and indicators as well as a recommended additional set in the context of the results of a detailed analysis on the current practice of reporting.

(Sixteenth meeting, 29 January 2013)

EB132(13) WHO reform: global health governance

The Executive Board,

Recognizing the importance of WHO's role in global health governance, noted the report on the subject contained in document EB132/5 Add.5, and decided to continue its examination of WHO's role in global health governance at its 133rd session.

(Sixteenth meeting, 29 January 2013)

EB132(14) WHO reform: implementation and evaluation

The Executive Board,

- (1) welcoming the report of the Joint Inspection Unit provided in document EB132/5 Add.6, requested the Director-General to incorporate and cross-reference the recommendations of the Joint Inspection Unit within the WHO reform implementation plan, and to report back on progress in line with regular reporting on WHO reform implementation;
- (2) having considered document EB132/5 Add.7 on the modalities of the second stage evaluation on WHO reform, endorsed the proposed modalities and requested the Director General to report to the Board at its 133rd session in May 2013 on progress made;
- (3) welcoming document EB132/5 Add.8 on the implementation of WHO reform, and the high-level implementation plan in document EB132/INF./3, including with respect to submission of regular reports to the Independent Expert Oversight Advisory Committee, requested the Director-General to report to the Board in May 2013 on progress made in reform implementation, on the basis of an updated version of the high-level implementation plan, including information on costs and indicators.

(Sixteenth meeting, 29 January 2013)

EB132(15) WHO reform: streamlining of the work of the governing bodies and harmonization and alignment of the work of the regional committees

The Executive Board,

Having considered document EB132/5 Add.3 on streamlining of the work of the governing bodies and harmonization and alignment of the work of the regional committees, requested the Director-General:

- (1) to take the necessary steps to improve capacity building and training for new members of the Board and its Officers;
- (2) to improve electronic access to governing body meetings and documentation on a registered basis;
- (3) to prepare a study, including options on the feasibility of holding sessions of the Executive Board and World Health Assembly that made minimal use of paper documents, taking into account the experience of other United Nations specialized agencies, and including a cost benefit analysis, which would be considered by the Board at its 134th session;
- (4) to prepare options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board, taking into account resolution EB121.R1 and decision WHA65(9) and the criteria underpinning the draft twelfth general programme of work to be submitted to the Sixty-sixth World Health Assembly in May 2013, for consideration by the Board at its 133rd session;
- (5) to perform an in-depth study to ensure that, from a legal and practical point of view, the proposed amendments to the Rules of Procedure of the governing bodies contained in document EB132/5 Add.3 are coherent with the existing Rules of Procedure, to submit a report

to the Executive Board at its 134th session in January 2014, and to make such other proposals based on this study and discussions by the Board at its 132nd session, so as to improve the work of the governing bodies.

(Seventeenth meeting, 29 January 2013)

EB132(16) Programme and budget matters

The Executive Board,

Having considered the report of the Programme, Budget and Administration Committee of the Executive Board at its second extraordinary meeting,¹ and the decision of the Committee on the following points, proposed to the Sixty-sixth World Health Assembly that:

- (1) the Health Assembly approve the entire programme budget;
- (2) the Health Assembly establish a financing dialogue, convened by the Director-General and facilitated by the Chairman of the Programme, Budget and Administration Committee, on the financing of the programme budget, with the first financing dialogue on the proposed programme budget 2014–2015 to take place in 2013, in accordance with the modalities described in the Annex;
- (3) the Health Assembly endorse the Director-General's proposal to explore avenues to broaden WHO's donor base, with particular regard to Member States, international organizations and philanthropic foundations.

ANNEX

FINANCING DIALOGUE

| | Launch session for financing dialogue | Two-day session for financing dialogue |
|---------------------------|---|--|
| Purpose of session | <ul style="list-style-type: none"> • Information on resource requirements, secured funding and funding gaps, with a view to ensuring that all partners have clear information on funding needs, available resources and funding shortfalls | <ul style="list-style-type: none"> • Structured dialogue with Member States and contributors in order to identify solutions to address remaining funding gaps |
| Date/location | <ul style="list-style-type: none"> • Informal consultation, held in the Executive Board Room; web cast restricted to invited participants • Tentative date: 20 June 2013 or within first week of July 2013 | <ul style="list-style-type: none"> • Two-day session: week of 7 October 2013 or 4 and 5 November 2013 • International Conference Centre, Geneva |

¹ Document EB132/3.

| | Launch session for financing dialogue | Two-day session for financing dialogue |
|-------------------------------------|---|--|
| Invited participants | <ul style="list-style-type: none"> • WHO Member States • Current, significant financial contributors to WHO, except private commercial entities (which will be addressed in line with discussion of policy of engagement by governing bodies) | <ul style="list-style-type: none"> • WHO Member States • Current, significant financial contributors to WHO, except private commercial entities (which will be addressed in line with discussion of policy of engagement by governing bodies) |
| Method and programme of work | <ul style="list-style-type: none"> • Chairman of session: Chairman/Vice-Chairman of the Programme, Budget and Administration Committee • Working method: informal consultation, hosted in the Executive Board Room; web cast restricted to invited participants • Working documents: <ul style="list-style-type: none"> – Proposed programme budget 2014–2015 – Financial update, including: resource requirements; secured funding; and funding gaps | <ul style="list-style-type: none"> • Chairman of session: Chairman/Vice-Chairman of the Programme, Budget and Administration Committee • Working method: informal consultation • Working documents: <ul style="list-style-type: none"> – Proposed programme budget 2014–2015 – Most recent financial update, including: resource requirements; secured funding; and funding gaps |
| Cost | <ul style="list-style-type: none"> • About US\$ 50 000 (including interpretation, translation, documentation/editing, and web casting) | <ul style="list-style-type: none"> • About US\$ 350 000 (including cost of hiring International Conference Centre, interpretation, translation, documentation/editing and travel support to least developed countries) |
| Expected outcomes | <ul style="list-style-type: none"> • Assessment of the current status of funding of proposed programme budget 2014–2015 and resource requirements | <ul style="list-style-type: none"> • Update on status of financing of proposed programme budget 2014–2015 • Identification of gaps in funding • Concrete actions to reduce financing gaps • Approach/proposals for resource mobilization to address remaining funding gaps |

| | |
|--|---|
| <p>Role of governing bodies following financing dialogue (for funding of proposed programme budget 2014–2015)</p> | <ul style="list-style-type: none"> • <i>Programme, Budget and Administration Committee (PBAC nineteenth meeting)/ Executive Board (134th session) – 2014</i> <ul style="list-style-type: none"> – PBAC/Board to review the outcome of the financing dialogue and advise the Director-General on relevant action – Director-General to report on further steps in relation to targeted resource mobilization – Director-General to report (to the Board) on strategic allocation of assessed contributions • <i>Programme, Budget and Administration Committee (twentieth meeting)/Sixty-seventh World Health Assembly/Executive Board (135th session) May 2014</i> <ul style="list-style-type: none"> – Health Assembly to review the outcome of the financing dialogue – Director-General to report on updated financial situation – Director-General to report (to the Board) on strategic allocation of assessed contributions – Director-General to report on update on targeted resource mobilization • <i>Programme, Budget and Administration Committee (twenty-second meeting)/ Sixty-eighth World Health Assembly/Executive Board (137th session) – May 2015</i> <ul style="list-style-type: none"> – to review experience of financing dialogue and recommend next steps. |
|--|---|

(Seventeenth meeting, 29 January 2013)

EB132(17) Provisional agenda for the Sixty-sixth World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Sixty-sixth World Health Assembly,¹ and recalling its earlier decision that the Sixty-sixth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 20 May 2013, and closing no later than Tuesday, 28 May 2013,² approved the provisional agenda of the Sixty-sixth World Health Assembly, as amended.

(Seventeenth meeting, 29 January 2013)

EB132(18) Date and place of the 133rd session of the Executive Board

The Executive Board decided that its 133rd session should be convened on 29 and 30 May 2013 in Geneva.

(Seventeenth meeting, 29 January 2013)

¹ Document EB132/36.

² See decision EB131(10).

ANNEXES

ANNEX 1

Nongovernmental organizations admitted into, or maintained in, official relations with WHO by virtue of resolution EB132.R9 and decision EB132(9)

[EB132/34, Annex – 26 January 2013]

ASSITEB-BIORIF^{1*}
African Medical and Research Foundation*
Aga Khan Foundation*
CMC – Churches' Action for Health
Consumers International*
Council for International Organizations of Medical Sciences*
Council on Health Research for Development
CropLife International
European Society for Medical Oncology
EuroSafe – European Association for Injury Prevention and Safety Promotion*
Framework Convention Alliance on Tobacco Control*
Global Forum for Health Research
Global Health Council, Inc.
International Alliance for Biological Standardization^{2*}
International Alliance of Patients' Organizations*
International Association for Hospice and Palliative Care, Inc.
International Association of Cancer Registries*
International Catholic Committee of Nurses and Medico-Social Assistants
International College of Surgeons*
International Conference of Deans of French-Language Faculties of Medicine
International Council for Standardization in Haematology*
International Council of Nurses*
International Federation for Medical and Biological Engineering*
International Federation of Biomedical Laboratory Science
International Federation of Clinical Chemistry and Laboratory Medicine
International Federation of Fertility Societies*
International Federation of Health Information Management Associations^{3*}
International Federation of Hospital Engineering
International Federation of Medical Students' Associations*
International Federation of Pharmaceutical Manufacturers and Associations*
International Federation of Surgical Colleges*
International Hospital Federation*
International Life Saving Federation*

¹ ASSITEB International Association of Biomedical Technologists, BIORIF Bio-Training Association – International Training Network for Development of Human Resources in Laboratory Medicine. Previously known as the International Association of Biologists Technicians (ASSITEB).

² Previously known as the International Association for Biologicals.

³ Previously known as the International Federation of Health Records Organizations.

International Medical Informatics Association*
International Medical Parliamentarians Organization
International Organization for Standardization*
International Pharmaceutical Federation*
International Pharmaceutical Students' Federation*
International Society for Burn Injuries*
International Society for Telemedicine & eHealth*
International Society of Blood Transfusion*
International Society of Orthopaedic Surgery and Traumatology*
International Society of Radiology*
International Society on Thrombosis and Haemostasis, Inc.*
International Union of Architects*
International Union of Basic and Clinical Pharmacology*
International Union of Microbiological Societies*
Medicus Mundi International – International Organisation for Cooperation in Health Care*
OXFAM
The Cochrane Collaboration*
The Commonwealth Pharmacists Association
The Global Alliance for Rabies Control, Inc.
The International League of Dermatological Societies*
The International Society for Quality in Health Care Incorporated*
The International Society of Radiographers and Radiological Technologists*
The Network: Towards Unity for Health*
The Transplantation Society*
The Save the Children Fund*
The World Medical Association, Inc.*
The Worldwide Palliative Care Alliance
WaterAid
World Association of Societies of Pathology and Laboratory Medicine*
World Federation for Medical Education*
World Federation for Ultrasound in Medicine and Biology*
World Federation of Acupuncture-Moxibustion Societies*
World Federation of Chiropractic*
World Federation of Public Health Associations*
World Federation of Societies of Anaesthesiologists*
World Organization of Family Doctors*
World Self-Medication Industry*
World Vision International*
Worldwide Network for Blood and Marrow Transplantation

* Based on reports of collaboration for the period under review 2010–2012, the Standing Committee on Nongovernmental Organizations recommended the maintenance in official relations of those nongovernmental organizations whose names are followed by an asterisk. The other nongovernmental organizations are the subject of specific decisions or a resolution.

ANNEX 2

Confirmation of amendments to the Staff Rules¹

[EB132/40 – 11 January 2013]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.²
2. The amendments described in section I of this document are made in the light of the objectives of WHO's management reforms in the area of human resources as defined by the Sixty-fourth and Sixty-fifth World Health Assembly and the Executive Board at its 129th session.³
3. The amendments described in section II of this document are made in the light of experience and in the interest of good human resources management.
4. The amendments described in section III of this document stem from decisions expected to be taken by the United Nations General Assembly at its sixty-seventh session, on the basis of recommendations made by the International Civil Service Commission in its annual report for 2012.⁴ Should the General Assembly not approve the Commission's recommendations, an addendum to this report will be issued.
5. The amendments for the biennium 2012–2013 involve negligible additional costs under the regular budget. They will be met from the appropriate allocations established for each of the regions and for global and interregional activities, as well as from extrabudgetary sources of funds.⁵
6. The amended Staff Rules are set out in [Appendix 1].⁶

I. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF WHO'S MANAGEMENT REFORMS IN THE AREA OF HUMAN RESOURCES

Background

7. The Organization requires a workforce that is matched to its programme needs at all levels, and which can be reliably funded. However, there is a mismatch between the financing that WHO receives and its ability to maintain a high performing, flexible and mobile workforce.

¹ See resolutions EB132.R10 and EB132.R11.

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

³ See document A65/5 and decision EB129(8).

⁴ *Official record of the General Assembly, Sixty-seventh session, Supplement No. 30 (A/67/30)* and Corrigendum (A/67/30/Corr.1).

⁵ Amendments to Appendix [2] of the Staff Rules have been prepared accordingly and are attached in [Appendix 3].

⁶ Available in English and French only.

8. WHO is revising its contractual framework, which consists of three types of appointment: continuing, fixed-term and temporary. In the context of WHO reform, and taking into account the financing challenges that the Organization now faces, careful consideration has been given to whether these appointment types should be maintained or revised in order to manage the Organization's workforce more effectively. In addition, the Executive Board at its 128th session requested the Director-General to take measures to strengthen the criteria and introduce a new basis for the granting of continuing appointments.

9. As a result, the Organization is making the criteria and conditions more rigorous for the granting of a continuing appointment to current staff, as requested by the Executive Board in resolution EB128.R4. It is also amending WHO's contractual framework by phasing out continuing appointments for future staff members. Consequently, the fixed-term appointment type has been amended to allow the Organization to employ staff members on fixed-term appointments beyond the current period of five years, in order to meet programme requirements and provided that funding is available; the temporary appointment type will remain.

10. The phasing out of continuing appointments and removal of the maximum duration of fixed-term appointments require amendments to the Staff Rules on the completion of appointments, abolition of posts and the reassignment process. The proposed amendments, which are set out below, clarify and, in some cases, strengthen, those rules.

Appointment policies

11. Staff Rule 420.2 has been amended to phase out continuing appointments and, in the interim, introduce stricter criteria and conditions for the granting of continuing appointments. Such conditions will include the establishment of post envelopes.

12. Staff Rule 420.3 has been amended to remove the maximum duration of a fixed-term appointment.

Completion of appointments

13. Staff Rule 1040.1 has been amended to clarify and strengthen the wording related to the completion of fixed-term and temporary appointments.

Abolition of post (including the reassignment process)

14. Staff Rule 1050.1 has been amended to specify that the appointment of any fixed-term staff member may be terminated, regardless of length of service, if the post that he occupies is abolished.

15. Staff Rule 1050.2 has been amended to specify which categories of staff members are eligible to participate in a reassignment process if their posts are abolished or come to an end.

16. Staff Rule 1050.3 has been amended to allow staff members with at least 10 years of fixed-term service, and whose appointments will come to an end pursuant to Staff Rule 1040, to participate in a reassignment process.

17. Staff Rule 1050.4 now has the combined wording of the former Staff Rules 1050.3 and 1050.4. There is no change to the wording.

18. Staff Rule 1050.5.2 has been amended to reflect a numbering change.

19. Staff Rule 1050.6 has been amended to remove the discretion of the Director-General to extend the reassignment period beyond six months.
20. Staff Rule 1050.8 has been amended to make clear that the appointments of staff members on continuing and fixed-term appointments will be terminated or not extended if they are not reassigned during the reassignment process, or if they refuse a reassignment that is proposed during the reassignment process.
21. Staff Rule 1050.10 has been amended to fill an existing gap. The current schedule of indemnities (terminal remuneration) does not indicate the indemnity to be paid to a staff member holding a continuing appointment with five to six years of qualifying service. The schedule has been amended to indicate five months.
22. Staff Rule 1050.10.1 has been amended to remove the 50 percent increase to the termination indemnity if a staff member refuses a reassignment pursuant to the reassignment process and whose appointment is consequently terminated.

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

Effective date

23. Staff Rule 040 has been amended to indicate that the effective date of these Staff Rules, with the exception of [Appendices 2 and 3], is 1 February 2013. The effective date of [Appendix 2] (salary scale) and [Appendix 3] (education grant) is 1 January 2013.

Standards of conduct for staff members

24. In Staff Rule 110.2, the word “Section” has been changed to “Article”, as the Staff Regulations have articles, not sections.

Working hours and attendance

25. Staff Rule 610 has been amended to clarify that a staff member’s salary may be withheld temporarily while it is determined whether an unauthorized absence was due to reasons beyond the staff member’s control. If an unauthorized absence was due to reasons beyond the staff member’s control, the salary withheld will be paid.

New Staff Rule

26. Staff Rule 1205 has been introduced to clarify that the Staff Rules related to appeals also apply to former staff members, except for Staff Rules 1230.4 and 1230.5.

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

Remuneration of staff in the professional and higher categories

27. The Commission recommended to the United Nations General Assembly that the current base/floor salary scale for the professional and higher categories should be increased by 0.12% through the standard consolidation method of increasing base salary and commensurately reducing post adjustment multiplier points (i.e. on a “no loss, no gain” basis) with effect from 1 January 2013.

28. Amendments to Appendix 1 of the Staff Rules have been prepared accordingly and are attached in [Appendices 2 and 3 to this text].

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

29. Subject to the decision of the United Nations General Assembly in respect of the recommendation in paragraph 27 above, the Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board should recommend to the Sixty-sixth World Health Assembly modifications in the salaries of Assistant Directors-General and Regional Directors. Thus, as from 1 January 2013, the gross salary for Assistant Directors-General and Regional Directors would be US\$ 172 301 per annum, and the net salary US\$ 134 111 (dependency rate) or US\$ 121 443 (single rate).

30. Based on the adjustments to salaries described above, the salary modification to be authorized by the World Health Assembly for the Deputy Director-General would entail, as from 1 January 2013, a gross salary of US\$ 189 599 per annum with a corresponding net salary of US\$ 146 219 (dependency rate) or US\$ 131 590 (single rate).

31. The salary adjustments described above would imply similar modifications to the salary of the Director-General. The salary to be authorized by the World Health Assembly, as from 1 January 2013, would therefore be US\$ 233 161 per annum gross, US\$ 176 713 net (dependency rate) or US\$ 157 152 net (single rate).

Review of the level of the education grant

32. The Commission had before it proposals by the secretariat of the United Nations Chief Executives Board for Coordination for a review of the level of the education grant on the basis of the analysis of expenditure data on 18 296 claims for the academic year 2010–2011 in the 15 individual country/currency areas for which the education grant was administered. The analysis was done in accordance with the existing methodology introduced in 1992.

33. The Commission decided to recommend to the General Assembly:

- (a) That for Austria, Belgium, Denmark, France, Germany, Italy, the Netherlands, Spain, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the United States dollar area outside the United States of America, the maximum admissible expenses and the maximum education grant be adjusted as shown in annex III, table 1, of its report for 2012;

- (b) That for Ireland, Japan and Sweden, the maximum admissible expenses and maximum education grant remain at the current levels shown in annex III, table 1, of its report for 2012;
- (c) That for Austria, Belgium, Denmark, France, Germany, Ireland, Italy, Japan, the Netherlands, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the United States dollar area outside the United States of America, the normal flat rates for boarding, taken into account within the maximum admissible educational expenses, and the additional amount for reimbursement of boarding costs over and above the maximum grant payable to staff members at designated duty stations, be revised as shown in annex III, table 2 of its report for 2012;
- (d) That for Switzerland, the normal flat rate for boarding and additional flat rate for designated duty stations be maintained at the current level as shown in annex III, table 2 to its report for 2012;
- (e) That the special measures for China, Hungary, Indonesia, and the Russian Federation, as well as for the eight specific schools in France (namely, American School of Paris, British School of Paris, International School of Paris, American University of Paris, Marymont School of Paris, European Management School of Lyon, École Active Bilingue Victor Hugo and École Active Bilingue Jeannine Manuel), be maintained;
- (f) That the special measures for Romania be discontinued;
- (g) That special measures be introduced in Thailand and for the American Cooperative School in Tunis, Tunisia and the American International School of Johannesburg, South Africa;
- (h) That all the above-mentioned adjustments and measures be applicable as from the school year in progress on 1 January 2013.

34. Amendments to Appendix 2 of the Staff Rules have been prepared accordingly and are attached in [Appendix 3 to this text].

ACTION BY THE EXECUTIVE BOARD

35. [This paragraph contained two draft resolutions, which were adopted at the fifteenth meeting as EB132.R10 and EB132.R11.]

Appendix 1

TEXT OF AMENDED STAFF RULES

040. EFFECTIVE DATE

With the exception of Appendices 1 and 2, these Staff Rules are effective as from 1 February 2013 and supersede all Rules in force before that date. All subsequent modifications shall become effective as from the date shown thereon. Appendices 1 and 2 are effective as from 1 January 2013.¹

.....

110. STANDARDS OF CONDUCT FOR STAFF MEMBERS

...

110.2 The basic standards for staff members are set out in Article I of the Staff Regulations.

.....

420. APPOINTMENT POLICIES

...

420.2 A “continuing appointment” is an appointment without specified time-limit.

420.2.1 Staff members, excluding those referred to in Staff Rule 420.2.2, who hold a fixed-term appointment on 1 February 2013, are eligible to be granted or considered for a continuing appointment as follows:

420.2.1.1 If, during the appointment held on 1 February 2013, the staff member reaches a minimum of five years uninterrupted fixed-term, active service and has certified satisfactory performance, a continuing appointment shall be granted.

420.2.1.2 If, during the appointment held on 1 February 2013, the staff member does not reach five years of uninterrupted fixed-term, active service, the staff member shall be considered for a continuing appointment pursuant to conditions and criteria established by the Director-General.

420.2.2 The categories of staff members who are not eligible for a continuing appointment include:

420.2.2.1 Staff members specified in Staff Regulation 4.5;

¹ The effective date of Appendices 1 and 2 is subject to the adoption of a resolution by the United Nations General Assembly on the recommendations of the International Civil Service Commission in its report for 2012 (document A/67/30).

420.2.2.2 Staff members on secondment to the Organization; and

420.2.2.3. Staff members who do not hold a fixed-term appointment on 1 February 2013.

420.3 A “fixed-term appointment” is a time-limited appointment of one year or more. Any extension is subject to conditions determined by the Director-General

.....

610. WORKING HOURS AND ATTENDANCE

...

610.5 No salary shall be paid to staff members in respect of periods of unauthorized absence from work unless such absence was due to reasons beyond their control. Payment of salary may be withheld pending a determination as to whether the absence was due to reasons beyond the staff member’s control. If the absence is determined to be for reasons beyond the staff member’s control, the salary withheld shall be paid.

.....

1040. COMPLETION OF APPOINTMENTS

1040.1 Fixed-term and temporary appointments carry no right to extension or conversion of the appointment. In the absence of any offer and acceptance of extension, such appointments shall end on the completion of the agreed period of service.

1040.1.1 A fixed-term staff member shall be notified of the end of the appointment no less than three months before its end date.

1040.1.2 A temporary staff member shall be notified of the end of the appointment normally no less than one month before its end date. Such notice shall not be required in the case of a staff member holding a temporary appointment who has reached the maximum duration of uninterrupted service under consecutive temporary appointments, as defined in Staff Rule 420.4.

.....

1050. ABOLITION OF POST

1050.1 Subject to Staff Rules 1050.2 and 1050.3, the fixed-term appointment of a staff member may be terminated prior to its end date if the post that he occupies is abolished.

1050.2 In accordance with conditions and procedures established by the Director-General, reasonable efforts shall be made to reassign staff members whose posts have been abolished or have come to an end, as follows:

1050.2.1 Staff members with a continuing appointment.

1050.2.2 Staff members holding a fixed-term appointment on 1 February 2013 who have completed at least five years of continuous and uninterrupted fixed-

term service with the Organization, provided that this period of continuous and uninterrupted fixed-term certified satisfactory service began before 1 February 2013.

1050.2.3 Staff members not holding a fixed-term appointment on 1 February 2013 who have completed at least ten years of continuous and uninterrupted certified satisfactory fixed-term service with the Organization.

1050.2.4. Staff members on secondment to the Organization are not eligible to participate in the reassignment process.

1050.3 In accordance with conditions and procedures established by the Director-General, reasonable efforts shall be made to reassign staff members who have completed at least ten years of continuous and uninterrupted fixed-term certified satisfactory service with the Organization and whose appointments will come to an end pursuant to Staff Rule 1040.

1050.3.1 Staff members on secondment to the Organization are not eligible to participate in the reassignment process.

1050.4 The paramount consideration for reassignment shall be the necessity of securing the highest standards of efficiency, competence and integrity with due regard given to the performance, qualifications and experience of the staff member concerned. The Director-General may establish priorities for reassigning staff members.

...

1050.5.2 Staff members shall be given due preference for vacancies during the reassignment period, within the context of Staff Rule 1050.4.

...

1050.6 The reassignment period will end within six months from its commencement.

...

1050.8 The staff member's continuing or fixed-term appointment shall be terminated, or not extended, if the staff member is not reassigned during the reassignment period or if the staff member refuses a reassignment pursuant to Staff Rule 1050.5.3.

...

1050.10 Staff members whose appointments are terminated or not extended under this Rule shall be paid an indemnity in accordance with the following schedule and with due regard to Rule 380.2:

Indemnity (Terminal remuneration)

| <i>Years of service</i> | <i>Staff holding continuing appointments</i> | <i>Staff holding other types of appointments</i> |
|-------------------------|--|---|
| Less than 1 |) | One week per unexpired month of contract, subject to a minimum of 6 weeks and a maximum of 3 months |
| 1 |) | |
| 2 |) Not | |
| 3 |) applicable | |
| 4 |) | |
| 5 | 5 months | 4 months |
| 6 | 6 months | 5 months |
| 7 | 7 months | 6 months |
| 8 | 8 months | 7 months |
| 9 | 9 months | 9 months |
| 10 | 9.5 months | 9.5 months |
| 11 | 10 months | 10 months |
| 12 | 10.5 months | 10.5 months |
| 13 | 11 months | 11 months |
| 14 | 11.5 months | 11.5 months |
| 15 or more | 12 months | 12 months |

1050.10.1 In the case of termination of appointment following the reassignment process pursuant to Staff Rule 1050.2, the indemnity shall be increased by 50 per cent, unless the staff member refuses a reassignment pursuant to Staff Rule 1050.5.3.

.....

1205. APPLICABILITY

The Rules in this section apply to staff members and former staff members. In this section, the term “staff member” includes former staff members, except with respect to membership in Boards of Appeal and the election of such members under Staff Rules 1230.4 and 1230.5.

.....

Appendix 2

**SALARY SCALE FOR THE PROFESSIONAL AND HIGHER CATEGORIES: ANNUAL GROSS BASE SALARIES AND NET EQUIVALENTS
AFTER APPLICATION OF STAFF ASSESSMENT (IN US DOLLARS)¹**

(effective 1 January 2013)

Step

| <i>Level</i> | <i>I</i> | <i>II</i> | <i>III</i> | <i>IV</i> | <i>V</i> | <i>VI</i> | <i>VII</i> | <i>VIII</i> | <i>IX</i> | <i>X</i> | <i>XI</i> | <i>XII</i> | <i>XIII</i> | <i>XIV</i> | <i>XV</i> |
|--------------|----------|-----------|------------|-----------|----------|-----------|------------|-------------|-----------|----------|-----------|------------|-------------|------------|-----------|
| | | * | * | * | * | * | | | | | | | | | |
| D-2 Gross | 141 412 | 144 411 | 147 412 | 150 430 | 153 559 | 156 687 | | | | | | | | | |
| Net D | 112 231 | 114 420 | 116 611 | 118 801 | 120 991 | 123 181 | | | | | | | | | |
| Net S | 103 105 | 104 953 | 106 794 | 108 630 | 110 461 | 112 282 | | | | | | | | | |
| | | | | | * | * | * | * | * | | | | | | |
| D-1 Gross | 129 216 | 131 851 | 134 479 | 137 115 | 139 751 | 142 382 | 145 019 | 147 651 | 150 296 | | | | | | |
| Net D | 103 328 | 105 251 | 107 170 | 109 094 | 111 018 | 112 939 | 114 864 | 116 785 | 118 707 | | | | | | |
| Net S | 95 508 | 97 178 | 98 846 | 100 508 | 102 169 | 103 826 | 105 475 | 107 124 | 108 768 | * | * | * | | | |
| | | | | | | | | | | | | | | | |
| P-5 Gross | 106 860 | 109 100 | 111 342 | 113 581 | 115 823 | 118 062 | 120 305 | 122 545 | 124 786 | 127 027 | 129 268 | 131 508 | 133 751 | | |
| Net D | 87 008 | 88 643 | 90 280 | 91 914 | 93 551 | 95 185 | 96 823 | 98 458 | 100 094 | 101 730 | 103 366 | 105 001 | 106 638 | | |
| Net S | 80 831 | 82 285 | 83 733 | 85 181 | 86 628 | 88 069 | 89 509 | 90 947 | 92 383 | 93 815 | 95 246 | 96 672 | 98 099 | | |
| | | | | | | | | | | | | * | * | * | * |
| P-4 Gross | 88 043 | 90 042 | 92 039 | 94 037 | 96 037 | 98 032 | 100 034 | 102 196 | 104 359 | 106 519 | 108 685 | 110 844 | 113 007 | 115 171 | 117 333 |
| Net D | 72 554 | 74 133 | 75 711 | 77 289 | 78 869 | 80 445 | 82 025 | 83 603 | 85 182 | 86 759 | 88 340 | 89 916 | 91 495 | 93 075 | 94 653 |
| Net S | 67 564 | 69 001 | 70 438 | 71 870 | 73 303 | 74 735 | 76 165 | 77 593 | 79 019 | 80 445 | 81 868 | 83 291 | 84 714 | 86 133 | 87 552 |
| | | | | | | | | | | | | | | * | * |
| P-3 Gross | 72 358 | 74 208 | 76 058 | 77 905 | 79 757 | 81 605 | 83 453 | 85 305 | 87 154 | 89 004 | 90 856 | 92 701 | 94 554 | 96 403 | 98 251 |
| Net D | 60 163 | 61 624 | 63 086 | 64 545 | 66 008 | 67 468 | 68 928 | 70 391 | 71 852 | 73 313 | 74 776 | 76 234 | 77 698 | 79 158 | 80 618 |
| Net S | 56 158 | 57 502 | 58 848 | 60 190 | 61 536 | 62 878 | 64 220 | 65 567 | 66 908 | 68 252 | 69 591 | 70 932 | 72 269 | 73 609 | 74 949 |
| | | | | | | | | | | | | * | | | |
| P-2 Gross | 59 343 | 60 997 | 62 651 | 64 306 | 65 961 | 67 614 | 69 270 | 70 922 | 72 576 | 74 233 | 75 885 | 77 541 | | | |
| Net D | 49 881 | 51 188 | 52 494 | 53 802 | 55 109 | 56 415 | 57 723 | 59 028 | 60 335 | 61 644 | 62 949 | 64 257 | | | |
| Net S | 46 786 | 47 972 | 49 155 | 50 339 | 51 523 | 52 708 | 53 912 | 55 112 | 56 319 | 57 521 | 58 720 | 59 926 | | | |
| | | | | | | | | | | | | | | | |
| P-1 Gross | 46 454 | 47 935 | 49 407 | 50 957 | 52 543 | 54 133 | 55 724 | 57 316 | 58 901 | 60 492 | | | | | |
| Net D | 39 486 | 40 745 | 41 996 | 43 256 | 44 509 | 45 765 | 47 022 | 48 280 | 49 532 | 50 789 | | | | | |
| Net S | 37 247 | 38 405 | 39 563 | 40 720 | 41 877 | 43 034 | 44 191 | 45 334 | 46 472 | 47 610 | | | | | |

¹ D = rate applicable to staff members with a dependent spouse or child; S= rate applicable to staff members with no dependent spouse or child.

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

Appendix 3

EDUCATION GRANT ENTITLEMENTS APPLICABLE IN CASES WHERE EDUCATIONAL EXPENSES ARE INCURRED IN SPECIFIED CURRENCIES AND COUNTRIES

(effective school year in progress 1 January 2013)

| <i>Country/ currency area</i> | (1) Maximum admissible educational expenses and maximum grant for disabled children | (2) Maximum education grant | (3) Flat rate when boarding not provided | (4) Additional flat rate for boarding (for staff serving at designated duty stations) | (5) Maximum grant for staff members serving at designated duty stations | (6) Maximum admissible educational expenses for attendance (only when flat rate for boarding is paid) |
|---|---|-----------------------------------|---|---|---|--|
| Part A | | | | | | |
| Austria (Euro) | 18 240 | 13 680 | 3 882 | 5 824 | 19 504 | 13 064 |
| Belgium (Euro) | 16 014 | 12 011 | 3 647 | 5 470 | 17 481 | 11 152 |
| Denmark (Krone) | 122 525 | 91 894 | 28 089 | 42 134 | 134 028 | 85 073 |
| France*(Euro) | 11 497 | 8 623 | 3 127 | 4 691 | 13 314 | 7 328 |
| Germany (Euro) | 20 130 | 15 098 | 4 322 | 6 484 | 21 582 | 14 368 |
| Ireland (Euro) | 17 045 | 12 784 | 3 147 | 4 721 | 17 505 | 12 849 |
| Italy (Euro) | 21 601 | 16 201 | 3 223 | 4 836 | 21 037 | 17 304 |
| Netherlands (Euro) | 18 037 | 13 528 | 3 993 | 5 990 | 19 518 | 12 713 |
| Spain (Euro) | 17 153 | 12 864 | 3 198 | 4 797 | 17 661 | 12 888 |
| Japan yen (yen) | 2 324 131 | 1 743 098 | 609 526 | 914 290 | 2 657 388 | 1 511 429 |
| Sweden (krona) | 157 950 | 118 462 | 26 219 | 39 328 | 157 790 | 175 641 |
| Switzerland (Swiss franc) | 32 932 | 24 699 | 5 540 | 8 310 | 33 009 | 25 545 |
| United Kingdom of Great Britain and Northern Ireland (pound sterling) | 25 864 | 19 398 | 3 821 | 5 731 | 25 129 | 20 769 |
| Part B | | | | | | |
| United States dollar (outside the United States of America) | 21 428 | 16 071 | 3 823 | 5 735 | 21 806 | 16 331 |
| Part C | | | | | | |
| United States dollar (in the United States of America) ¹ | 45 586 | 34 190 | 6 265 | 9 399 | 43 589 | 37 233 |

* Except for the following schools where the US\$ in the US levels will be applied:

- | | |
|--------------------------------------|--|
| 1. American School of Paris | 5. European Management School of Lyon |
| 2. American University of Paris | 6. International School of Paris |
| 3. British School of Paris | 7. Marymount School of Paris |
| 4. École Active Bilingue Victor Hugo | 8. École Active Bilingue Jeannine Manuel |

¹ The United States dollar in the United States of America applies, as a special measure, for China, Hungary, Indonesia, Romania and the Russian Federation. The effective date that the adjustments and measures are applicable is based on the school year in progress on 1 January 2013; special measures for Romania are discontinued. Special measures are introduced in Thailand and for the American Cooperative School in Tunis, Tunisia and the American International School of Johannesburg, South Africa.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

n/a

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

Not applicable.

1. Resolution EB132.R4 Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children

2. Linkage to the Programme budget 2012–2013 (see document A64/7

http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 4 and 11

Organization-wide expected result(s): 4.7, 11.1, 11.2, 11.3

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

Implementation of the resolution would support Member States to improve the quality, supply and use of life-saving commodities for women’s and children’s health, and to take the necessary actions for reducing maternal and child mortality and achieving Millennium Development Goals 4 and 5.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

Additional resources will be required to support work on prequalification, quality assurance, demand creation and for other actions identified for implementing recommendations of the Commission, particularly in relation to technical support by WHO.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Three years (covering the period 2013–2015)

(ii) Total: US\$ 20 million (staff: US\$ 6 million; activities: US\$ 14 million)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

Total: US\$ 5.83 million (staff: US\$ 830 000; activities: US\$ 5 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

No

If “no”, indicate how much is not included.

US\$ 5.83 million

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

Headquarters: one staff member at grade P.5, one at grade P.4 and one at grade P.3, each post requiring skills in commodity management and quality assurance.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

There is a funding gap of US\$ 5.83 million (US\$ 2.60 million pledged, source of funds: Norway via the secretariat of the United Nations Commission on Life-Saving Commodities for Women and Children; US\$ 3.23 million, source of funds: mobilization strategy pending).

1. Resolution EB132.R5 Disability**2. Linkage to the Programme budget 2012–2013 (see document A64/7**

http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 3

Organization-wide expected result(s): 3.1, 3.3 and 3.6

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

It links with existing Organization-wide expected results.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) 5 years (covering the period 2013–2017)

(ii) Total: US\$ 30 million (staff: US\$ 15 million; activities: US\$ 15 million)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

Total: US\$ 2.4 million (staff: US\$ 1.2 million; activities: US\$ 1.2 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

All levels of the Organization.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications**Could the resolution be implemented by existing staff? (Yes/no)**

No. Additional staff are required in four regional offices and at headquarters. The staff will be recruited in the next biennium.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

In the regional offices for Africa, South-East Asia, Europe and the Eastern Mediterranean one additional full-time staff member per regional office is required to act as a focal point.

Two technical officers are required at headquarters to develop a rehabilitation programme, including assistive technology provision, disability-inclusive health system strengthening and data collection.

4. Funding**Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)**

80% of funds are available.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ 480 000; source(s) of funds: a number of donors have been approached to support, including USAID and CBM International. Discussions are continuing.

1. Resolution EB132.R7 Neglected tropical diseases**2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)**

Strategic objective(s): 1

Organization-wide expected result(s): 1.3

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

If neglected tropical diseases are to be overcome, the main challenge is to sustain support from Member States and partners to ensure the following: adequate coverage with interventions against neglected tropical diseases; the continued expansion of services; and the necessary strengthening of health systems. The resolution would contribute to meeting this challenge.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Eight years (covering the period 2013–2020)

(ii) Total: US\$ 9 million (staff: US\$ 3.6 million; activities: US\$ 5.4 million)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

Total: US\$ 600 000 (activities: US\$ 600 000)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Regions and countries – 70%; headquarters – 30%.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

No.

If “no”, indicate how much is not included.

US\$ 600 000

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

Yes.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ n/a; source(s) of funds: n/a.

1. Resolution EB132.R8 eHealth standardization and interoperability**2. Linkage to the Programme budget 2012–2013 (see document A64/7**

http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 10

Organization-wide expected result(s): 10.7

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

It would strengthen country health information systems by supporting the provision of timely, reliable, and accurate data for decision-making.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Five years (covering the period 2013–2017)

(ii) Total: US\$ 2.25 million (staff: US\$ 750 000; activities: US\$ 1.50 million)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

Total: US\$ 250 000 (staff: US\$ 200 000; activities: US\$ 50 000)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

All levels of the Organization.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

Total US\$ 830 000 (staff: US\$ nil; activities: US\$ nil).

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

All levels of the Organization, except for Hardship and Danger Pay that do not apply in all locations.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

Yes.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ n/a; source(s) of funds: n/a.

1. Resolution EB132.13 Amended Rule 52 of the Rules of Procedure of the Executive Board
Resolution EB132.14 Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization

2. Linkage to the Programme budget 2012–2013 (see document A64/7
http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf

Strategic objective(s): 12

Organization-wide expected result(s): 12.1

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

It links with existing Organization-wide expected results

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

No.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat’s activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Every five years (beginning in the biennium 2016–2017)

(ii) Total: US\$ 70 936 (staff: US\$ nil; activities: US\$ 70 936)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

Total: US\$ nil (staff: US\$ nil; activities: US\$ nil)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Headquarters

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

No, it will be included within the Programme budget 2016–2017. The financial period 2012–2013 is not concerned by this resolution.

If “no”, indicate how much is not included.

US\$ n/a.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

n/a.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ n/a; source(s) of funds: n/a.