



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

111TH SESSION

GENEVA, 20-28 JANUARY 2003

**RESOLUTIONS AND DECISIONS
ANNEXES**

GENEVA
2003



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

111TH SESSION

GENEVA, 20-28 JANUARY 2003

**RESOLUTIONS AND DECISIONS
ANNEXES**

GENEVA
2003

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	PAHO	– Pan American Health Organization
ASEAN	– Association of South-East Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CEB	– United Nations System Chief Executives Board for Coordination (formerly ACC)	UNCTAD	– United Nations Conference on Trade and Development
CIOMS	– Council for International Organizations of Medical Sciences	UNDCP	– United Nations International Drug Control Programme
FAO	– Food and Agriculture Organization of the United Nations	UNDP	– United Nations Development Programme
IAEA	– International Atomic Energy Agency	UNEP	– United Nations Environment Programme
IARC	– International Agency for Research on Cancer	UNESCO	– United Nations Educational, Scientific and Cultural Organization
ICAO	– International Civil Aviation Organization	UNFPA	– United Nations Population Fund
IFAD	– International Fund for Agricultural Development	UNHCR	– Office of the United Nations High Commissioner for Refugees
ILO	– International Labour Organization (Office)	UNICEF	– United Nations Children’s Fund
IMF	– International Monetary Fund	UNIDO	– United Nations Industrial Development Organization
IMO	– International Maritime Organization	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 employed 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 111th session of the Executive Board was held at WHO headquarters, Geneva, from 20 to 28 January 2003. The proceedings are published 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 and working groups, are published in document EB111/2003/REC/2.

CONTENTS

	Page
Preface	iii
Agenda	vii
List of documents.....	xi

RESOLUTIONS AND DECISIONS

Resolutions

EB111.R1	Appointment of the Regional Director for the Americas	1
EB111.R2	Expression of appreciation to Dr George Alleyne	1
EB111.R3	Real Estate Fund	2
EB111.R4	Global health-sector strategy for HIV/AIDS	3
EB111.R5	Reducing global measles mortality	4
EB111.R6	Prevention and control of influenza pandemics and annual epidemics.....	6
EB111.R7	Implementing the recommendations of the <i>World report on violence and health</i>	8
EB111.R8	Confirmation of amendments to the Staff Rules.....	10
EB111.R9	Confirmation of amendments to the Staff Rules.....	11
EB111.R10	Salaries of staff in ungraded posts and of the Director-General	11
EB111.R11	Strategy for child and adolescent health and development	11
EB111.R12	Traditional medicine	14
EB111.R13	Revision of the International Health Regulations	16
EB111.R14	Policy for relations with nongovernmental organizations.....	17
EB111.R15	Nomination for the post of Director-General.....	18
EB111.R16	Draft contract of the Director-General.....	19

		Page
EB111.R17	Expression of appreciation to Dr Gro Harlem Brundtland	21
EB111.R18	Relations with nongovernmental organizations	22
Decisions		
EB111(1)	Provisional agenda for and duration of the Fifty-sixth World Health Assembly	23
EB111(2)	Date and place of the 112th session of the Executive Board.....	23
EB111(3)	Assessments for 2002 and 2003	23
EB111(4)	Assessments for 2004-2005.....	24
EB111(5)	Ad hoc open-ended intergovernmental working group to review the working methods of the Executive Board	24
EB111(6)	Review of nongovernmental organizations in official relations with WHO	24
EB111(7)	Award of the Dr A.T. Shousha Foundation Prize	25
EB111(8)	Award of the Sasakawa Health Prize	25
EB111(9)	Award of the Ihsan Dogramaci Family Health Foundation Fellowship.....	25
EB111(10)	Award of the Francesco Pocchiari Fellowship	26
EB111(11)	Award of the United Arab Emirates Health Foundation Prize	26
EB111(12)	Award of the Léon Bernard Foundation Prize	26
EB111(13)	State of Kuwait Prize for Research in Health Promotion.....	26

ANNEXES

1.	Proposed programme budget for the financial period 2004-2005: Real Estate Fund	29
2.	Amendments to the Staff Rules	33
3.	Amendments to the Staff Rules	36
4.	Nongovernmental organizations admitted and maintained in official relations with WHO by virtue of, respectively, resolution EB111.R18 and decision EB111(6)	40

AGENDA¹

1. Opening of the session and adoption of the agenda
2. Report by the Director-General
 - Discussion on issues raised
3. Director-General
 - 3.1 Nomination for the post
 - 3.2 Draft contract
4. Proposed programme budget for the financial period 2004-2005
5. Technical and health matters
 - 5.1 WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration
 - 5.2 WHO's contribution to the follow-up of the United Nations General Assembly special session on HIV/AIDS
 - 5.3 Smallpox eradication: destruction of *Variola virus* stocks
 - 5.4 Assessment of health systems' performance
 - 5.5 Strategy for child and adolescent health and development
 - 5.6 [Transferred to item 10.6]
 - 5.7 Traditional medicine
 - 5.8 Influenza
 - 5.9 Implementing the recommendations of the *World report on violence and health*
 - 5.10 [Transferred to item 10.7]
 - 5.11 Country focus initiative
 - 5.12 Revision of the International Health Regulations

¹ As adopted by the Board at its first meeting (20 January 2003) and subsequently amended at its sixth meeting (22 January 2003) and eighth meeting (23 January 2003).

6. Financial matters

6.1 Assessed contributions

- Status of collection, including Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution
- Assessments for 2004-2005

6.2 Miscellaneous income 2002-2003

6.3 [Deleted]

7. Programme matters

- WHO programmes 2000-2001
- Meeting of Interested Parties, 2002

8. Staffing matters

8.1 Human resources

- Annual report
- Report of the International Civil Service Commission
- Amendments to the Staff Rules

8.2 Representation of developing countries in the Secretariat

8.3 Statement by the representative of the WHO staff associations

9. Other management matters

9.1 Appointment of the Regional Director for the Americas

9.2 Reports of the Executive Board Committees

- Programme Development Committee
- Administration, Budget and Finance Committee
- Audit Committee
- Standing Committee on Nongovernmental Organizations
- Awards, including the proposal from the State of Kuwait to establish a new award

9.3 Policy for relations with nongovernmental organizations

AGENDA

9.4 Reports of the Joint Inspection Unit

- Recent JIU reports
- Previous JIU reports: implementation of recommendations

9.5 Governing body matters

- Ad hoc open-ended intergovernmental working group to review the working methods of the Executive Board
- Proposed resolutions: streamlining of procedures
- Provisional agenda of the Fifty-sixth World Health Assembly and date and place of the 112th session of the Executive Board

10. Matters for information

10.1 Report on meetings of expert committees and study groups (and report on appointments to expert advisory panels and committees)

10.2 Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission

10.3 WHO medicines strategy: progress report

10.4 World Summit on Sustainable Development¹

10.5 Eradication of poliomyelitis¹

10.6 International Nonproprietary Names: revised procedure¹

10.7 Genomics and world health: report of the Advisory Committee on Health Research¹

11. Closure of the session

¹ Deferred to the 112th session of the Executive Board (see document EB111/2003/REC/2, summary record of the eighth meeting, section 4).

LIST OF DOCUMENTS

EB111/1 Rev.2	Agenda ¹
EB111/2	Statement by the Director-General to the Executive Board at its 111th session
EB111/3 and Corr.1	WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration
EB111/4	Contribution of WHO to the follow up of the United Nations General Assembly special session on HIV/AIDS
EB111/5	Smallpox eradication: destruction of <i>Variola virus</i> stocks
EB111/6	Assessment of health systems' performance
EB111/7	Strategy for child and adolescent health and development
EB111/8	International Nonproprietary Names: revised procedure
EB111/9	Traditional medicine
EB111/10	Influenza
EB111/11 and Corr.1bis	Implementing the recommendations of the <i>World report on violence and health</i>
EB111/12	Genomics and world health: report of the Advisory Committee on Health Research
EB111/13	Proposed programme budget for the financial period 2004-2005: Real Estate Fund ² and Information Technology Fund
EB111/14	Status of collection of assessed contributions including Members in arrears to an extent which would justify invoking Article 7 of the Constitution
EB111/15, Corr.1 and Corr.2 and EB111/15 Add.1	Assessments for 2004-2005
EB111/16	WHO programmes 2000-2001

¹ See page ix.

² See Annex 1.

EB111/17 and Corr.1	Human resources: annual report
EB111/18	Report of the International Civil Service Commission
EB111/19 and EB111/19 Add.1	Amendments to the Staff Rules ¹
EB111/20 and Corr.1	Collaboration with nongovernmental organizations: report of the Standing Committee on Nongovernmental Organizations ²
EB111/21	Appointment of the Regional Director for the Americas
EB111/22 and Corr.1	Policy for relations with nongovernmental organizations
EB111/23	Reports of the Joint Inspection Unit. Recent JIU reports
EB111/24	Reports of the Joint Inspection Unit. Previous JIU reports: implementation of recommendations
EB111/25 and Corr.1	Ad hoc open-ended intergovernmental working group
EB111/26	Governing body matters. Proposed resolutions: streamlining of procedures
EB111/27	Future sessions: provisional agenda for the Fifty-sixth World Health Assembly
EB111/28	Report on meetings of expert committees and study groups
EB111/28 Add.1	Report on meetings of expert advisory panels and committees and study groups and report on appointments to expert advisory panels and committees
EB111/29	Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission
EB111/30	WHO medicines strategy: progress report
EB111/31	World Summit on Sustainable Development: outcomes of the World Summit on Sustainable Development and implications for follow-up
EB111/32 and Corr.1	Eradication of poliomyelitis
EB111/33	Country focus initiative
EB111/34	Revision of the International Health Regulations

¹ See Annexes 2 and 3.

² See Annex 4.

LIST OF DOCUMENTS

EB111/35	Representation of developing countries in the Secretariat
EB111/36	Director-General: draft contract
EB111/37	Awards, including the Proposal from the State of Kuwait to establish an award
PPB/2004-2005	Proposed programme budget 2004-2005

Information documents

EB111/INF.DOC./1	Director General: nomination for the post
EB111/INF.DOC./2	Meeting of Interested Parties, 2002
EB111/INF.DOC./3	Statement by the representative of the WHO staff associations
EB111/INF.DOC./4	Miscellaneous income 2002-2003
EB111/INF.DOC./5	Proposed programme budget for the financial period 2004-2005
EB111/INF.DOC./6	Assessments for 2004-2005
EB111/INF.DOC./7	Proposed programme budget for the financial period 2004-2005
EB111/INF.DOC./8	Proposed programme budget for the financial period 2004-2005
EB111/INF.DOC./9	Representation of developing countries in the Secretariat

RESOLUTIONS

EB111.R1 Appointment of the Regional Director for the Americas

The Executive Board,

Considering the provisions of Article 52 of the Constitution and Staff Regulation 4.5;

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

1. APPOINTS Dr Mirta Roses Periago as Regional Director for the Americas as from 1 February 2003;
2. AUTHORIZES the Director-General to issue a contract to Dr Mirta Roses Periago for a period of five years as from 1 February 2003, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 21 January 2003)

EB111.R2 Expression of appreciation to Dr George Alleyne

The Executive Board,

Desiring, on the occasion of the retirement of Dr George Alleyne as Regional Director for the Americas, to express its appreciation of his services to the World Health Organization;

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

1. EXPRESSES its profound gratitude and appreciation to Dr George Alleyne for his invaluable contribution to the work of WHO;
2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to humanity.

(Third meeting, 21 January 2003)

¹ Resolution CSP26.R6.

EB111.R3 Real Estate Fund¹

The Executive Board,

Having considered the report on the Real Estate Fund,

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

The Fifty-sixth World Health Assembly,

Having considered the report on the Real Estate Fund;

Recalling that paragraph 2 of resolution WHA55.8 authorized the Director-General to proceed with the construction of a new building at headquarters at a cost then estimated at CHF 55 000 000, of which WHO's share was estimated at CHF 27 500 000, on the understanding that if WHO's share were likely to exceed by more than 10% the aforementioned amount, further authority would be sought from the Health Assembly;

Recalling that paragraph 3 of resolution WHA55.8 approved the use of the Real Estate Fund for the repayment over a 50-year period of WHO's share of the interest-free loan to be provided by the Swiss authorities with effect from the first year of the completion of the building;

Noting that the costs of a new building at headquarters are now estimated at some CHF 66 000 000, of which WHO's share is estimated at CHF 33 000 000;

Noting that the Swiss authorities are presenting to their parliament for approval a proposal consisting of an interest-free 50-year reimbursable loan of CHF 61 000 000 of which WHO's share is CHF 30 500 000;

Further noting that negotiations are continuing with the Swiss authorities in respect of the value of compensation for the demolition of the V building, the amount of which is expected to cover the CHF 2 500 000 difference between WHO's share of the estimated cost of the building and WHO's share of the interest-free reimbursable loan,

1. **REITERATES** its appreciation to the Swiss Confederation and to the Republic and Canton of Geneva for the continued expression of their hospitality;
2. **CONFIRMS** its authorization to the Director-General to proceed with the construction of the new building at headquarters at a cost which is now estimated at CHF 66 000 000, of which WHO's share is CHF 33 000 000, on the understanding that, if WHO's share were likely to exceed by more than 5% the aforementioned amount, further authority would be sought from the Health Assembly;
3. **ALSO CONFIRMS** its approval of the use of the Real Estate Fund for the repayment over a 50-year period of WHO's share of the interest-free loan to be provided by the Swiss authorities with effect from the first year of completion of the building, on the understanding

¹ See Annex 1.

that the remainder of WHO's share of the total cost will be covered by the compensation to be provided to WHO by the Swiss authorities for the demolition of the V building.

(Fourth meeting, 21 January 2003)

EB111.R4 Global health-sector strategy for HIV/AIDS

The Executive Board,

Having considered the draft global health-sector strategy for HIV/AIDS,¹

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

The Fifty-sixth World Health Assembly,

Having considered the draft global health-sector strategy for HIV/AIDS;

Mindful of WHO's role, as a cosponsor of UNAIDS, in ensuring that the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS (June 2001) is followed up;

Deeply concerned about the unprecedented burden the HIV/AIDS epidemic is placing on the health sector, and acknowledging the central role of that sector in providing an expanded, multisectoral response;

Conscious of the opportunities and challenges presented by the availability of new resources to Member States through mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and from the World Bank, bilateral agencies, foundations and other donors;

Acutely aware of the need to strengthen health-sector capacity in order: (a) to absorb and manage resources; (b) to improve planning, prioritization, development of human resources, programme management, integration and implementation of key interventions, mobilization of nongovernmental organizations, and assurance of service quality; and (c) to support research as part of national responses;

Equally conscious of the need simultaneously to expand activities in prevention, treatment, care, support, surveillance, monitoring and evaluation, as essential and mutually supportive elements of a strengthened overall response to the HIV/AIDS epidemic;

Aware of the corresponding increase in demand by Member States for technical support, normative guidance and strategic information in order to make optimal use of resources and to maximize the impact of interventions;

Recalling that resolution WHA53.14 requested the Director-General, *inter alia*, to develop a global health-sector strategy for HIV/AIDS and sexually transmitted infections,

¹ Document EB111/4.

1. TAKES NOTE of the global health-sector strategy for HIV/AIDS;
2. EXHORTS Member States, as a matter of urgency:
 - (1) to adopt and implement the strategy as appropriate to national circumstances as part of national, multisectoral responses to the HIV/AIDS epidemic;
 - (2) to strengthen existing, or to establish new, structures, and to mobilize and engage all concerned parties, within and beyond the health sector, in order to implement the strategy through the health and other concerned sectors and to monitor and evaluate its effectiveness;
 - (3) to take all necessary steps to fulfil their obligations under the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS;
3. REQUESTS the Director-General:
 - (1) to provide support to Member States, on request, in implementing the strategy and evaluating its impact and effectiveness;
 - (2) to cooperate with those Member States that request technical support in the preparation of their submissions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

(Fifth meeting, 22 January 2003)

EB111.R5 Reducing global measles mortality

The Executive Board,

Having considered the report entitled “Strategy for child and adolescent health and development”;¹

Noting the report’s emphasis on addressing the preventable communicable diseases that account for the vast majority of childhood deaths, particularly measles;

Aware of the goal adopted by the United Nations General Assembly special session on children (2002) to reduce deaths due to measles by half by 2005, compared with the 1999 level, and the target contained in the United Nations Millennium Declaration to reduce the under-five child mortality rate by two-thirds by the year 2015,

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

The Fifty-sixth World Health Assembly,

Alarmed by the unacceptable burden of nearly 800 000 measles deaths annually, occurring mostly in infants and young children living in developing countries;

¹ Document EB111/7.

Recognizing that the current disease burden of measles is the result of underutilization of measles vaccine caused by inadequately supported immunization programmes and disease surveillance systems;

Stressing the importance of achieving the goal adopted by the United Nations General Assembly special session on children (2002) to reduce deaths due to measles by half by 2005, compared with the 1999 level, and the target contained in the United Nations Millennium Declaration to reduce the under-five child mortality rate by two-thirds by the year 2015;

Recognizing the availability of safe, effective and inexpensive measles vaccines and proven strategies to reduce measles mortality;

Welcoming the remarkable progress that has been made by the Measles Initiative partnership to reduce measles deaths in Africa;

Noting the critical importance of routine immunization services as the foundation of a strategy to reduce measles deaths in a sustainable manner, and the essential role of integrated epidemiological and laboratory surveillance for measles in guiding control efforts;

Having considered the report on the strategy for child and adolescent health and development, which identifies measles as one of the five preventable communicable diseases that account for the vast majority of childhood deaths,

1. URGES Member States:

- (1) to implement fully the WHO-UNICEF strategic plan for measles mortality reduction 2001-2005 within their national immunization programmes;
- (2) to provide the financial support necessary for full implementation of national immunization programmes in which the strategy to reduce measles mortality is embedded, including measles vaccine for routine and supplementary immunization activities and strengthening of epidemiological and laboratory surveillance for measles and other vaccine-preventable diseases;
- (3) to use the strategic approach of reducing global measles mortality as a tool for strengthening national immunization programmes, with special emphasis on improving access to immunization services, ensuring safe immunization practices, and enhancing human-resource capability, laboratory networks, epidemiological surveillance and cold-chain systems;

2. REQUESTS the Director-General:

- (1) to work with Member States through regional offices to strengthen national immunization programmes and disease-surveillance systems, using the status of measles control as one of the leading indicators of progress in reducing child mortality;
- (2) to strengthen partnerships at global, regional and subregional levels with UNICEF and other international bodies, nongovernmental organizations and the private sector to mobilize the additional resources needed to implement fully the WHO-UNICEF strategy for the expanded programme on immunization and measles mortality-reduction strategies;

(3) to report to the Fifty-seventh World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Sixth meeting, 22 January 2003)

EB111.R6 Prevention and control of influenza pandemics and annual epidemics

The Executive Board,

Having considered the report on influenza,¹

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

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA22.47 and WHA48.13;

Recognizing that influenza viruses are responsible for seasonal epidemics that sicken millions worldwide and cause fatal complications in up to one million people each year;

Further recognizing that many of these deaths could be prevented through increased use, particularly in people at high risk, of existing vaccines, which are safe and highly effective;

Welcoming the contribution of global influenza surveillance, coordinated by WHO, to the annual determination of the antigenic composition of influenza vaccines and to early recognition of conditions conducive to a pandemic, and the assistance provided by WHO to timely manufacturing of influenza vaccines;

Expressing concern that the health burden and economic impact of influenza in developing countries are poorly documented, and that recent evidence suggests higher rates of fatal complications associated with poor nutritional and health status and limited access to health services;

Further concerned by the general lack of national and global preparedness for a future influenza pandemic, particularly in view of the recurrence of such pandemics and the high mortality, social disruption and economic costs that they invariably cause and which may be exacerbated by rapid international travel, the recent worldwide increase in the size of at-risk populations and the development of resistance to first-line antiviral drugs;

Recognizing the need for improved vaccine formulations, increased manufacturing capacity for vaccines, more equitable access to antiviral drugs, and strengthened disease surveillance as part of national and global pandemic preparedness;

Noting that better use of vaccines for seasonal epidemics will help to ensure that manufacturing capacity meets demand in a future pandemic, and that pandemic preparedness plans will help to make the response to seasonal epidemics more rational and cost-effective as well as preventing numerous deaths;

¹ Document EB111/10.

Noting with satisfaction the consensus reached by the WHO Consultation on Global Priorities in Influenza Surveillance and Control (Geneva, May 2002) on the first Global agenda on influenza surveillance and control, which provides a plan for coordinated activities to improve preparedness for both seasonal epidemics and a future pandemic;¹

Further noting with satisfaction WHO's work on influenza pandemic preparedness planning and its intention to draw up a model plan,

1. URGES Member States:

(1) where national influenza vaccination policies exist, to establish and implement strategies to increase vaccination coverage of all people at high risk, including the elderly and persons with underlying diseases, with the goal of attaining vaccination coverage of the elderly population of at least 50% by 2006 and 75% by 2010;

(2) where no national influenza vaccination policy exists, to assess the disease burden and economic impact of annual influenza epidemics as a basis for framing and implementing influenza prevention policies within the context of other national health priorities;

(3) to draw up and implement national plans for preparedness for influenza pandemics, giving particular attention to the need to ensure adequate supplies of vaccine, antiviral agents, and other vital medicines, as outlined in the Global agenda on influenza surveillance and control;

(4) to contribute to heightened preparedness for epidemics and pandemics through strengthening of national surveillance and laboratory capacity and, where appropriate, increased support to national influenza centres;

(5) to support research and development on improved influenza vaccines, and also effective antiviral preparations, particularly concerning their suitability for use in developing countries, in order to obtain an influenza-vaccine formulation that confers long-lasting and broad protection against all influenza virus strains;

2. REQUESTS the Director-General:

(1) to continue to combat influenza by advocating new partnerships with organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and the private sector;

(2) to continue to provide leadership in coordinating the prioritized activities for epidemic and pandemic preparedness set out in the Global agenda on influenza surveillance and control;

(3) to provide support to developing countries in assessing the disease burden and economic impact of influenza and in framing and implementing appropriate national policies for influenza prevention;

¹ Global agenda on influenza – adopted version. Part I. *Weekly Epidemiological Record* 2002; 77:179-182. Adoption of Global agenda on influenza – Part II. *Weekly Epidemiological Record* 2002; 77:191-195.

- (4) to continue to strengthen global influenza surveillance as a crucial component of preparedness for seasonal epidemics and pandemics of influenza;
- (5) to provide technical support to Member States in the preparation of national pandemic preparedness plans, including guidance on estimating the demand for vaccines and antiviral drugs;
- (6) to search jointly with other international and national partners, including those in the private sector, for solutions to reduce the present global shortage of, and inequitable access to, influenza vaccines and antiviral drugs, both for epidemic and global pandemic situations;
- (7) to keep the Executive Board and Health Assembly informed of progress.

(Seventh meeting, 23 January 2003)

EB111.R7 Implementing the recommendations of the *World report on violence and health*

The Executive Board,

Having considered the report on implementing the recommendations of the *World report on violence and health*,¹

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

The Fifty-sixth World Health Assembly,

Recalling resolution WHA49.25, which declared violence a leading worldwide public health problem, and resolution WHA50.19, which endorsed and requested continued development of the WHO plan of action for a science-based public health approach to violence prevention and health;

Noting that a meeting of bodies of the United Nations system on collaboration for the prevention of interpersonal violence (Geneva, 15-16 November 2001) invited WHO to facilitate a better coordinated response to interpersonal violence, as a result of which WHO published the *Guide to United Nations resources and activities for the prevention of interpersonal violence*;²

Recalling that WHO is a core partner, with UNICEF and the Office of the United Nations High Commissioner for Human Rights, of a working group to support the United Nations Study on Violence against Children, and that WHO is active in the prevention of violence against young people, women and the elderly;

¹ Documents EB111/11 and EB111/11 Corr.1bis.

² *Guide to United Nations resources and activities for the prevention of interpersonal violence*, Geneva, World Health Organization, 2002.

Recognizing that the prevention of violence is a prerequisite of human security and that urgent action by governments is needed to prevent all forms of violence and reduce their consequences for health and for socioeconomic development;

Noting that the *World report on violence and health*¹ provides an up-to-date description of the impact of violence on public health, reviews its determinants and effective interventions, and makes recommendations for public health policy and programmes,

1. TAKES NOTE of the nine recommendations for prevention of violence contained in the *World report on violence and health* and set out in the Annex to this resolution, and encourages Member States to consider adopting them;
2. URGES Member States to hold national launches or policy discussions on the *World report on violence and health* and actively to make use of the conclusions and recommendations of the report to improve activities to prevent and expose instances of violence, and to provide medical, psychological, social and legal assistance and rehabilitation for persons suffering as a result of violence;
3. ENCOURAGES all Member States that have not already done so to appoint within the ministry of health a focal point for the prevention of violence;
4. ENCOURAGES Member States to prepare within one year a report on violence and violence prevention that describes the magnitude of the problem, the risk factors, current efforts to prevent violence, and future action to encourage a multisectoral response;
5. REQUESTS the Director-General:
 - (1) to cooperate with Member States in establishing science-based public health policies and programmes for the implementation of measures to prevent violence and to mitigate its consequences at individual and societal levels;
 - (2) to encourage urgent research to support evidence-based approaches for prevention of violence and mitigation of its consequences at individual and societal levels, particularly research on multilevel risk factors for violence, and evaluation of model prevention programmes;
 - (3) in collaboration with other organizations of the United Nations system and other international agencies, to continue work on integrating a science-based public health approach to violence prevention into other major global prevention initiatives;
 - (4) using the resources available and benefiting from opportunities for cooperation:
 - (a) to support and coordinate efforts to draw up or revise normative documents and guidelines for prevention policy and programmes, as appropriate;
 - (b) to provide technical support for strengthening of trauma and care services to survivors or victims of violence;

¹ *World report on violence and health*, Geneva, World Health Organization, 2002.

(c) to continue advocating the adoption and expansion of a public health response to all forms of violence;

(d) to establish networks to promote the integrated prevention of violence and injuries;

6. FURTHER REQUESTS the Director-General to report to the Fifty-eighth World Health Assembly, through the Executive Board, on progress towards implementing the *World report on violence and health*.

ANNEX

RECOMMENDATIONS FOR THE PREVENTION OF VIOLENCE

1. Create, implement and monitor a national action plan for violence prevention.
2. Enhance capacity for collecting data on violence.
3. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.
4. Promote primary prevention responses.
5. Strengthen responses for victims of violence.
6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.
7. Increase collaboration and exchange of information on violence prevention.
8. Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights.
9. Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

(Seventh meeting, 23 January 2003)

EB111.R8 Confirmation of amendments to the Staff Rules¹

The Executive Board

CONFIRMS in accordance with Staff Regulation 12.2 the amendments to the Staff Rules made by the Director-General concerning standards of conduct, salary determination, employment of relatives and paternity leave, with effect from 1 January 2003.

(Ninth meeting, 24 January 2003)

¹ See Annex 2.

EB111.R9 Confirmation of amendments to the Staff Rules¹

The Executive Board

CONFIRMS in accordance with Staff Regulation 12.2 the amendments to the Staff Rules that have been made by the Director-General concerning the salary scale applicable to staff in professional and higher category posts with effect from 1 January 2003, and in respect of education grant entitlements.

(Ninth meeting, 24 January 2003)

EB111.R10 Salaries of staff in ungraded posts and of the Director-General

The Executive Board

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

The Fifty-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,

1. ESTABLISHES the salary for ungraded posts at US\$ 169 366 per annum before staff assessment, resulting in a modified net salary of US\$ 115 207 (dependency rate) or US\$ 104 324 (single rate);
2. ESTABLISHES the salary for the Director-General at US\$ 228 403 per annum before staff assessment, resulting in a modified net salary of US\$ 151 810 (dependency rate) or US\$ 135 000 (single rate);
3. DECIDES that those adjustments in remuneration shall take effect on 1 January 2003.

(Ninth meeting, 24 January 2003)

EB111.R11 Strategy for child and adolescent health and development

The Executive Board,

Having considered the report on the strategy for child and adolescent health and development;²

Recognizing that child and adolescent health and development is of utmost importance to Member States, and that the achievement of international targets for the coming decades, in particular the development goals of the United Nations Millennium Declaration, will require renewed political commitment and action,

¹ See Annex 3.

² Document EB111/7.

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

The Fifty-sixth World Health Assembly,

Having considered the report on the strategy for child and adolescent health and development;

Recognizing the right of children and adolescents to the highest attainable standard of health and access to health care as set forth in internationally agreed human-rights instruments;

Recalling and recognizing the outcomes of the World Summit for Children (New York, 1990), the Declaration on the Elimination of Violence against Women (1993),¹ the International Conference on Population and Development (Cairo, 1994), the World Summit for Social Development (Copenhagen, 1995), the Fourth World Conference on Women (Beijing, 1995), the World Food Summit (Rome, 1996), the Millennium Summit (New York, 2000), the United Nations General Assembly special session on HIV/AIDS (2001), and the United Nations General Assembly special session on children (2002), their recommendations and respective follow-ups and reports;

Welcoming formulation of the Strategic directions for improving the health and development of children and adolescents;²

Concerned that the specific needs of neonates and adolescents have not been adequately addressed and that additional efforts will be needed to achieve international goals for maternal, child and adolescent health and development;

Further recognizing the right of children, including adolescents, to freedom of expression, and to having their views taken into account in all matters affecting them, in accordance with the age and maturity of the child;

Also recognizing that parents, families, legal guardians and other caregivers have the primary role and responsibility for the well-being of children, and must be supported in the performance of their child-rearing responsibilities;

Mindful that interventions exist to meet the health needs of pregnant women, mothers, neonates, children and adolescents, and concerned that in developing countries these population groups have limited access to such interventions;

Acknowledging that the Convention on the Rights of the Child contains a comprehensive set of international legal standards for the protection and well-being of children, and also that it is an important framework for addressing child and adolescent health and development,

1. URGES Member States:

- (1) to strengthen and expand efforts to meet international targets for the reduction of maternal and child mortality, and malnutrition;

¹ United Nations General Assembly resolution 48/104.

² Document WHO/FCH/CAH/02.21.

- (2) to make improvements in neonatal health, child survival and adolescent health and development a priority through advocacy at the highest level, scaling up programmes, increasing allocation of national resources, creating partnerships, and assuring sustained political commitment;
 - (3) to strive for full coverage of their maternal, neonate, child and adolescent populations with interventions known to be effective, especially interventions that help parents, other caregivers, families and communities to care for their young and that improve the quality of health services and health systems;
 - (4) to promote access by children and adolescents, parents, families, legal guardians, and other caregivers to a full range of information and services to promote child health and survival, development, protection and participation, recognizing that many children live without parental support and that special measures should be taken to support such children and to build and strengthen their own abilities;
2. REQUESTS the Director-General:
- (1) to give the fullest possible support to achievement of the internationally agreed child-health and development goals;
 - (2) to continue to advocate a public-health approach to reduction of common diseases, including the simple and effective strategies of immunization, Integrated Management of Childhood Illnesses, improved maternal and child nutrition, and supply of water and sanitation;
 - (3) to promote needed research and to prepare guidelines and best practices for use by Member States in the full implementation of cost-effective approaches to achieving international goals for neonate, child and adolescent health;
 - (4) to maintain the Organization's commitment to, and support for, achieving and sustaining high levels of coverage with proven interventions, through efficient, integrated or combined delivery mechanisms;
 - (5) to advocate higher priority for maternal and neonatal health and adolescent health and development;
 - (6) to report to the Fifty-ninth World Health Assembly in 2006, through the Executive Board, on WHO's contribution to implementation of the strategy for child and adolescent health and development, with particular emphasis on actions related to poverty reduction and the attainment of internationally agreed child-health and development goals.

(Ninth meeting, 24 January 2003)

EB111.R12 Traditional medicine

The Executive Board,

Having considered the report on traditional medicine,¹

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

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43 and WHA54.11;

Noting that the terms “complementary”, “alternative” or “nonconventional” medicine are used to cover many types of nonstandard health services which involve varying levels of training and efficacy;

Noting that the term “traditional medicine” covers a wide variety of therapies and practices which vary greatly from country to country and from region to region;

Being aware that traditional, complementary, or alternative medicine has many positive features, and that traditional medicine and its practitioners play an important role in treating chronic illnesses, and improving the quality of life of those suffering from minor illness or from certain incurable diseases;

Recognizing that traditional medicinal knowledge is the property of communities and nations where that knowledge originated, and should be fully respected;

Noting that the major challenges to the use of traditional medicine include the lack of organized networks of traditional practitioners, and of sound evidence of the safety, efficacy and quality of traditional medicine; and the need for measures to ensure proper use of traditional medicine and to protect and preserve the traditional knowledge and natural resources necessary for its sustainable application, and for training and licensing of traditional practitioners;

Noting further that many Member States have taken action to support the proper use of traditional medicine in their health systems,

1. TAKES NOTE of WHO’s strategy for traditional medicine, and its four main objectives of framing policy, enhancing safety, efficacy and quality, ensuring access, and promoting rational use;

2. URGES Member States:

(1) to adapt, adopt and implement, where appropriate, WHO’s traditional medicine strategy as a basis for national traditional medicine programmes or work plans;

(2) where appropriate, to draft and implement national policies and regulations on traditional medicine and complementary and alternative medicine in support of the proper

¹ Document EB111/9.

use of traditional medicine, and its integration into national health-care systems, depending on the circumstances in their countries;

(3) to recognize the role of certain traditional practitioners as one of the important resources of primary health care services, particularly in low-income countries, and in accordance with national circumstances;

(4) to set up or expand and strengthen existing national drug-safety monitoring systems to monitor herbal medicines;

(5) to provide due support for systematic research on traditional remedies;

(6) to take measures to protect and preserve traditional medical knowledge and medicinal plant resources for the sustainable development of traditional medicine, including the intellectual property rights of traditional medicine practitioners, as provided for under national legislation consistent with international obligations;

(7) to ensure, where appropriate and in accordance with national circumstances, provision of training and, if necessary, retraining of traditional practitioners, and of a system for the qualification, accreditation or licensing of traditional practitioners;

(8) to promote sound use of traditional medicine and complementary and alternative medicine by consumers and providers;

3. REQUESTS the Director-General:

(1) to facilitate the efforts of interested Member States to draft national policies and regulations on traditional medicine and complementary and alternative medicine, and to promote exchange of information and collaboration on national policy and regulation of traditional medicine among Member States;

(2) to provide technical support, including for development of methodology, preparation of guidelines, and promotion of exchange of information;

(3) to seek, together with WHO collaborating centres, evidence-based information on the quality, safety and cost-effectiveness of traditional therapies so as to provide guidance to Member States on the definition of products to be included in national directives and proposals on traditional-medicine policy as used in national health systems;

(4) to collaborate with other organizations of the United Nations system and nongovernmental organizations in various areas related to traditional medicine, including research, protection of traditional medical knowledge and conservation of medicinal plants resources;

(5) to promote the important role of WHO collaborating centres on traditional medicine in implementing WHO's traditional medicine strategy, particularly in strengthening research and training of human resources;

(6) to allocate sufficient resources to traditional medicine at global, regional and country levels of the Organization;

(7) to report to the Fifty-eighth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Ninth meeting, 24 January 2003)

EB111.R13 Revision of the International Health Regulations

The Executive Board,

Having considered the report on the revision of the International Health Regulations,¹

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

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA48.7, WHA48.13, WHA54.14, and WHA55.16, which respond to the need to ensure global health security at a time when the threat of infectious diseases is resurging;

Taking into account also the existence of new risks and threats to health arising from the potential deliberate use of agents for terrorism purposes;

Affirming the additional threat posed by the substantial growth in international travel and trade, which provide greater opportunities for infectious diseases to evolve and spread;

Underscoring the continued importance of the International Health Regulations as an instrument for ensuring the maximum possible protection against the international spread of disease with minimum interference in international traffic;

Acknowledging the close links between the Regulations and WHO's outbreak alert and response activities, which have identified the principal challenges to be met in revising the Regulations,

1. EXPRESSES its satisfaction with the procedures and activities planned for finalizing the draft revised Regulations for adoption by the Fifty-eighth World Health Assembly in 2005;

2. DECIDES:

(1) in accordance with Rule 42 of its Rules of Procedure, to establish an intergovernmental working group open to all Member States to review and recommend a draft revision of the International Health Regulations for consideration by the Health Assembly under Article 21 of the WHO Constitution;

(2) that regional economic integration organizations constituted by sovereign States, Members of WHO, to which their Member States have transferred competence over matters governed by this resolution, including the competence to enter into international legally binding regulations, may participate, in accordance with Rule 55 of the Rules of

¹ Document EB111/34.

Procedure of the World Health Assembly, in the work of the intergovernmental working group referred to under paragraph (1);

3. URGES Member States to give high priority to the work on the revision of the International Health Regulations and to provide resources and cooperation necessary to facilitate the progress of such work;

4. REQUESTS the Director-General:

(1) to complete the technical work required to facilitate reaching agreement on the revised International Health Regulations;

(2) to fully utilize technical consultations and electronic communications already in place to bring a text that has as much consensus as possible to the intergovernmental working group;

(3) to keep Member States informed about the technical work on the revision of the Regulations through the regional committees and other mechanisms;

(4) to convene the intergovernmental working group on revision of the International Health Regulations at the appropriate time and on the agreement of the Executive Board at its 113th session in January 2004, having regard to the progress achieved on the technical work and the other commitments of the Organization;

(5) to facilitate the participation of the least developed countries in the work of any intergovernmental working group and in intergovernmental technical consultations;

(6) to invite, as observers at the sessions of the intergovernmental working group on the revision of the International Health Regulations in accordance with Rule 48 of the Rules of Procedure of the World Health Assembly, representatives of non-Member States, of liberation movements referred to in resolution WHA27.37, of organizations of the United Nations system, of intergovernmental organizations with which WHO has established effective relations, and of nongovernmental organizations in official relations with WHO, who will attend the sessions of that body in accordance with the relevant Rules of Procedure and resolutions of the Health Assembly.

(Ninth meeting, 24 January 2003)

EB111.R14 Policy for relations with nongovernmental organizations

The Executive Board,

Having considered the policy for relations between the World Health Organization and nongovernmental organizations,

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

¹ Document EB111/22, Annex.

The Fifty-sixth World Health Assembly,

Recognizing the importance of civil society and its contributions to public health, and the growth in the numbers and influence of nongovernmental organizations active in health at global, regional and national levels;

Recognizing that, in accordance with Article 2 of the Constitution, one of the main functions of the World Health Organization is to act as the directing and coordinating authority on international health work and that, in accordance with Article 71 of the Constitution, the Organization may make suitable arrangements for consultation and cooperation with nongovernmental organizations in carrying out its international health work;

Noting that the existing Principles governing relations between the World Health Organization and nongovernmental organizations adopted by the Fortieth World Health Assembly in 1987 (resolution WHA40.25) have been reviewed;

Noting the need to improve existing collaboration and dialogue with nongovernmental organizations, and to encourage new cooperative activities with such bodies,

1. ENDORSES the policy for relations between WHO and nongovernmental organizations, which replaces the current Principles governing relations between the World Health Organization and nongovernmental organizations;
2. DECIDES that, as a transitional measure, all nongovernmental organizations in official relations with WHO as of the date of this resolution will be advised of the new policy and invited to submit an application for accreditation, and that, pending receipt of the duly completed application for accreditation and decision by the Executive Board on the application, they will be deemed to be accredited to WHO governing bodies;
3. REQUESTS the Director-General to establish suitable measures to implement the policy, including guidelines on the accreditation of, and collaboration with, nongovernmental organizations.

(Tenth meeting, 24 January 2003)

EB111.R15 Nomination for the post of Director-General

The Executive Board

1. NOMINATES, pursuant to Article 31 of the Constitution, Dr Jong-Wook Lee for the post of Director-General of the World Health Organization;
2. SUBMITS this nomination to the Fifty-sixth World Health Assembly.

(Thirteenth meeting, 28 January 2003)

E111.R16 Draft contract of the Director-General

The Executive Board,

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

1. SUBMITS to the Fifty-sixth World Health Assembly the attached draft contract establishing the terms and conditions of appointment of the Director-General;
2. RECOMMENDS to the Fifty-sixth World Health Assembly the adoption of the following resolution:

The Fifty-sixth World Health Assembly,

I

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

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

II

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

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

ANNEX

DRAFT CONTRACT OF THE DIRECTOR-GENERAL

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

WHEREAS

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

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

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

I. (1) The Director-General shall serve from the twenty-first day of July two thousand and three until the twentieth day of July two thousand and eight on which date the appointment and this Contract shall terminate.

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

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

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

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

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

II. (1) As from the twenty-first day of July two thousand and three the Director-General shall receive from the Organization an annual salary of two hundred and thirteen thousand eight hundred and ninety-two United States dollars, before staff assessment, resulting in a net salary (to be paid monthly) of one hundred and forty-two thousand eight hundred and thirteen United States dollars per annum at the dependency rate (one hundred and twenty-seven thousand United States dollars at the single rate) or its equivalent in such other currency as may be mutually agreed between the parties to this Contract.

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

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

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

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

.....
Director-General

.....
President of the
World Health Assembly

(Thirteenth meeting, 28 January 2003)

EB111.R17 Expression of appreciation to Dr Gro Harlem Brundtland

The Executive Board,

In deep appreciation of Dr Gro Harlem Brundtland's outstanding service as Director-General of the World Health Organization from 1998 to 2003,

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

The Fifty-sixth World Health Assembly,

Expressing its profound gratitude to Dr Gro Harlem Brundtland for her outstanding and visionary managerial, political and technical leadership, characterized by integrity, strength, endurance and determination;

Appreciating her highly successful efforts to place issues of health and determinants of ill-health at the centre of the global political agenda;

Commending her personal effort to establish evidence of the important role played by health in economic development and poverty reduction;

Paying tribute to her challenge to society as a whole in her endeavours to achieve a healthy life for all, with a special emphasis on underprivileged and vulnerable people;

Acclaiming her success in strengthening the role of WHO as the lead agency in health, in constructive cooperation with others in the international community;

DECLARES Dr Gro Harlem Brundtland Director-General Emeritus of the World Health Organization as from the date of her retirement.

(Thirteenth meeting, 28 January 2003)

EB111.R18 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 International Association of Human-Animal Interaction Organizations, International Society for Environmental Epidemiology, and the March of Dimes Birth Defects Foundation;
2. DECIDES to discontinue official relations with the International Federation of Anti-Leprosy Associations and the World Veterans Federation;
3. DECIDES, at the request of the International Society of Surgery, to discontinue official relations;
4. DECIDES to discontinue official relations with the World Federation of Associations of Poisons Centres and Clinical Toxicology Centres and not to admit into official relations its successor organization the International Alliance of Clinical Toxicology Societies.

(Thirteenth meeting, 28 January 2003)

¹ See Annex 4.

² Documents EB111/20 and EB111/20 Corr.1.

DECISIONS

EB111(1) Provisional agenda for and duration of the Fifty-sixth World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Fifty-sixth World Health Assembly,¹ and recalling its earlier decision that the Fifty-sixth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 19 May 2003, and closing no later than Wednesday, 28 May 2003,² approved the provisional agenda of the Fifty-sixth World Health Assembly with the inclusion of the following items: “Intellectual property rights, innovation and public health”, and “Twenty-fifth anniversary of the International Conference on Primary Health Care, Alma-Ata”, and with the deletion of items 14.3 Health promotion and 14.17 Genomics and world health, resulting from the transfer of these items to a subsequent session of the Executive Board.³ It also recommended that the theme for the round tables should be healthy environments for children, that the round tables should be conducted in accordance with the procedures outlined,⁴ and that participation in the round tables should be open to ministers of health or to those designated personally to represent them in policy discussions.

(Ninth meeting, 24 January 2003)

EB111(2) Date and place of the 112th session of the Executive Board

The Executive Board decided that its 112th session should be convened on Thursday, 29 May 2003, at WHO headquarters, Geneva, and should close no later than 30 May 2003.

(Ninth meeting, 24 January 2003)

EB111(3) Assessments for 2002 and 2003

The Executive Board recommended that the Fifty-sixth World Health Assembly should adopt a resolution stating that:

- (1) the assessment of the Democratic Republic of Timor-Leste shall be US\$ 1053 for 2002 and US\$ 4213 for 2003;
- (2) as an ad hoc measure the assessment for 2003 for Afghanistan and Argentina shall be amended to US\$ 4213 for Afghanistan and US\$ 4 026 622 for Argentina;

¹ Document EB111/27.

² See decision EB110(8).

³ The Board subsequently agreed also to include on the agenda the item “Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission”. See document EB111/2003/REC/2, summary record of the ninth meeting, section 4.

⁴ Document EB107/21.

(3) the difference of US\$ 611 135, resulting from the revised contribution for Afghanistan and Argentina, should be financed from the Miscellaneous Income account.

(Tenth meeting, 24 January 2003)

EB111(4) Assessments for 2004-2005

The Executive Board, having discussed proposals on the scale of assessments for the years 2004-2005,¹ decided to transmit the item to the Fifty-sixth World Health Assembly for review and decision.

(Tenth meeting, 24 January 2003)

EB111(5) Ad hoc open-ended intergovernmental working group to review the working methods of the Executive Board

The Executive Board, having considered the report of the Chairman of the Ad hoc open-ended intergovernmental working group,² endorsed his proposals for completion of the work of the working group.

(Tenth meeting, 24 January 2003)

EB111(6) Review of nongovernmental organizations in official relations with WHO³

The Executive Board, having considered and noted the report of its Standing Committee on Nongovernmental Organizations concerning the review of one-third of the nongovernmental organizations in official relations,⁴ and following up decision EB109(9), reached the decisions set out below.

Appreciating the continuing efforts in support of WHO's objectives of those nongovernmental organizations whose names appear suffixed by an asterisk in the Annex to the report, and on the basis of its review of their reports on collaboration, the Board decided to maintain official relations with them.

Noting with regret that it had not been possible to achieve meaningful cooperation with the International Union of Toxicology during the period under review, but considering the mutual emphasis given to strengthening of capabilities of developing countries in the field of chemical safety, the Board decided to maintain official relations with that organization for one year so that it could prepare a work plan.

¹ Documents EB111/15, EB111/15 Corr.1 and Corr.2, and EB111/15 Add.1.

² Documents EB111/25 and EB111/25 Corr.1.

³ See Annex 4.

⁴ Documents EB111/20 and EB111/20 Corr.1.

In the absence of reports on collaboration, the Board decided to defer review of relations with the following nongovernmental organizations until its 113th session: Association of the Institutes and Schools of Tropical Medicine in Europe, International Academy of Pathology, International Eye Foundation, International Federation of Oto-Rhino Laryngological Societies, International Federation on Ageing, International League of Associations for Rheumatology, International Radiation Protection Association, International Society for Human and Animal Mycology, International Solid Waste Association, International Union Against Tuberculosis and Lung Disease, International Union of Local Authorities, International Union of Immunological Sciences, World Assembly of Youth, World Association for Psychosocial Rehabilitation, World Federation of Parasitologists and the World Organization of the Scout Movement.

Noting information about the International Life Sciences Institute, whose activities would be monitored, the Board decided, in view of continuing collaboration with the Institute, to maintain official relations with it.

With regard to following up decision EB109(9), the Board, regretting that collaboration had lapsed with the International Council on Social Welfare, the International Ergonomic Association and the International Medical Informatics Association, decided nonetheless to maintain official relations with them for a further year in order to facilitate agreement on work plans.

(Thirteenth meeting, 28 January 2003)

EB111(7) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2003 to Dr Yassin Abdulaleem Al-Qubati (Yemen) for his most significant contribution to the objectives of primary health care in the geographical area in which Dr Shousha served the World Health Organization.

(Thirteenth meeting, 28 January 2003)

EB111(8) 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 2003 to the Department of Health, Center for Health Development, Eastern Visayas (Philippines) and the Yemen Leprosy Elimination Society (Yemen). The laureates will each receive an amount of US\$ 40 000 for their outstanding work in health development.

(Thirteenth meeting, 28 January 2003)

EB111(9) Award of the Ihsan Dogramaci Family Health Foundation Fellowship

The Executive Board, having considered the report of the Ihsan Dogramaci Family Health Foundation Selection Panel, awarded the Ihsan Dogramaci Family Health Foundation Fellowship for 2003 to Dr Ly Sovann (Cambodia) to enable him to carry out the research he proposed.

(Thirteenth meeting, 28 January 2003)

EB111(10) Award of the Francesco Pocchiari Fellowship

The Executive Board, having considered the report of the Francesco Pocchiari Fellowship Committee, awarded the Francesco Pocchiari Fellowship for 2003 to Dr Fatwa Sari Tetra Dewi (Indonesia) in order to enable her to carry out the research she proposed.

(Thirteenth meeting, 28 January 2003)

EB111(11) 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 2003 to Dr Mahmoud M.A. Fikri (United Arab Emirates) and to Professor Magdi Habib Yacoub (United Kingdom of Great Britain and Northern Ireland) for their outstanding contribution to health development. The laureates will each receive US\$ 20 000.

(Thirteenth meeting, 28 January 2003)

EB111(12) 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 2003 to Dr Watanee T. Jentchitr (Thailand) for her outstanding service in the field of social medicine.

(Thirteenth meeting, 28 January 2003)

EB111(13) State of Kuwait Prize for Research in Health Promotion

The Executive Board decided to approve in principle the establishment of an award for research in the area of health promotion proposed by the State of Kuwait, requesting that Statutes be drafted in cooperation with the State of Kuwait and submitted to the Board for approval, together with recommendations for covering the administrative costs.

(Thirteenth meeting, 28 January 2003)

ANNEXES

ANNEX 1

Proposed programme budget for the financial period 2004-2005

Real Estate Fund [...]¹

Report by the Secretariat

[EB111/13 – 23 December 2002]

1. The Proposed programme budget 2004-2005 includes under the section Miscellaneous the proposals of the Director-General regarding, *inter alia*, the Real Estate Fund ... , which amount[s] to US\$ 6 million

2. The present document provides more detailed information about [this activity], namely the proposed plans of action for 2004-2005 and longer-term planning to cover the biennium 2006-2007, and updates information already submitted to the Executive Board at its 109th session.²

REAL ESTATE FUND

3. In accordance with resolution WHA23.14 establishing the Fund, financing from the Real Estate Fund is to be used for acquisition of land and construction of buildings or building extensions, major repairs of and alterations to the Organization's existing office buildings, and housing for staff. Under that resolution, decisions on replenishment or increases in the Fund are made by appropriation by the Health Assembly from casual (now miscellaneous) income and specific Health Assembly authorization is required for acquisition of land and construction of buildings or building extensions.

4. Over the past few bienniums, it has become increasingly difficult for the Organization, within the level of funding that has been made available through the Real Estate Fund, to maintain appropriately buildings in all its principal locations. At this juncture, it is estimated that sizeable additional investment will be required over time to ensure the provision of an adequate level of security for staff working in country and regional offices and to remedy the gradual ageing of some of the Organization's buildings.

5. It is therefore intended to prepare over the next two years capital master plans for all main locations that would reflect the need, not only for current, routine maintenance, but also for major

¹ See resolution EB111.R3.

² Document EB109/2002/REC/1, Annex 4.

work that will be required to maintain the overall viability and security of the Organization's office buildings and staff accommodation in Brazzaville.

6. Preliminary plans have been drawn up taking account of both currently existing and tentative requirements over the next two bienniums. The Appendix sets out the latest estimated costs for planned maintenance, repair and extension of existing buildings, and construction of new buildings in 2004-2005 and 2006-2007.

7. With regard to a new construction at headquarters, the Swiss Federal and Geneva State Governments have indicated their willingness to finance a WHO/UNAIDS building, the cost of which is to be repaid through an interest-free, 50-year reimbursable loan up to an estimated amount of CHF 55 million. Since the building is to be shared equally between UNAIDS and WHO, WHO's share of the costs is estimated at CHF 27.5 million, repayable over 50 years.¹ Accordingly, resolution WHA55.8 authorized

the Director-General to proceed with the construction of a new building at headquarters at a cost currently estimated at CHF 55 000 000, of which WHO's share is estimated at CHF 27 500 000, on the understanding that if WHO's share were likely to exceed by more than 10% the aforementioned amount, further authority would be sought from the Health Assembly.

8. The project for the new construction and its architect have been selected. Plans have been drawn up and final costs have been estimated at some CHF 66 million, instead of the CHF 55 million originally calculated. Of that amount, the Swiss authorities are presenting to their parliament for approval a proposal consisting of an interest-free 50-year reimbursable loan of CHF 61 million. WHO's share of the latter – CHF 30.5 million – will amount to a yearly reimbursement of CHF 610 000 (or some US\$ 400 000), as compared to CHF 550 000 based on the previously estimated share of CHF 27.5 million.

9. As regards the remainder of the difference in costs, namely CHF 5 million (CHF 66 million total estimated costs, less CHF 61 million expected to be financed by the Swiss authorities), assurances have been secured from UNAIDS that it will be able to finance its share, which represents one half of this amount. WHO's share of CHF 2.5 million is expected to be more than covered by the compensation to be provided by the Swiss authorities for demolition of the V building in order to allow for the construction of a new road accessing the highway to Geneva's airport. The V building currently houses UNAIDS; its value has been estimated at some CHF 3 million.

10. The total cost of the initial plans submitted by the regions and headquarters for the financial period 2004-2005 amounts to US\$ 13 105 000,² which exceeds the appropriation in the Proposed programme budget 2004-2005 for the Real Estate Fund by slightly over US\$ 7 million. The difference stems mainly from the incorporation of estimated figures for the African Region amounting to US\$ 5 760 000 which were not included in the previous estimates.¹

11. In accordance with resolution WHA55.8, paragraphs 2, 3 and 6, the cost of the new building at headquarters (US\$ 400 000 for 2005), and the construction of an extension to Building 2 and a new four-storey building in the Regional Office for the Western Pacific (US\$ 1.7 million for the biennium 2004-2005), totalling US\$ 2.1 million, will be financed from the Real Estate Fund as a priority. The remaining proposals will be carefully analysed and prioritized so that the total amount utilized remains within the provision of US\$ 6 million requested for the Real Estate Fund for the 2004-2005 biennium.

¹ See document EB109/2002/REC/1, Annex 4.

² See Appendix.

...

ACTION BY THE EXECUTIVE BOARD

18. [This paragraph contained a draft resolution which was adopted at the fourth meeting as resolution EB111.R3.]

Appendix

FOUR-YEAR ROLLING PLAN FOR THE REAL ESTATE FUND: BUILDING ACQUISITION, CONSTRUCTION AND MAINTENANCE (US\$ thousand)

Office	Description	2004	2005	2006	2007
A. BUILDING ACQUISITIONS AND CONSTRUCTION					
Western Pacific	Extension of Building 2; construction of a four-storey building at the Regional Office (resolution WHA55.8)	600	1 100	-	-
Headquarters	Reimbursement of loan for construction of WHO/UNAIDS building (resolution WHA55.8)	-	400	400	400
Africa	Construction of new housing in the Djoue premises (project not yet submitted to the Health Assembly)	550	250	700	700
	Construction of new office space and conference room at the Regional Office site (project not yet submitted to the Health Assembly)	1 700	420	210	-
	Total A	2 850	2 170	1 310	1 100
	of which approved	600	1 500	400	400
B. MAINTENANCE					
Africa	Overhaul of water supply, fire hydrants and elevators, renovation of roofs of the Regional Office, villas and apartments	1 660	1 180	-	160
The Americas	Remodelling of three meeting rooms, repair of garage slabs, renovation of toilets	100	100	100	100
South-East Asia	Installation of new power generator, replacement of various electrical fittings, reinforcement of the cooling system, replacement and upgrade of fire-fighting system	435	190	700	100
Europe	Refurbishing of ventilation system, replacement of light fittings, improvement of fire-fighting systems, renewal of safety glassing	530	320	95	250
Eastern Mediterranean	Reinforcement of security at Regional Office and offices of the WHO Representatives	185	185	-	-
Western Pacific	Upgrading and improvement of existing facilities	110	110	110	110
Headquarters	Maintenance and renovation of buildings, Executive Board room and four meeting rooms, replacement of central-heating boilers, renovation of cooling system and electrical circuits in the main building	1 480	1 500	1 500	250
	Total B	4 500	3 585	2 505	970
	Grand total	7 350	5 755	3 815	2 070

ANNEX 2

Amendments to the Staff Rules¹

Report by the Secretariat

[EB111/19 – 10 December 2002]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Board, in accordance with Staff Regulation 12.2.
2. The amendments contained in the present document are made in the light of experience and in the interest of good personnel management. They have been the subject of consultation across the Organization. The amendments take effect from 1 January 2003.
3. Amendments to the Staff Rules resulting from decisions taken by the United Nations General Assembly at its fifty-seventh session, on the basis of recommendations made by the International Civil Service Commission (ICSC) (see also document EB111/18), are contained in the Appendix to the present document.

STANDARDS OF CONDUCT FOR STAFF MEMBERS

4. Staff Rule 110.7.1 has been edited for clarification and to ensure conformity between the English and French texts.

SALARY DETERMINATION

5. Staff Rule 320.1 has been amended to delete reference to “service appointments”, which are not awarded on initial appointment. In addition, the last sentence has been amended to clarify the basis for granting additional steps on appointment. This amendment will be supplemented by implementation provisions in the WHO Manual.

RECRUITMENT POLICIES: EMPLOYMENT OF RELATIVES

6. Staff Rule 410.3 has been amended to align WHO’s family relationship definitions with those applied by other organizations in the United Nations common system.

¹ See resolution EB111.R8.

PATERNITY LEAVE

7. In January 2001, the Executive Board confirmed the introduction of five days' paternity leave on a trial basis for two years, with effect from January 2001,¹ to be reviewed in the light of developments in the common system. Since ICSC is taking up consideration of the issue in 2003, it is considered appropriate to extend the trial period until January 2004, in the expectation that the review to be undertaken by ICSC will have been completed by that time. The footnote to Staff Rule 760 has been amended to reflect this extension.

ACTION BY THE EXECUTIVE BOARD

8. [This paragraph contained *inter alia* a draft resolution which was adopted at the ninth meeting as resolution EB111.R8.]

Appendix

TEXT OF AMENDED STAFF RULES

110. STANDARDS OF CONDUCT FOR STAFF MEMBERS

...

110.7 ...

110.7.1 A staff member who has, or whose spouse or dependent children have, any interest in (including association with) any entity:

- (1) with which the staff member may be required, directly or indirectly, to have official dealings on behalf of the Organization; or
- (2) which has a commercial interest in the work of WHO, or
- (3) which has a common area of activity with WHO

shall report the interest to the Director-General

.....

¹ Resolution EB107.R7.

320. SALARY DETERMINATION

- 320.1 On initial appointment to a fixed-term appointment, the net base salary of staff members shall normally be fixed at step 1 of the grade of the post to be occupied; in exceptional circumstances, determined in accordance with guidelines established by the Director-General however, it may be fixed at a higher step in the grade in order to take into account a staff member's qualifications, skills and experience in relation to the requirements of the post.

.....

410. RECRUITMENT POLICIES

...

- 410.3 Except where another person equally well qualified cannot be recruited, appointment shall not be granted to a person who bears any of the following relationships to a staff member: father, mother, son, daughter, brother or sister.

- 410.3.1 The spouse of a staff member may be appointed provided that the spouse is fully qualified for the position and provided that the spouse is not given any preference for appointment by virtue of the relationship to the staff member.

...

- 410.3.2.1 shall not be assigned to serve in a position in the same unit, or to a position that is superior or subordinate in the line of authority to the position occupied by the staff member to whom he or she is related.

.....

760. MATERNITY AND PATERNITY LEAVE¹

¹ Paternity leave is introduced on a trial basis, with effect from 1 January 2001, to be reviewed in January 2004.

ANNEX 3

Amendments to the Staff Rules¹

Report by the Secretariat

[EB111/19 Add.1 – 7 January 2003]

1. The amendments contained in the present document stem from the decisions taken by the United Nations General Assembly at its fifty-seventh session, on the basis of recommendations made by the International Civil Service Commission (ICSC). They are submitted by the Director-General for confirmation by the Board in accordance with Staff Regulation 12.2. The report by the Secretariat² on the report of the International Civil Service Commission contains the basis for the recommendations.

Remuneration of the professional and higher categories

2. As noted in the report,² the Commission had recommended differentiated salary increases for the salary scale of the professional and higher categories, ranging from 0.45% at the P.1 level to 13.3% at the D.1 level (10.7% at level D.2 and above), which, on average, amounted to 5.7%. The purpose was to address not only the overall level of the margin,³ but also the low levels of the margin at the upper grades of the scale, and the high levels at the lower end of the scale.

3. After extensive discussion, the United Nations General Assembly has approved, by resolution 57/285 of 20 December 2002, the following real net salary increases by grade: P.4: 1.3%, P.5: 2.6%, D.1: 9.1% and D.2: 6.3%. These increases, which take effect from 1 January 2003, will bring these grades to a margin level of 111 and the overall margin to 112.2, as grades P.1 to P.3, where no increase was approved, are already at or above the midpoint of 115.

4. Staff Rule 330.2 has been amended accordingly, as shown in the Appendix hereto.

...

Review of the level of the education grant

7. The General Assembly has approved the Commission's recommendation to increase the maximum admissible expenses and the maximum education grant levels in seven countries or currency areas: Austria (euro), Switzerland (Swiss franc), Spain (euro), United Kingdom of Great Britain and Northern Ireland (pound sterling), Italy (euro), United States dollar in the United States of

¹ See resolution EB111.R9.

² Document EB111/18.

³ The relationship between the net remuneration of United Nations system staff in the professional and higher categories in New York and that of the current comparator, the United States Federal Civil Service, using employees in comparable positions in Washington, D.C.

America and United States dollar outside the United States.¹ The ceiling for boarding costs at certain designated duty stations has also been increased. The changes to the levels of the education grant are applicable as from the school year in progress on 1 January 2003. Rules 350.1, 350.2.2 and 355 have been amended accordingly, as shown in the Appendix hereto.

Hazard pay

8. The General Assembly has requested the Commission to reconsider in 2003 its decision to increase the level of hazard pay for locally recruited staff at high-risk locations.

FINANCIAL IMPLICATIONS

9. The financial implications of the increase in the salary scale of the professional and higher category are estimated at some US\$ 8 million per biennium for the regular budget and US\$ 7 million per biennium for extrabudgetary sources of funds. The financial implications for the biennium 2002-2003 are some US\$ 4 million for the regular budget and US\$ 3.5 million for extrabudgetary resources.

10. The financial implications of the increases in the levels of the education grant will be met from the allocations established for each of the regions and for global and interregional activities.

ACTION BY THE EXECUTIVE BOARD

11. [This paragraph contained *inter alia* a draft resolution which was adopted at the ninth meeting as EB111.R9.]

¹ See document EB111/18.

Appendix

330 SALARIES

TEXT OF AMENDED STAFF RULES

330.2 The following schedule of annual gross base salaries and of annual net base salaries shall apply to all professional and higher category posts:

Effective 1 January 2003

		Steps														
Level		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
D-2	Gross	139 050	142 085	145 119	148 154	151 189	154 223									
	Net D	96 411	98 292	100 174	102 055	103 937	105 818									
	Net S	88 571	90 159	91 741	93 318	94 890	96 456									
P-6/D-1	Gross	126 713	129 377	132 041	134 705	137 369	140 033	142 697	145 361	148 024						
	Net D	88 762	90 414	92 065	93 717	95 369	97 020	98 672	100 324	101 975						
	Net S	82 045	83 481	84 913	86 342	87 768	89 190	90 609	92 025	93 437						
P-5	Gross	104 102	106 369	108 635	110 901	113 168	115 434	117 701	119 967	122 234	124 500	126 766	129 033	131 299		
	Net D	74 743	76 149	77 554	78 959	80 364	81 769	83 174	84 580	85 985	87 390	88 795	90 200	91 606		
	Net S	69 437	70 685	71 930	73 174	74 416	75 655	76 892	78 127	79 360	80 591	81 820	83 046	84 271		
P-4	Gross	84 435	86 489	88 544	90 637	92 824	95 011	97 198	99 385	101 572	103 759	105 946	108 133	110 320	112 507	114 694
	Net D	62 327	63 683	65 039	66 395	67 751	69 107	70 463	71 819	73 175	74 530	75 886	77 242	78 598	79 954	81 310
	Net S	58 041	59 276	60 509	61 740	62 971	64 200	65 429	66 656	67 881	69 106	70 329	71 551	72 772	73 992	75 211
P-3	Gross	68 306	70 208	72 112	74 011	75 915	77 815	79 715	81 620	83 523	85 423	87 326	89 226	91 202	93 226	95 250
	Net D	51 682	52 937	54 194	55 447	56 704	57 958	59 212	60 469	61 725	62 979	64 235	65 489	66 745	68 000	69 255
	Net S	48 242	49 396	50 553	51 706	52 862	54 015	55 169	56 324	57 477	58 632	59 782	60 933	62 083	63 233	64 384
P-2	Gross	55 346	56 907	58 465	60 027	61 729	63 429	65 130	66 829	68 532	70 233	71 932	73 636			
	Net D	42 849	43 973	45 095	46 218	47 341	48 463	49 586	50 707	51 831	52 954	54 075	55 200			
	Net S	40 191	41 210	42 226	43 244	44 260	45 279	46 313	47 344	48 379	49 412	50 444	51 479			
P-1	Gross	42 944	44 444	45 942	47 442	48 939	50 438	51 938	53 436	54 932	56 432					
	Net D	33 920	35 000	36 078	37 158	38 236	39 315	40 395	41 474	42 551	43 631					
	Net S	31 997	32 992	33 986	34 980	35 974	36 967	37 962	38 944	39 921	40 899					

D = Rate applicable to staff members with a dependent spouse or child.

S = Rate applicable to staff members with no dependent spouse or child.

350. EDUCATION GRANT

350.1 Internationally recruited staff members shall be entitled to an education grant, except as indicated in Rule 350.3. The amount of the grant payable under this Rule shall be 75% of the education expenses actually incurred and admissible under Rule 350.2. The maximum grant per child per year shall not exceed a total payment of US\$ 11 115 or, for expenses incurred in certain currencies as determined by the Director-General on the basis of procedures agreed among the international organizations concerned, an amount established in those currencies. For staff members at certain designated official stations, the amount of the grant in respect of primary and secondary education shall be increased by an additional amount corresponding to 100% of boarding costs up to US\$ 5235 per child per year or, for expenses incurred in certain local currencies as determined by the Director-General on the basis of procedures agreed among the international organizations concerned, an amount established in those currencies. This Rule does not apply to staff holding temporary appointments as defined in Rule 420.3 or to consultants appointed under Rule 1330.

...

350.2 This grant is payable for:

...

350.2.2 the cost of full-time attendance at an educational institution outside the country or area of the official station, including the cost of board if provided by the institution. Where board is not provided by the institution, a flat amount is paid in lieu. The flat amount per child per year shall be US\$ 3490 or, for expenses incurred in certain currencies as determined by the Director-General on the basis of procedures agreed among the international organizations concerned, an amount established in those currencies. For staff members at certain designated official stations the flat amount in respect of primary and secondary education is US\$ 5235, or for expenses incurred in certain currencies as determined by the Director-General on the basis of procedures agreed among the international organizations concerned, an amount established in those currencies.

355. SPECIAL EDUCATION GRANT FOR DISABLED CHILDREN

Staff members, except those holding temporary appointments as defined in Rule 420.3 or consultants appointed under Rule 1330, are entitled to a special education grant in respect of any physically or mentally incapacitated child, recognized as dependant under Rule 310.5.2, up to the end of the year in which such child reaches the age of 25. The amount of the grant per child per year shall be 100% of the special education expenses actually incurred up to a maximum of US\$ 14 820 or, for expenses incurred in certain currencies as determined by the Director-General on the basis of procedures agreed among the international organizations concerned, up to a maximum amount established in those currencies. In cases where an education grant is payable under Rule 350, the total of the amounts payable under Rules 350 and 355 shall not exceed the applicable maximum.

ANNEX 4

Nongovernmental organizations admitted and maintained in official relations with WHO by virtue of, respectively, resolution EB111.R18 and decision EB111(6)

[EB111/20, Annex Corr.1 – 27 January 2003]

Association of the Institutes and Schools of Tropical Medicine in Europe
Christoffel-Blindenmission¹
CropLife International
Cystic Fibrosis Worldwide, Inc.²
European Centre for Ecotoxicology and Toxicology of Chemicals
FDI World Dental Federation
German Pharma Health Fund e.V.
Helen Keller International (Worldwide) Inc.¹
Inter-American Association of Sanitary and Environmental Engineering¹
International Academy of Pathology
International Agency for the Prevention of Blindness¹
International Air Transport Association
International Association for Dental Research
International Association of Human-Animal Interaction Organizations
International Association of Hydatid Disease¹
International Association of Logopedics and Phoniatrics
International Clearinghouse for Birth Defects Monitoring Systems
International Commission on Non-ionizing Radiation Protection
International Commission on Radiological Protection
International Consultation on Urological Diseases
International Council on Social Welfare
International Diabetes Federation¹
International Ergonomics Association
International Eye Foundation
International Federation of Chemical, Energy, Mine and General Workers' Unions
International Federation of Ophthalmological Societies
International Federation of Oto-Rhino Laryngological Societies
International Federation on Ageing
International League of Associations for Rheumatology
International Leprosy Association¹
International Life Sciences Institute
International Medical Informatics Association
International Organization against Trachoma
International Pediatric Association
International Radiation Protection Association

¹ Bodies with whom WHO regional offices report collaboration.

² Previously known as International Cystic Fibrosis (Mucoviscidosis) Association.

International Society for Biomedical Research on Alcoholism
 International Society for Environmental Epidemiology
 International Society of Doctors for the Environment
 International Society for Human and Animal Mycology
 International Society for Preventive Oncology
 International Society of Nurses in Cancer Care¹
 International Society of Physical and Rehabilitation Medicine
 International Solid Waste Association
 International Union against Cancer¹
 International Union against Sexually Transmitted Infections¹
 International Union against Tuberculosis and Lung Disease
 International Union for Conservation of Nature and Natural Resources (The World Conservation Union)
 International Union for Health Promotion and Education
 International Union of Immunological Societies
 International Union of Local Authorities
 International Union of Toxicology
 International Water Association¹
 Islamic Organization for Medical Sciences¹
 March of Dimes Birth Defects Foundation
 Organisation pour la Prévention de la Cécité
 Project ORBIS International, Inc. (ORBIS International)¹
 Rehabilitation International
 Rotary International¹
 Thalassaemia International Federation
 The International Association of Lions Clubs¹
 The Royal Commonwealth Society for the Blind (Sight Savers International)
 World Assembly of Youth
 World Association for Psychosocial Rehabilitation
 World Blind Union
 World Federation of Hemophilia¹
 World Federation of Hydrotherapy and Climatotherapy
 World Federation of Neurology
 World Federation of Neurosurgical Societies
 World Federation of Parasitologists
 WORLD HEART Federation¹
 World Hypertension League¹
 World Organization of the Scout Movement
 World Veterinary Association¹

¹ Bodies with whom WHO regional offices report collaboration.