WORLD HEALTH ORGANIZATION | **ORGANISATION MONDIALE DE LA SANTÉ**

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE WPR/RC65/11

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Provisional agenda item 16

COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE

One item included in the draft provisional agenda of the 136th Session of the Executive Board in 2015, one decision by the Sixty-seventh World Health Assembly, and one resolution by the Sixty-first World Health Assembly are presented in this working document, along with an explanation of their implications for the work of WHO in the Western Pacific Region. Members of the Regional Committee are requested to express their views on the relevance of these resolutions and decision to WHO's programme of cooperation with countries and areas in the Region.

Six resolutions and one decision by the Sixty-seventh World Health Assembly that are relevant to the Region will be discussed under the corresponding agenda items during the sixty-fifth session of the WHO Regional Committee for the Western Pacific (Annex 2).

A complete list of resolutions and decisions by the Sixty-seventh World Health Assembly is also attached (Annex 1) as is the draft provisional agenda of the 136th Session of the Executive Board (Annex 3).

A report on Strategic budget space allocation is attached (Annex 4) for Regional Committee review. In addition, a report by the Secretariat to the regional committees on the draft framework of engagement with non-State actors, as requested by WHA 67(14), is attached (Annex 5). Resolution WHA 61.12 Multilingualism: implementation of action plan, is also attached (Annex 6).

WORLD HEALTH ASSEMBLY DECISIONS AND RESOLUTIONS OF INTEREST TO THE REGION

The Sixty-seventh World Health Assembly adopted 25 resolutions and 16 decisions (attached as Annex 1). The Health Assembly decision and resolutions below will be addressed in the corresponding agenda items of the sixty-fifth session of the WHO Regional Committee for the Western Pacific:

Decision WHA67(14)	Framework of engagement with non-State actors
Resolution WHA67.1	Global strategy and targets for tuberculosis prevention, care and control after 2015
Resolution WHA67.13	Implementation of the International Health Regulations (2005)
Resolution WHA67.16	Report of the External Auditor
Resolution WHA67.23	Health intervention and technology assessment in support of universal health coverage
Resolution WHA67.24	Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage
Resolution WHA67.25	Antimicrobial resistance

All of the above are attached (Annex 2).

The attention of the WHO Regional Committee for the Western Pacific is drawn to the following items for discussion:

- Strategic budget space allocation
- WHA67(14) Framework of engagement with non-State actors
- WHA61.12 Multilingualism: Implementation of action plan

The agenda of the 136th Session of the Executive Board is attached (Annex 3).

Strategic budget space allocation

Background

The Sixty-sixth World Health Assembly (WHA66(9)) requested the development of a new strategic resource allocation methodology in WHO, starting with the development of the Programme Budget 2016–2017. A working group made of six members of the Programme, Budget and Administration Committee agreed on overarching principles to guide the development and implementation of the new strategic resource allocation methodology. The working group further established four operational segments—technical cooperation at country level, provision of global and regional public goods, administration and management, and emergency response—with criteria to be considered when allocating resources, particularly for segment 1.

Relevance to the Region

The proposed methodology will be applied to allocate both assessed and voluntary contributions to the three levels of the Organization in future biennia. Malaysia has been taking part in the working group on behalf of the Western Pacific Region.

Recommended actions for Member States

Member States are invited to review the proposed approach (Annex 4), which will be refined and presented to the Programme, Budget and Administration Committee in January 2015.

Decision WHA67(14): Framework of engagement with non-State actors

Background

As part of WHO reform, the World Health Assembly requested the Director-General to develop a framework of engagement with non-State actors and separate policies on engagement with each (including nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions). The draft framework outlines the objectives, principles and boundaries for engagement; definitions of actors and interactions. The aim is to strengthen management of engagement with a focus on due diligence, risk assessment and transparency, taking into account recent deliberations of the Executive Board and Member State consultations. The draft framework also regulates the admission and review of entities in official relations with WHO.

The Sixty-seventh World Health Assembly, having considered the report on the framework of engagement with non-State actors (A67/6), welcomed the progress made on the draft, underlined its importance and recognized that further consultations and discussions are needed on issues including conflict of interest and relations with the private sector.

A comprehensive report of Member States comments during the Sixty-seventh World Health Assembly is to be submitted to the Sixty-eight World Health Assembly through the Executive Board in 2015.

Relevance to the Region

In order to fulfil its directing and coordinating role in global health and to implement the six leadership priorities set out in the Twelfth General Programme of Work 2014–2019, WHO will need to engage with a variety of governmental and nongovernmental partners both globally and within the Region.

The draft framework outlined in decision WHA 67(14), Framework of engagement with non-State actors (Annex 5), would replace the principles governing relations between WHO and nongovernmental organizations, adopted through resolution WHA40.25, Principles governing relations between WHO and nongovernmental organizations. For the oversight of engagement, it is proposed to replace the current Standing Committee on Nongovernment Organizations by a committee of the Executive Board on non-State actors.

Recommended actions for Member States

WHA67(14) requests that regional committees submit a report on their deliberations to the Sixty-eighth World Health Assembly through the Executive Board.

Resolution WHA61.12 Multilingualism: implementation of action plan

Background

Resolution WHA61.12 Multilingualism: implementation of action plan (Annex 6), adopted at the Sixty-first World Health Assembly outlines linguistic diversity, which has a direct connection with library activities.

WHO's Institutional Repository for Sharing (IRIS), the digital library of WHO, was developed in response to WHO's Executive Board and the World Health Assembly's Multilingualism: plan of action, which mandated a global institutional repository of WHO publications and documents. The aim is to increase access to WHO information products, such as publications, governing body documents, archives and scientific and technical reports, as well as to increase understanding of the value of the Organization's work.

Relevance to the Region

In light of the Western Pacific Region's linguistic diversity–and to ensure that Member States have access to WHO's health information products–the Library of the WHO Regional Office for the Western Pacific has developed a Region-specific instance of IRIS to:

- make available online all documents from governing bodies (such as the sessions of the Regional Committee) in French, English and Chinese;
- make accessible WHO information products in digital format from a single web-based location (URL) and multilingual interface; and
- provide free access and search tools in the six official languages–Arabic, Chinese, English, French, Russian and Spanish–with the possibility of adding other languages as needed.

More than 4800 regional information products from 1948 to present are searchable and available free via the institutional repository. Multilingual interfaces and documents are in development.

Recommended actions for Member States

Member States are requested to note the launch of the Institutional Repository for Information Sharing at the regional level and discuss any issues for the Region.

ANNEX 1

RESOLUTIONS AND DECISIONS ADOPTED BY THE SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

Resolution number	Title of resolution
WHA67.1	Global strategy and targets for tuberculosis prevention, care and control after 2015
WHA67.2	Improved decision-making by the governing bodies
WHA67.3	Financial report and audited financial statements for the year ended 31 December 2013
WHA67.4	Supplementary funding for real estate and longer-term staff liabilities
WHA67.5	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
WHA67.6	Hepatitis
WHA67.7	Disability
WHA67.8	Autism
WHA67.9	Psoriasis
WHA67.10	Newborn health: action plan
WHA67.11	Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention
WHA67.12	Contributing to social and economic development: sustainable action across sectors to improve health and health equity
WHA67.13	Implementation of the International Health Regulations (2005)
WHA67.14	Health in the post-2015 development agenda
WHA67.15	Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children
WHA67.16	Report of the External Auditor
WHA67.17	Salaries of staff in ungraded posts and of the Director-General
WHA67.18	Traditional medicine
WHA67.19	Strengthening of palliative care as a component of comprehensive care throughout the life course
WHA67.20	Regulatory system strengthening for medical products
WHA67.21	Access to biotherapeutic products including similar biotherapeutic products and ensuring their quality, safety and efficacy
WHA67.22	Access to essential medicines
WHA67.23	Health intervention and technology assessment in support of universal health coverage

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Resolution number	Title of resolution
WHA67.24	Follow –up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage
WHA67.25	Antimicrobial resistance

Decision number	Title of decision
WHA67(1)	Composition of the Committee on Credentials
WHA67(2)	Election of officers of the Sixth-seventh World Health Assembly
WHA67(3)	Establishment of the General Committee
WHA67(4)	Adoption of the agenda
WHA67(5)	Election of officers of the main committees
WHA67(6)	Verification of credentials
WHA67(7)	Election of Members entitled to designate a person to serve on the Executive Board
WHA67(8)	Consideration of the financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly
WHA67(9)	Maternal, infant and young child nutrition
WHA67(10)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
WHA67(11)	Appointment of representatives to the WHO Staff Pension Committee
WHA67(12)	Real estate: update on the Geneva buildings renovation strategy
WHA67(13)	Multisectoral action for a life course approach to healthy ageing
WHA67(14)	Framework of engagement with non-State actors
WHA67(15)	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
WHA67(16)	Selection of the country in which the Sixty-eight World Health Assembly would be held

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Decision

WHA67(14) Framework of engagement with non-State actors

The Sixty-seventh World Health Assembly, having considered the report on the framework of engagement with non-State actors;[1] welcoming the progress made on the draft framework of engagement with non-State actors by the Sixty-seventh World Health Assembly; underlining the importance of an appropriate framework for engagement with non-State actors for the role and work of WHO; and recognizing that further consultations and discussions are needed on issues including conflict of interest and relations with the private sector,

(1) decided that Member States should submit their specific follow-up comments and questions to the Director-General by 17 June 2014;

(2) decided also that the regional committees in 2014 should discuss this matter, with reference to the draft framework of engagement with non-State actors and the report referred to in subparagraph (4)(a) below;

(3) requested that the regional committees submit a report on their deliberations to the Sixty-eighth World Health Assembly, through the Executive Board;

(4) requested the Director-General:

(a) to prepare a comprehensive report of the comments made by Member States during the Sixty-seventh World Health Assembly and the follow-up comments and questions raised, including clarification and response thereon from the Secretariat, by the end of July 2014;

[1] Document A67/6.

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(b) to submit a paper to the Executive Board at its 136th session in January 2015, ensuring that Member States receive it by mid-December 2014, in order to allow them sufficient time to study the content and to be better prepared for discussion and deliberation.

(Ninth plenary meeting, 24 May 2014)

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA67.1**
Agenda item 12.1 **24 May 2014**

Global strategy and targets for tuberculosis prevention, care and control after 2015

The Sixty-seventh World Health Assembly,

Having considered the report on the draft global strategy and targets for tuberculosis prevention, care and control after 2015;[2]

Acknowledging the progress made towards the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases) for 2015 following the United Nations Millennium Declaration and related 2015 tuberculosis targets, through the adoption of the DOTS strategy, the Stop TB Strategy and the Global Plan to Stop TB 2006–2015, as well as the financing of national plans based on those frameworks, as called for, inter alia, in resolution WHA60.19 on tuberculosis control;

Concerned by the persisting gaps and the uneven progress made towards current targets, and in addition that some regions, Member States, communities and vulnerable groups require specific strategies and support to accelerate progress in preventing disease and deaths, and to expand access to needed interventions and new tools;

Further concerned that even with significant progress, an estimated three million people who contract tuberculosis each year will not have their disease detected or will not receive appropriate care and treatment;

Cognizant of the serious economic and social consequences of tuberculosis and of the burden borne by many of those affected when seeking care and adhering to tuberculosis treatment;

Considering resolution WHA62.15 on prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis, and its appeal for action; aware that the response to the

[2] Document A67/11.

crisis to date has been insufficient despite the introduction of new rapid diagnostic tests and efforts to scale up disease management; aware also that the vast majority of those in need still lack access to high-quality prevention, treatment and care services; and alarmed at the grave individual and public health risks posed by multidrug-resistant tuberculosis;

Aware that HIV coinfection is the main reason for the failure to meet tuberculosis control targets in high-HIV prevalence settings and that tuberculosis is a a major cause of deaths among people living with HIV, and recognizing the need for substantially enhanced joint action in addressing the dual epidemics of tuberculosis and HIV/AIDS through increasing integration of primary care services in order to improve access to care;

Recognizing that further progress on tuberculosis and other health priorities identified in the United Nations Millennium Declaration must be made in the decades beyond 2015, and that progress on all of those priorities requires overall commitment to health system strengthening and progress towards universal health coverage;

Acknowledging that progress against tuberculosis depends on action within and beyond the health sector in order to address the social and economic determinants of disease, including expansion of social protection and overall poverty reduction;

Guided by resolution WHA61.17 on the health of migrants and its appeal for action, and recognizing the need for increased collaboration between high- and low-incidence countries and regions in strengthening tuberculosis monitoring and control mechanisms, including with regard to the growing mobility of labour;

Noting the need for increased investment in accelerated implementation of innovations at country level as well as in the research and development of new tools for tuberculosis care and prevention that are essential for the elimination of tuberculosis,

1. ADOPTS the global strategy and targets for tuberculosis prevention, care and control after 2015 with:

(1) its bold vision of a world without tuberculosis, and its targets of ending the global tuberculosis epidemic by 2035 through a reduction in tuberculosis deaths by 95% and in tuberculosis incidence by 90% (or to fewer than 10 tuberculosis cases per 100 000 population), and elimination of associated catastrophic costs for tuberculosis-affected households;

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(2) its associated milestones for 2020, 2025 and 2030;

(3) its principles addressing: government stewardship and accountability; coalition-building with affected communities and civil society; equity, human rights and ethics; and adaptation to fit the needs of each epidemiological, socioeconomic and health system context;

(4) its three pillars of: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation;

2. URGES all Member States:[3]

(1) to adapt the strategy in line with national priorities and specificities;

(2) to implement, monitor and evaluate the strategy's proposed tuberculosis-specific health sector and multisectoral actions with high-level commitment and adequate financing, taking into account the local settings;

(3) to seek, with the full engagement of a wide range of stakeholders, to prevent the persistence of high incidence rates of tuberculosis within specific communities or geographical settings;

3. INVITES international, regional, national and local partners from within and beyond the health sector to engage in, and support, the implementation of the strategy;

4. REQUESTS the Director-General:

(1) to provide guidance to Member States on how to adapt and operationalize the strategy, including the promotion of cross-border collaboration to address the needs of vulnerable communities, including migrant populations, and the threats posed by drug resistance;

(2) to coordinate and contribute to the implementation of the post-2015 global tuberculosis strategy, working with Member States, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and other global and regional financing institutions, as well as all constituencies of the

[3] And, where applicable, regional economic integration organizations.

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Stop TB Partnership and the additional multisectoral partners required to achieve the goal and objectives of the strategy;

(3) to further develop and update global normative and policy guidance on tuberculosis prevention, care and control, as new evidence is gathered and innovations are developed, adding to the tools and strategic approaches that are available for ending the global epidemic and moving far more rapidly towards tuberculosis elimination;

(4) to support Member States upon request in the adaptation and implementation of the strategy, as well as in the development of nationally appropriate indicators, milestones and targets to contribute to local and global achievement of the 2035 target;

(5) to monitor the implementation of the strategy, and evaluate impact in terms of progress towards set milestones and targets;

(6) to promote the research and knowledge generation required to end the global tuberculosis epidemic and eliminate tuberculosis, including accelerated discovery and development of new or improved diagnostics, treatment and preventive tools, in particular efficient vaccines, and the stimulation of the uptake of resulting innovations;

(7) to promote equitable access to new tools and medical products for the prevention, diagnosis, and treatment of tuberculosis and multidrug-resistant tuberculosis as they become available;

(8) to work with the Stop TB Partnership, including active support of the development of the global investment plan, and, where appropriate, seeking out new partners who can leverage effective commitment and innovation within and beyond the health sector in order to implement the strategy effectively;

(9) to report on the progress achieved to the Seventieth and Seventy-third World Health Assemblies, and at regular intervals thereafter, through the Executive Board.

Sixth plenary meeting, 21 May 2014
A67/VR/6

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SIXTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA67.13**

Agenda item 16.1 **24 May 2014**

Implementation of the International Health Regulations (2005)

The Sixty-seventh World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005);[4]

Recalling the recent meeting and report of the Strategic Advisory Group of Experts on immunization,[5] which completed its scientific review and analysis of evidence on issues concerning vaccination against yellow fever and concluded that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease, and that a booster dose of yellow fever vaccine is not needed;

Noting that in its report the Strategic Advisory Group of Experts on immunization recommended that WHO should revisit the provisions in the International Health Regulations (2005) relating to the period of validity for international certificates for vaccination against yellow fever,

1. ADOPTS, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the updated Annex 7 of the International Health Regulations (2005) that is set out below.

[4] Document A67/35.

[5] Meeting of the Strategic Advisory Group of Experts on immunization, April 2013 – conclusions and recommendations. Weekly epidemiological record. 2013;88(20):201.

ANNEX 7

REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

(i) the incubation period of yellow fever is six days;

(ii) yellow fever vaccines approved by WHO provide protection against infection starting 10 days following the administration of the vaccine;

(iii) this protection continues for the life of the person vaccinated; and

(iv) the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated, beginning 10 days after the date of vaccination.

(b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present.

(c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2(h) of this Annex may be applied on arrival.

(d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where the Organization has determined that a risk of yellow fever transmission is present.

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(e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.

(f) States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.

(g) Every person employed at a point of entry in an area where the Organization has determined that a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.

(h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.

(i) Travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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SIXTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA67.16**

Agenda item 21.1 **24 May 2014**

Report of the External Auditor

The Sixty-seventh World Health Assembly,

Having considered the report of the External Auditor to the Health Assembly;1

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

ACCEPTS the report of the External Auditor to the Health Assembly.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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SIXTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA67.23**

Agenda item 15.7 **24 May 2014**

Health intervention and technology assessment in support of universal health coverage

The Sixty-seventh World Health Assembly,

Having considered the report on health intervention and technology assessment in support of universal health coverage;[6]

Recalling resolutions WHA52.19 on the revised drug strategy, WHA58.33 on sustainable health financing, universal coverage and social health insurance, WHA60.16 on progress in the rational use of medicines, WHA60.29 on health technologies, WHA63.21 on WHO's role and responsibilities in health research, and WHA64.9 on sustainable health financing structures and universal coverage;

Recognizing the importance of evidence-based policy development and decision-making in health systems, including decisions on resource allocation, service system designs and translation of policies into practice, as well as reaffirming WHO's roles and responsibilities in provision of support to strengthen information systems and health research capacity, and their utilization in Member States;

Noting that the efficient use of resources is a crucial factor in the sustainability of health systems' performance, especially when significant increases in access to essential medicines, including generic medicines, to medical devices and procedures, and to other health care interventions for promotion, prevention, diagnosis and treatment, rehabilitation and palliative care are pursued by Member States, as they move towards universal health coverage;

[6] Document A67/33.

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Noting that *The world health report 2010* [7] indicates that as much as 40% of spending on health is being wasted and that there is, therefore, an urgent need for systematic, effective solutions to reduce such inefficiencies and to enhance the rational use of health technology;

Acknowledging the critical role of independent health intervention and technology assessment, as multidisciplinary policy research, in generating evidence to inform prioritization, selection, introduction, distribution, and management of interventions for health promotion, disease prevention, diagnosis and treatment, and rehabilitation and palliation;

Emphasizing that with rigorous and structured research methodology and transparent and inclusive processes, assessment of medicines, vaccines, medical devices and equipment, and health procedures, including preventive intervention, could help to address the demand for reliable information on the safety, efficacy, quality, appropriateness, cost–effectiveness and efficiency dimensions of such technologies to determine if and when they are integrated into particular health interventions and systems;

Concerned that the capacity to assess, research and document the public health, economic, organizational, social, legal and ethical implications of health interventions and technologies is inadequate in most developing countries, resulting in inadequate information to guide rational policy, and professional decisions and practices;

Recognizing the importance of strengthened national capacity, regional and international networking, and collaboration on health intervention and technology assessment to promote evidence-based health policy,

1. URGES Member States:[8]

(1) to consider establishing national systems of health intervention and technology assessment, encouraging the systematic utilization of independent health intervention and technology assessment in support of universal health coverage to inform policy decisions, including priority-setting, selection, procurement supply system management and use of health interventions and/or technologies, as well as the formulation of sustainable financing benefit packages, medicines, benefits management including pharmaceutical formularies, clinical practice guidelines and protocols for public health programmes;

[7] The world health report 2010. Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010.

[8] And, where applicable, regional economic integration organizations.

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(2) to strengthen the link between health technology assessment and regulation and management, as appropriate;

(3) to consider, in addition to the use of established and widely agreed methods, developing, as appropriate, national methodological and process guidelines and monitoring systems for health intervention and technology assessment in order to ensure the transparency, quality and policy relevance of related assessments and research;

(4) to further consolidate and promote health intervention and technology assessment within national frameworks, such as those for health system research, health professional education, health system strengthening and universal health coverage;

(5) to consider strengthening national capacity for regional and international networking, developing national know-how, avoiding duplication of efforts and achieving better use of resources;

(6) to consider also collaborating with other Member States' health organizations, academic institutions, professional associations and other key stakeholders in the country or region in order to collect and share information and lessons learnt so as to formulate and implement national strategic plans concerning capacity-building for and introduction of health intervention and technology assessment, and summarizing best practices in transparent, evidence-informed health policy and decision-making;

(7) to identify gaps with regard to promoting and implementing evidence-based health policy, as well as improving related information systems and research capacity, and considering seeking technical support and exchanging information and sharing experiences with other Member States, regional networks and international entities, including WHO;

(8) to develop and improve the collection of data on health intervention and technology assessment, training relevant professionals, as appropriate, so as to improve assessment capacity;

2. REQUESTS the Director-General:

(1) to assess the status of health intervention and technology assessment in Member States in terms of methodology, human resources and institutional capacity, governance, linkage between health intervention and technology assessment units and/or networks with policy authorities, utilization of assessment results, and interest in and impediments to strengthening capacity;

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(2) to raise awareness, foster knowledge and encourage the practice of health intervention and technology assessment and its uses in evidence-based decision-making among national policy-makers and other stakeholders, by drawing best practices from the operation, performance and contribution of competent research institutes and health intervention and technology assessment agencies and programmes, and sharing such experiences with Member States through appropriate channels and activities, including global and regional networks and academic institutions;

(3) to integrate health intervention and technology assessment concepts and principles into the relevant strategies and areas of work of WHO, including, but not limited to, those on universal health coverage, including health financing, access to and rational use of quality-assured medicines, vaccines and other health technologies, the prevention and management of noncommunicable and communicable diseases, mother and child care, and the formulation of evidence-based health policy;

(4) to provide technical support to Member States, especially low-income countries, relevant intergovernmental organizations and global health partners, in order to strengthen capacity for health intervention and technology assessment, including, when appropriate, the development and use of global guidance on methods and processes based on internationally agreed practices;

(5) to ensure adequate capacity at all levels of WHO, utilizing its networks of experts and collaborating centres, as well as other regional and international networks, in order to address the demand for support to facilitate evidence-based policy decisions in Member States;

(6) to support the exchange of information, sharing of experiences and capacity-building in health intervention and technology assessment through collaborative mechanisms and networks at global, regional and country levels, as well as ensuring that these partnerships are active, effective and sustainable;

(7) to report on progress in the implementation of this resolution to the Sixty-ninth World Health Assembly.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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SIXTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA67.24**

Agenda item 15.8 **24 May 2014**

Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

The Sixty-seventh World Health Assembly,

Having considered the report on the follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage,[9] and the outcome document of the Third Global Forum on Human Resources for Health (Recife, Brazil, 10–13 November 2013); [10]

Recognizing the leadership role of WHO in human resources for health, and the mandate given in this regard by resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel, WHA66.23 on transforming health workforce education in support of universal health coverage, WHO's global policy recommendations on increasing access to health workers in remote and rural areas through improved retention[11] (2010) and WHO's guidelines on transforming and scaling up health professionals' education and training (2013);[12]

Recalling the commitment to attain universal health coverage and the need for an improved health workforce to achieve it;

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9 Document A67/34.

10 Document A67/34, Annex.

11 Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations. Geneva: World Health Organization; 2010.

12 Transforming and scaling up health professionals' education and training: World Health Organization guidelines 2013. Geneva: World Health Organization; 2013.

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WHA67.24

Reaffirming the importance of the Kampala Declaration and Agenda for Global Action, as well as the WHO Global Code of Practice on the International Recruitment of Health Personnel, and recognizing the need to renew these commitments and take them forward in light of new developments with a view to progressing towards universal health coverage,

1. ENDORSES the call to action in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

2. WELCOMES the commitments made by Member States in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

3. URGES Member States[13] to implement, as appropriate, and in accordance with national and subnational responsibilities, the commitments made in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

4. REQUESTS the `Director-General:

(1) to take into consideration the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage in the future work of WHO;

(2) to develop and submit a new global strategy for human resources for health for consideration by the Sixty-ninth World Health Assembly.

Ninth plenary meeting, 24 May 2014
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[13] And, where applicable, regional economic integration organizations

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA67.25**
Agenda item 16.5 **24 May 2014**

Antimicrobial resistance

The Sixty-seventh World Health Assembly,

Having considered the report on antimicrobial drug resistance;[14]

Recognizing WHO's leadership role in the containment of antimicrobial resistance;

Recalling resolutions WHA39.27 and WHA47.13 on the rational use of drugs, WHA51.17 on emerging and other communicable diseases: antimicrobial resistance, WHA54.14 on global health security, WHA58.27 on improving the containment of antimicrobial resistance, WHA60.16 on progress in the rational use of medicines and WHA66.22 on follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination;

Aware that access to effective antimicrobial agents constitutes a prerequisite for most of modern medicine, that hard-won gains in health and development, in particular those brought about through the health-related Millennium Development Goals, are at risk due to increasing resistance to antimicrobials, and that antimicrobial resistance threatens the sustainability of the public health response to many communicable diseases, including tuberculosis, malaria and HIV/AIDS;

Aware that the health and economic consequences of antimicrobial resistance constitute a heavy and growing burden on high-, middle- and low-income countries, requiring urgent action at national, regional and global levels, particularly in view of the limited development of new antimicrobial agents;

Recognizing that the main impact of antimicrobial resistance is on human health, but that the contributing factors and consequences, including economic and others, go beyond health and therefore there is a need for a coherent, comprehensive and integrated approach at global, regional and national

[14] Document A67/39.

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levels, in a "One Health" approach and beyond, involving different actors and sectors such as human and veterinary medicine, agriculture, environment and consumers;

Noting that awareness of the broad scope and urgency of the threat posed has been limited and that previous resolutions of the Health Assembly and WHO's strategies for the containment of antimicrobial resistance have not yet been widely implemented;

Recognizing that antimicrobial resistance involves a wide range of pathogens including bacteria, viruses and parasites but that the development of resistance among some pathogens, particularly antibiotic-resistant bacteria, is of particular urgency and most in need of immediate attention;

Welcoming the establishment of the WHO Global Task Force on Antimicrobial Resistance and the tripartite collaboration between FAO, OIE and WHO,

1. URGES Member States:[15]

(1) to increase political awareness, engagement and leadership in order to accelerate efforts to secure access to effective antimicrobials and to use them responsibly;

(2) to take urgent action at national, regional and local levels to strengthen infection prevention and control, by means that include application of basic hygiene measures;

(3) to develop or strengthen national plans and strategies and international collaboration for the containment of antimicrobial resistance;

(4) to mobilize human and financial resources in order to implement plans and strategies to strengthen the containment of antimicrobial resistance;

(5) to strengthen overall pharmaceutical management systems, including regulatory systems and supply chain mechanisms, and, where appropriate, laboratory infrastructure, with a view to ensuring access to and availability of effective antimicrobial agents, taking into account financial and other incentives that might have a negative impact on policies for prescribing and dispensing;

(6) to monitor the extent of antimicrobial resistance including regular monitoring of the use of antibiotics in all relevant sectors, in particular health and agriculture, including animal

[15] And, where appropriate, regional economic integration organizations.

husbandry, and to share such information so that national, regional and global trends can be detected and monitored;

(7) to improve, among all relevant care providers, the public and other sectors and stakeholders, awareness of (i) the threat posed by antimicrobial resistance, (ii) the need for responsible use of antibiotics and (iii) the importance of infection prevention and control measures;

(8) to encourage and support research and development, including by academia and through new collaborative and financial models, to combat antimicrobial resistance and promote responsible use of antimicrobial medicines, develop practical and feasible approaches for extending the lifespan of antimicrobial medicines and encourage the development of novel diagnostics and antimicrobial medicines;

(9) to collaborate with the Secretariat in developing and implementing a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, which is based on all available evidence and best practices;

(10) to develop antimicrobial resistance surveillance systems in three separate sectors: (i) inpatients in hospitals; (ii) outpatients in all other health care settings and the community; and (iii) animals and non-human usage of antimicrobials;

2. REQUESTS the Director-General:

(1) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are actively engaged and coordinated in promoting work on containing antimicrobial resistance, including through the tracking of resource flows for research and development on antimicrobial resistance in the new global health research and development observatory;

(2) to set aside adequate resources for the work in the Secretariat, in line with the Programme budget 2014–2015 and the Twelfth General Programme of Work, 2014–2019;

(3) to strengthen the tripartite collaboration between FAO, OIE and WHO for combating antimicrobial resistance in the spirit of the “One Health” approach;

(4) to explore with the United Nations Secretary-General options for a high-level initiative, including a high-level meeting, to increase political awareness, engagement and leadership on antimicrobial resistance;

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(5) to develop a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, which addresses the need to ensure that all countries, especially low- and middle-income countries, have the capacity to combat antimicrobial resistance and which takes into account existing action plans and all available evidence and best practice as well as the recommendations of WHO's Strategic Technical Advisory Group on antimicrobial resistance and the WHO policy package to combat antimicrobial resistance, which asks Member States:

(a) to commit to a comprehensive, financed national plan with accountability and civil society engagement;

(b) to strengthen surveillance and laboratory capacity;

(c) to ensure uninterrupted access to essential medicines of assured quality;

(d) to regulate and promote rational use of medicines, including in animal husbandry, and ensure proper patient care;

(e) to enhance infection prevention and control;

(f) to foster innovation and research and development for new tools;

(6) to apply a multisectoral approach to inform the drafting of the global action plan, by consulting Member States[16] as well as other relevant stakeholders, especially other multilateral stakeholders, such as FAO and OIE, taking into account the need to manage potential conflicts of interest;

(7) to submit to the Sixty-eighth World Health Assembly, through the Executive Board at its 136th session, a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, together with a summary report on progress made in implementing the other aspects of this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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[16] And, where applicable, regional economic integration organizations.

ANNEX 3

World Health Organization

EXECUTIVE BOARD
136th session
Geneva, 26 January–3 February 2015

EB136/1 (draft)
13 June 2014

Draft provisional agenda

1. Opening of the session and adoption of the agenda[1]

2. Report by the Director-General

3. Report of the Programme, Budget and Administration Committee of the Executive Board

4. Report of the regional committees to the Executive Board

5. WHO reform

5.1 Framework of engagement with non-State actors

5.2 Method of work of the governing bodies

5.3 Streamlining national reporting and communication with Member States

5.4 Overview of reform implementation

6. Noncommunicable diseases

6.1 Outcome of the Second International Conference on Nutrition

6.2 Maternal, infant and young child nutrition: development of the core set of indicators

[1] **EB133(1) Deletion of agenda item**

The Executive Board decided:

(1) to delete item 6.3 from its provisional agenda;

(2) to request the Director-General to hold informal consultations with Member States from all regions with a view to reaching consensus on the title and content of that item;

(3) to include an item in the draft provisional agenda of the Executive Board at its 134th session, with no title and a footnote referring to the present decision, on the understanding that the final title and content of the item will reflect the outcome of the informal consultations by the Director-General.

(Second meeting, 29 May 2013)

6.3 Update on the WHO Commission on Ending Childhood Obesity[1]

6.4 Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases

6.5 Global status report on violence and health

7. Promoting health through the life course

7.1 Monitoring of the achievement of the health-related Millennium Development Goals

7.2 Health and the environment

- Addressing the health impact of air pollution
- Climate and health: outcome of the WHO Conference on Health and Climate[2]

7.3 Adolescent health[3]

7.4 Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion)

8. Preparedness, surveillance and response

8.1 Antimicrobial resistance

8.2 Poliomyelitis

8.3 Implementation of the International Health Regulations (2005)

[1]The high-level Commission, 'Ending Childhood Obesity', established by the Director-General in order to create awareness and build momentum for action will meet in July 2014 in Geneva and subsequently. Its work is supported by two working groups; one on science and evidence, addressing the epidemiological burden, the drivers of childhood obesity, the economic burden, and the scientific evidence for effective interventions; and a second addressing implementation, monitoring and accountability. The Director-General will present the Commission's final report and any recommendations to the World Health Assembly in May 2015.

[2]WHO is organizing a global conference on health and climate that is due to be held at WHO headquarters in Geneva from 27 to 29 August 2014.

[3]With new data available on the health situation of adolescents worldwide the Secretariat proposes effective interventions particularly for middle and low-income countries to support countries' efforts to improve and maintain the health of adolescents.

9. Communicable diseases

9.1 Malaria: draft global technical strategy: post 2015

9.2 Dengue: prevention and control[1]

10. Health systems

10.1 Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

10.2 WHO Global Code of Practice on the International Recruitment of Health Personnel

10.3 Substandard/spurious/falsely labelled/falsified/counterfeit medical products

10.4 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

10.5 Global strategy and plan of action on public health, innovation and intellectual property

11. Programme and budget matters

11.1 Implementation and financing of Programme budget 2014–2015: update

11.2 Proposed programme budget 2016–2017

11.3 Strategic budget space allocation

12. Financial matters

12.1 Draft financial strategy for WHO

12.2 Scale of assessments for 2016–2017

12.3 Amendments to the Financial Regulations and Financial Rules [if any]

13. Management and governance matters

13.1 Evaluation

13.2 Hosted health partnerships [if any]

13.3 Real estate: update on the Geneva buildings renovation strategy

[1] The escalation of dengue fever worldwide poses a serious global public health threat. Many Member States voiced their concern during discussions at the Sixty-seventh World Health Assembly, stressing the need for action based on strong international and national commitment.

Annex 3

13.4 Reports of committees of the Executive Board

- Standing Committee on Nongovernmental Organizations
- Foundations and awards

13.5 Provisional agenda of the Sixty-eighth World Health Assembly and date, place and draft provisional agenda of the 137th session of the Executive Board

14. Staffing matters

14.1 Appointment of the Regional Director for Africa

14.2 Appointment of the Regional Director for Europe

14.3 Statement by the representative of the WHO staff associations

14.4 Human resources: update

14.5 Report of the International Civil Service Commission

14.6 Amendments to the Staff Regulations and Staff Rules

15. Matters for information

15.1 Reports of advisory bodies

- Expert committees and study groups

16. Closure of the session

Note: in line with resolution WHA67.2, the following items will be considered by the Health Assembly under progress reports.

Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1)
Eradication of dracunculiasis (resolution WHA64.16)
Elimination of schistosomiasis (resolution WHA65.21)
Neglected tropical diseases (resolution WHA66.12)
Prevention and control of sexually transmitted infections: global strategy (resolution WHA59.19)
Global vaccine action plan (resolution WHA65.17)
Social determinants of health (resolution WHA65.8)
Comprehensive mental health action plan 2013-2020 (resolution WHA66.8)
Comprehensive and coordinated efforts for the management of autism spectrum disorders (resolution WHA67.8)
Newborn health (resolution WHA67.10)
Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children (resolution WHA66.7)
Progress in the rational use of medicines (resolution WHA60.16)
Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25)
Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits (resolution WHA64.5)

ANNEX 4

World Health Organization

Strategic budget space allocation[1]

1. At the Sixty-sixth World Health Assembly in May 2013, Member States requested the Director-General to propose, for consideration by the Sixty-seventh World Health Assembly, in consultation with Member States, a new strategic budget space allocation methodology in WHO, starting with the development of the programme budget for 2016–2017.[2]

2. At its 134th session, the Executive Board endorsed the proposal by the Director-General to establish a working group on strategic budget space allocation to provide guidance to the Secretariat in further developing the proposal for a new strategic budget space allocation methodology.[3]

3. The Working Group was established in line with the Executive Board's decision. It is made up of six members of the Programme, Budget and Administration Committee (from Belgium, Cameroon, Egypt, Malaysia, Maldives and Mexico). On 17 February 2014, the Working Group had its first meeting through a teleconference and agreed on its terms of reference. The key objectives of the Working Group are to provide guidance to the Secretariat in developing the proposal for a new strategic budget space allocation and to facilitate discussion of the final proposal for a new strategic budget space allocation methodology at the extended meeting of the Programme, Budget and Administration Committee.

4. The Working Group also agreed on its modalities of working, which included the development of a questionnaire that would be used to assist Working Group members in seeking input and guidance from other Member States and, based on responses to the questionnaire and follow-up discussions in the Working Group, the provision of guidance to the Secretariat to develop a draft proposal. All Working Group members completed the questionnaire by mid-April 2014.

5. On 23 and 24 April 2014, the Working Group had a face-to-face meeting to discuss the responses to the questionnaire and to provide initial guidance to the Secretariat on the scope, principles and criteria for a new strategic budget space allocation methodology. It was clear from the responses to the questionnaire that not all Working Group members have a similar outlook or understanding of what could be the scope, key principles and elements of a strategic budget space allocation. This face-

[1] In line with the recommendation of the Programme, Budget and Administration Committee of the Executive Board at its twentieth meeting, references to "strategic resource allocation" have been changed to "strategic budget space allocation".

[2] See decision WHA66(9).

[3] See decision EB134(4).

Annex 4

to-face meeting therefore provided the opportunity to develop a common understanding of some of the key principles and criteria, and the planning and budgeting processes, as well as some key terminology.

6. During the meeting, it was also recognized that the development of a new resource allocation in WHO is quite complex and interdependent with many other WHO reform initiatives that are currently under way, such as the work on bottom-up planning, identification and costing of outputs and deliverables, the roles and functions of the three levels of the Organization, and the review of the financing of administrative and management costs. Members emphasized the importance of ensuring that the new strategic budget space allocation methodology is viable and applicable at all three levels of the Organization. They also highlighted the importance of ensuring that development of the strategic budget space allocation methodology is informed by the work of these initiatives, and vice versa. They therefore agreed that a new strategic budget space allocation methodology may not be fully developed in time for finalization of the programme budget for 2016–2017. The Working Group also emphasized that the Secretariat needs to continue the application of some of the key principles such as bottom-up planning, the use of realistic costing and the roles and functions of the three levels of the Organization in the preparation of the proposed programme budget 2016–2017.

7. Based on the outcome of the discussion at the face-to-face meeting, the Working Group requested the Secretariat to develop a paper for further discussion by members of the Programme, Budget and Administration Committee in May 2014. This paper accordingly highlights the scope, the guiding principles and the criteria that were discussed by the members of the Working Group with regard to the distribution of resources within each operational segment.

SCOPE

8. The strategic budget space allocation methodology should be applied to allocate both assessed and voluntary contributions in an integrated manner and in support of the Organization's one work plan and one budget (programme budget).

GUIDING PRINCIPLES

9. The following overarching principles could guide the development and implementation of the new strategic budget space allocation methodology:

- ***based on needs and evidence:*** strategic budget space allocation should support those countries in greatest need and should be based on epidemiological data, including research findings and scientifically validated data, as well as objectively measurable benchmarks;

- ***results-based management:*** strategic budget space allocation should include robust bottom-up planning and realistic costing of outputs and deliverables, in alignment with priorities identified in the General Programme of Work and taking into consideration how and where best to allocate resources in order to achieve significant impact and value for investment;

- ***fairness and equity:*** strategic budget space allocation among geographical or functional segments should be conducted in accordance with objective and generally accepted and consistently applied criteria;

- ***accountability and transparency:*** these should be central to planning and allocation of strategic budget space and to reporting on the use of resources;

- ***clear roles and functions:*** at all three levels of the Organization, these should support decisions on allocation of tasks and budget space and strengthen accountability;

- ***performance improvement:*** this should be considered as an incentive in budget space allocation to encourage delivery of results and achievement of outcomes.

CRITERIA BY OPERATIONAL SEGMENT

10. For the purpose of developing a strategic budget space allocation methodology, WHO's work has been divided into the four operational segments.[1] For each operational segment, provisional criteria and approaches for strategic budget space allocation are proposed for further discussion and consideration.

Segment 1: Technical cooperation at country level

11. This segment relates to functions and activities at country level, where the benefits are experienced directly by individual countries. Activities could include building country capacity, providing technical support, conducting policy dialogue, adapting guidelines and strengthening systems to collect, analyse and disseminate data. In order to allocate resources strategically in support of this segment, it is proposed to determine the profile of each country taking into consideration the following criteria:

- human development index + immunization coverage (such as with the final dose of diphtheria, pertussis and tetanus vaccine + proxy indicators for technical categories in the General Programme of Work, (such as inequity, disability-adjusted life years lost to communicable diseases and noncommunicable diseases, proportion of births attended by skilled health personnel, capacity to implement the International Health Regulations (2005));

- weighted by a population factor;

- aggregated at regional level.

12. This will allow the allocation to be distributed across the six WHO regions, based on the total allocation to the countries in each region. The allocation of budget space to support technical cooperation at country level will then be based on bottom-up planning, taking into account:

- the needs and priorities of the individual country

- alignment with the country cooperation strategy and national investment plan

- the comparative advantages of WHO

- alignment with the priorities identified in the General Programme of Work.

[1] See document EB134/10.

Annex 4

13. This constitutes an objective and transparent approach to determining budget space allocation. It also supports the principle of aligning resource allocation with the needs, priorities and results identified through the General Programme of Work, and bottom-up planning. This therefore means that the allocation to a country office may not always be consistent with the allocation determined based purely on health and development parameters.

Segment 2: Provision of global and regional goods

14. This segment covers the functions and programmes performed by WHO headquarters and regional offices, as stated in Article 2 of the Constitution of the World Health Organization, for the benefit of all Member States and in support of the entire Organization. Examples of deliverables include WHO norms and standards, policies and guidelines, analysis, and the management and dissemination of health information.

15. There are two categories of programmes or functions in this segment: (i) mandatory functions and long-term commitments (such as the Codex Alimentarius Commission) and (ii) other functions and activities that are driven more by needs and emerging priorities. It will therefore be necessary to have two different approaches to allocating budget space within this segment.

16. For mandatory functions or long-term commitments, budget space allocation has to be based on current and historical patterns, taking into consideration continuous performance improvement and cost-efficiency. For other functions or priorities, budget space allocation would be based on assessment and identification of global and regional health needs and priorities, taking account of the following criteria:

- the priorities identified in the General Programme of Work
- the needs and priorities of countries
- resolutions adopted by WHO's governing bodies
- the comparative advantages of WHO
- the roles and functions of the three levels of the Organization (with consideration for efficiency and effectiveness)
- realistic costing of outputs and deliverables
- a project management approach.

Segment 3: Administration and management

17. This segment relates to the functions required to run the Organization. Administrative and management costs can be subsumed under two general categories:

- stewardship and governance: all the corporate services and enabling functions, comprising leadership, general management and governance;
- infrastructure and administrative support: comprising the running costs of the premises, maintenance, information technology, security and other administration support services.

Most of these costs are within category 6 of the General Programme of Work, but some fall within the technical categories 1 to 5.

18. A review and discussion with Member States is ongoing on the budgeting and financing of administration and management costs. This review includes how best to align the costs of administration and management to programme delivery, how to finance them and how best to build in cost-efficiency measures. Recognizing that the current approach is based on historical patterns and that there is a high fixed-cost component, notably for stewardship and governance (for example, the costs of governing body meetings and governance structures, or senior management staffing across the Organization), the Working Group emphasized that it is essential to take the following criteria into consideration when allocating budget space for administration and management:

- minimum requirements for ensuring the effective functioning of the Organization under its Constitution and within its control framework
- cost-efficiency and effectiveness in alignment with audit recommendations.

Segment 4: Emergency response

19. This operational segment covers outbreak and crisis response and poliomyelitis eradication. Owing to the nature of outbreak and crisis response, which is governed by acute events, the resource requirements are normally significant but difficult to predict during the budget planning process. Poliomyelitis eradication is currently considered to be a programmatic emergency for global public health, and as such there needs to be flexibility for budget increases at short notice in order to accommodate programmatic needs.

20. Given the event-driven and location-specific nature of this segment, any new methodology developed for segments 1 to 3 may not apply to this segment. It is proposed that this segment should be further discussed and considered by the Working Group.

WAY FORWARD

21. In order to complete the development of a proposal for a strategic budget space allocation methodology that is informed by other critical reform initiatives, the following steps and timelines are proposed:

- present the revised paper to Regional Committees for input and further guidance – September–October 2014;
- in parallel, the Secretariat develops different models by applying the principles and criteria – June 2014 onwards;
- hold a face-to-face meeting of the Working Group to review the models developed and provide guidance to the Secretariat – following the Regional Committee sessions;
- provide update on the draft proposal to Member States – mid-December;
- the Secretariat presents a draft proposal on the new strategic budget space allocation to the Programme, Budget and Administration Committee – January 2015.

Annex 4

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ANNEX 5

Framework of engagement with non-State actors

Report by the Secretariat to the regional committees

1. This report is submitted to the regional committees in response to decision WHA67(14).[1] It summarizes the issues raised by Member States during and after the Sixty-seventh World Health Assembly, together with requests made to the Secretariat for action or for the provision of clarifications.[2]

ISSUES RAISED BY MEMBER STATES

2. Overall, comments showed that there is convergence on the importance of engagement with non-State actors. Furthermore, some Member States have suggested that WHO's role in engaging with non-State actors should be strengthened and seen as coordination rather than engagement so as to reflect the position of the Organization as the directing and coordinating authority for health. At the same time, there is general agreement that in order for WHO to fulfil its constitutional mandate and core function, the integrity and independence of the Organization must be protected and safeguarded, and public confidence maintained.

3. The draft framework of engagement is considered to be a good basis for establishing and, where appropriate, strengthening relations with non-State actors, as long as risks and conflicts of interest are accurately described and transparently managed, and if the benefits of engagement are weighed carefully against the risks involved.

Conflicts of interest

4. There were several calls for a stronger approach and more information on conflict of interest. A strengthened approach will have to ensure that WHO actively manages conflicts of interest so as to avoid compromising the integrity of the Organization; and that the Organization's system for managing risks, particularly conflicts of interest, and conducting due diligence is sufficiently flexible. The framework of engagement should also clarify: (i) the distinctions between real and perceived conflicts of interest, and between individual and institutional conflicts of interest; (ii) how WHO should deal with actors not sharing the interest of the Organization or where secondary interests undermine public health; and (iii) how the Organization should distinguish between direct and indirect interests.

Due diligence: process and criteria

5. The importance was stressed of conducting transparent due diligence and risk assessments before entering into engagement in order to protect and preserve WHO's integrity and reputation.

[1] See document A67/DIV./3 (available at http://apps.who.int/gb/e/e_wha67.html#Diverse_documents__, accessed 11 July 2014).

[2] See the summary records of the Sixty-seventh World Health Assembly, Committee A, second meeting, section 2 and twelfth meeting, section 4 for comments made by Member States during the Health Assembly. Subsequent comments and questions from Member States are posted on the WHO reform website (available at http://www.who.int/about/who_reform/non-state-actors/).

Annex 5

More clarity was requested on the process and modalities of conducting due diligence, the criteria applied, and the link between due diligence and conflict of interest.

Financial resources from private sector entities to WHO

6. The potential influence of funding from private sector entities on WHO's programmes and priorities was frequently stressed. At the same time, the positive experience recorded with the Pandemic Influenza Preparedness (PIP) Framework was cited and it was proposed that such pooling of funds should be used as the preferred mechanism for receiving funds from private sector entities. Specific concerns were raised concerning: earmarking of funds; the use of funds from the private sector for information gathering, meeting participation and publications; private sector entities using their engagement with WHO for promotional purposes; the channelling of private sector funds through other non-State actors to WHO; and the importance of making sure that programmes are not too dependent upon individual funders.

Secondments

7. Member States questioned the seconding of non-State actors' representatives to WHO. The key concern in this regard is to protect the independence and the integrity of WHO, particularly with respect to its normative and standard-setting functions. Member States pointed out that although the draft framework states explicitly that WHO does not accept secondments from private sector entities, it proposes accepting secondments from other types of non-State actor. Some Member States proposed that WHO should not allow secondments from any non-State actors, while others only sought to exclude secondments from private sector entities, allowing secondments from other types of non-State actors as long as there are clear criteria regarding the circumstances under which WHO could accept them.

Applicability of provisions of private sector policy to non-private sector entities

8. Some Member States were worried that some non-private sector entities may be influenced by private sector entities. It was suggested that nongovernmental organizations, philanthropic foundations and academic institutions not "at arm's length" from private sector entities should be also considered as private sector entities. In this regard, it has been suggested that WHO may consider adding the definition of "international business associations" as a sub-category to the "private sector entities" since WHO has stated that these associations are considered private sector entities and that the Organization has not developed a separate policy for international business associations.

9. The importance of an explicit process and criteria to determine when the provisions of private sector policy should be applied to non-private sector entities was highlighted.

Official relations

10. Some Member States referred to the continuation of the official relations' policy. Relevant submissions covered, for example, the question of which organizations should be eligible for admission into official relations, with particular regard to international business associations.

11. Some Member States proposed that national and regional affiliates of non-State actors who are themselves in official relations, should not "by definition" be considered to be in official relations.

12. Some Member States questioned the following: whether academic institutions can also be admitted; and what triggers the two-year period of collaboration prior to admission that was proposed in line with the principles governing relations between WHO and nongovernmental organizations.[1]

Boundaries: entities with which WHO will not engage

13. Although there is an agreement on excluding engagement with the tobacco and arms industries, other Member States proposed that engagement should also be excluded with, for example, the alcohol and food and beverages industries, and those involved in labour law violations and environmental damage.

Involvement of Member States in oversight and management of engagement

14. It was suggested that the respective roles of the governing bodies and of the Secretariat should be clarified, that private sector involvement should be open to Member States' scrutiny and that Member States should be involved in due diligence. It was further proposed to increase to more than six the number of members of the Committee on non-State actors of the Executive Board, to allow Member States not members of the Executive Board to be part of the Committee, and to require the Committee to report also to the Health Assembly.

15. Some Member States proposed that Member States should be able to participate in the Senior Management Committee on Engagement.

Partnerships

16. It was pointed out that it is not clear whether the framework applies also to partnerships that WHO is hosting or involved with and how conflicts of interest are managed in such partnerships. It was further suggested that WHO should learn from successful multistakeholder initiatives and public–private partnerships outside WHO.

17. Some Member States suggested that the concept of "non-State actor" could be further refined to include entities falling outside the definition, such as public–private partnerships and multistakeholder initiatives.

Competitive neutrality

18. It was suggested that WHO introduces the concept of "competitive neutrality" (also known as "level playing field," "competition on equal terms") with regard to WHO's engagement with the private sector. The suggestion was designed to ensure that the Organization's interactions with entities operating in an economic market do not result in undue competitive advantages or disadvantages for the entities concerned.

Medicine donations

19. It was proposed that provisions be added in order to clarify how the Organization should act in emergency situations and how it should avoid the dumping of medicines as donations. Some Member States suggested the need for objective and justifiable criteria for the selection of the countries, communities or patients to benefit from such donations.

[1] The text of the current principles was adopted in 1987 by the Fortieth World Health Assembly in resolution WHA40.25.

Annex 5

Protection of WHO's name and emblem

20. Questions were raised on the appropriate mechanism and measures that WHO is using in order to protect its name and emblem, so as to avoid any misuse for promotional purposes, in particular by private sector entities.

Evaluation of the framework

21. Some Member States noted that a process for evaluation of the Framework, including with regard to due diligence and risk assessment, is missing from the draft policy. They suggested that the evaluation function should be embedded into the framework in order to allow for: regular review, by the Health Assembly through the Executive Board, of the application of the framework; identification of problems, obstacles and other challenges; and the identification of lessons learnt with a view to informing future decisions on the revision of the Framework two, three or five years after its approval.

SPECIFIC REQUESTS FOR SECRETARIAT ACTION PRESENTED BY MEMBER STATES

22. The Secretariat was requested to facilitate easier access to documentation related to the development of the framework of engagement. The Secretariat has therefore updated the WHO reform website so as to provide a specific webpage that gathers together details of policies that are currently in force, other policies relevant to the process and additional background information.[1]

23. The Secretariat was requested to provide a summary explaining how other United Nations agencies handle issues relating to conflict of interest in respect of engagement with the private sector. United Nations agencies including WHO are exchanging experiences on the management of conflicts of interest and the conduct of due diligence, risk assessment and risk management at meetings of United Nations private sector focal points. The Secretariat has initiated a study of practices in the United Nations system that will be published on the WHO reform website once completed.

24. Member States have also requested the Secretariat to:

- provide information on financing, in-kind contributions, secondments and type and level of engagement with non-State actors;
- provide a list of secondments from non-State actors to WHO, including the entity funding them;
- provide the summary of the consultations conducted by the Special Envoy;
- present a list of Public–Private Partnerships in which WHO is currently involved;
- clarify the terms of reference of the Senior Management Committee On Engagement;
- conduct a more thorough investigation and analysis of all the types of non-State actors that should be covered by the Framework of engagement.

Information on the Secretariat's response will be made available on WHO's website.

25. Member States also made specific suggestions for the Secretariat to make wording changes to the draft framework of engagement, for example, replacing the term "global public goods" by "global public health". Some of these proposals imply substantive changes, the aims of which have been

[1] Available at http://www.who.int/about/who_reform/non-state-actors/, accessed 11 July 2014.

referred to above in relation to issues raised by Member States. Other proposals are of an editorial nature and will be captured in the paper to be presented to the Executive Board.

CLARIFICATIONS REQUESTED FROM THE SECRETARIAT

26. Clarifications were requested on which parts of the proposed framework would constitute policy changes and which parts would confirm current policies and practices. The framework of engagement is based on existing policies and practices. The consolidation of policies and practices into one framework and four policies will strengthen its coherent application at all levels of WHO. The major proposed policy changes are set out below.

- Using four groups for classifying actors (nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions) and applying a definition of when a non-State actor influenced by the private sector should be considered as a private sector entity.
- Strengthening transparency by requiring non-State actors to provide information on their governance and funding. This information on the nature of actors, together with information on WHO's engagement with them, will be disclosed in the register of non-State actors.
- Strengthening oversight on engagement by Member States and by senior management (through, respectively, the Committee on Non-State Actors of the Executive Board, Senior Management Committee on Engagement).
- Strengthening the accountability of organizations in official relations, including by giving the Executive Board the possibility of discontinuing official relations prior to the review scheduled after three years.

27. Clarification was sought concerning the information that will be provided in the register of non-State actors. All non-State actors engaging with WHO will be required to provide information on: their name, legal status, objective and governance structure; the composition of their main decision-making bodies; their assets, annual income and funding sources, main relevant affiliations and webpage; and one or more focal points for WHO contacts. For each non-State actor, this information will be made publicly available in the register together with a description of all WHO's engagements with the non-State actors concerned, including information on resources received by office and programme area.

28. It was asked whether nongovernmental organizations can participate on an ad hoc basis in meetings of WHO's governing bodies and whether the procedure for admitting organizations into official relations could be complemented by an accreditation procedure. The possible use of accreditation has been considered in previous consultations without eliciting enough support from Member States.

29. An explanation was requested of the meaning of "important and intentional" in the draft framework (in the section on non-compliance). Implementation depends on the actions of the Secretariat and compliance by the non-State actors themselves. Therefore the Secretariat needs tools to take action as a consequence of non-compliance, as described in this section. As in any non-compliance mechanism, the consequences of non-compliance need to be commensurate with the degree of non-compliance in line with the principle of proportionality. For example a small delay in providing information will only require a reminder, while the refusal to provide essential information constitutes the violation of terms of a signed agreement can lead to disengagement.

Annex 5

30. Clarification was sought on what resources nongovernmental organizations can receive. WHO contracts with nongovernmental organizations as implementing partners in situations such as humanitarian crises in order to provide key services for the populations affected. A similar practice is followed in other situations, including the organization of conferences and workshops, and the development of training materials. These resources are provided on the basis of a contractual agreement for the performance of work or by means of stand-by agreements for emergencies

31. An explanation was requested of the meaning of the term "scientific initiator" in the draft policy and operational procedure on engagement with private sector entities. Nongovernmental organizations and in particular scientific societies often mandate private companies to organize their congresses. This practice does not exclude WHO from participation or even from co-sponsoring such congresses as long as the nongovernmental organization (the scientific initiator) has sole responsibility for the content, with the responsibility of the private sector entity limited to logistical organization.

32. Clarification was requested concerning financial contributions for participants. This provision intends to ensure that the participation at meetings for specific participants or WHO staff cannot be financed by private sector entities. The only exception is a meeting where the cost of travel and/or accommodation is paid for all speakers and other participants and where the risk assessment has concluded that there are no significant conflicts of interest for WHO in participating and accepting this support.

33. The Secretariat was asked to clarify whether the term "product development" referred to health products. Product development refers to any health-related product, such as pharmaceuticals, health technologies, but also, for example, pesticides used to impregnate bednets.

34. Clarifications were requested on what contract modalities are used for engagement and if such contracts are made public. In its engagement with non-State actors, the Secretariat uses several contractual agreements and instruments for different purposes. For some of these, the Secretariat has developed model texts which are adapted to the particular circumstances. A non-exhaustive list of examples includes the following: Agreements for the Performance of Work; Technical Services Agreement, typically concluded with academic institutions; product research and development agreements; agreements for the acceptance of donations of pharmaceuticals for the public sector in developing and emerging countries; agreements for the transfer of technology to manufacturers in developing and emerging countries; and donation agreements for the receipt of financial resources. Currently, such instruments are not made public.

ACTION BY THE REGIONAL COMMITTEES

35. The regional committees are invited to discuss this report and the draft framework contained in document A67/6 and to report on their deliberations to the Sixty-eighth World Health Assembly, through the Executive Board.

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SIXTY-FIRST WORLD HEALTH ASSEMBLY **WHA61.12**

Agenda item 17.2 **24 May 2008**

Multilingualism: implementation of action plan

The Sixty-first World Health Assembly,

Convinced of the relevance of the recommendations made in the report of the Joint Inspection Unit[1] entitled Multilingualism and access to information: case study on the World Health Organization, which was submitted to the first meeting of the Programme, Budget and Administration Committee of the Executive Board;

Having considered the report by the Secretariat entitled Multilingualism: plan of action[2] and recalling the provisions relating to multilingualism contained in the Medium-term strategic plan 2008–2013 (resolution WHA60.11);

Also recalling the resolutions and rules relating to language use in WHO, and in particular resolution WHA50.32 on respect for equality among the official languages and resolution WHA51.30 concerning the availability of governing body documents on the Internet and resolution EB105.R6 on the use of languages in WHO;

Considering that the universality of the organizations of the United Nations system is based on, among other things, language diversity and equality among the official and working languages chosen by the Member States;

Welcoming in this regard the resolution on multilingualism (61/266) adopted by the United Nations General Assembly in May 2007;

Commending the report by the Secretariat entitled Multilingualism: plan of action[2] submitted to the Executive Board at its 121st session in May 2007,

1. REQUESTS the Director-General to implement, as rapidly as possible, the plan of action contained in the Secretariat's report,[2] and in particular the following points:

1) preparation, before the 124th session of the Executive Board, of a timetable for implementation of the plan of action and a table showing the financial implications globally fitting within the framework of the Medium-term strategic plan 2008–2013;

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[1] Document JIU/REP/2003/4.

[2] Documents EB121/6 and EB121/6 Corr.1.

Annex 6

WHA61.12

(2) preparation of a strategy to set translation priorities, associating Member States by means of a mechanism of informal consultations to be defined;

2. ALSO REQUESTS the Director-General to ensure:

(1) equal respect for linguistic diversity at WHO headquarters, regional offices and country offices;

(2) establishment of a database to make it possible to determine in which official languages of the Organization members of WHO staff belonging to the professional category are fluent;

(3) that health-care background is taken into account when recruiting WHO language-services staff;

(4) encouragement for and promotion of access to quality language training for all the Organization's staff;

3. REQUESTS the Director-General to report to the Sixty-second World Health Assembly on the implementation of this resolution, and to report biennially thereon.

Eighth plenary meeting, 24 May 2008
A61/VR/8

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