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EXECUTIVE BOARD

142ND SESSION

GENEVA, 22–27 JANUARY 2018

**RESOLUTIONS AND DECISIONS
ANNEXES**

**GENEVA
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ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNODC	– United Nations Office on Drugs and Crime
IOM	– International Organization for Migration	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
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

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PREFACE

The 142nd session of the Executive Board was held at WHO headquarters, Geneva, from 22 to 27 January 2018. The proceedings are issued in two volumes. The present volume contains the resolutions and decisions, and relevant annexes. The summary records of the Board's discussions, and details regarding membership of committees, are issued in document EB142/2018/REC/2. The list of participants and officers is contained in document EB142/DIV./1 Rev.1.

CONTENTS

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

RESOLUTIONS AND DECISIONS

Resolutions

EB142.R1	Appointment of the Regional Director for the Americas	1
EB142.R2	Draft thirteenth general programme of work, 2019–2023.....	1
EB142.R3	Preparation for a high-level meeting of the General Assembly on ending tuberculosis.....	2
EB142.R4	Addressing the burden of snakebite envenoming.....	5
EB142.R5	Draft WHO global action plan on physical activity 2018–2030	7
EB142.R6	Improving access to assistive technology.....	9
EB142.R7	Confirmation of amendments to the Staff Rules	12
EB142.R8	Deputy Directors-General	12
EB142.R9	Salaries of staff in ungraded positions and of the Director-General	13

Decisions

EB142(1)	Implementation of the International Health Regulations (2005): draft five-year global strategic plan to improve public health preparedness and response, 2018–2023	14
EB142(2)	Polio transition planning	15
EB142(3)	Addressing the global shortage of, and access to, medicines and vaccines	16
EB142(4)	Global strategy and plan of action on public health, innovation and intellectual property: overall programme review	16

	Page
EB142(5) Health, environment and climate change.....	17
EB142(6) Maternal, infant and young child nutrition	18
EB142(7) Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: proportional division of Partnership Contribution resources, 2018–2022.....	18
EB142(8) Evaluation of the election of the Director-General of the World Health Organization	19
EB142(9) Non-State actors admitted into, or maintained in, official relations with WHO.....	19
EB142(10) Provisional agenda of the Seventy-first World Health Assembly	20
EB142(11) Date and place of the 143rd session of the Executive Board.....	20
EB142(12) Award of the Dr A.T. Shousha Foundation Prize.....	20
EB142(13) Award of the Ihsan Doğramacı Family Health Foundation Prize.....	21
EB142(14) Award of the Sasakawa Health Prize.....	21
EB142(15) Award of the United Arab Emirates Health Foundation Prize	21
EB142(16) His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion.....	21
EB142(17) Dr LEE Jong-wook Memorial Prize for Public Health.....	22

ANNEXES

1. Physical activity for health: more active people for a healthier world – draft global action plan on physical activity 2018–2030	25
2. Confirmation of amendments to the Staff Rules	31
3. Comprehensive implementation plan on maternal, infant and young child nutrition: additional core indicators for the global monitoring framework on maternal, infant and young child nutrition	40
4. Non-State actors admitted into, or maintained in, official relations with WHO by virtue of decision EB142(9)	42
5. Financial and administrative implications for the Secretariat of resolutions and decisions adopted by the Executive Board.....	45

AGENDA¹

1. Opening of the session and adoption of the agenda
2. Dialogue with the Director-General
3. Strategic priority matters
 - 3.1 Draft thirteenth general programme of work 2019–2023
 - 3.2 WHO reform²
 - 3.3 Public health preparedness and response
 - 3.4 Polio transition planning
 - 3.5 Health, environment and climate change
 - 3.6 Addressing the global shortage of, and access to, medicines and vaccines
 - 3.7 Global strategy and plan of action on public health, innovation and intellectual property
 - 3.8 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018
 - 3.9 Preparation for a high-level meeting of the General Assembly on ending tuberculosis
4. Other technical matters
 - 4.1 Global snakebite burden
 - 4.2 Physical activity for health
 - 4.3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development
 - 4.4 mHealth

¹ As adopted by the Board at its first meeting (22 January 2018).

² At its first meeting (22 January) the Board decided to defer discussion of the matters contained in documents EB142/5 and EB142/6 to its 143rd session in May 2018. Document EB142/4 was not produced because the content was incorporated into document EB142/3.

- 4.5 Improving access to assistive technology
- 4.6 Maternal, infant and young child nutrition
 - Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report
 - Safeguarding against possible conflicts of interest in nutrition programmes
- 5. Other managerial, administrative and governance matters
 - 5.1 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
 - 5.2 Report of the Programme, Budget and Administration Committee of the Executive Board
 - 5.3 Evaluation of the election of the Director-General of the World Health Organization
 - 5.4 Evaluation: update and proposed workplan for 2018–2019
 - 5.5 Engagement with non-State actors
 - 5.6 Reports of committees of the Executive Board
 - Foundations and awards
 - 5.7 Future meetings of the governing bodies
 - Provisional agenda of the Seventy-first World Health Assembly
 - Date and place of the 143rd session of the Executive Board
 - 5.8 Appointment of the Regional Director for the Americas
 - 5.9 Statement by the representative of the WHO staff associations and report of the Ombudsman
 - Statement by the representative of the WHO staff associations
 - Report of the Ombudsman
 - 5.10 Amendments to the Staff Regulations and Staff Rules

AGENDA

6. Matters for information
 - 6.1 Report of the regional committees to the Executive Board
 - 6.2 Global vaccine action plan
 - 6.3 Reports of advisory bodies
 - Expert committees and study groups
 - 6.4 Eradication of poliomyelitis
 7. Closure of the session
-

LIST OF DOCUMENTS

EB142/1 Rev.1	Agenda ¹
EB142/1 (annotated)	Provisional agenda (annotated)
EB142/2	Dialogue with the Director-General
EB142/3 Rev.2	Draft thirteenth general programme of work 2019–2023: Promote health, keep the world safe, serve the vulnerable
EB142/3 Add.1 Rev.1	Draft thirteenth general programme of work 2019–2023: Draft resolution
EB142/3 Add.2	A financial estimate for the draft thirteenth general programme of work 2019–2023
EB142/4 ²	WHO reform
EB142/5	WHO reform: Governance
EB142/6	WHO reform: Prioritization of proposals for additional items on the provisional agenda of the Executive Board
EB142/7 Rev.1	WHO reform: Better value, better health Strategy and implementation plan for value for money in WHO
EB142/8	Public health preparedness and response Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
EB142/9	Public health preparedness and response: WHO's work in health emergencies
EB142/10	Public health preparedness and response: implementation of the International Health Regulations (2005)
EB142/10 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ³

¹ See page vii.

² This document was not produced because the content was incorporated into document EB142/3 Rev.2.

³ See Annex 5.

EB142/11	Polio transition planning
EB142/11 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹
EB142/12	Health, environment and climate change
EB142/12 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹
EB142/13	Addressing the global shortage of, and access to, medicines and vaccines
EB142/14 Rev.1 and EB142/14 Add.1	Global strategy and plan of action on public health, innovation and intellectual property
EB142/14 Add.2	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹
EB142/15	Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018
EB142/15 Add.1	Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases
EB142/16	Preparation for a high-level meeting of the General Assembly on ending tuberculosis
EB142/17	Global snakebite burden
EB142/18	Physical activity for health: more active people for a healthier world Draft global action plan on physical activity 2018–2030 ¹
EB142/19	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development
EB142/20	mHealth: use of appropriate digital technologies for public health
EB142/21	Improving access to assistive technology
EB142/22	Maternal, infant and young child nutrition: comprehensive implementation plan on maternal, infant and young child nutrition: biennial report ²

¹ See Annex 5.

² See Annex 3.

LIST OF DOCUMENTS

EB142/22 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹
EB142/23	Safeguarding against possible conflicts of interest in nutrition programmes: draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level
EB142/24	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
EB142/24 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹
EB142/25	Report of the Programme, Budget and Administration Committee of the Executive Board
EB142/26	Evaluation of the election of the Director-General of the World Health Organization Report by the evaluation management group
EB142/27	Evaluation: update and proposed workplan for 2018–2019
EB142/28	Engagement with non-State actors
EB142/29	Engagement with non-State actors: non-State actors in official relations with WHO ²
EB142/29 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹
EB142/30	Foundations and awards
EB142/31	Provisional agenda of the Seventy-first World Health Assembly
EB142/32	Date and place of the 143rd session of the Executive Board
EB142/33	Appointment of the Regional Director for the Americas
EB142/33 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board ¹
EB142/34	Report of the regional committees to the Executive Board

¹ See Annex 5.

² See Annex 4.

EB142/35	Global vaccine action plan
EB142/36	Reports of advisory bodies Expert committees and study groups
EB142/36 Add.1	Reports of advisory bodies Expert committees and study groups Expert advisory panels and committees and their membership
EB142/37	Eradication of poliomyelitis
EB142/38	Amendments to the Staff Regulations and Staff Rules ¹
EB142/38 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board ²

Information documents

EB142/INF./1	Statement by the representative of the WHO staff associations
EB142/INF./2	Report of the Ombudsman

Diverse documents

EB142/DIV./1 Rev.1	List of members and other participants
EB142/DIV./2	Preliminary daily timetable
EB142/DIV./3	List of resolutions and decisions
EB142/DIV./4	List of documents

¹ See Annex 2.

² See Annex 5.

RESOLUTIONS

EB142.R1 Appointment of the Regional Director for the Americas¹

The Executive Board,

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

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

1. REAPPOINTS Dr Carissa Etienne as Regional Director for the Americas as from 1 February 2018;
2. AUTHORIZES the Director-General to issue a contract to Dr Carissa Etienne for a period of five years as from 1 February 2018, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 23 January 2018)

EB142.R2 Draft thirteenth general programme of work, 2019–2023

The Executive Board,

Having considered the draft thirteenth general programme of work, 2019–2023,²

REQUESTS the Secretariat to finalize the outstanding work on the Impact Framework, financial estimates and investment case for consideration of Member States prior to the Seventy-first World Health Assembly;

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

The Seventy-first World Health Assembly,

Having considered the draft thirteenth general programme of work, 2019–2023, and welcoming its ambitious vision as expressed by the aspirational “triple billion” goals;

Noting that approval of the Thirteenth General Programme of Work, 2019–2023 does not imply approval of the financial estimate contained in document EB142/3 Add.2,

1. APPROVES the Thirteenth General Programme of Work, 2019–2023;

¹ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

² Document EB142/3 Rev.2.

2. URGES Member States to support work towards achievement of the vision of the Thirteenth General Programme of Work, 2019–2023;

3. REQUESTS the Director-General:

(1) to use the Thirteenth General Programme of Work as the basis for the strategic direction of planning, monitoring and evaluation of WHO's work during the period 2019–2023 and to develop programme budgets in consultation with Member States, based on a realistic assessment of income and WHO's capacity;

(2) to take into consideration the changing state of global health in implementing the Thirteenth General Programme of Work, and keep Member States informed on progress with implementation through regular updates to governing bodies;

(3) to provide guidance and support to regional and country offices on the implementation of the Thirteenth General Programme of Work, taking into account different contexts;

(4) to provide a report to the Seventy-fifth World Health Assembly to inform potential extension to 2025 of the Thirteenth General Programme of Work in order to align with the wider United Nations planning cycle.

(Eighth meeting, 25 January 2018)

EB142.R3 Preparation for a high-level meeting of the General Assembly on ending tuberculosis¹

The Executive Board,

Having considered the report on the preparation for a high-level meeting of the General Assembly on ending tuberculosis, to be held in 2018,²

1. REQUESTS the Director-General to develop, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB (2017), a draft multisectoral accountability framework that enables the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis both globally and nationally, leaving no one behind, through an independent constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries, to be considered by the Seventy-first World Health Assembly in May 2018, and presented at the high-level meeting of the United Nations General Assembly on ending tuberculosis in 2018 in order to secure strong political support;

2. RECOMMENDS to the Seventy-first World Health Assembly the consideration of the following draft resolution:

¹ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

² Document EB142/16.

The Seventy-first World Health Assembly,

Noting with concern that tuberculosis remains the leading infectious disease killer in the world today, responsible for an estimated 1.3 million deaths and an additional 374 000 deaths among people living with HIV/AIDS in 2016; and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a priority in the response to antimicrobial resistance;

Reaffirming resolutions: WHA67.1 (2014), by which the Health Assembly adopted the global strategy and targets for tuberculosis prevention, care and control after 2015, subsequently known as the End TB Strategy; and WHA68.7 (2015), by which the Health Assembly adopted the global action plan on antimicrobial resistance; as well as recalling General Assembly resolution 71/3 (2016) “Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance”;

Recalling the General Assembly resolution 70/1, which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target of ending the tuberculosis epidemic by 2030;

Recalling further the report submitted to the Seventieth World Health Assembly in May 2017 on the implementation of the End TB Strategy,¹ which concluded that global, regional and country-level actions as well as investments were falling far short of those needed and that high-level global support and regional and national commitments were required; and noting that progress is slow on all three targets of the Strategy (reducing TB incidence, reducing TB mortality, and eliminating catastrophic costs among TB patients and their households);

Recognizing that to achieve the TB targets and milestones of the Sustainable Development Goals (SDGs) and of the WHO’s End TB Strategy, care and prevention-related actions should be reinforced, paying particular attention to vulnerable groups, taking into account national contexts and circumstances, in the context of [the context of progress towards achieving] [achieving] universal health coverage (UHC) and taking into account social, economic and environmental determinants and consequences of TB;

Welcoming the decision contained in the General Assembly resolution 71/159, to hold a high-level meeting on the fight against tuberculosis in 2018;

Welcoming also the first WHO global ministerial conference on “Ending TB in the Sustainable Development Era: A Multisectoral Response”, organized jointly with the Government of the Russian Federation and held in Moscow on 16 and 17 November 2017, and the resulting Moscow Declaration to End TB,² with commitments and calls to action regarding notably: advancing the TB response within the Sustainable Development Agenda; ensuring sufficient and sustainable financing; pursuing science, research and innovation; developing a multisectoral accountability framework; and, acting immediately to prepare for the high-level meeting of the United Nations General Assembly;

Noting the commitment made in the Moscow Declaration to support the development of the multisectoral accountability framework, [looking towards] the 2018 UNGA high-level meeting on TB, to be considered by the WHO Governing Bodies,

¹ Document A70/38, section E.

² Available at http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/.

1. URGES Member States:¹

(1) to support preparation for the high-level meeting of the United Nations General Assembly in 2018 on tuberculosis, including by enabling high-level participation;

(2) to pursue the implementation of all the commitments called for in the Moscow Declaration to End TB (2017), which will contribute to reaching the targets of the End TB Strategy and the Sustainable Development Goals target to end the tuberculosis epidemic;

2. CALLS UPON all international, regional and national partners, as appropriate, to pursue the actions called for in the Moscow Declaration to End TB (2017) and to invite those who have not yet endorsed it to add their support;

3. REQUESTS the Director-General:

(1) to continue to support the United Nations Secretary-General and the General Assembly, upon request, in the preparation of the high-level meeting of the General Assembly on ending tuberculosis to be held in 2018;

(2) to support, together with all relevant stakeholders, the implementation of the Moscow Declaration to End TB as a direct contribution to the success of the United Nations General Assembly high-level meeting and to advance tuberculosis prevention and care and the specific actions requested of WHO in the Moscow Declaration, including: actions to [to achieve (DEL advance towards)] [to strengthen health systems [(DEL for progress)] towards achieving] universal health coverage, [(DEL through health systems strengthening), including for tuberculosis prevention and care; to urgently support high multidrug-resistant TB (MDR-TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health [(DEL security)] by supporting implementation of the Global Action Plan on Antimicrobial Resistance (AMR) including TB-specific actions in all countries;

(3) to continue to provide strategic and technical leadership, assistance, advice and support to Member States, as well as working with international institutions and all other relevant stakeholders, towards sufficient [, (DEL and)] sustainable [and flexible] financing;

(4) to develop a global strategy for tuberculosis research and innovation taking into consideration ongoing and new efforts and to make further progress in enhancing cooperation and coordination of tuberculosis research and development, considering where possible drawing on relevant, existing research networks and global initiatives;

(Ninth meeting, 25 January 2018)

¹ And, where applicable, regional economic integration organizations.

EB142.R4 Addressing the burden of snakebite envenoming¹

The Executive Board,

Having considered the report on global snakebite burden,²

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

The Seventy-first World Health Assembly,

Deeply concerned that snakebite envenoming³ kills an estimated 81 000–138 000 men, women and children a year worldwide and causes physical and psychological disability in four or five times that figure;

Noting that the individuals affected by snakebite are overwhelmingly members of impoverished agricultural and herding communities, the great proportion of whom are 10–40 years of age;

Concerned that several factors, including poor prevention, health worker training, diagnosis and treatment of cases of snakebite envenoming and inadequacy of available tools for prevention, diagnosis and treatment of the disease, impede further progress in addressing snakebite envenoming;

Recognizing that snakebite envenoming causes disproportionate suffering, but has to date been largely overlooked by the global health community even though it can induce catastrophic health expenditure and exacerbate poverty;

Recognizing further that snakebite envenoming has been categorized by WHO as a high priority neglected tropical disease,⁴ following the recommendation of WHO's Strategic and Technical Advisory Group for Neglected Tropical Diseases at its 10th meeting (Geneva, 29 and 30 March 2017),⁵ in response to the urgent need to implement effective control strategies, tools and interventions;

Recognizing the lack of statistics and accurate information and the need to further improve data on the epidemiology of snakebite envenoming for a better understanding of the disease and its control;

Aware that early diagnosis and treatment are essential for reducing the morbidity, disability and mortality that snakebite envenoming can cause;

Noting with satisfaction the progress made by some Member States with regard to research into snakebite envenoming and improved case management;

¹ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

² Document EB142/17.

³ Snakebite envenoming is the disease resulting from the pathological and pathophysiological alterations induced by the deleterious action of venom injected in the body as a consequence of snakebite.

⁴ See <http://www.who.int/snakebites/resources/s40409-017-0127-6/en/> (accessed 8 December 2017).

⁵ See http://www.who.int/neglected_diseases/NTD_STAG_report_2017.pdf?ua=1.

Acknowledging the urgent need to improve access to safe, effective and affordable treatments in all regions of the world where snakebite envenoming is endemic;

Recognizing the work of WHO towards developing guidelines for the diagnosis and management of snakebite envenoming and for the production, control and regulation of antivenoms and the need to make these available to all regions of the world;

Mindful that achievement of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, particularly those concerning poverty, hunger, health and education, may be hampered by the negative impact of neglected diseases of the poor, including snakebite envenoming,

1. URGES Member States:¹

- (1) to assess the burden of snakebite and, where necessary, establish and/or strengthen surveillance, prevention, treatment and rehabilitation programmes;
- (2) to improve the availability, accessibility and affordability of antivenoms to populations at risk, and develop mechanisms to ensure that additional costs related to the treatment and rehabilitation after snakebite envenoming are affordable for all;
- (3) to promote the transfer of knowledge and technology between Member States in order to improve the global availability of antivenoms and the effective management of cases;
- (4) to integrate, where possible and appropriate, efforts to control snakebite envenoming with other relevant disease-control activities;
- (5) to improve access to specific treatment and rehabilitation services for the individuals affected by snakebite envenoming, by mobilizing national resources;
- (6) to provide training to relevant health workers on the diagnosis and management of snakebite envenoming, with particular emphasis in regions of high incidence;
- (7) to intensify and support research on snakebite envenoming, particularly in order to develop new tools to diagnose, treat, prevent and measure the burden of the disease;
- (8) to promote community awareness of snakebite envenoming, through culturally contextualized public campaigns, in support of early treatment and prevention, and intensify community participation in awareness and prevention efforts;
- (9) to foster cooperation and collaboration among Member States, the international community and relevant stakeholders in order to strengthen national capacities to control, prevent and treat snakebite envenoming;

2. REQUESTS the Director-General:

- (1) to accelerate global efforts and provide coordination to the control of snakebite envenoming, ensuring the quality and safety of antivenoms and other treatments and prioritization of high impact interventions;

¹ And, where applicable, regional economic integration organizations.

- (2) to continue to offer technical support to institutions working on research into snakebite envenoming, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;
- (3) to foster international efforts aimed at improving the availability, accessibility and affordability of safe and effective antivenoms for all;
- (4) to provide support to Member States for strengthening their capacities for improving awareness, prevention and access to treatment and for reducing and controlling snakebite envenoming;
- (5) to foster technical cooperation among Member States as a means of strengthening surveillance, treatment and rehabilitation services;
- (6) to cooperate, as appropriate and in accordance with their respective mandates, with international agencies, nongovernmental organizations, foundations and research institutions, directly to provide support to Member States in which snakebite envenoming is prevalent, upon request, in order to strengthen snakebite management activities;
- (7) to report on progress in implementing this resolution to the Seventy-third World Health Assembly.

(Ninth meeting, 25 January 2018)

EB142.R5 Draft WHO global action plan on physical activity 2018–2030¹

The Executive Board,

Having considered the report on physical activity for health,²

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

The Seventy-first World Health Assembly,

Having considered the report on physical activity for health;

Concerned by the rapidly growing burden of noncommunicable diseases, mental health disorders and other mental health conditions globally, and its negative impact on health, well-being, quality of life, and socioeconomic development;

Acknowledging that increasing physical activity and reducing sedentary behaviour can prevent at least 3.2 million noncommunicable disease-related mortalities globally per year,³ reduce related disability and morbidity and the financial burden on health systems, and increase the number of healthy life years;

¹ See Annex 1, and Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

² Document EB142/18.

³ Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014, page 33.

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011),¹ the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014),² the 2030 Agenda for Sustainable Development,³ Health Assembly resolutions WHA51.18 (1998) and WHA53.17 (2000) on the prevention and control of noncommunicable diseases, WHA55.23 (2002) on diet, physical activity and health, WHA57.17 (2004) on the global strategy on diet, physical activity and health, and WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which endorsed the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and which adopted a voluntary global target to, by 2025, achieve a 10% relative reduction in prevalence of insufficient physical activity;

Acknowledging the Secretariat's work in providing Member States with tools, including WHO's global Noncommunicable Diseases Progress Monitor, and guidelines to promote physical activity,⁴ and further acknowledging that supplementary tools and guidelines may need to be developed to assist Member States to scale up their actions in increasing physical activity and reducing sedentary behaviour;

Recognizing the efforts made by Member States and all relevant stakeholders in recent years to promote physical activity and reduce sedentary behaviour as part of broader efforts to prevent and control noncommunicable diseases and improve mental health;

Recognizing also the need to further scale up actions and enable environments to facilitate physical activity and reduce sedentary behaviour throughout the life course, bearing in mind different national contexts, priorities and policy opportunities,

1. ENDORSES the global action plan on physical activity 2018–2030;
2. ADOPTS the voluntary global target of a 15% relative reduction, using a baseline of 2016, in the global prevalence of physical inactivity in adolescents⁵ and in adults⁶ by 2030, as an extension of the existing voluntary global target of a 10% relative reduction in prevalence of insufficient physical activity by 2025;⁷

¹ United Nations General Assembly resolution 66/2 (2011).

² General Assembly resolution 68/300 (2014).

³ General Assembly resolution 70/1 (2015).

⁴ Global recommendations on physical activity for health. Geneva: World Health Organization; 2010 (<http://www.who.int/dietphysicalactivity/publications/9789241599979/en/>, accessed 22 January 2018).

⁵ Insufficient physical activity among adolescents (aged 11–17 years) is defined as less than 60 minutes of moderate to vigorous intensity activity daily.

⁶ Insufficient physical activity among adults (aged 18+ years) is defined as less than 150 minutes of moderate-intensity activity per week.

⁷ See resolution WHA66.10.

3. URGES Member States¹ to implement the global action plan on physical activity 2018–2030, according to national contexts and priorities, and to monitor and report on progress regularly in order to improve programme performance;
4. INVITES relevant national, regional and international partners along with other relevant stakeholders, including the private sector, to implement the global action plan on physical activity 2018–2030 and contribute to the achievement of its strategic objectives, aligned with domestic plans or strategies;
5. REQUESTS the Director-General:
 - (1) to implement the actions for the Secretariat in the global action plan on physical activity 2018–2030, including providing necessary support to Member States for implementation of the plan, in collaboration with other relevant partners;
 - (2) to finalize, in consultation with Member States and other relevant stakeholders, a monitoring and evaluation framework on the implementation of the global action plan on physical activity 2018–2030, including a recommended set of process and impact indicators, by the end of 2018, taking into account the existing monitoring framework and indicators at the global and regional levels, and to publish it on the WHO website;
 - (3) to produce, before the end of 2020, the first global status report on physical activity, building on the latest available evidence and international experience, including on sedentary behaviour;
 - (4) to incorporate reporting on progress made in implementing the global action plan on physical activity 2018–2030 in the reports to be submitted to the Health Assembly in 2021 and 2026 in accordance with the agreed reporting sequence set out in resolution WHA66.10 (2013); and to submit a final report on the global action plan on physical activity 2018–2030 to the Health Assembly in 2030;
 - (5) to update the global recommendations on physical activity for health 2010.

(Tenth meeting, 26 January 2018)

EB142.R6 Improving access to assistive technology²

The Executive Board,

Having considered the report on improving access to assistive technology,³

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

¹ And, where applicable, regional economic integration organizations.

² See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

³ Document EB142/21.

The Seventy-first World Health Assembly,

Considering that one billion people need assistive technology and that, as the global population ages and the prevalence of noncommunicable diseases increases, this figure will rise to more than two billion by 2050;¹

Noting that assistive technology enables and promotes the inclusion, participation and engagement of persons with disabilities, ageing populations and people with co-morbidities in the family, community and all areas of society, including the political, economic and social spheres;

Recalling that 90% of those who need assistive technology do not have access to it, and that this has a significant adverse impact on the education, livelihood, health and well-being of individuals, and on families, communities and societies;²

Recalling also the 2030 Agenda for Sustainable Development and its ultimate aim of “leaving no one behind”;

Recognizing that the inclusion of assistive technology, in line with countries’ national priority and context, into health systems is essential for realizing progress towards the targets in the Sustainable Development Goals relating to universal health coverage, inclusive and equitable quality education, inclusive and sustainable economic growth, full and productive employment and decent work for all, reducing inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, making cities and human settlements inclusive, safe and sustainable, and providing universal access to safe, inclusive and accessible green and public spaces, particularly for persons with disabilities;

Recalling the United Nations Convention on the Rights of Persons with Disabilities, under which 175 Member States have committed inter alia to ensuring access to quality assistive technology at an affordable cost (Article 20) and to foster international cooperation (Articles 4, 20, 26 and 32) in support of national efforts for the realization of the purpose and objectives of the Convention;

Emphasizing the need for a comprehensive, sustainable and multisectoral approach to improving access to assistive technology that fulfils the safety and quality standards established by national and international regulations, at the national and subnational levels;

Recalling resolutions WHA69.3 (2016), WHA67.7 (2014), and WHA66.4 (2013) and WHA70.13 (2017) in which, respectively, the Health Assembly calls on Member States, inter alia, to improve access to assistive technology for older people, people with disabilities and people with vision and hearing loss;

Noting the request made to the Executive Board by the WHO Regional Committee for the Eastern Mediterranean, in resolution EM/RC63/R.3 (2016) on improving access to assistive technology, to include assistive technology as an agenda item for the Health Assembly,

¹ World Health Organization, World Bank. World report on disability. Geneva: World Health Organization; 2011.

² Document EB142/21.

1. URGES Member States:¹

- (1) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to assistive technology within universal health and/or social services coverage;
- (2) to ensure that adequate and trained human resources for the provision and maintenance of assistive products are available at all levels of health and social service delivery;
- (3) to ensure that assistive technology users and their carers have access to the most appropriate assistive products and use them safely and effectively;
- (4) where appropriate, based on national needs and context, to develop a national list of priority assistive products that are affordable and cost-effective and meet minimum quality and safety standards, drawing on WHO's priority assistive products list;
- (5) to promote or invest in research, development, innovation and product design in order to make existing assistive products affordable; and to develop a new generation of products including high-end or advanced assistive technology, taking advantage of universal design and new evidence-based technologies, in partnership with academia, civil society organizations, in particular with persons with disabilities and older persons and their representative organizations, and the private sector, as appropriate;
- (6) to encourage international and/or regional collaboration for the manufacturing, procurement and supply of priority assistive products, ensuring that these remain affordable and available across borders;
- (7) to collect population-based data on health and long-term care needs including those that may be met by assistive technology in order to develop evidence-based strategies, policies and comprehensive programmes;
- (8) to invest in and promote inclusive barrier-free environments so that all people who need assistive technology can make optimum use of it, in order to live independently and safely and participate fully in all aspects of life;
- (9) to promote the inclusion of priority assistive products and inclusive barrier-free environments within emergency preparedness and response programmes;

2. REQUESTS the Director-General:

- (1) by 2021, to prepare a global report on effective access to assistive technology in the context of an integrated approach, based on the best available scientific evidence and international experience, with the participation of all relevant units within the Secretariat and in collaboration with all relevant stakeholders, giving consideration to the possibility of establishing an Expert Advisory Group, within existing resources, for this purpose;
- (2) to provide the necessary technical and capacity-building support for Member States, aligned with national priorities, in the development of national assistive technology policies and programmes, including procurement and financing, regulation,

¹ And, where applicable, regional economic integration organizations.

training for health and social services, appropriate service delivery, and inclusive barrier-free environments;

(3) to provide technical and capacity-building support to countries, on request, to assess the feasibility of establishing regional or subregional manufacturing, procurement and supply networks for assistive technology and cooperation platforms;

(4) to contribute to and engage in, as appropriate, the development of minimum standards for priority assistive products and services, in order to promote their safety, quality, cost-effectiveness and appropriateness;

(5) to report on progress in the implementation of the present resolution to the Seventy-fifth World Health Assembly and thereafter to submit a report to the Health Assembly every four years until 2030.

(Tenth meeting, 26 January 2018)

EB142.R7 Confirmation of amendments to the Staff Rules¹

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,²

1. CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2018 concerning the remuneration of staff in the professional and higher categories;

2. ALSO CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 February 2018 concerning definitions, education grants, settling-in grants, repatriation grants, mobility, special leave, leave without pay, resignations, administrative reviews and the Global Board of Appeal.

(Twelfth meeting, 26 January 2018)

EB142.R8 Deputy Directors-General¹

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,²

RECOMMENDS, in accordance with Staff Regulation 12.1, to the Seventy-first World Health Assembly the adoption of the following resolution:

¹ See Annex 2, and Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

² Document EB142/38.

The Seventy-first World Health Assembly,

Noting the recommendations of the Executive Board with regard to Articles I, III and IV of the Staff Regulations,

1. ADOPTS the proposed amendments to Staff Regulations 1.11, 3.1 and 4.5;
2. DECIDES that these amendments shall take effect from 1 January 2018.

(Twelfth meeting, 26 January 2018)

EB142.R9 Salaries of staff in ungraded positions and of the Director-General¹

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,²

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

The Seventy-first 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 salaries of Assistant Directors-General and Regional Directors at US\$ 176 292 gross per annum, with a corresponding net salary of US\$ 131 853;
2. ESTABLISHES the salary of Deputy Directors-General at US\$ 194 329 gross per annum, with a corresponding net salary of US\$ 143 757;
3. ESTABLISHES the salary of the Director-General at US\$ 239 755 gross per annum, with a corresponding net salary of US\$ 173 738;
4. DECIDES that those adjustments in remuneration shall take effect on 1 January 2018.

(Twelfth meeting, 26 January 2018)

¹ See Annex 2, and Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this resolution.

² Document EB142/38.

DECISIONS

EB142(1) Implementation of the International Health Regulations (2005): draft five-year global strategic plan to improve public health preparedness and response, 2018–2023¹

The Executive Board, having considered the report of the Director-General on the public health preparedness and response: implementation of the International Health Regulations (2005),² decided to recommend to the Seventy-first World Health Assembly the adoption of the following decision:

The Seventy-first World Health Assembly, having considered the draft five-year global strategic plan to improve public health preparedness and response; recalling decision WHA70(11) (2017), in which the Seventieth World Health Assembly took note of the report contained in document A70/16 on implementation of the International Health Regulations (2005): global implementation plan and requested the Director-General, inter alia, “to develop, in full consultation with Member States, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 of document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session”; and appreciating the contribution of Member States to the extensive consultative process to develop the draft five-year global strategic plan, including discussions at the sessions of all six regional committees in 2017, the web-based consultation conducted by the Secretariat between 19 September and 13 October 2017, and the consultation of Member States, through the Permanent Missions in Geneva, organized on 8 November 2017,

(1) decided:

(a) to endorse the five-year global strategic plan to improve public health preparedness and response;

(b) that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool;³

(2) requested the Director-General:

(a) to provide the necessary financial and human resources to support the implementation of the five-year global strategic plan, and, as necessary, its adaptation to regional contexts and existing relevant frameworks;

¹ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this decision.

² Document EB142/10.

³ International Health Regulations (2005): State Party self-assessment annual reporting tool. Geneva: World Health Organization; 2018 (document WHO/WHE/CPI/2018.16; <http://www.who.int/ihr/publications/WHO-WHE-CPI-2018.16/en/>, accessed 10 May 2018).

(b) to continue to submit every year a single report to the Health Assembly on progress made in implementation of the International Health Regulations (2005), containing information provided by States Parties and details of the Secretariat's activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);

(c) to continue to provide support to Member States to build, maintain and strengthen core capacities under the International Health Regulations (2005), including – upon request – support in the use of the voluntary monitoring and evaluation instruments developed by the Secretariat to assess the core capacities (including joint external evaluation, simulation exercises and after-action review).

(Fifth meeting, 24 January 2018)

EB142(2) Polio transition planning¹

The Executive Board, having considered the report on polio transition planning,²

(1) decided:

(a) to acknowledge the Director-General's establishment of a polio transition planning and management team and the elaboration of a vision and a strategic framework for transition planning, and encourage allocation of adequate resources;

(b) to note that the current report partially fulfils the Health Assembly's request in the decision WHA70(9) (2017); and, accordingly, to request the Director-General to submit to the Seventy-first World Health Assembly a detailed strategic action plan on polio transition, aligned with the priorities and strategic approaches of the draft thirteenth general programme of work 2019–2023;

(c) to recall the Health Assembly's request to the Director-General in decision WHA70(9) (2017) for a strategic action plan on polio transition that clearly identifies the capacities and assets that are required to maintain a polio-free world after eradication, to sustain progress in other programmatic areas, and that provides a detailed costing of these capacities and assets, to be submitted for consideration by the Seventy-first World Health Assembly;

(d) to acknowledge the progress made in the development of draft national polio transition plans in the priority countries, reiterating the urgency of finalizing and approving national plans by governments in all countries that have stopped poliovirus transmission;

(e) to request the Director-General to ensure regular communication to all Member States on the progress made in polio transition planning efforts, through regular updates on the dedicated polio transition planning webpage and the organization of an information session before the Seventy-first World Health Assembly;

(f) to further request the Director-General to ensure that the subject areas of polio transition planning and polio post-certification are standing items on the agenda of all

¹ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this decision.

² Document EB142/11.

sessions of WHO's governing bodies during the period 2018–2020, and that the Secretariat provides detailed progress reports on these technical subjects during those sessions;

- (2) decided also to take note of the draft Global Polio Eradication Initiative post-certification strategy, urging all Member States to take appropriate measures to ensure that their short- and long-term health sector plans reflect the need to sustain the polio-essential functions necessary to ensure a polio-free world.

(Fifth meeting, 24 January 2018)

EB142(3) Addressing the global shortage of, and access to, medicines and vaccines¹

The Executive Board, having considered the report on addressing the global shortage of, and access to, medicines and vaccines,² decided to recommend to the Seventy-first World Health Assembly the adoption of the following decision:

The Seventy-first World Health Assembly, having considered the report on addressing the global shortage of, and access to, medicines and vaccines, decided to request the Director-General:

- (1) to elaborate a roadmap report, in consultation with Member States, outlining the programming of WHO's work on access to medicines and vaccines, including activities, actions and deliverables for the period 2019–2023;
- (2) to submit this roadmap report to the Seventy-second World Health Assembly for its consideration in 2019, through the Executive Board at its 144th session.

(Sixth meeting, 24 January 2018)

EB142(4) Global strategy and plan of action on public health, innovation and intellectual property: overall programme review

The Executive Board, having considered the report by the Director-General regarding the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property,³ and its annex, decided to recommend to the Seventy-first World Health Assembly the adoption of the following decision:

The Seventy-first World Health Assembly, having considered the report by the Director-General regarding the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, and its annex, decided:

- (1) to urge Member States to implement, as appropriate and taking into account national contexts, the recommendations of the review panel that are addressed to Member States and consistent with the global strategy and plan of action on public health, innovation and intellectual property;

¹ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this decision.

² Document EB142/13.

³ Document EB142/14 Rev.1.

- (2) to urge Member States to further discuss the recommendations of the review panel not emanating from the global strategy and plan of action on public health, innovation and intellectual property;
- (3) to request the Director-General to implement the recommendations addressed to the Secretariat as prioritized by the review panel, in an implementation plan, consistent with the global strategy and plan of action on public health, innovation and intellectual property;
- (4) to further request the Director-General to submit a report on progress made in implementing this decision to the Seventy-third World Health Assembly in 2020, through the Executive Board at its 146th session.

(Tenth meeting, 26 January 2018)

EB142(5) Health, environment and climate change¹

The Executive Board, taking note of the report on health, environment and climate change,² the commitment by the Director-General “to address health effects of climate change in small island developing States and other vulnerable states” as a platform within the draft thirteenth general programme of work, 2019–2023, and the launch of work to develop that platform at the twenty-third session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (Bonn, Germany, 6–17 November 2017); and welcoming the United Nations Environment Assembly resolution L.8/Rev.1 on environment and health, decided to request the Director-General:

- (1) to develop, as a priority and in consultation with Member States and other stakeholders as appropriate, and in coordination with the regional offices, a draft action plan for the platform to address the health effects of climate change initially in small island developing States, and to submit the draft action plan for consideration by the Seventy-second World Health Assembly in May 2019, through the Executive Board at its 144th session in January 2019;
- (2) to develop, in consultation with Member States and other stakeholders, as appropriate, and in coordination with the regional offices and with other relevant United Nations programmes and specialized agencies such as the United Nations Environment Programme, a draft comprehensive global strategy on health, environment and climate change, to be considered by the Seventy-second World Health Assembly in May 2019, through the Executive Board at its 144th session in January 2019;
- (3) to ensure that, in accordance with decision WHA65(9) (2012), the regional committees are asked to comment and provide input on the draft comprehensive global strategy on health, environment and climate change;

¹ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this decision.

² Document EB142/12.

(4) bearing in mind the state of knowledge review by WHO and secretariat of the Convention on Biological Diversity,¹ to prepare a report on actions taken on the interlinkages between human health and biodiversity for consideration by the Seventy-first World Health Assembly in order to prepare WHO's contribution to the fourteenth meeting of the Conference of the Parties of the Convention of Biological Diversity.

(Tenth meeting, 26 January 2018)

EB142(6) Maternal, infant and young child nutrition²

The Executive Board, having considered the biennial report on the comprehensive implementation plan on maternal, infant and young child nutrition,³ decided:

- (1) to note the analysis on the extension to 2030 of the 2025 targets on maternal, infant and young child nutrition;
- (2) to approve the four remaining indicators of the Global Monitoring Framework on maternal, infant and young child nutrition, as set out in document EB142/22;
- (3) to invite Member States to consider the full list of indicators in their national nutrition monitoring frameworks and report in accordance with decision WHA68(14) (2015).

(Eleventh meeting, 26 January 2018)

EB142(7) Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: proportional division of Partnership Contribution resources, 2018–2022⁴

The Executive Board, having considered the report by the Director-General⁵ and the proposal submitted on the proportional allocation of Partnership Contribution resources between preparedness and response, as required under the Pandemic Influenza Preparedness Framework, Section 6.14.5, decided:

- (1) that during the next five years (from 1 March 2018 to the end of 2022) the current proportional division between pandemic preparedness and response (70% of contributions for pandemic preparedness measures and 30% for response activities) shall continue;

¹ Connecting global priorities: biodiversity and human health: a state of knowledge review. Geneva: World Health Organization; 2015.

² See Annex 3.

³ Document EB142/22.

⁴ See Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this decision.

⁵ Document EB142/24.

(2) that, in order to ensure that the proportional division does not hinder necessary response measures during pandemic influenza emergencies, the Director-General shall continue to be able to modify temporarily the allocation of Partnership Contribution resources as required to respond to such emergencies; and that the Director-General shall report on any such modification to the Executive Board;

(3) that the proportional division shall be reviewed again in 2022.

(Eleventh meeting, 26 January 2018)

EB142(8) Evaluation of the election of the Director-General of the World Health Organization

The Executive Board, having considered the report on the evaluation of the election of the Director-General of the World Health Organization,¹ conducted by the evaluation management group, and having discussed its findings at an open meeting held during the Board's 142nd session, decided to request the Secretariat to bring forward a proposal, informed by the report and the Board's deliberations, for adjustments to the election process for the Director-General, and any necessary revisions to the code of conduct, to be presented for consideration by the Board at its 144th session in January 2019.

(Twelfth meeting, 26 January 2018)

EB142(9) Non-State actors admitted into, or maintained in, official relations with WHO²

The Executive Board, having examined the report on non-State actors in official relations with WHO, including the review of one third of the non-State actors in official relations with WHO,³

(1) decided:

(a) to admit into official relations with WHO the following non-State actors: Association Africaine des Centrales d'Achats de Médicaments Essentiels; Bloomberg Family Foundation, Inc.; Childhood Cancer International; International Society of Paediatric Oncology; IOGT International; KNCV Tuberculosis Foundation; Médecins du Monde; Osteopathic International Alliance; PATH; Public Services International; The Wellcome Trust; and United States Pharmacopeia Convention;

(b) to discontinue official relations with the following non-State actors: European Centre for Ecotoxicology and Toxicology of Chemicals; Foundation for Innovative New Diagnostics; International Federation of Business and Professional Women; and Rehabilitation International;

(2) noted with appreciation their collaboration with WHO, commended their continuing dedication to the work of WHO, and decided to renew in official relations with WHO the 66 non-State actors whose names are listed in Annex 2 to document EB142/29;

¹ Document EB142/26.

² See Annex 4, and Annex 5 for the financial and administrative implications for the Secretariat of the adoption of this decision.

³ Document EB142/29.

(3) further noted that plans for collaboration with the following entities have yet to be agreed, and decided to defer the review of relations with CBM; CropLife International; International Agency for the Prevention of Blindness; International Air Transport Association; International Association for the Study of Pain; International Eye Foundation; International Network for Cancer Treatment and Research; International Society of Physical and Rehabilitation Medicine; Project ORBIS International, Inc.; World Blind Union; and World Council of Optometry until the 144th session of the Board in January 2019, at which time reports should be presented to the Board on the agreed plans for collaboration and on the status of relations.

(Twelfth meeting, 26 January 2018)

EB142(10) Provisional agenda of the Seventy-first World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda of the Seventy-first World Health Assembly,¹ and recalling its earlier decision that the Seventy-first World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 21 May 2018, and closing no later than Saturday, 26 May 2018,² approved the provisional agenda, as amended, of the Seventy-first World Health Assembly.

(Thirteenth meeting, 27 January 2018)

EB142(11) Date and place of the 143rd session of the Executive Board

The Executive Board decided that its 143rd session should be convened on 28 and 29 May 2018, at WHO headquarters, Geneva.

(Thirteenth meeting, 27 January 2018)

EB142(12) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee,³ awarded the Dr A.T. Shousha Foundation Prize for 2018 to Dr Assad Hafeez, Director-General of Health, Ministry of National Health Services of Pakistan, for his significant contribution to public health in Pakistan. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.

(Thirteenth meeting, 27 January 2018)

¹ Document EB142/31.

² See decision EB141(7) (2017).

³ Document EB142/30, section 1.

EB142(13) Award of the Ihsan Doğramacı Family Health Foundation Prize

The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel,¹ awarded the Ihsan Doğramacı Family Health Foundation Prize for 2018 to Professor Vinod Kumar Paul from India for his exceptional and lasting contribution towards improving the health and well-being of families, especially in developing countries. The laureate will receive US\$ 20 000.

(Thirteenth meeting, 27 January 2018)

EB142(14) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel,² awarded the Sasakawa Health Prize for 2018 to the Fundación Pro Unidad de Cuidado Paliativo (Pro Palliative Care Unit Foundation) of Costa Rica for its contribution to the rights of children with terminal illnesses. The laureate, as an organization, will receive US\$ 40 000.

(Thirteenth meeting, 27 January 2018)

EB142(15) 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,³ awarded the United Arab Emirates Health Foundation Prize for 2018 to The Korea Institute of Drug Safety and Risk Management (KIDS) of the Republic of Korea for its outstanding contribution to health development. The laureate, as an organization, will receive US\$ 20 000.

(Thirteenth meeting, 27 January 2018)

EB142(16) His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel,⁴ awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2018 to Association El Badr, Association d'aide aux malades atteints de cancer (the El Badr Association, Cancer Patient Association) of Algeria for providing a very good example of the involvement of civil society in social and humanitarian actions. The laureate, as an organization, will receive US\$ 20 000.

(Thirteenth meeting, 27 January 2018)

¹ Document EB142/30, section 2.

² Document EB142/30, section 3.

³ Document EB142/30, section 4.

⁴ Document EB142/30, section 5.

EB142(17) Dr LEE Jong-wook Memorial Prize for Public Health

The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel,¹ awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2018 to Dr Nazni Wasi Ahmad from Malaysia for her contribution to innovative research in forensic entomology, in particular her studies on maggot debridement therapy with *Lucilla cuprina* to expedite the healing process in diabetic wounds and foot ulcers. The laureate will receive US\$ 100 000.

(Thirteenth meeting, 27 January 2018)

¹ Document EB142/30, section 6.

ANNEXES

ANNEX 1

Physical activity for health: more active people for a healthier world – draft global action plan on physical activity 2018–2030¹

[EB142/18 – 22 December 2017]

1. The Executive Board at its 140th session agreed to endorse a proposal for the Secretariat to prepare a report and a draft action plan on physical activity to be submitted for consideration by the Board at its 142nd session.² The present report has been prepared in response.

[Paragraphs 2–9 describe the current situation.]

THE DRAFT GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018–2030 IN BRIEF³

10. The draft global action plan provides Member States with a prioritized list of policy actions they can take to address the multiple cultural, environmental and individual determinants of inactivity by engaging with other sectors in joint action. Its priorities are to increase overall levels of physical activity and reduce disparities in participation through inclusive solutions. Its implementation will be guided by seven principles: a human rights-based approach; equity across the life course; evidence-based practice; proportional universality; policy coherence and health in all policies; engagement and empowerment; and multisectoral partnerships involving coordinated action to achieve the 2030 Agenda for Sustainable Development.

¹ See resolution EB142.R5.

² See document EB140/2017/REC/2, summary record of the thirteenth meeting.

³ The draft global action plan is available at http://www.who.int/ncds/governance/physical_activity_plan/en/ (accessed 8 March 2018).

11. The goal of the draft global action plan is a 15% relative reduction, using a baseline of 2016,¹ in the global prevalence of physical inactivity in adults and in adolescents² by 2030.³

12. The plan's vision for "more active people for a healthier world" will be achieved through a shared mission, namely, ensuring that all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives, as a means of improving individual and community health and contributing to the social, cultural and economic development of all nations.

13. Recognizing the varying degrees of progress countries have made towards addressing physical inactivity, capacity and resources, the draft global action plan contains four strategic objectives and recommends 20 policy actions. These are set out in the table below.

Strategic objective 1: Create an active society – social norms and attitudes
Create a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.
Four actions
Action 1.1. Implement best practice communication campaigns, linked with community-based programmes, to heighten awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour, according to ability, for individual, family and community well-being.
Action 1.2. Conduct national and community-based campaigns to enhance awareness and understanding of, and appreciation for, the social, economic, and environmental co-benefits of physical activity, and particularly more walking, cycling and other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and thereby make a significant contribution to achievement of the 2030 Agenda for Sustainable Development (Sustainable Development Goals 2, 3, 4, 5, 9, 10, 11, 13, 15 and 16).
Action 1.3. Implement regular mass-participation initiatives in public spaces, engaging entire communities, and provide free access to enjoyable and affordable, socially and culturally appropriate experiences of physical activity.

¹ The relevant data will be made available in the forthcoming document, WHO Country comparable estimates on physical inactivity, 2016, which is being prepared for publication in 2018.

² For adults defined as: less than 150 minutes of moderate-intensity activity per week, or equivalent; measurement instruments exist and are in use, for example through the Global Physical Activity Questionnaire (GPAQ) as recommended in the WHO STEPwise approach to noncommunicable disease risk factor surveillance. For adolescents defined as: less than 60 minutes of moderate to vigorous intensity activity daily; measurement instruments exist and are in use, for example through the Global Student Health Survey.

³ This target reflects the fact that Member States have already agreed to the voluntary target set in the global monitoring framework for the prevention and control of noncommunicable diseases of a 10% relative reduction in insufficient physical activity by 2025 and that the 15-year period (2015–2030) holds opportunities to profit from the accelerated impact of policy synergies arising from interrelated multisectoral action under the 2030 Agenda for Sustainable Development, which will greatly reinforce the impact of the plan's implementation.

<p>Action 1.4. Strengthen pre- and in-service training of professionals, within and outside the health sector, including but not limited to, the transport, urban planning, education, tourism and recreation, sports and fitness sectors, as well as in grassroots community groups and civil society organizations, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society.</p>
<p>Strategic objective 2: Create active environments – spaces and places</p> <p>Create and maintain environments that promote and safeguard the rights of all people, of all ages, to have equitable access to safe places and spaces, in their cities and communities, in which to engage in regular physical activity, according to ability.</p>
<p>Five actions</p>
<p>Action 2.1. Strengthen the integration of urban and transport planning policies that prioritize the principles of compact, mixed land use, at all levels of government as appropriate, to deliver highly connected neighbourhoods to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities.</p>
<p>Action 2.2. Increase the delivery of improvements in the level of service provided by walking and cycling network infrastructure, to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities, in urban, peri-urban and rural communities, and in alignment with other commitments.¹</p>
<p>Action 2.3. Accelerate implementation of policy actions to improve road safety and the personal safety of pedestrians, cyclists, people engaged in other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and public transport passengers, with priority given to actions that reduce risk for the most vulnerable road users in accordance with the safe systems approach to road safety, and in alignment with other commitments.²</p>
<p>Action 2.4. Strengthen access to good-quality public and green open spaces, green networks, recreational spaces (including river and coastal areas) and sports amenities by all people, of all ages and of diverse abilities in urban, peri-urban and rural communities, ensuring design is consistent with these principles of safe, universal, age-friendly and equitable access with a priority being to reduce inequalities.</p>

¹ New Urban Agenda adopted in 2016 by the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) and endorsed by the United Nations General Assembly in resolution 71/256 (2016). See also Planning and design for sustainable urban mobility: global report on human settlements 2013. Oxford, United Kingdom of Great Britain and Northern Ireland: United Nations Human Settlements Programme (UN-Habitat); 2013.

² See the United Nations' Global Plan for the Decade of Action on Road Safety 2011–2020 (http://www.who.int/violence_injury_prevention/publications/road_traffic/UN_GA_resolution-54-255-en.pdf, accessed 24 November 2017); the United Nations Convention on the Rights of Child; the United Nations Convention on the Rights of Persons with Disabilities; Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons, report of the eighth working session (<https://social.un.org/ageing-workinggroup/eighthsession.shtml>, accessed 16 October 2017); and the Global Status Report on Violence Prevention 2014. Geneva: World Health Organization; 2014, published jointly by WHO, UNDP and UNODC (http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/, accessed 16 October 2017).

<p>Action 2.5. Strengthen the policy, regulatory and design guidelines and frameworks at national and subnational level, as appropriate, to promote public amenities, schools, health care, sports and recreation facilities, workplaces and social housing that are designed to enable occupants and visitors with diverse abilities to be physically active in and around the buildings, and prioritize universal access by pedestrians, cyclists and public transport.</p>
<p>Strategic objective 3: Create active people – programmes and opportunities Create and promote access to opportunities and programmes, across multiple settings, to help people of all ages and abilities engage in regular physical activity as individuals, families and communities.</p>
<p>Six actions</p>
<p>Action 3.1. Strengthen provision of good-quality physical education and more positive experiences and opportunities for active recreation, sports and play for girls and boys, applying the principles of the whole-of-school approach in all pre-primary, primary, secondary and tertiary educational institutions, so as to establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to ability.</p>
<p>Action 3.2. Implement systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health and social care providers, as appropriate, in primary and secondary health care and social services, as part of universal health care, ensuring community and patient involvement and coordinated links with community resources, where appropriate.</p>
<p>Action 3.3. Enhance provision of, and opportunities for, more physical activity programmes and promotion in private and public workplaces, community centres, recreation and sports facilities, faith-based centres, nature and other public spaces and places, to support participation in physical activity, by all people of diverse abilities.</p>
<p>Action 3.4. Enhance the provision of, and opportunities for, appropriately tailored programmes and services aimed at increasing physical activity and reducing sedentary behaviour in older adults, according to ability, in key settings such as local and community venues, health, social and long-term care settings, assisted living facilities and family environments, to support healthy ageing.</p>
<p>Action 3.5. Strengthen the development and implementation of programmes and services, across various community settings, that engage with, and increase the opportunities for physical activity in the least active groups, as identified by each country, such as girls, women, older adults, rural and indigenous communities, and vulnerable or marginalized populations, embracing positive contributions by all people.</p>
<p>Action 3.6. Implement whole-of-community initiatives, at the city, town or community level, that stimulate engagement by all stakeholders and optimize a combination of policy approaches, across different settings, to promote increased participation in physical activity and reduced sedentary behaviour by people of all ages and diverse abilities, focusing on grassroots community engagement, co-development and ownership.</p>
<p>Strategic objective 4: Create active systems – governance and policy enablers Create leadership, governance, multisectoral partnerships, workforce capabilities, advocacy and information systems across sectors to achieve excellence in resource mobilization and implementation of coordinated international, national and subnational action to increase physical activity and reduce sedentary behaviour.</p>

Five actions
Action 4.1. Strengthen leadership and governance systems, at national and subnational level, including multisectoral engagement and coordination; policy coherence; physical activity action plans; recommendations on physical activity and sedentary behaviour for all ages; and implementation and monitoring of actions aimed at increasing physical activity and reducing sedentary behaviour.
Action 4.2. Enhance data systems and capabilities at national and, where appropriate, subnational level, to support monitoring and accountability and ensure regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; the development and testing of new digital technologies to strengthen surveillance systems by including wider sociocultural and environmental determinants; and regular multisectoral reporting on implementation to inform policy and practice.
Action 4.3. Strengthen the national and institutional research and evaluation capacity and stimulate the application of digital technologies and innovation to accelerate the development and implementation of effective policy solutions aimed at increasing physical activity and reducing sedentary behaviour.
Action 4.4. Escalate advocacy efforts to increase awareness and knowledge of, and engagement in, joint action at the global, regional and national levels, targeting key audiences, including but not limited to high-level leaders, policy-makers across multiple sectors, the media, the private sector, city and community leaders, and the wider community.
Action 4.5. Strengthen financing mechanisms to secure sustained implementation of national and subnational action and the development of the enabling systems that support the development and implementation of policies aimed at increasing physical activity and reducing sedentary behaviour.

14. Progress towards achieving the 2030 target of the draft global action plan on physical activity¹ will be monitored using the two existing indicators adopted by the Health Assembly in resolution WHA66.10 (2013) and included in the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, namely:

- prevalence of insufficient physical activity among persons aged 18 years and over;
- prevalence of insufficient physical activity among adolescents (aged 11–17 years).²

15. Member States are encouraged to strengthen reporting of disaggregated data in accordance with agreed recommendations³ and to reflect the dual priorities of this action plan, namely to: (1) decrease overall level of physical inactivity in the population, and (2) reduce within-country disparities and levels of physical inactivity in the least active populations, as identified by each country.

¹ The draft global action plan on physical activity is available at http://www.who.int/ncds/governance/physical_activity_plan/en/.

² No indicators are proposed for those under 11 years owing to the absence of global baseline data and of a global consensus on self-reported or objective measurement instruments or cut points.

³ See the global action plan and global monitoring framework for the prevention and control of noncommunicable diseases (resolution WHA66.10 and document WHA66/2013/REC/1, Annex 4); UNESCO, Report of the Sixth international conference of ministers and senior officials responsible for physical education and sport (MINEPS VI). Annex 1 Kazan Action Plan. SHS/2017/5 REV Paris, September 2017; and the Convention on the Rights of Persons with Disabilities, Article 31, Statistics and data collection (point 2).

16. In order to monitor implementation of the recommended policy actions in the draft global action plan on physical activity an appropriate set of process and impact evaluation indicators is needed. Where possible, this should draw on existing indicators, as well as those under development as part of monitoring the achievement of other commitments (such as the global strategy and plan of action on healthy ageing) and the targets set under the 2030 Sustainable Development Goals.¹ Using feedback from the consultation process conducted in 2017 to develop the draft global action plan on physical activity, as well as additional technical consultations, and applying the principles of economy, efficiency and flexibility,² the Secretariat will finalize a recommended set of process and impact indicators by December 2018. Accordingly, the Secretariat will publish a technical note on its website, outlining how WHO will monitor progress and evaluate country implementation at the global and regional levels.

17. Reports on progress of implementation of the draft global action plan on physical activity will be submitted to the Health Assembly in line with paragraph 3.9 of resolution WHA66.10 (2013). The first such report will therefore be presented in 2021 (using data from 2020) with the second report issued in 2026 (using data from 2025). The final report will be submitted to the Health Assembly in 2030 as part of the reporting on the health-related goals and targets of the 2030 Agenda for Sustainable Development. Reporting to the United Nations General Assembly will be conducted as part of the yearly reporting cycle, to continue until 2030, on progress made in achieving the Sustainable Development Goals.

ROLE OF THE SECRETARIAT

18. In line with the core functions of WHO, the Secretariat will continue to establish and disseminate normative guidelines and implementation guidance to support regional and country action. If requested, it will provide technical support enabling Member States to implement the draft global action plan and develop regional and national action plans and monitoring frameworks.

19. The Secretariat will ensure that it responds to changing needs and that its global technical guidance is regularly updated, incorporating innovative tools and strategies that have proven to be effective. In addition, it will strengthen its own capacities and capabilities at the global, regional and country levels, so that it is better positioned to lead and facilitate the coordinated global effort to reduce physical inactivity, the priority being to facilitate multisectoral partnerships, advocacy, resource mobilization, knowledge-sharing and innovation.

20. The Secretariat will monitor implementation and report on progress towards the target set for 2030.

21. [This paragraph set out the action requested of the Board.]

¹ For example: road safety (target 3.6), air quality (targets 3.9 and 11.6), urban design and green space (targets 11.7 and 11a), sustainable mobility (targets 12.8 and 12c) and reductions in violence against women and girls (target 5.2)

² Where possible, the evaluation framework should aim to minimize the burden of data collection by using existing data-collection systems and to seek efficiencies and synergies by aligning with the monitoring systems established for other relevant health, social and environmental indicators within, for example, the Sustainable Development Goals.

ANNEX 2

Confirmation of amendments to the Staff Rules¹

[EB142/38 – 2 January 2018]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.²
2. In accordance with Staff Regulation 12.1, proposed amendments to the Staff Regulations are submitted to the Executive Board, which is requested to recommend their adoption by the Seventy-first World Health Assembly.
3. The amendments described in section I of this document stem from the decisions expected to be taken by the United Nations General Assembly at its Seventy-second session³ on the basis of recommendations made by the International Civil Service Commission in its annual report for 2017. Should the United Nations General Assembly not approve the Commission's recommendations, an addendum to the present report will be issued.
4. The financial implications of the amendments for the biennium 2018–2019 involve additional costs under the Programme budget 2018–2019. They are set out in the report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly, together with the financial implications beyond the biennium 2018–2019,⁴ and in the paragraphs below.
5. The proposed amendments to the Staff Regulations and Staff Rules are set out in the [attachments to this Annex].

¹ See resolutions EB142.R7, EB142.R8 and EB142.R9.

² The Staff Regulations and Staff Rules are available at http://www.who.int/employment/staff_regulations_rules/staff-rules-en.pdf (accessed 12 March 2018).

³ See <http://www.un.org/en/ga/72/resolutions.shtml> (accessed 29 September 2017).

⁴ Document EB142/38 Add.1.

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

Remuneration of staff in the professional and higher categories

6. In its report for 2017, the Commission recommended to the United Nations General Assembly that the unified base/floor salary scale and the associated pay protection points for the professional and higher categories should be increased by 0.97% through the standard consolidation method of increasing the base salary and commensurately decreasing post adjustment multiplier points, resulting in no change in net take-home pay, with effect from 1 January 2018.

7. Amendments to Appendix 1 to the Staff Rules have been prepared accordingly and are set out in [Attachment 1] to the present document.

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

8. Subject to the decision of the United Nations General Assembly in respect of the recommendation in paragraph 6 above, the Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board recommend to the Seventy-first World Health Assembly modifications in the salaries of Assistant Directors-General and Regional Directors. Thus, as from 1 January 2018, the gross salary for Assistant Directors-General and Regional Directors would be US\$ 176 292 per annum, and the net salary US\$ 131 853.

9. Based on the adjustments to salaries described above, the salary modification to be authorized by the Health Assembly for Deputy Directors-General¹ would entail, as from 1 January 2018, a gross salary of US\$ 194 329 per annum, with a corresponding net salary of US\$ 143 757.

10. The salary adjustments described above would also imply modifications to the salary of the Director-General. The gross salary to be authorized by the Health Assembly, as from 1 January 2018, would therefore be US\$ 239 755 per annum, and the net salary US\$ 173 738.

II. AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF EXPERIENCE AND IN THE INTEREST OF GOOD HUMAN RESOURCES MANAGEMENT²

Proposed amendments to the Staff Regulations

Articles I, III and IV

11. The proposed amendments to Staff Regulations 1.11, 3.1 and 4.5, which are editorial in nature, reflect the current structure of the Organization.

¹ This document refers to "Deputy Directors-General", in the plural, to reflect the proposed amendment to the Staff Regulations to allow for the appointment of more than one Deputy Director-General.

² See Attachment 2.

Amendments to the Staff Rules

Definitions

12. Staff Rule 310 is amended to incorporate the recommendations made in the 2015 Report of the International Civil Service Commission on spouse allowance: “(b) The determination of the dependency of a spouse should be made on the basis of all spousal income, including pensions and other retirement-related income.”¹

Education grant

13. Staff Rule 350 is amended to correctly cite the authority of the Director-General to define the term “child”.

Settling-in grant

14. Staff Rule 365 is amended to allow for recovery of the lump-sum portion of the settling-in grant in exceptional cases where a staff member is dismissed for misconduct or is summarily dismissed for serious misconduct within one year of the date of his or her appointment or reassignment to a duty station.

Repatriation grant

15. Staff Rule 370 is amended to clarify that an accrued repatriation grant amount may be reduced based on the duration of residence in the recognized place of residence prior to separation, not, as currently formulated, on a *pro rata* basis against the total number of years of expatriate service.

Mobility

16. Staff Rule 515 is amended to use language consistent with Staff Rule 1050.5.2, which provides that staff members shall be given “due” preference for vacancies during the reassignment period, within the context of Staff Rule 1050.4.

Special leave

17. Staff Rule 650 is amended to consolidate Staff Rule 655, on leave without pay, and Staff Rule 650, on special leave, and thus eliminate duplication and uncertainty over the application of the appropriate staff rule.

Leave without pay

18. Staff Rule 655 is deleted, as it is incorporated into Staff Rule 650, on special leave (see above).

¹ See <http://icsc.un.org/resources/pdfs/ar/AR2015.pdf>, section VII, A (accessed 23 November 2017).

Resignation

19. Staff Rule 1010 is amended to address an omission in the Staff Rules by requiring staff members to provide one month's notice of resignation during the probationary period.

Administrative review

20. Staff Rule 1225 is amended based on lessons learned in the first year of the new internal justice system. This amendment allows the Director-General to establish which categories of final administrative decisions shall not be subject to administrative review (i.e. the staff member concerned can proceed directly to the Global Board of Appeal).

21. Staff Rule 1230 is amended to align it with amendments to Staff Rule 1225, as referenced above.

ACTION BY THE EXECUTIVE BOARD

22. [This paragraph contained three draft resolutions, which were adopted at the twelfth meeting as resolutions EB142.R7, EB142.R8 and EB142.R9, respectively.]

ATTACHMENT 1

Appendix 1 to the Staff Rules

**A. SALARY SCALE FOR THE PROFESSIONAL AND HIGHER CATEGORIES:
ANNUAL GROSS SALARIES AND NET EQUIVALENTS AFTER APPLICATION
OF STAFF ASSESSMENT, (IN US DOLLARS)**
(effective 1 January 2018)

		Step												
Level		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII
D-2	Gross	140 984	144 059	147 133	150 223	153 488	156 750	160 011	163 273	166 535	169 795	–	–	–
	Net	108 189	110 341	112 493	114 647	116 802	118 955	121 107	123 260	125 413	127 565	–	–	–
D-1	Gross	126 150	128 851	131 554	134 257	136 951	139 654	142 356	145 053	147 757	150 483	153 347	156 209	159 074
	Net	97 805	99 696	101 588	103 480	105 366	107 258	109 149	111 037	112 930	114 819	116 709	118 598	120 489
P-5	Gross	108 633	110 930	113 230	115 524	117 824	120 119	122 420	124 716	127 013	129 310	131 609	133 903	136 203
	Net	85 543	87 151	88 761	90 367	91 977	93 583	95 194	96 801	98 409	100 017	101 626	103 232	104 842
P-4	Gross	89 253	91 295	93 337	95 379	97 421	99 462	101 636	103 853	106 069	108 284	110 506	112 717	114 936
	Net	71 332	72 884	74 436	75 988	77 540	79 091	80 645	82 197	83 748	85 299	86 854	88 402	89 955
P-3	Gross	73 225	75 114	77 005	78 893	80 784	82 674	84 563	86 457	88 345	90 234	92 128	94 016	95 908
	Net	59 151	60 587	62 024	63 459	64 896	66 332	67 768	69 207	70 642	72 078	73 517	74 952	76 390
P-2	Gross	56 542	58 233	59 922	61 612	63 304	64 996	66 688	68 375	70 067	71 757	73 446	75 139	76 828
	Net	46 472	47 757	49 041	50 325	51 611	52 897	54 183	55 465	56 751	58 035	59 319	60 606	61 889
P-1	Gross	43 792	45 106	46 419	47 734	49 046	50 395	51 829	53 264	54 699	56 134	57 568	59 001	60 437
	Net	36 347	37 438	38 528	39 619	40 708	41 800	42 890	43 981	45 071	46 162	47 252	48 341	49 432

^a The normal qualifying period for in-grade movement between consecutive steps is one year. The shaded steps in each grade require two years of qualifying service at the preceding step.

**B. PAY PROTECTION POINTS FOR STAFF WHOSE SALARIES ARE HIGHER
THAN THE MAXIMUM SALARIES ON THE UNIFIED SALARY SCALE**
(effective 1 January 2018)

(United States dollars)

Level		Pay protection point 1	Pay protection point 2
P-4	Gross	117 154	119 373
	Net	91 508	93 061
P-3	Gross	97 796	99 686
	Net	77 825	79 261
P-2	Gross	78 520	–
	Net	63 175	–
P-1	Gross	61 871	–
	Net	50 522	–

ATTACHMENT 2

TEXT OF AMENDED STAFF RULES

310. DEFINITIONS

310.5 “Dependants” for the purposes of determining entitlements under the Rules, except as otherwise specified, are defined as:

310.5.1 a staff member’s spouse whose earnings, if any, do not exceed during any calendar year the lowest entry level of the United Nations General Service gross salary scale in force on 1 January of the year concerned for the duty station in the country of the spouse’s place of work. In the case of staff members in the professional and higher categories, the entry level amount shall not at any duty station be less than the equivalent of the lowest entry level salary at the base of the common salary system, i.e. G2, step I for New York;

310.5.1.1 if both spouses are staff members of international organizations applying the common system of salaries and allowances, neither may be recognized as a dependant for the purposes of Rules 330.2, 335 and 360;

.....
350. EDUCATION GRANT

350.1 Internationally recruited staff members shall be entitled to an education grant, except as indicated in Rule 350.3, under the conditions which follow:

350.1.1 the grant is payable for each child as defined by the Director-General up to the end of the school year in which the child reaches the age of 25, completes four years of post-secondary studies or attains a first post-secondary degree, whichever is earlier;

.....
365. SETTLING-IN GRANT

...

365.5 If a staff member resigns from the Organization or is dismissed for misconduct or is summarily dismissed for serious misconduct within one year of the date of his or her appointment or reassignment to a duty station, the lump-sum portion of the settling-in grant paid under Staff Rule 365.3 is recoverable proportionately under conditions established by the Director-General.

.....
370. REPATRIATION GRANT

...

- 370.4 The grant shall not be payable to a staff member assigned to, or residing in, the country of his or her recognized place of residence at the time of separation. However, when a staff member is transferred or reassigned to duty in the country of his or her recognized place of residence prior to separation, the grant may be paid at a full or reduced rate, with the total accrued amount of the grant being reduced based on criteria established by the Director-General. In such a case, the evidence of relocation referred to in Rule 370.1 shall not be required.
- 370.5 In the event of the death of a staff member who at the time of death would have been eligible for the grant, payment shall be made to the spouse and dependent children who are entitled to repatriation, subject to them providing the evidence of their relocation away from the staff member's last duty station:

...

515. MOBILITY

...

- 515.2 Staff members whose posts have been abolished and who are eligible to participate in a reassignment process pursuant to Staff Rule 1050 shall be given due preference for vacancies during the mobility exercise.

650. SPECIAL LEAVE

- 650.1 Special leave with full, partial or no pay may be granted under such conditions as the Director-General may prescribe for training or research in the interest of the Organization or for other important reasons, including family, health, or personal matters.
- 650.2 The Director-General may, at his or her initiative, place a staff member on special leave with full pay, or exceptionally with partial or no pay, if he or she considers such leave to be in the interest of the Organization.
- 650.3 Special leave is normally granted without pay, for a period not exceeding one year.
- 650.4 Normally special leave is granted when all accrued annual leave has been exhausted.
- 650.5 Continuity of service shall not be broken during periods of special leave, which shall be credited for all purposes except as otherwise specified in these Staff Rules.
- 650.6 Service credits accrue in the same proportion as the rate of partial pay during special leave with partial pay of more than 30 days.
- 650.7 Service credits shall not accrue towards sick, annual or home leave, salary increment, termination indemnity or repatriation grant during periods of special leave without pay of more than 30 days.

650.8 During special leave with full or partial pay the staff member and the Organization continue to contribute at the full rate to the United Nations Joint Staff Pension Fund, the Staff Health Insurance and the Accident and Illness Insurance.

650.9 During any special leave without pay the following conditions shall apply:

650.9.1 cover under any insurance provided by these Staff Rules shall cease unless the staff member pays both his or her own and the Organization's contributions under the appropriate insurance plans; and

650.9.2 no contributory service shall accrue for pension purposes unless the staff member pays both his or her own and the Organization's contributions to the United Nations Joint Staff Pension Fund.

650.10 Other conditions for special leave may be established by the Director-General.

.....
[655. LEAVE WITHOUT PAY [Deleted]]
.....

1010. RESIGNATION

1010.1 Subject to the conditions stated in Staff Rule 1010.2, staff members holding continuing or fixed-term appointments may resign on giving three months' notice. Staff members holding probationary fixed-term appointments or temporary appointments of more than 60 days may resign on giving one month's notice. Temporary staff members appointed for a shorter period shall give the notice specified in their appointment. The Director-General may shorten or waive the required notice period at his discretion.

.....
1225. ADMINISTRATIVE REVIEW

1225.1 A staff member wishing to contest formally a final administrative decision alleging non-observance of his or her terms of appointment, including pertinent Staff Regulations or Staff Rules, shall, as a first step, submit a request in writing for an administrative review of that final administrative decision. A staff member shall not request an administrative review until all the existing administrative channels have been exhausted and the administrative decision has become final. An administrative decision is to be considered as final when it has been taken by a duly authorized official and the staff member has received written notification of the decision. The Director-General shall establish which categories of final administrative decisions shall not be subject to review under this Staff Rule.

.....
1230. GLOBAL BOARD OF APPEAL

1230.1 Subject to Staff Rule 1230.5, a staff member may appeal before the Global Board of Appeal (the Board) against an Administrative Review Decision, against a deemed

rejection under Staff Rule 1225.5 or against a final administrative decision not subject to review under Staff Rule 1225.

...

Conditions of appeal

1230.5 The following provisions shall govern the conditions of appeal against an Administrative Review Decision, against a deemed rejection under Staff Rule 1225.5 or against a final administrative decision not subject to review under Staff Rule 1225.

1230.5.1 A staff member wishing to appeal must file with the Board, within ninety (90) calendar days after receipt of an Administrative Review Decision, within ninety (90) calendar days of the expiration of the deadline or extended deadline referred to in Staff Rule 1225.5, or within ninety (90) calendar days after receipt of a final administrative decision that is not subject to review under Staff Rule 1225, a complete statement of appeal specifying the decision against which the appeal is made and stating the facts of the case and the pleas. The Board shall open its proceedings upon receipt of the appellant's complete statement of appeal.

ANNEX 3

Comprehensive implementation plan on maternal, infant and young child nutrition: additional core indicators for the global monitoring framework on maternal, infant and young child nutrition¹

[EB142/22 – 2 January 2018]

1. The report describes the progress made in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition endorsed by the Health Assembly in resolution WHA65.6 (2012). It also provides information on the status of national measures to give effect to the International Code of Marketing of Breast-milk Substitutes, adopted in resolution WHA34.22 (1981) and updated through subsequent related Health Assembly resolutions, and describes the progress made in drawing up technical guidance on ending the inappropriate promotion of foods for infants and young children, as welcomed with appreciation by the Health Assembly in resolution WHA69.9 (2016).

...

Action 5: To monitor and evaluate the implementation of policies and programmes.

20. In May 2015, the Sixty-eighth World Health Assembly adopted decision WHA68(14), in which it decided: (1) to approve the additional core indicators for the global monitoring framework on maternal, infant and young child nutrition; (2) to recommend that Member States report on the entire core set of indicators starting in 2016, with the exception of progress indicators 1, 4 and 6 and policy environment and capacity indicator 1, which would be reviewed by the Executive Board once available, for approval, and which would be reported on from 2018 onwards; and (3) to request the Director-General to provide additional operational guidance. The WHO/UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM)² was tasked with further developing and validating the indicators. The Advisory Group has worked on various aspects of the indicators, including their fitness for purpose, appropriateness of definition and the availability of data. An exploratory study was conducted to assess the feasibility of reporting on the indicators. Based on the advice of the Advisory Group, the four remaining indicators and definitions are recommended (see Table).

¹ See decision EB142(6).

² Established in 2015 in response to decision WHA67(9) (2014).

Table. Recommended indicators and definitions

Indicator name	Definition
1. Minimum dietary diversity	Proportion of children 6–23 months of age who received foods from ≥ 5 food groups
2. Antenatal iron supplementation	Proportion of women who consumed any iron-containing supplements during the current or past pregnancy within the last two years
3. Availability of national-level provision of counselling services in public health and/or nutrition programmes	Availability of a national programme that includes provision for delivering breastfeeding counselling services to mothers of infants aged 0–23 months through health systems or other community-based platforms
4. Trained nutrition professional density	Number of trained nutrition professionals per 100 000 of population in a specified year

21. Operational guidance for these indicators has been based on the advice of the Advisory Group.¹

[Paragraphs 22–28 contained information on progress in implementing the international code of marketing of breast-milk substitutes and guidance on ending the inappropriate promotion of foods for infants and young children. Paragraph 29 contained a draft decision that was adopted as decision EB142(6).]

¹ WHO, UNICEF. Global Nutrition Monitoring Framework – Operational guidance for tracking progress in meeting targets for 2025. Geneva: World Health Organization; 2017 (<http://www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/>, accessed 18 December 2017).

ANNEX 4

Non-State actors admitted into, or maintained in, official relations with WHO by virtue of decision EB142(9)¹

[EB142/29 – 4 December 2017]

Alliance for Health Promotion*
Association Africaine des Centrales d'Achats de Médicaments Essentiels
Bloomberg Family Foundation, Inc.
Caritas Internationalis*
CBM Christoffel Blindenmission Christian Blind Mission e.V.
Childhood Cancer International
CropLife International
European Society for Medical Oncology*
FDI World Dental Federation*
Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association*
Global Medical Technology Alliance*
Handicap International Federation*
Health Technology Assessment International*
Helen Keller International*
Humatem*
International Agency for the Prevention of Blindness
International AIDS Society*
International Air Transport Association
International Alliance of Women: Equal Rights-Equal Responsibilities*
International Association for Dental Research*
International Association for Hospice and Palliative Care Inc. *
International Association for the Study of Pain
International Association of Logopedics and Phoniatics*
International Clearinghouse for Birth Defects Surveillance and Research*
International Commission on Non-Ionizing Radiation Protection*
International Commission on Radiological Protection*
International Council of Ophthalmology*
International Diabetes Federation*
International Epidemiological Association*
International Eye Foundation
International Federation of Oto-Rhino-Laryngological Societies*

¹ Based on reports of collaboration for the period under review, 2015–2017, the Secretariat invited the Board to consider renewal in official relations of those non-State actors whose names are followed by an asterisk. The other non-State actors are the subject of specific decisions or a resolution.

International Insulin Foundation*
International Leprosy Association*
International Medical Corps*
International Network for Cancer Treatment and Research
International Network on Children's Health, Environment and Safety*
International Organization for Medical Physics*
International Society for Environmental Epidemiology*
International Society of Audiology*
International Society of Nephrology*
International Society of Paediatric Oncology
International Society of Physical and Rehabilitation Medicine
International Solid Waste Association*
International Spinal Cord Society*
International Union against Sexually Transmitted Infections*
International Union against Tuberculosis and Lung Disease*
International Union for Health Promotion and Education*
International Union of Immunological Societies*
International Union of Toxicology*
IOGT International
Italian Association of Friends of Raoul Follereau*
KNCV Tuberculosis Foundation
March of Dimes Foundation*
Médecins du Monde
Medical Women's International Association*
Medicines for Europe (former European Generic Medicines Association)*
Medicines for Malaria Venture*
Organisation pour la Prévention de la Cécité*
Osteopathic International Alliance
PATH
Project ORBIS International, Inc.
Public Services International
RAD-AID International*
Rotary International*
Stichting Global Network of People Living with HIV/AIDS (GNP+)*
Thalassaemia International Federation*
The Global Alliance for Rabies Control, Inc. *
The International Association of Lions Clubs*
The International Federation of Anti-Leprosy Associations*
The Royal Commonwealth Society for the Blind (Sightsavers) *
The Wellcome Trust
The Worldwide Hospice Palliative Care Alliance*
Tropical Health and Education Trust*
Union for International Cancer Control*
United States Pharmacopeial Convention
WaterAid International*
World Blind Union
World Council of Optometry
World Federation of Chinese Medicine Societies*
World Federation of Hemophilia*
World Federation of Hydrotherapy and Climatotherapy*

World Federation of the Deaf*

World Heart Federation*

World Hepatitis Alliance*

World Hypertension League*

World Plumbing Council*

World Stroke Organization*

World Veterinary Association*

ANNEX 5

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

Resolution EB142.R1 Appointment of the Regional Director for the Americas	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this resolution would contribute if adopted	<p>Programme area: 6.1. Leadership and governance</p> <p>Outcome: 6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people</p> <p>Output: 6.1.1. Effective WHO leadership and management and improved capacities of the WHO Secretariat and Member States to promote, align coordinate and operationalize efforts to achieve the Sustainable Development Goals.</p>
2. Short justification for considering the resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	Immediate.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	Zero cost implications to implement the resolution.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	Not applicable.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	Not applicable.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:	Not applicable.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	Not applicable.

5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions
– Resources available to fund the resolution in the current biennium: Not applicable.
– Remaining financing gap in the current biennium: Not applicable.
– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: Not applicable.

Resolution EB142.R3 Preparation for a high-level meeting of the General Assembly on ending tuberculosis
A. Link to the programme budget
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this resolution would contribute if adopted Programme area: 1.2. Tuberculosis Outcome: 1.2. Universal access to quality tuberculosis care in line with the End TB Strategy Outputs: 1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1 1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation
2. Short justification for considering the resolution, if there is no link to the results as indicated in the Programme budget 2018–2019: Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019: A draft multisectoral accountability framework. The resolution includes two elements: (a) the Executive Board requests the Director-General to develop, in close collaboration with all relevant international, regional and national partners, a draft multisectoral accountability framework that enables monitoring, reporting, review and actions needed to accelerate progress to end TB both globally and nationally, for consideration by the Seventy-first World Health Assembly in May 2018; (b) a bracketed draft resolution for consideration by the Seventy-first World Health Assembly. The financial and administrative implications for the Secretariat included in the current document are those relevant to point (a). The financial and administrative implications for the Secretariat of the proposed draft resolution for consideration by the Health Assembly would be developed in advance of the Seventy-first World Health Assembly.
4. Estimated implementation time frame (in years or months) to achieve the resolution: Three months.
B. Resource implications for the Secretariat for implementation of the resolution
1. Total resource requirements to implement the resolution, in US\$ millions: US\$ 0.13 million.

2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 0.13 million.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	Zero.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:	Not applicable.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	Not applicable.
5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions	
– Resources available to fund the resolution in the current biennium:	US\$ 0.13 million
– Remaining financing gap in the current biennium:	Not applicable.
– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:	Not applicable.

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

Biennium	Costs	Headquarters	Regions						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	0.040	0.004	0.004	0.004	0.004	0.004	0.004	0.064
	Activities	0.070	0.000	0.000	0.000	0.000	0.000	0.000	0.070
	Total	0.110	0.004	0.004	0.004	0.004	0.004	0.004	0.134

Resolution EB142.R4 Addressing the burden of snakebite envenoming**A. Link to the programme budget****1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this resolution would contribute if adopted****Programme area:** 1.4. Neglected tropical diseases**Outcome:** 1.4. Increased and sustained access to neglected tropical disease control interventions**Output:**

1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support

Programme area: 4.3. Access to medicines and other health technologies and strengthening regulatory capacity**Outcome:** 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies

<p>Outputs:</p> <p>4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools</p> <p>4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification</p>
<p>2. Short justification for considering the resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</p> <p>Not applicable.</p>
<p>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</p> <p>Although they were not specified during the process of preparing the Programme budget 2018–2019, the deliverables planned will contribute to the outputs detailed above. They are set out below.</p> <ul style="list-style-type: none"> • Accelerate global efforts and coordination for the control of snakebite envenoming, ensuring the quality, efficacy and safety of antivenoms and other treatments, and the prioritization of high impact interventions; • Continue to offer technical support to institutions working on research into snakebite envenoming, including WHO collaborating centres, in support of improved, evidence-based disease control efforts; • Foster international efforts aimed at strengthening the production, regulation and control of quality, safety and efficacy of snake antivenom immunoglobulins and improving the availability, accessibility and affordability of safe and effective antivenoms for all; • Support Member States to strengthen capacities for improving awareness and prevention and access to treatment, and for reducing and controlling snakebite envenoming; • Foster technical cooperation among countries as a means of strengthening surveillance, treatment and rehabilitation services; • Cooperate, as appropriate and in accordance with their respective mandates, with international agencies, nongovernmental organizations, foundations and research institutions, to directly support countries in which the disease is prevalent, upon the request of such countries, in order to strengthen snakebite management activities.
<p>4. Estimated implementation time frame (in years or months) to achieve the resolution:</p> <p>No end-date is presently foreseen for this resolution, with implementation efforts forming part of the ongoing work concerned with the control and elimination of neglected tropical diseases. The financial information presented here concerns the six-year period July 2018 to 2023.</p>
<p>B. Resource implications for the Secretariat for implementation of the resolution</p>
<p>1. Total resource requirements to implement the resolution, in US\$ millions:</p> <p>US\$ 29.66 million for the first six years.</p>
<p>2.a Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>Zero.</p>
<p>2.b Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>US\$ 6.33 million.</p>
<p>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 10.63 million.</p>
<p>4. Estimated resource requirements in future programme budgets, in US\$ millions:</p> <p>US\$ 12.70 million per biennium, plus cost of indexation against inflation.</p>

5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions

– Resources available to fund the resolution in the current biennium:

Zero.

– Remaining financing gap in the current biennium:

US\$ 6.33 million.

Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:

None at present. Mobilization of funds will be linked to the primary outcome of the deliverables in the biennium 2018–2019. The development of the snakebite environment roadmap and the organization of the associated stakeholder meeting are expected to mobilize donor voluntary contributions amounting to at least 50% of the biennium budget.

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

Biennium	Costs	Headquarters	Regions						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2018–2019 additional resources	Staff	1.32	0.15	0.13	0.12	0.07	0.12	0.14	2.05
	Activities	2.53	0.55	0.23	0.31	0.16	0.24	0.26	4.28
	Total	3.85	0.70	0.36	0.43	0.23	0.36	0.40	6.33
2020–2021 resources to be planned	Staff	1.98	1.04	0.69	0.83	0.33	0.63	0.70	6.20
	Activities	2.85	0.47	0.21	0.28	0.16	0.22	0.24	4.43
	Total	4.83	1.51	0.90	1.11	0.49	0.85	0.94	10.63
Future bienniums resources to be planned	Staff	3.26	1.08	0.96	0.86	0.50	0.87	0.98	8.51
	Activities	2.55	0.49	0.22	0.29	0.16	0.23	0.25	4.19
	Total	5.81	1.57	1.18	1.15	0.66	1.10	1.23	12.70

Resolution EB142.R5 Draft WHO global action plan on physical activity 2018–2030

A. Link to the programme budget

1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this resolution would contribute if adopted

Programme area: 2.1. Noncommunicable diseases

Outcome: 2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

Outputs:

2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated

2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants

2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020

2020–2021 resources to be planned	Staff	1.2	0.8	0.8	0.6	0.7	0.6	0.7	5.4
	Activities	1.5	0.2	0.2	0.2	0.2	0.2	0.2	2.7
	Total	2.7	1.0	1.0	0.8	0.9	0.8	0.9	8.1
Future bienniums resources to be planned	Staff	2.4	1.6	1.6	1.2	1.4	1.2	1.4	10.8
	Activities	0.8	0.2	0.2	0.2	0.2	0.2	0.2	2.0
	Total	3.2	1.8	1.8	1.4	1.6	1.4	1.6	12.8

Resolution EB142.R6 Improving access to assistive technology	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this resolution would contribute if adopted	
Programme area: 2.4. Disabilities and rehabilitation	
Outcome: 2.4. Increased access to comprehensive eye care, hearing care and rehabilitation services	
Output: 2.4.1. Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities	
Programme area: 3.2. Ageing and health	
Outcome: 3.2. Increased proportion of people who are able to live a long and healthy life	
Output: 3.2.1. Countries enabled to develop policies, strategies and capacity to foster healthy ageing across the life-course	
Programme area: 4.3. Access to medicines and other health technologies, and strengthening regulatory capacity	
Outcome: 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies	
Output: 4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools	
2. Short justification for considering the resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	No additional deliverables are foreseen, but existing deliverables that support establishing regional or subregional assistive technology manufacturing, procurement and supply networks (notably the production of the first draft of the World report on assistive technology) are to be scaled up and strengthened
4. Estimated implementation time frame (in years or months) to achieve the resolution:	The implementation time frame is currently planned up to 2030. Work may continue beyond this date as needed.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 32.5 million until 2030.
2.a Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 2.45 million.
2.b Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 2.55 million.

3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions: US\$ 5.0 million per biennium.
4. Estimated resource requirements in future programme budgets, in US\$ millions: US\$ 5.0 million per biennium.
5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions <ul style="list-style-type: none"> – Resources available to fund the resolution in the current biennium: US\$ 2.45 million. – Remaining financing gap in the current biennium: US\$ 2.55 million. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: US\$ 15.0 million until 2030.

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

Biennium	Costs	Headquarters	Regions						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	1.60	0.00	0.00	0.00	0.00	0.00	0.00	1.60
	Activity	0.20	0.15	0.05	0.15	0.05	0.20	0.05	0.85
	Total	1.80	0.15	0.05	0.15	0.05	0.20	0.05	2.45
2018–2019 additional resources	Staff	0.25	0.10	0.05	0.10	0.05	0.10	0.05	0.70
	Activity	0.60	0.20	0.10	0.20	0.25	0.25	0.25	1.85
	Total	0.85	0.30	0.15	0.30	0.30	0.35	0.30	2.55
2020–2021 resources to be planned	Staff	1.85	0.10	0.10	0.10	0.05	0.10	0.05	2.35
	Activity	0.65	0.40	0.20	0.40	0.25	0.50	0.25	2.65
	Total	2.50	0.50	0.30	0.50	0.30	0.60	0.30	5.00
Future bienniums resources to be planned	Staff	1.85	0.10	0.10	0.10	0.05	0.10	0.05	2.35
	Activity	0.65	0.40	0.20	0.40	0.25	0.50	0.25	2.65
	Total	2.50	0.50	0.30	0.50	0.30	0.60	0.30	5.00

Resolution EB142.R7 Confirmation of amendments to the Staff Rules
Resolution EB142.R8 Deputy Directors-General
Resolution EB142.R9 Salaries of staff in ungraded positions and of the Director-General
A. Link to the programme budget
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this resolution would contribute if adopted Programme area: 6.4. Management and administration Outcome: 6.4. Effective and efficient management and administration established across the Organization Output: 6.4.2. Effective and efficient human resources management and coordination in place
2. Short justification for considering the resolution, if there is no link to the results as indicated in the Programme budget 2018–2019: Not applicable.

<p>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</p> <p>Not applicable.</p>
<p>4. Estimated implementation time frame (in years or months) to achieve the resolution:</p> <p>With respect to resolution EB142.R7, the related amendments to the Staff Rules will enter into force:</p> <ul style="list-style-type: none"> (a) with effect from 1 January 2018 concerning the remuneration of staff in the professional and higher categories; and (b) with effect from 1 February 2018 concerning definitions, education grants, settling-in grants, repatriation grants, mobility, special leave, leave without pay, resignations, administrative reviews and the Global Board of Appeal. <p>With respect to resolution EB142.R8, the related amendments to the Staff Regulations to reflect the current structure of the Organization will enter into force with effect from 1 January 2018.</p> <p>With respect to resolution EB142.R9, the related modifications to salaries of staff in ungraded posts and of the Director-General will enter into force with effect from 1 January 2018.</p> <p>There is no defined end date for implementation.</p>
<p>B. Resource implications for the Secretariat for implementation of the resolution</p>
<p>1. Total resource requirements to implement the resolution, in US\$ millions:</p> <p>Resource requirements are already included within what is planned under the Programme budget 2018–2019.</p> <p>With respect to paragraph 1 of resolution EB142.R7 and resolution EB142.R9 regarding modifications to staff salaries, payroll costs are always subject to some variability due to post adjustment, exchange rates, staff mix in terms of dependency and education grant entitlements among other factors, so these additional costs will be absorbed within the overall payroll budget fluctuations.</p> <p>Paragraph 2 of resolution EB142.R7 does not have any resource requirements.</p> <p>With respect to resolution EB142.R8, the amendments to the Staff Regulations do not in themselves have any resource requirements. However, additional positions within the current structure of the Organization are to be funded under current budget allocations.</p>
<p>2.a Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>Not applicable.</p> <p>2.b Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</p> <p>Not applicable.</p>
<p>4. Estimated resource requirements in future programme budgets, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the resolution in the current biennium: Not applicable. – Remaining financing gap in the current biennium: Not applicable. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: Not applicable.

Decision EB142(1) Implementation of International Health Regulations (2005): draft five-year global strategic plan to improve public health preparedness and response, 2018–2023	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this decision would contribute if adopted	<p>Programme area: E.2. Country health emergency preparedness and the International Health Regulations (2005)</p> <p>Outcome: E.2. All countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management</p> <p>Output: E.2.4. Secretariat support provided for implementation of the International Health Regulations (2005)</p> <p>The implementation of the five-year global strategic plan requires activities across the WHO Health Emergencies Programme, the cost of which is included in the overall programme budget of the Health Emergencies Programme. The cost of the implementation of the decision is understood as only the cost of the Secretariat's support for coordination of implementation, monitoring and reporting on the five-year global strategic plan.</p>
2. Short justification for considering the decision, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the decision:	Five years.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 10.65 million.
2.a Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 2.40 million.
2.b Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	None.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:	US\$ 3.94 million.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	US\$ 4.31 million for 2022–2023.
5. Resources available to fund the implementation of the decision in the current biennium, in US\$ millions	<ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: None. – Remaining financing gap in the current biennium: US\$ 2.40 million. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: The allocation of assessed contributions is not yet known.

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

Biennium	Costs	Headquarters	Regions						Total ^a
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	0.61	0.25	0.27	0.20	0.23	0.20	0.25	2.00
	Activities	0.10	0.05	0.05	0.05	0.05	0.05	0.05	0.40
	Total	0.71	0.30	0.32	0.25	0.28	0.25	0.30	2.40
2018–2019 additional resources	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2020–2021 resources to be planned	Staff	0.63	0.52	0.56	0.42	0.48	0.41	0.51	3.52
	Activities	0.10	0.05	0.05	0.05	0.05	0.05	0.05	0.42
	Total	0.73	0.57	0.61	0.47	0.53	0.46	0.56	3.94
Future bienniums resources to be planned	Staff	0.65	0.54	0.58	0.44	0.50	0.43	0.53	3.66
	Activities	0.16	0.08	0.08	0.08	0.08	0.08	0.08	0.65
	Total ^a	0.82	0.62	0.66	0.52	0.58	0.51	0.61	4.31

^a Some totals do not add up due to rounding.

Decision EB142(2) Polio transition planning

A. Link to the programme budget

1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this decision would contribute if adopted

Programme area: To be determined. The decision reflects the need for a transition plan for the post-polio eradication era. This plan – developed, communicated and its implementation enabled by WHO – should support the work required across multiple programme areas and is not accommodated naturally within the existing results structure.

Outcome(s): To be determined.

Output(s): To be determined.

2. Short justification for considering the decision, if there is no link to the results as indicated in the Programme budget 2018–2019:

Not applicable.

3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:

The transition plan sets out the actions to support:

- countries in developing and implementing national transition plans;
- the development of a post-certification strategy;
- the mainstreaming of essential long-term functions for polio control;
- the transfer of assets to other health priorities;
- the development of advance plans for phasing out non-essential functions;
- the development of consensus on priorities for transition;
- the establishment and maintenance of the global inventory of human and material assets of the polio eradication programme;
- the consolidation of lessons learned in polio eradication.

<p>The additional deliverables, which form the basis of the costing are as follows:</p> <ol style="list-style-type: none"> 1. the establishment of a WHO polio transition planning and management team; 2. the elaboration of a vision and a strategic framework for transition planning and its budget and financing, and the development of a detailed strategic action plan on polio transition, aligned with the priorities and strategic approaches of the Thirteenth General Programme of Work, 2019–2023; 3. provision of regular communication to all Member States on the progress (until 2020) made in polio transition planning efforts and provision of detailed progress reports on these technical subjects; 4. organization of an information session for Member States before the Seventy-first World Health Assembly. 	
4.	<p>Estimated implementation time frame (in years or months) to achieve the decision: 24 months (2018 to 2019), with the major part of the analysis and work conducted in early 2018.</p>
B. Resource implications for the Secretariat for implementation of the decision	
1.	<p>Total resource requirements to implement the decision, in US\$ millions: To implement the deliverables of this decision, US\$ 9 million would be required.</p>
2.a.	<p>Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions: US\$ 2.35 million.</p>
2.b.	<p>Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions: US\$ 6.64 million.</p>
3.	<p>Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
4.	<p>Estimated resource requirements in future programme budgets, in US\$ millions: Not applicable.</p>
5.	<p>Resources available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 1 million. – Remaining financing gap in the current biennium: US\$ 8 million. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: None confirmed.

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

Biennium	Costs	Headquarters	Regions						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	1.25	0.53	0.00	0.13	0.00	0.44	0.00	2.35
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.25	0.53	0.00	0.13	0.00	0.44	0.00	2.35
2018–2019 additional resources	Staff	2.73	0.80	0.00	0.60	0.00	0.50	0.00	4.63
	Activities	2.01	0.00	0.00	0.00	0.00	0.00	0.00	2.01
	Total	4.74	0.80	0.00	0.60	0.00	0.50	0.00	6.64

Decision EB142(3) Addressing the global shortage of, and access to, medicines and vaccines	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this decision would contribute if adopted	<p>Programme area: 4.3. Access to medicines and other health technologies, and strengthening regulatory capacity</p> <p>Outcome: 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies</p> <p>Outputs:</p> <p>4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools</p> <p>4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification</p>
2. Short justification for considering the decision, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the decision:	18 months.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 0.6 million.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 0.6 million.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	Not applicable.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:	Not applicable.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	Not applicable.
5. Resources available to fund the implementation of the decision in the current biennium, in US\$ millions	<p>– Resources available to fund the decision in the current biennium:</p> <p>US\$ 0.6 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>Zero.</p> <p>– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:</p> <p>Zero.</p>

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

Biennium	Costs	Headquarters	Regions						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.4
	Activities	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2
	Total	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.6

Decision EB142(4) Global strategy and plan of action on public health, innovation and intellectual property: overall programme review

A. Link to the programme budget

1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this decision would contribute if adopted

Programme area: 4.3. Access to medicines and other health technologies and strengthening regulatory capacity

Outcome: 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies

Output: 4.3.2. Implementation of the global strategy and plan of action on public health, innovation and intellectual property

2. Short justification for considering the decision, if there is no link to the results as indicated in the Programme budget 2018–2019:

Not applicable.

3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:

Not applicable.

4. Estimated implementation time frame (in years or months) to achieve the decision:

Five years (2018 to 2022).

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

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

US\$ 31.50 million for the period 2018 to 2022.

2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:

US\$ 10.80 million.

2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:

Zero.

3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:

US\$ 13.60 million.

4. Estimated resource requirements in future programme budgets, in US\$ millions:

US\$ 7.10 million.

5. Resources available to fund the implementation of the decision in the current biennium, in US\$ millions

– **Resources available to fund the decision in the current biennium:**

US\$ 3.00 million.

- **Remaining financing gap in the current biennium:**
US\$ 7.80 million.
- **Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:**
Discussions are ongoing with Member States for mobilizing additional resources.

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

The precise distribution would be determined following adoption of the decision by the Health Assembly.

Decision EB142(5) Health, environment and climate change	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this decision would contribute if adopted	<p>Programme area: 3.5. Health and the environment</p> <p>Outcome: 3.5. Reduced environmental threats to health</p> <p>Outputs:</p> <p>3.5.1. Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks</p> <p>3.5.2. Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, and climate change and technical support provided at the regional and country levels for their implementation</p> <p>3.5.3. Public health objectives addressed in implementation of multilateral agreements and conventions and initiatives on the environment, the Paris Agreement (as adopted by United Nations Framework Convention on Climate Change), international labour conventions related to occupational health and safety, and in relation to the Sustainable Development Goals</p>
2. Short justification for considering the decision, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	<p>The decision would result in two deliverables: (i) a draft action plan for the flagship initiative to address health effects of climate change in small island developing States and vulnerable settings; and (ii) a comprehensive global strategy on health, environment and climate change.</p> <p>The proposed deliverables result from the higher prioritization that the Director-General has placed on climate change and environment for his mandate, and its representation as a new platform within the Thirteenth General Programme of Work, 2019–2023. These deliverables are therefore additional to those originally planned in the Programme budget 2018–2019, but can be accommodated within the available budget space.</p>
4. Estimated implementation time frame (in years or months) to achieve the decision:	<p>Part (1) of the decision is considered to be covered by current governing bodies mandates, and can be achieved within six months (by end July 2018).</p> <p>Parts (2) and (3) of the decision requires a longer deliberative process, including consideration by the regional committees. It would be completed by the Seventy-second World Health Assembly in 2019 (that is, in 16 months).</p> <p>The decision would therefore be completely implemented within the current biennium.</p>

B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 1.03 million
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	The total resource requirements can be accommodated within the Programme budget 2018–2019, mainly through repurposing budget space that was planned for related purposes (for example, budget space planned for the provision of technical support for climate change and health can now be used for development of part (1) of the decision).
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	Not applicable.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:	Not applicable.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	Not applicable.
5. Resources available to fund the implementation of the decision in the current biennium, in US\$ millions	<ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 0.50 million within the climate change programme at headquarters and regional offices to support part (1) of the decision. – Remaining financing gap in the current biennium: US\$ 0.53 million. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: US\$ 0.05 million in expected voluntary contributions towards part (1) of the decision.

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

Biennium	Costs	Headquarters	Regions						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
Part (1) of the decision									
2018–2019 resources already planned	Staff	60	15	30	15	15	15	30	180
	Activities	75	50	100	50			175	450
	Total	135	65	130	65	15	15	205	630
Parts (2) and (3) of the decision									
2018–2019 resources already planned	Staff	90	15	15	15	15	15	15	180
	Activities	130	15	15	15	15	15	15	220
	Total	220	30	30	30	30	30	30	400

Part (1) of the decision: development of a draft action plan for the flagship initiative to address health effects of climate change in small island developing States and vulnerable settings.

It is proposed that the draft action plan would be developed through three consultation meetings focused on small island developing States to be held for such States in the Pacific (in the Western Pacific Region), the Caribbean (in the Region of the Americas) and the Indian Ocean (in the African Region and South-East Asia Region). The associated travel and other costs are included in the table under the activities budgets of the

respective regions. The consultation meetings would be supported by a consultancy through headquarters. The development of the plan would also include an online consultation open to all Member States and regional offices.

Staff time is budgeted for staff in all regional offices and headquarters to support the online consultation process, input into the technical documentation and review of the plan.

Parts (2) and (3) of the decision: development of a draft comprehensive global strategy on health, environment and climate change, and consultation with Member States, through the regional committees.

The draft comprehensive global strategy would require considerable input from staff, initially at headquarters, costed at US\$ 90 000 at P5 level for three months. Activity costs would include the contracting of one consultant, at US\$ 49 500 (US\$ 550/day × 90 days), plus travel for at least one staff member and the consultant to attend the relevant regional committee meetings (at a total of US\$ 50 000).

An additional US\$ 30 000 is budgeted for document production costs, assuming translation is free of charge, due to presentation of the draft strategy at the Seventy-second World Health Assembly.

Costs at the regional level would be for staff time for review and provide input to the draft strategy.

Decision EB142(7) Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: proportional division of Partnership Contribution resources, 2018–2022	
A.	Link to the programme budget
1.	Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this decision would contribute if adopted Programme area: Not applicable. Outcome: Not applicable. Output: Not applicable.
2.	Short justification for considering the decision, if there is no link to the results as indicated in the Programme budget 2018–2019: The Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework) is implemented outside the Programme budget 2018–2019 but supports the work carried out under the WHO Health Emergencies Programme. The PIP Framework, section 6.14.5, states that the Director-General will propose to the Executive Board which proportion of PIP Partnership Contribution funds should be allocated to inter-pandemic preparedness measures and which proportion should be reserved for pandemic influenza response activities, based on the advice of the PIP Advisory Group.
3.	Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019: Not applicable.
4.	Estimated implementation time frame (in years or months) to achieve the decision: The decision states that the proportional division (of Partnership Contribution resources between pandemic preparedness and response) shall be reviewed again in 2022.

B. Resource implications for the Secretariat for implementation of the decision
1. Total resource requirements to implement the decision, in US\$ millions: There are no additional cost implications for implementing the decision. The decision will be implemented by the Secretariat across appropriate departments and units of the Organization as funds are received.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions: Not applicable.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions: Not applicable.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions: Not applicable.
4. Estimated resource requirements in future programme budgets, in US\$ millions: Not applicable.
5. Resources available to fund the implementation of the decision in the current biennium, in US\$ millions – Resources available to fund the decision in the current biennium: Not applicable. – Remaining financing gap in the current biennium: Not applicable. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: Not applicable.

Decision EB142(9) Non-State actors admitted into, or maintained in, official relations with WHO
A. Link to the programme budget
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this decision would contribute if adopted Programme areas: 6.1. Leadership and governance 6.2. Transparency, accountability and risk management Outcomes: 6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people 6.2. WHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks Outputs: 6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities 6.2.1. Accountability ensured and corporate risk management strengthened at all levels of the Organization
2. Short justification for considering the decision, if there is no link to the results as indicated in the Programme budget 2018–2019: Not applicable.

3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:
Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the decision:
Non-State actors in official relations with WHO is a standing agenda item of the January sessions of the Executive Board. Each year one third of non-State actors in official relations are reviewed and where applicable renewed for a three-year period, based on an agreed workplan.
B. Resource implications for the Secretariat for implementation of the decision
1. Total resource requirements to implement the decision, in US\$ millions:
Resources (both income and expenses) associated with the Organization's interaction with non-State actors in official relations are part of the Organization's regular planning and are not calculated separately.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:
Not applicable.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:
Not applicable.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:
Not applicable.
4. Estimated resource requirements in future programme budgets, in US\$ millions:
Not applicable.
5. Resources available to fund the implementation of the decision in the current biennium, in US\$ millions
– Resources available to fund the decision in the current biennium:
Not applicable.
– Remaining financing gap in the current biennium:
Not applicable.
– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:
Not applicable.