



WORLD HEALTH ORGANIZATION

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# **EXECUTIVE BOARD**

**150<sup>TH</sup> SESSION**

**GENEVA, 24–29 JANUARY 2022**

**RESOLUTIONS AND DECISIONS  
ANNEXES**

GENEVA  
2022

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

## **PREFACE**

The 150th session of the Executive Board was held at WHO headquarters, Geneva, from 24 to 29 January 2022. 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 EB150/2022/REC/2. The list of participants and officers is contained in document EB150/DIV./1 Rev.1.

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3. Outcome of the Second special session of the World Health Assembly, held to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response
4. Report of the regional committees to the Executive Board
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  - (a) Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
  - (b) Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets
  - (c) Draft global strategy on oral health
  - (d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies
  - (e) Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and in the achievement of its associated goals and targets for the period 2020–2030

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<sup>1</sup> As adopted by the Board at its first meeting (24 January 2022).

- (f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health
  - (g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage
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  - 9. Global strategy for tuberculosis research and innovation
  - 10. Road map for neglected tropical diseases 2021–2030
  - 11. Immunization Agenda 2030
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- Pillar 2: One billion more people better protected from health emergencies
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Pillar 3: One billion more people enjoying better health and well-being

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EB150/3	Report by the Director-General
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EB150/6	Post of Director-General Draft contract
EB150/7	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases
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EB150/9	Global strategy for tuberculosis research and innovation
EB150/10	Road map for neglected tropical diseases 2021–2030
EB150/11	Immunization Agenda 2030
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<sup>1</sup> See page ix.

<sup>2</sup> See Annex 2.

<sup>3</sup> See Annex 6.

EB150/13	Global road map on defeating meningitis by 2030
EB150/14	Standardization of medical devices nomenclature International classification, coding and nomenclature of medical devices
EB150/14 Add.1	Standardization of medical devices nomenclature International classification, coding and nomenclature of medical devices
EB150/14 Add.2	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board <sup>1</sup>
EB150/15	Strengthening WHO preparedness for and response to health emergencies
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<sup>1</sup> See Annex 6.

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EB150/25 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board <sup>1</sup>
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EB150/27	Financing and implementation of the Programme budget 2020–2021 and outlook on financing of the Programme budget 2022–2023
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EB150/33	Prevention of sexual exploitation, abuse and harassment
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EB150/34	Prevention of sexual exploitation, abuse and harassment Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme’s Subcommittee for the Prevention and Response to Sexual Exploitation, Abuse and Harassment
EB150/35	Evaluation: update and proposed workplan for 2022–2023

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<sup>1</sup> See Annex 6.

EB150/36	Global strategies and plans of action that are scheduled to expire within one year Global strategy and plan of action on public health, innovation and intellectual property, for the period 2008–2022
EB150/37	WHO reform Involvement of non-State actors in WHO's governing bodies <sup>1</sup>
EB150/37 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board <sup>2</sup>
EB150/38	Engagement with non-State actors Report on the implementation of the Framework of Engagement with Non-State Actors
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EB150/46 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board <sup>2</sup>
EB150/47	Report of the International Civil Service Commission
EB150/48	Report on meetings of expert committees and study groups

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<sup>1</sup> See Annex 3.

<sup>2</sup> See Annex 6.

<sup>3</sup> See Annex 4.

<sup>4</sup> See Annex 5.

<sup>5</sup> See Annex 1.



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EB150/48 Add.1 Report on meetings of expert committees and study groups  
Expert advisory panels and committees and their membership

EB150/49 Appointment of the Director, Evaluation

### **Information documents**

EB150/INF./1 Decision-making and procedural issues at the hybrid 150th session of the  
Executive Board

EB150/INF./2 Post of Director-General  
Nomination of candidates

EB150/INF./3 Statement by the representative of the WHO staff associations

EB150/INF./4 Report of the Ombudsman

EB150/INF./5 Report of the Ombudsman  
Ombudsman's recommendations: progress on implementation

EB150/INF./6 Practical arrangements for the conduct of the secret ballot vote for the  
nomination of the candidate for the post of Director-General

### **Diverse documents**

EB150/DIV./1 Rev.1 List of members and other participants

EB150/DIV./2 Preliminary daily timetable

EB150/DIV./3 List of resolutions and decisions

EB150/DIV./4 List of documents



## RESOLUTIONS

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

The Executive Board,

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

(Third meeting, 25 January 2022)

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

The Executive Board,

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

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

The Seventy-fifth World Health Assembly,

#### I

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

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

#### II

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

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

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

## ANNEX

**DRAFT CONTRACT OF THE DIRECTOR-GENERAL**

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

## WHEREAS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

.....

Director-General

.....

President of the.....  
World Health Assembly

(Third meeting, 25 January 2022)

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

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

The Executive Board,

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

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

The Seventy-fifth World Health Assembly,

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

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

(Eighth meeting, 27 January 2022)

**EB150.R4      Extending the Thirteenth General Programme of Work, 2019–2023 to 2025<sup>1</sup>**

The Executive Board,

Having considered the report by the Director-General,<sup>3</sup>

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

The Seventy-fifth World Health Assembly,

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

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

(Eleventh meeting, 29 January 2022)

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

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

<sup>3</sup> Document EB150/29.

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

The Executive Board,

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

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

The Seventy-fifth World Health Assembly,

Having considered the report by the Director-General,

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

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

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

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



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

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

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

(Eleventh meeting, 29 January 2022)

**EB150.R6      Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution**

The Executive Board,

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

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

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

DECIDES:

- (1) that, in accordance with the statement of principles set out in resolution WHA41.7 (1988), if, by the time of the opening of the Seventy-fifth World Health Assembly, Eritrea, Iran (Islamic Republic of) and Libya are still in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended;
- (2) that any suspension that takes effect as set out in paragraph (1) above shall begin as from the opening day of the Seventy-fifth World Health Assembly and continue at subsequent Health Assemblies, until arrears have been reduced to a level below the amount that would justify invoking Article 7 of the Constitution;
- (3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

(Eleventh meeting, 29 January 2022)

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

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

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

The Executive Board,

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

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2022 concerning the remuneration of staff in the professional and higher categories.

(Twelfth meeting, 29 January 2022)

**EB150.R8 Salaries of staff in ungraded positions and of the Director-General<sup>1</sup>**

The Executive Board,

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

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

The Seventy-fifth World Health Assembly,

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

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

(Twelfth meeting, 29 January 2022)

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

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

<sup>3</sup> Salary category UG1.

<sup>4</sup> Salary category UG2.

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

The Executive Board,

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

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General, with effect from the school year in progress on 1 January 2022, concerning the education grant sliding reimbursement scale.

(Twelfth meeting, 29 January 2022)

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

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

## DECISIONS

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

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

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

(First meeting, 24 January 2022)

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

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

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

(Fourth meeting, 25 January 2022)

### **EB150(3) Strengthening the International Health Regulations (2005): a process for their revision through potential amendment<sup>1</sup>**

The Executive Board, having considered the interim report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies<sup>5</sup> and the report by the Director-General;<sup>6</sup> recognizing the critical importance of the International Health Regulations (2005) in preventing, preparing for, and responding to health emergencies; underscoring the importance of States Parties' implementation of and compliance with the International Health Regulations (2005), including regarding collaboration and international cooperation, and development, maintenance and strengthening of core capacities required by the International Health Regulations (2005); emphasizing the importance of solidarity and equitable access to and distribution of medical countermeasures in the context of health emergencies, as well as the importance of strengthening the health and care workforce and addressing access concerns; noting with concern the negative effects of discrimination, misinformation, disinformation and stigmatization on public health emergency prevention, preparedness and response,

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

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

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

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

<sup>5</sup> Document EB150/16.

<sup>6</sup> Document EB150/15.

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

Decided:

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

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

(Sixth meeting, 26 January 2022)

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

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

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

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

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

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

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

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

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

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

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

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

(Eighth meeting, 27 January 2022)

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

Decided:

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

(Ninth meeting, 28 January 2022)

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

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

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

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

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

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

Decided:

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

(2) to request the Director-General:

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

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

(Tenth meeting, 28 January 2022)

**EB150(7) Maternal, infant and young child nutrition<sup>1</sup>**

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

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

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

Decided to request the Director-General:

(1) to develop guidance for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes, so as to ensure that existing and new regulations designed to implement the International Code of Marketing Breast-milk Substitutes and subsequent relevant Health Assembly resolutions adequately address digital marketing practices;

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

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

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

<sup>4</sup> Document EB150/23.

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

(Tenth meeting, 28 January 2022)

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

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

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

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

Decided:

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

(Eleventh meeting, 29 January 2022)

**EB150(9) Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control<sup>1</sup>**

The Executive Board, having considered the report by the Director-General,<sup>3</sup>

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

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

Decided to request the Director-General:

- (1) to update the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets in order to answer questions on the scope of the guidance, including the species that the guidance covers (mammalian species or mammalian species plus other species) and farmed or wild live animals;

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

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

<sup>3</sup> Document EB150/26.

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

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

(Eleventh meeting, 29 January 2022)

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

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

Decided to request the Director-General:

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

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

(Eleventh meeting, 29 January 2022)

### **EB150(11) Global strategy and plan of action on public health, innovation and intellectual property<sup>1</sup>**

The Executive Board, having considered the report by the Director-General,<sup>3</sup>

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

The Seventy-fifth World Health Assembly,

Having considered the report by the Director-General;

Recalling resolutions WHA61.21 (2008), WHA62.16 (2009), WHA68.18 (2015) and WHA72.8 (2019) and decisions WHA71(9) (2018) and WHA73(11) (2020) on the global strategy and plan of action on public health, innovation and intellectual property that aims to promote new thinking on innovation and access to medicines;

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

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

<sup>3</sup> Document EB150/36.

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

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

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

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

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

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

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

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

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

are consistent with the global strategy and plan of action on public health, innovation and intellectual property;

4. REQUESTS the Director-General:

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

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

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

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

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

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

(Eleventh meeting, 29 January 2022)

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

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

Decided:

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

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

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

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

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

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

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

(Eleventh meeting, 29 January 2022)

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

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

(1) Decided:

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

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

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

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

(Eleventh meeting, 29 January 2022)

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

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

(Eleventh meeting, 29 January 2022)

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

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

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

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

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

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

The Executive Board decided:

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

(Eleventh meeting, 29 January 2022)

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

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

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

(Twelfth meeting, 29 January 2022)

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

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

(Twelfth meeting, 29 January 2022)

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

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

(Twelfth meeting, 29 January 2022)

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

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

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

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

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



**EB150(19) Award of the United Arab Emirates Health Foundation Prize**

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

(Twelfth meeting, 29 January 2022)

**EB150(20) Award of the State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion**

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

(Twelfth meeting, 29 January 2022)

**EB150(21) Award of the Dr LEE Jong-wook Memorial Prize for Public Health**

The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel,<sup>3</sup> awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2022 jointly to Professor Prakrit Vathesatogkit from Thailand for his work in tobacco control and to the Severe Hypothermia Treatment Centre in Poland for its treatment of hypothermic patients in the country. Each laureate will receive a plaque and US\$ 50 000.

(Twelfth meeting, 29 January 2022)

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

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

(Twelfth meeting, 29 January 2022)

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

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

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

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

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

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

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

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

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

(Twelfth meeting, 29 January 2022)

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

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

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

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

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

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

# **ANNEXES**



## ANNEX 1

### **Confirmation of amendments to the Staff Rules<sup>1</sup>**

[EB150/46 Rev.1 – 17 January 2022]

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.<sup>2</sup>
2. The amendments described in this document stem from decisions taken by the United Nations General Assembly at its Seventy-sixth session,<sup>3</sup> on the basis of recommendations made by the International Civil Service Commission in its report for the year 2021.<sup>4</sup>
3. The financial implications of the amendments for the biennium 2022–2023 involve additional costs under the Programme budget 2022–2023. They are set out in the report on the financial and administrative implications for the Secretariat of the resolutions proposed for adoption by the Executive Board or the World Health Assembly, along with the financial implications beyond the biennium 2022–2023,<sup>5</sup> and in the paragraphs below.
4. The amendments to the Staff Rules are set out in [the appendices] to the present document.

#### **AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF DECISIONS TAKEN BY THE GENERAL ASSEMBLY AT ITS SEVENTY-SIXTH SESSION ON THE BASIS OF RECOMMENDATIONS BY THE COMMISSION**

##### **Remuneration of staff in the Professional and higher categories**

5. The Commission recommended to the General Assembly, and the General Assembly approved, that the revised base/floor salary scale and the updated pay protection points for the Professional and higher categories should be increased by 0.92% 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 2022.
6. Amendments to Appendix 1 to the Staff Rules have been prepared accordingly and are set out in [Appendix 1] to the present document.

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<sup>1</sup> See resolutions EB150.R7, EB150.R8 and EB150.R9.

<sup>2</sup> The Staff Regulations and Staff Rules are available at <https://www.who.int/publications/m/item/staff-regulations-and-staff-rules> (accessed 1 November 2021).

<sup>3</sup> United Nations General Assembly resolution 76/240.

<sup>4</sup> United Nations General Assembly document A/76/30.

<sup>5</sup> Document EB150/46 Add.1.

### **Remuneration of staff in ungraded positions and the Director-General**

7. Consistent with the decision of the General Assembly in respect of the recommendation outlined in paragraph 5 above, the Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board recommend to the Seventy-fifth World Health Assembly modifications in the salaries of Assistant Directors-General and Regional Directors. Thus, as from 1 January 2022, the gross salary for Assistant Directors-General and Regional Directors would be US\$ 188 253 per annum, with a corresponding net salary of US\$ 139 747.

8. Based on the adjustments to the salaries described above, the salary modification to be authorized by the Health Assembly for the Deputy Director-General would entail, as from 1 January 2022, a gross salary of US\$ 207 368 per annum, with a corresponding net salary of US\$ 152 363.

9. The salary adjustments above would also affect the salary of the Director-General. The gross salary to be authorized by the Health Assembly, as from 1 January 2022, would be US\$ 259 553 per annum, with a corresponding net salary of US\$ 195 187.

### **Education grant sliding reimbursement scale**

10. The General Assembly decided to adjust the education grant sliding reimbursement scale upward by 14.0% for implementation from the school year in progress on 1 January 2022.

11. Amendments to Appendix 2 to the Staff Rules have been prepared accordingly and are set out in [Appendix 2] to the present document.

### **ACTION BY THE EXECUTIVE BOARD**

12. [This paragraph contained three draft resolutions, which were adopted as resolutions EB150.R7, EB150.R8 and EB150.R9.]

Appendix 1

**APPENDIX 1 TO THE STAFF RULES**

**A. SALARY SCALE FOR THE PROFESSIONAL AND HIGHER CATEGORIES SHOWING ANNUAL GROSS SALARIES AND NET EQUIVALENTS AFTER APPLICATION OF STAFF ASSESSMENT (IN UNITED STATES DOLLARS)  
(Effective 1 January 2022)<sup>a</sup>**

		Step												
<i>Level</i>		<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	<i>V</i>	<i>VI</i>	<i>VII</i>	<i>VIII</i>	<i>IX</i>	<i>X</i>	<i>XI</i>	<i>XII</i>	<i>XIII</i>
<b>D-2</b>	<b>Gross</b>	<b>150 252</b>	<b>153 708</b>	<b>157 164</b>	<b>160 623</b>	<b>164 082</b>	<b>167 539</b>	<b>170 994</b>	<b>174 455</b>	<b>177 911</b>	<b>181 367</b>			
	Net	114 666	116 947	119 228	121 511	123 794	126 076	128 356	130 640	132 921	135 202			
<b>D-1</b>	<b>Gross</b>	<b>134 514</b>	<b>137 376</b>	<b>140 243</b>	<b>143 107</b>	<b>145 961</b>	<b>148 827</b>	<b>151 792</b>	<b>154 824</b>	<b>157 864</b>	<b>160 897</b>	<b>163 933</b>	<b>166 965</b>	<b>170 003</b>
	Net	103 660	105 663	107 670	109 675	111 673	113 679	115 683	117 684	119 690	121 692	123 696	125 697	127 702
<b>P-5</b>	<b>Gross</b>	<b>115 949</b>	<b>118 384</b>	<b>120 821</b>	<b>123 253</b>	<b>125 690</b>	<b>128 123</b>	<b>130 561</b>	<b>132 994</b>	<b>135 430</b>	<b>137 863</b>	<b>140 300</b>	<b>142 730</b>	<b>145 170</b>
	Net	90 664	92 369	94 075	95 777	97 483	99 186	100 893	102 596	104 301	106 004	107 710	109 411	111 119
<b>P-4</b>	<b>Gross</b>	<b>94 871</b>	<b>97 036</b>	<b>99 200</b>	<b>101 481</b>	<b>103 830</b>	<b>106 180</b>	<b>108 533</b>	<b>110 883</b>	<b>113 231</b>	<b>115 579</b>	<b>117 933</b>	<b>120 277</b>	<b>122 627</b>
	Net	75 602	77 247	78 892	80 537	82 181	83 826	85 473	87 118	88 762	90 405	92 053	93 694	95 339
<b>P-3</b>	<b>Gross</b>	<b>77 884</b>	<b>79 887</b>	<b>81 891</b>	<b>83 892</b>	<b>85 897</b>	<b>87 899</b>	<b>89 901</b>	<b>91 908</b>	<b>93 909</b>	<b>95 911</b>	<b>97 918</b>	<b>99 921</b>	<b>102 090</b>
	Net	62 692	64 214	65 737	67 258	68 782	70 303	71 825	73 350	74 871	76 392	77 918	79 440	80 963
<b>P-2</b>	<b>Gross</b>	<b>60 203</b>	<b>61 993</b>	<b>63 784</b>	<b>65 575</b>	<b>67 370</b>	<b>69 163</b>	<b>70 958</b>	<b>72 743</b>	<b>74 537</b>	<b>76 328</b>	<b>78 120</b>	<b>79 914</b>	<b>81 704</b>
	Net	49 254	50 615	51 976	53 337	54 701	56 064	57 428	58 785	60 148	61 509	62 871	64 235	65 595
<b>P-1</b>	<b>Gross</b>	<b>46 413</b>	<b>47 806</b>	<b>49 198</b>	<b>50 646</b>	<b>52 164</b>	<b>53 688</b>	<b>55 207</b>	<b>56 729</b>	<b>58 249</b>	<b>59 771</b>	<b>61 291</b>	<b>62 811</b>	<b>64 332</b>
	Net	38 523	39 679	40 834	41 991	43 145	44 303	45 457	46 614	47 769	48 926	50 081	51 236	52 392

<sup>a</sup> 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  
(IN UNITED STATES DOLLARS)  
(Effective 1 January 2022)**

<i>Level</i>		<i>Pay protection point 1</i>	<i>Pay protection point 2</i>
<b>P-4</b>	<b>Gross</b>	<b>124 981</b>	<b>127 331</b>
	Net	96 987	98 632
<b>P-3</b>	<b>Gross</b>	<b>104 263</b>	<b>106 437</b>
	Net	82 484	84 006
<b>P-2</b>	<b>Gross</b>	<b>83 495</b>	–
	Net	66 956	–
<b>P-1</b>	<b>Gross</b>	<b>65 851</b>	–
	Net	53 547	–



## Appendix 2

**APPENDIX 2 TO THE STAFF RULES****EDUCATION GRANT SLIDING REIMBURSEMENT SCALE  
(Effective from the school year in progress on 1 January 2022)**

<b>Claim amount bracket</b> (United States dollars)	<b>Reimbursement rate</b> (percentage)
0 – 13 224	86
13 225 – 19 836	81
19 837 – 26 448	76
26 449 – 33 060	71
33 061 – 39 672	66
39 673 – 46 284	61
46 285 and above	–

## ANNEX 2

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

[EB150/2, Annex – 19 January 2022]

#### **RULES OF PROCEDURE**

1. The Rules of Procedure of the Executive Board shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Executive Board's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary, in accordance with Rule 63 of the Rules of Procedure of the Executive Board.<sup>2</sup>

#### **ATTENDANCE**

2. Members of the Executive Board (and another delegate of the Executive Board member's delegation) will, where possible, be physically present in WHO headquarters, Geneva, for the purposes of the session.

3. Attendance by members of the Executive Board who, for any reason, cannot be physically present in Geneva for the purposes of the session, as well as other members of their delegations, Member States not represented on the Board and Associate Members, as well as Observers, invited representatives of the United Nations and of other participating intergovernmental organizations, and non-State actors in official relations with WHO shall be provided for through secured access to videoconference or other electronic means allowing representatives to hear other participants and to address the session remotely.

4. It is understood that delegates physically present in WHO headquarters for the purposes of the session are deemed to be duly authorized to speak and vote on behalf of their respective delegations.

#### **QUORUM**

5. It is understood that virtual attendance of members of the Executive Board shall be taken into account when calculating the presence of a quorum, except for the purposes of a secret ballot vote, in which case the presence of a quorum shall be calculated in accordance with paragraphs 11 and 15 below, respectively.

#### **ADDRESSING THE EXECUTIVE BOARD**

6. Members of the Executive Board, Member States not represented on the Board and Associate Members, as well as Observers, invited representatives of the United Nations and of other participating

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<sup>1</sup> See decision EB150(1).

<sup>2</sup> This will affect notably the relevant provisions of the following Rules of Procedure of the Executive Board as they appear in the 49th edition of *Basic documents*: Rule 51 (show of hands vote) and Rules 56–61 (secret ballot and elections).

intergovernmental organizations and, at the invitation of the presiding officer, non-State actors in official relations with WHO, shall be provided with the opportunity to take the floor.

7. Members of the Executive Board shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements. Member States not represented on the Board and Associate Members shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than three minutes, and regional and group statements of no more than four minutes. Observers and invited representatives of the United Nations and of other participating intergovernmental organizations shall also have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than two minutes. Pre-recorded video statements should be submitted in advance of the opening of the session. The video statements so submitted shall be broadcast at the hybrid session in lieu of a live intervention and will form part of the official records of the session.

8. Any Member State wishing to raise a point of order or exercise a right of reply in relation to either an oral or a pre-recorded video statement made at the Executive Board should signal their intention to do so. It is understood that, in accordance with well-established practice, any right of reply to either an oral or a pre-recorded video statement shall be exercised at the end of the relevant day.

## **MEETINGS**

9. All meetings of the Executive Board shall be held in public, unless otherwise decided by the Board or provided by the Rules of Procedure of the Executive Board. Hybrid public meetings of the Board shall be broadcast on the WHO website, in line with usual practice. Hybrid private meetings of the Board shall be webcast to members of the Board, their alternates and advisers, and to only one representative of each Member State not represented on the Board and of each Associate Member who may attend without the right to participate.

## **DECISION-MAKING**

10. All decisions of the Executive Board at its 150th session should, as far as possible, be taken by consensus. In any event, given the hybrid nature of the session, no decision shall be taken by a show of hands vote; nor shall any decision be taken by secret ballot, with the exception of the secret ballot vote to be conducted under the item entitled “Post of Director-General”.

11. In the event that a vote is required, and with the exception of a secret ballot vote to be conducted under the item entitled “Post of Director-General”, voting shall take place by roll-call. In such a case and in line with normal practice, should any delegate, whether physically present or virtually connected, fail to cast a vote for any reason during the roll-call, that delegate shall be called upon a second time after the conclusion of the initial roll-call. Should the delegate fail to cast a vote on the second roll-call, the delegation concerned shall be recorded as absent.

12. The secret ballot vote to be conducted under the item entitled “Post of Director-General” shall be conducted in person among the members of the Executive Board and other delegates duly authorized to speak and vote on behalf of their respective delegations who are physically present. For these purposes, delegations of members of the Executive Board may include, inter alia, persons who are members of the diplomatic representation of the Member State concerned in Geneva or elsewhere. Such delegations may also include persons who are not nationals of the Member State concerned, including members of the diplomatic representations of other Member States, provided that such persons are not already accredited at the 150th session of the Executive Board as part of another delegation. The quorum for the conduct of the vote shall be calculated only on the basis of physical presence for the vote.

## **PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE**

13. The special procedures to regulate the conduct of hybrid meetings of the Executive Board at its 150th session set out above shall apply *mutatis mutandis* to hybrid meetings of the Programme, Budget and Administration Committee of the Executive Board, taking into consideration the composition of the Committee, with the following exceptions: (a) deliberations of the Committee in hybrid meetings shall be based on consensus; (b) only Member States and observers as identified in decision EB146(5) (2020) may attend meetings of the Committee; and (c) regarding speaking by observers, in exceptional cases where the Chair determines that the efficient and effective conduct of the Committee's business will not be affected in any way, the Chair may, as appropriate, invite observers to make interventions with respect to items on the agenda that are of particular concern to them or relevant to their mandate.

## **CONTINGENCY ARRANGEMENTS**

14. In the event that limitations to physical meetings preclude the holding of the 150th session of the Executive Board and/or the thirty-fifth meeting of the Programme, Budget and Administration Committee in a hybrid format, the respective Chairs, following consultation with the Director-General, shall so inform their members. In such cases, these special procedures shall apply *mutatis mutandis* to virtual meetings of the Executive Board at its 150th session and of the thirty-fifth meeting of the Programme, Budget and Administration Committee.

15. In the event that the 150th session of the Executive Board is held in a fully virtual format, for the purposes of the secret ballot vote to be conducted under the item entitled "Post of Director-General", members of the Board (or another delegate of the Board member's delegation) shall nonetheless be invited to visit in person the room at WHO headquarters, where the vote is being conducted, one by one at a specified time to cast their vote individually. In these circumstances, the appointed tellers would observe the whole voting process, which would also be broadcast to the members of the Board, their alternates and advisers, and to one representative of each Member State not represented on the Board and of each Associate Member. The quorum for such a vote shall be calculated only on the basis of physical presence in the room where the vote is taking place at any point during which voting remains open.

16. In the event that the public health situation precludes the holding of the secret ballot vote in accordance with either paragraph 11 or paragraph 15, the Executive Board shall decide on such further contingency arrangements as may be appropriate.

## **SCOPE OF THESE SPECIAL PROCEDURES**

17. The procedures set out above are adopted for the purpose of the 150th session of the Executive Board and the thirty-fifth meeting of the Programme, Budget and Administration Committee only, as exceptional measures to enable the work of the Organization to continue during the extraordinary situation arising from the coronavirus disease (COVID-19) pandemic. They should not be considered as setting a precedent for future sessions of the Executive Board or meetings of the Programme, Budget and Administration Committee.

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## ANNEX 3

### WHO reform

#### **Involvement of non-State actors in WHO's governing bodies<sup>1</sup>**

[EB150/37, paragraphs 16–18 – 13 December 2021]

[Paragraphs 1–12 set out the background; paragraphs 13–15 introduce the proposed way forward.]

16. It is proposed that the informal meeting should be organized annually, with the following modalities for 2022:

(a) the informal meeting would take place over a period of two to three weeks during the four to six weeks before the Health Assembly;

(b) the agenda and selection of the sessions would be made in consultation with Member States and non-State actors in official relations with WHO through electronic means;

(c) there would be three to four sessions, each of a three-hour duration, with three selected Health Assembly agenda items (allocated one hour each), with the participation of non-State actors in official relations, Member States and the Secretariat to allow exchanges and for non-State actors to express their views and opinions on the topic;

(d) one two-hour session would be organized at the beginning of the informal meeting between the Secretariat and non-State actors in official relations to brief them on the Health Assembly, its agenda and the modalities for participation;

(e) a two- to three-hour session between non-State actors in official relations and the Secretariat would also be organized to conclude the informal meeting, receive first-hand feedback from non-State actors and to discuss the organization of the constituency statements;

(f) the different time zones would be considered in planning the agenda and the plan of work to allow for participation from multiple time zones.

17. These modalities may be subject to change once more experience is gained from running the informal meeting.

18. It is proposed that the informal meeting should take place in a virtual format, as it would be difficult to arrange participation in-person for a hybrid meeting, given that the meeting takes place over two to three weeks. Furthermore, there would be cost savings for all parties in organizing a

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<sup>1</sup> See decision EB150(12).

virtual informal meeting, with costs mostly related to providing a platform and interpretation for the meeting. A virtual meeting would also be more inclusive and encourage broader participation by non-State actors, WHO regional and country offices and relevant Member States' technical staff, as there would be no budget implications for travel and accommodation. A hybrid meeting might be considered at a later stage when there is more information on participation rates and interest in different sessions.

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## ANNEX 4

### **Non-State actors in official relations undergoing a triennial review of their collaboration with WHO<sup>1</sup>**

[EB150/39, Annex 2 – 13 December 2021]

1. Action Contre la Faim International
2. Aga Khan Foundation
3. Amref Health Africa
4. ASSITEB-BIORIF - Association Internationale des Technologistes Biomédicaux
5. Consumers International
6. Council for International Organizations of Medical Sciences
7. Council on Health Research for Development
8. European Association for Injury Prevention and Safety Promotion
9. Framework Convention Alliance on Tobacco Control
10. Global Health Council
11. Global Self-Care Federation
12. Helen Keller International
13. International Alliance for Biological Standardization
14. International Alliance of Patients' Organizations
15. International College of Surgeons
16. International Council for Standardization in Haematology
17. International Council of Nurses
18. International Federation for Medical and Biological Engineering
19. International Federation of Biomedical Laboratory Science
20. International Federation of Clinical Chemistry and Laboratory Medicine
21. International Federation of Fertility Societies
22. International Federation of Hospital Engineering
23. International Federation of Health Information Management Associations
24. International Federation of Medical Students' Associations
25. International Federation of Pharmaceutical Manufacturers and Associations
26. International Federation of Surgical Colleges
27. International Hospital Federation
28. International Life Saving Federation
29. International Medical Informatics Association
30. International Pharmaceutical Federation
31. International Pharmaceutical Students' Federation

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<sup>1</sup> See decision EB150(13).

32. International Society for Telemedicine and eHealth
  33. International Society of Orthopaedic Surgery and Traumatology
  34. International Society of Radiology
  35. International Society on Thrombosis and Haemostasis, Inc.
  36. International Union of Architects
  37. International Union of Basic and Clinical Pharmacology
  38. International Water Association
  39. Medicus Mundi International – Network Health for All
  40. Nutrition International
  41. Oxfam
  42. Pasteur Network
  43. The Cochrane Collaboration
  44. The Commonwealth Pharmacists Association
  45. The International League of Dermatological Societies
  46. The International Society for Burn Injuries
  47. The International Society for Quality in Health Care Company Limited by Guarantee
  48. The International Society of Blood Transfusion
  49. The International Society of Radiographers and Radiological Technologists
  50. The Network: Towards Unity for Health
  51. The Royal National Lifeboat Institution
  52. The Save the Children Fund
  53. The Task Force for Global Health, Inc.
  54. The Transplantation Society
  55. The World Medical Association, Inc.
  56. United Nations Foundation Inc.
  57. United States Pharmacopeial Convention
  58. Women Deliver, Inc.
  59. World Association of Societies of Pathology and Laboratory Medicine
  60. World Cancer Research Fund International
  61. World Council of Churches
  62. World Federation for Medical Education
  63. World Federation for Ultrasound in Medicine and Biology
  64. World Federation of Acupuncture-Moxibustion Societies
  65. World Federation of Chiropractic
  66. World Federation of Nuclear Medicine and Biology
  67. World Federation of Public Health Associations
  68. World Federation of Societies of Anaesthesiologists
  69. World Organization of Family Doctors
  70. World Vision International
  71. Worldwide Network for Blood and Marrow Transplantation
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## ANNEX 5

### **Revised terms of reference of the Independent Expert Oversight Advisory Committee<sup>1</sup>**

[EB150/5, Annex – 23 January 2022]

#### **PURPOSE OF THE COMMITTEE**

1. The Independent Expert Oversight Advisory Committee (“the Committee”) serves in an expert advisory capacity providing independent expert advice to the Executive Board, through its Programme, Budget and Administration Committee, on fulfilling its governance responsibilities, including ensuring the integrity of WHO’s financial reporting and the effectiveness of its internal control systems, risk management, accountability functions and governance processes.
2. The Committee aims to add value by strengthening accountability and governance within WHO.
3. The Committee shall advise the Director-General, the Executive Board and the Programme, Budget and Administration Committee of the Executive Board, upon request, on issues within its mandate.

#### **FUNCTIONS**

4. The specific responsibilities of the Committee include reviewing the following matters for WHO as a whole, and providing advice on them to the Executive Board through the Programme, Budget and Administration Committee.
  - (a) Internal audit: staffing, resources and performance of the internal audit function and the appropriateness of its independence, including: providing advice on the selection and performance of the Head of the Office of Internal Oversight Services to the Director-General; reviewing and approving the oversight workplan of the Office of Internal Oversight Services and ensuring its coordination with the plans of other oversight entities; and monitoring the timely, effective and appropriate implementation of all audit findings and recommendations.
  - (b) Evaluation: the staffing, resources and performance of the evaluation function, including providing advice to the Director-General on the selection and performance of the Head of the Evaluation Unit, and on the biennial workplan for evaluation activities; and monitoring the timely, effective and appropriate implementation of all evaluation recommendations.
  - (c) Enterprise risk management, internal controls and compliance: the effectiveness of WHO’s internal control, compliance and enterprise risk management systems, including: (i) related internal governance practices, resources and staffing; (ii) reviewing management’s assessment of key organizational risk exposures; (iii) reviewing the overall Statement of Internal Control in the

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<sup>1</sup> See decision EB150(16).

financial statements; and (iv) identifying material weaknesses and related compliance issues, as well as corrective action plans.

(d) Anti-fraud and anti-corruption: the effectiveness of WHO's established systems and of the measures taken by the Organization to prevent, detect and respond to fraud and corruption.

(e) Financial statements: the integrity of WHO's audited financial statements, including social health insurance, and transmitting reports by the External Auditor to WHO management and the Executive Board, after having discussed with them the draft audited financial statements.

(f) Accounting: the appropriateness of accounting policies, standards and disclosure practices, and any changes and risks in those policies; and changes to the Financial Regulations and Financial Rules.

(g) External audit: with due consideration for the independence of the External Auditor's functions, the External Auditor's workplan and reports, including any comments for consideration by the External Auditor in the independent determination of the workplan and reports, and their coordination with the audit plan of the Office of Internal Oversight Services. The Committee may, upon request, provide advice to the World Health Assembly on the appointment of the External Auditor, covering, for example, the cost and scope of the services to be provided, External Auditor's fees, and extension of the audit work or additional work required of the External Auditor. The Committee may also monitor the timely, effective and appropriate implementation of all audit findings and recommendations of the External Auditor.

(h) Values and ethics: the systems established by WHO to maintain and promote international civil service values and ethical principles, adherence to high standards of integrity and ethical conduct, and specifically, processes to manage individual conflicts of interest and retaliation.

(i) Allegations of inappropriate activity: the process for handling and investigating significant allegations, including allegations against the Director-General.

(j) Restrictions on the scope of oversight activities: any difficulties encountered by the External Auditor and the Office of Internal Oversight Services in the course of their oversight activities, such as restrictions on the scope of their work, access to required information or insufficient resources to fully carry out the work.

(k) To conduct an annual self-assessment of its performance and report thereon through the Programme, Budget and Administration Committee to the Executive Board.

(l) To prepare a report on its activities, conclusions and recommendations for submission by the Chair of the Committee through the Programme, Budget and Administration Committee to the Executive Board and World Health Assembly.

## **AUTHORITY**

5. The Committee shall have all the necessary authority to fulfil its responsibilities, including access to information, records, facilities and staff. The Committee shall receive the same access to privileged and confidential information as is afforded to the External Auditor under the Financial Regulations of the World Health Organization. Management shall provide updates to the Committee in a timely manner.

6. The Head of the Office of Internal Oversight Services, the Head of the Evaluation Unit, the Head of the Office of Compliance, Risk Management and Ethics and the External Auditor shall have unrestricted and confidential access to the Committee.

7. The Executive Board, the Director-General and the Committee shall take the necessary actions to ensure a periodic review of these terms of reference every three to five years. Any proposed amendment shall be submitted through the Programme, Budget and Administration Committee to the Executive Board for approval.
8. The Committee, as an advisory body, has no management decision-making responsibility, executive authority or other operational responsibilities.
9. The Committee shall provide an open avenue of communication between it, the External Auditor, the Office of Internal Oversight Services, the Office of Compliance, Risk Management and Ethics, the Evaluation Unit and management, and shall meet separately with these parties at least annually.

## COMPOSITION AND SELECTION

10. The composition of the Committee and the qualifications of its members shall be as follows:
- (a) The Committee shall comprise five members of integrity and objectivity and who have proven competencies and experience in senior positions in the areas covered by these terms of reference.
  - (b) Membership of the Committee shall be balanced, as far as is practicable, in terms of the presence of nationals of developed and developing countries, and members' public and private sector experience and gender. Due regard shall be paid to equitable geographical representation. There shall be no more than one member from any WHO Member State.
  - (c) At least one member shall be selected on the basis of his or her qualifications and experience as a senior oversight professional or senior financial manager in the United Nations system or in another international organization. Members should have recent and relevant financial experience.
  - (d) The process for selection of members of the Committee shall involve a selection panel. A sitting member selected by the Committee shall advise the panel as necessary.
  - (e) Following consultations with Member States, the Director-General shall propose to the Executive Board candidates for membership of the Committee. Members of the Committee shall be appointed by the Executive Board.
  - (f) Since the role of the Committee is to provide objective advice, members shall remain independent of the Secretariat and the Executive Board, and shall be free of any real or perceived conflict of interest.
  - (g) Members of the Committee shall:
    - (i) not hold positions with companies that maintain a business relationship with WHO or otherwise engage in activities that might impair, or appear to impair, their independence in carrying out their functions as members of the Committee;
    - (ii) not currently be, or have been within the five years prior to appointment on the Committee, employed or engaged in any capacity by WHO or a WHO Executive Board delegation, or have an immediate family member working for, or having a contractual relationship with, WHO or a WHO Executive Board delegation;

- (iii) not be eligible for any employment with WHO for at least five years immediately following the last day of his or her tenure on the Committee.
- (h) Committee members shall serve in their personal capacity and shall not seek or accept instructions in regard to their work on the Committee from any government or other authority internal or external to WHO.
- (i) All members will be required to sign a declaration of interest and a confidentiality agreement in accordance with WHO practice in this respect.
- (j) To undertake their role effectively, members of the Committee should collectively possess recent and relevant knowledge, skills and senior-level experience in the following areas:
  - (i) finance and financial reporting;
  - (ii) auditing, investigations and evaluation;
  - (iii) organization governance and accountability structures;
  - (iv) enterprise risk management and anti-fraud/anti-corruption;
  - (v) senior-level management experience; and
  - (vi) the organization, structure and functioning of the United Nations system and/or other intergovernmental organization.
- (k) Members shall have or acquire an understanding of the objectives of WHO, its mission, governance and accountability structure and the rules governing it.

### **TERM OF OFFICE**

11. Members of the Committee shall be appointed for a term of three years, renewable for a second and final term of three years.
12. The Chair of the Committee shall be selected by its members for a period of two years. If the Chair is unable to attend the meeting, the members present shall elect an acting Chair.
13. A member of the Committee may resign his or her membership by giving notice in writing to the Executive Board and the Director-General.

### **ADMINISTRATIVE ARRANGEMENTS**

14. The following arrangements shall apply.
  - (a) Members of the Committee will provide their services pro bono.
  - (b) Members of the Committee shall receive a daily subsistence allowance and shall be entitled to reimbursement of travel expenses to attend sessions in accordance with the WHO procedures applying to members of the Executive Board. Members of the Committee residing in the Canton of Geneva or neighbouring France shall be reimbursed reasonable costs for meals and other expenses while attending meetings.

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- (c) The Committee shall meet at least three times per year. The exact number of meetings per year will depend on the agreed workload and the most appropriate timing for consideration of specific matters to be determined by the Committee. It may meet by videoconference or teleconference.
- (d) The Committee shall establish an annual workplan to ensure that its responsibilities and stated objectives for the period are effectively addressed. The workplan for the year shall be shared with the WHO Secretariat, and, through the Programme, Budget and Administration Committee, with the Executive Board.
- (e) The quorum for the Committee is three members. Generally, the Committee shall work on the basis of consensus. Where consensus cannot be reached, decisions shall be arrived at by a majority of the members taking part in a meeting.
- (f) The Director-General, the Chef de Cabinet, the Head of the Office of Internal Oversight Services, the Head of the Evaluation Unit, the Assistant Director-General for Business Operations, the Comptroller, the Head of the Office of Compliance, Risk Management and Ethics, or their representatives, shall attend meetings when invited by the Committee. Other WHO officials with functions relevant to the items on the agenda may likewise be invited. The External Auditor may also attend the meetings when invited by the Committee.
- (g) All confidential documents and information submitted to, or obtained by, the Committee shall remain confidential unless otherwise determined. Members of the Committee shall acknowledge this obligation in writing at the time of their appointment.
- (h) Except as provided for in its terms of reference, the Committee shall, *mutatis mutandis*, be guided by the Rules of Procedure of the Executive Board concerning the conduct of business and the adoption of decisions.
- (i) The Committee may obtain independent counsel or have recourse to other outside experts; related expenditures not covered by the Committee's budget shall be subject to the appropriate approval, through established procedures.
- (j) The Chair of the Committee may inform the Executive Board at any time of any serious governance issue which, in his or her view, requires attention.
- (k) Members of the Committee shall be held harmless in providing independent advice and will be indemnified from actions taken against them as a result of activities performed in the course of exercising their responsibilities as members of the Committee, as long as such activities are performed in good faith and with due diligence.
- (l) The WHO Secretariat shall provide Secretariat support to the Committee.
- (m) As part of onboarding activities, incoming members shall receive a comprehensive induction into WHO, similar to that arranged for new Executive Board Members prior to their first meeting.
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## ANNEX 6

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

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

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

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

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

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

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



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

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

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

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

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



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

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

The individual appendices are:

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

<b>Decision EB150(8):</b> WHO global strategy for food safety
<b>A. Link to the approved Programme budget 2022–2023</b>
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this decision would contribute:</b> 3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach
<b>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b> Not applicable.

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 5.30 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 10.60 million.
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>  – <b>Resources available to fund the decision in the current biennium:</b> US\$ 0.90 million.  – <b>Remaining financing gap in the current biennium:</b> US\$ 0.50 million.  – <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Zero.

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

<p><b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 0.120 million (US\$ 0.060 million per year, composed of US\$ 0.035 million for activities and US\$ 0.025 million for staff).</p> <p><b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Not applicable.</p>
<p><b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 0.126 million (US\$ 0.063 million per year, composed of US\$ 0.037 million for activities and US\$ 0.026 million for staff).</p>
<p><b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 0.132 million (US\$ 0.066 million per year, composed of US\$ 0.039 for activities and US\$ 0.027 for staff).</p>
<p><b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 0.120 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> Not applicable.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.</li> </ul>

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

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	0.000	0.000	0.000	0.000	0.000	0.000	0.050	0.050
	Activities	0.000	0.000	0.000	0.000	0.000	0.000	0.070	0.070
	Total	0.000	0.000	0.000	0.000	0.000	0.000	0.120	0.120
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.000	0.000	0.000	0.000	0.000	0.000	0.052	0.052
	Activities	0.000	0.000	0.000	0.000	0.000	0.000	0.074	0.074
	Total	0.000	0.000	0.000	0.000	0.000	0.000	0.126	0.126
Future bienniums resources to be planned	Staff	0.000	0.000	0.000	0.000	0.000	0.000	0.054	0.054
	Activities	0.000	0.000	0.000	0.000	0.000	0.000	0.078	0.078
	Total	0.000	0.000	0.000	0.000	0.000	0.000	0.132	0.132

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

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

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

## Appendix 1

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

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

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



## Appendix 2

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

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

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



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

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

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

## Appendix 3

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

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

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

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

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

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

## Appendix 4

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

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

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



## Appendix 7

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

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

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

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

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

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

## Appendix 8

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

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

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



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

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

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

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

## Appendix 9

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

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

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

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

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

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

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

## Appendix 10

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

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

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

