



**World Health
Organization**

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

**Extracts from document EB148/2021/REC/1
for consideration by the Seventy-fourth
World Health Assembly¹**

¹ The present document is made available in order to assist the Health Assembly in its deliberations. The final version of document EB148/2021/REC/1 will be made available in due course on the Governance website at <http://apps.who.int/gb/or/>.

RESOLUTIONS

EB148.R1 **Oral health¹**

The Executive Board,

Having considered the report on oral health: achieving better oral health as part of the universal health coverage and noncommunicable disease agendas towards 2030,²

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

The Seventy-fourth World Health Assembly,

Having considered the report by the Director-General on oral health: achieving better oral health as part of the universal health coverage and noncommunicable disease agendas towards 2030;

Recalling resolutions WHA60.17 (2007) on oral health: action plan for promotion and integrated disease prevention, WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life, WHA72.2 (2019) on primary health care; and decisions WHA72(11) (2019) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and WHA73(12) (2020) on the Decade of Healthy Ageing 2020–2030;

Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important intersections between oral health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms and everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and Goal 12 (Ensure sustainable consumption and production patterns);

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), recognizing that oral diseases pose a major challenge and could benefit from common responses to noncommunicable diseases;

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

² Document EB148/8.

Recalling also the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to strengthen efforts to address oral health as part of universal health coverage;

Mindful of the Minamata Convention on Mercury (2013), a global treaty to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds, calling for phase-down of the use of dental amalgam taking into account domestic circumstances and relevant international guidance; and recognizing that a viable replacement material should be developed through focused research;

Recognizing that oral diseases are highly prevalent, with more than 3.5 billion people suffering from them, and that oral diseases are closely linked to noncommunicable diseases, leading to a considerable health, social and economic burden,¹ and that while there have been notable improvements in some countries, the burden of poor oral health remains, especially among the most vulnerable in society;

Noting that untreated dental caries (tooth decay) in permanent teeth occurs in 2.3 billion people, more than 530 million children suffer from untreated dental caries of primary teeth (milk teeth) and 796 million people are affected by periodontal diseases;² noting also that early rates of childhood caries are highest among those in vulnerable situations; and aware that these conditions are largely preventable;

Noting also that oral cancers are among the most prevalent cancers worldwide with 180 000 deaths each year,³ and that in some countries they account for the most cancer-related deaths among men;

Noting further the economic burden due to poor oral health and that oral diseases worldwide account for US\$ 545 billion in direct and indirect costs,⁴ ranking poor oral health among the most costly health domains, like diabetes and cardiovascular diseases;

Also taking into account that poor oral health apart from pain, discomfort and lack of well-being and quality of life, leads to absenteeism at school and the workplace,⁵ leading to shortfalls in learning and productivity losses;

Concerned about the effect of poor oral health on quality of life and healthy ageing in a physical and mental context; and noting that poor oral health is a regular cause for pneumonia for elderly people, particularly those living in care facilities, and for persons with disabilities;

¹ Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018; 392: 1789–1858. doi: 10.1016/S0140-6736(18)32279-7.

² Global Burden of Disease 2017 Oral Disorders Collaborators, Bernabe E, Marcenes W et. al. Global, regional, and national levels and trends in burden of oral conditions from 1990 to 2017: A systematic analysis for the Global Burden of Disease 2017 study. *J Dent Res.* 2020;99(4):362–73. doi: 10.1177/0022034520908533.

³ International Agency for Research on Cancer, Global Cancer Observatory. Lip, oral cavity, December 2020. (available at <https://gco.iarc.fr/today/data/factsheets/cancers/1-Lip-oral-cavity-fact-sheet.pdf>, accessed 5 May 2021).

⁴ Righolt AJ, Jevdjevic M, Marcenes W, Listl S. Global-, regional-, and country-level economic impacts of dental diseases in 2015. *J Dent Res.* 2018;97(5):501–7. doi: 10.1177/0022034517750572.

⁵ Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S, Celeste RK, Guarnizo-Herreño CC, Kearns C, Benzian H, Allison P, Watt RG. Oral diseases: a global public health challenge. *Lancet.* 2019 Jul 20;394(10194):249–60. doi: 10.1016/S0140-6736(19)31146-8.

Aware that poor oral health is a major contributor to general health conditions, and noting that it has particular associations with cardiovascular diseases, diabetes, cancers, pneumonia, and premature birth;¹

Noting that Noma, a necrotizing disease starting in the mouth, is fatal for 90% of affected children in poor communities, mostly in some regions in Africa, and leads to lifelong disability and often social exclusion;

Concerned that the burden of poor oral health reflects significant inequalities, between and within countries, disproportionately affecting low- and middle-income countries, mostly affecting people from lower socioeconomic backgrounds and other risk groups, such as persons who cannot maintain their oral hygiene on their own due to their age or disability;

Acknowledging the many risk factors that oral diseases share with noncommunicable diseases, such as tobacco use, harmful use of alcohol, a high intake of free sugars and poor hygiene, and therefore the necessity to integrate strategies on oral health promotion, prevention and treatment into overall noncommunicable disease policies;

Recognizing that adequate intake of fluoride plays an important role in the development of healthy teeth and in the prevention of dental caries; and recognizing the need to mitigate the adverse effects of excessive fluoride in water sources on the development of teeth;²

Concerned about the potential environmental impact caused by the use and disposal of mercury-containing dental amalgam, and the use of toxic chemicals for developing x-ray photographs;

Concerned also that oral health services are among the most affected essential health services because of the COVID-19 pandemic, with 77% of the countries reporting partial or complete disruption;

Highlighting the importance of oral health and interventions with a life course approach from the mother's gestation and the birth of the children and in addressing shared risk factors;

Noting that a number of oral and dental conditions can act as indicators of neglect and abuse, especially among children, and that oral health professionals can contribute to the detection of child abuse and neglect,

1. URGES Member States, taking into account their national circumstances:
 - (1) to understand and address the key risk factors for poor oral health and associated burden of disease;
 - (2) to foster the integration of oral health within their national policies, including through the promotion of articulated interministerial and intersectoral work;

¹ Seitz MW, Listl S, Bartols A, Schubert I, Blaschke K, Haux C, et al. Current Knowledge on Correlations Between Highly Prevalent Dental Conditions and Chronic Diseases: An Umbrella Review. *Prev Chronic Dis* 2019; 16:180641. doi: 10.5888/pcd16.180641.

² Petersen PE, Lennon MA. Effective use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. *Community Dent Oral Epidemiol* 2004; 32: 319–21. doi: 10.1111/j.1600-0528.2004.00175.x.

(3) to reorient the traditional curative approach, which is basically pathogenic, and move towards a preventive promotional approach with risk identification for timely, comprehensive and inclusive care, taking into account all stakeholders in contributing to the improvement of the oral health of the population with a positive impact on overall health;

(4) to promote the development and implementation of policies to promote efficient workforce models for oral health services;

(5) to facilitate the development and implementation of effective surveillance and monitoring systems;

(6) to map and track the concentration of fluoride in drinking water;

(7) to strengthen the provision of oral health services delivery as part of the essential health services package that deliver universal health coverage;

(8) to improve oral health worldwide by creating an oral health-friendly environment, reducing risk factors, strengthening a quality-assured oral health care system and raising public awareness of the needs and benefits of a good dentition and a healthy mouth;

2. CALLS ON Member States:

(1) to frame oral health policies, plans and projects for the management of oral health care according to the vision and political agendas in health projected for 2030, in which oral health is considered as an integral part of general health, responding to the needs and demands of the public for good oral health;

(2) to strengthen cross-sectoral collaboration across key settings, such as schools, communities and workplaces to promote habits and healthy lifestyles, integrating teachers and the family;

(3) to enhance oral health professionals' capacities to detect potential cases of neglect and abuse, and provide them with the appropriate and effective means to report such cases to the relevant authority according to the national context;

3. REQUESTS the Director-General:

(1) to develop, by 2022 a draft global strategy, in consultation with Member States, on tackling oral diseases, aligned with the Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and pillars 1 and 3 of WHO's Thirteenth General Programme of Work, for consideration by the WHO governing bodies in 2022;

(2) to translate this global strategy, by 2023, into an action plan for public oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030, encompassing control of tobacco use, betel quid and areca nut chewing, and alcohol use – and community dentistry, health promotion and education, prevention and basic curative care – providing a basis for a healthy mouth, where no one is left behind; this action plan should also contain the use of provisions that modern digital technology provides in the field of telemedicine and teledentistry;

- (3) to develop technical guidance on environmentally friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury, including supporting preventative programmes;
- (4) to continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies;
- (5) to develop “best buy” interventions on oral health, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium;
- (6) to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030;
- (7) to report back on progress and results until 2031 as part of the consolidated report on noncommunicable diseases, in accordance with paragraph 3(e) of decision WHA72(11).

(Eighth meeting, 21 January 2021)

EB148.R2 Social determinants of health¹

The Executive Board,

Having considered the report on social determinants of health,²

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

The Seventy-fourth World Health Assembly,

Having considered the report on social determinants of health;

Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Recalling also resolution WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, and resolution WHA65.8 (2012) on the outcome of the World Conference on Social Determinants of Health;

Recalling further United Nations General Assembly resolution 70/1 (2015) entitled “Transforming our world: the 2030 Agenda for Sustainable Development” and its Sustainable Development Goals;

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

² Document EB148/24.

Also recalling also United Nations General Assembly resolution 74/2 (2019) entitled “Political Declaration of the High-level meeting on Universal Health Coverage”, which acknowledges the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;

Further recalling the report of the WHO Commission on Social Determinants of Health;¹

Recalling also the Rio Political Declaration on the Social Determinants of Health (2011) and acknowledging its tenth anniversary in 2021;

Reiterating the collective determination to reduce health inequities by taking action on social determinants of health, as called for by the Health Assembly;

Recognizing the need to do more at all levels to accelerate progress in addressing the unequal and inequitable distribution of health, as well as conditions damaging to health;

Recognizing also that achieving health equity requires the engagement and collaboration of all sectors of government, all segments of society, and all members of the international community, in “all-for-equity” and “health-for-all” global actions;

Further recognizing the benefits of achieving universal health coverage, including financial risk protection, access to quality health care services and access to safe, effective, quality and affordable medicines and vaccines, in enhancing health equity and reducing impoverishment;

Reaffirming the political will to make health equity a national, regional and global goal and to address current challenges, such as: eradicating hunger and poverty; ensuring food security and improved nutrition; ensuring inclusive and equitable quality education; addressing gender-, age- and disability-related inequalities in health; ensuring access to health promotion, preventative and community health services; ensuring access to safe, effective, quality and affordable medicines and vaccines; ensuring access to safe and affordable drinking-water, and adequate and equitable sanitation and hygiene; fostering employment and decent work and social protection; protecting the environment and addressing ambient and household air pollution; ensuring access to safe and affordable housing; and promoting sustained, inclusive and sustainable economic growth through resolute action on social determinants of health across all sectors and at all levels;

Stressing that stigma and negative stereotyping and attitudes can affect health, including by creating and enhancing health disparities between persons;

Appreciating the tremendous health gains achieved over the past century, but expressing concern that, despite the achievements towards universal health coverage, their distribution has been vastly unequal, and that inequities in many health outcomes exist both within and between countries;

¹ Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.

Recognizing that the ongoing COVID-19 pandemic has highlighted and even intensified pre-existing social, gender and health inequities within and among countries, and has also highlighted the need to strengthen the efforts to address social determinants of health as an integral part of the national, regional and international response to the health and socioeconomic crises generated by the current pandemic and to future public health emergencies;

Concerned that the impact of the COVID-19 pandemic has disproportionately affected those in vulnerable situations and those already suffering from poor health, and has exacerbated their vulnerability and exposure to socioeconomic drivers, leading to increases in morbidity and mortality, as well as economic damage at the individual and community levels;

Recognizing the consequence of the adverse impact of climate change, natural disasters and extreme weather events as well as other environmental determinants of health – such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter – for health; and, in this regard, underscoring the need to foster health in climate change adaptation efforts, underlining that resilient and people-centred health systems are necessary to protect the health of all people, in particular those who are vulnerable or in vulnerable situations, particularly those living in small island developing States;

Further recognizing the need to establish, strengthen and maintain existing monitoring systems, including platforms and mechanisms, such as observatories,¹ that provide disaggregated data, to assess inequities in health, their relation to social determinants of health and the impacts of policies on the social determinants of health at the national, regional and global levels,

1. CALLS ON Member States² to strengthen their efforts on addressing the social, economic and environmental determinants of health with the aim of reducing health inequities, and to accelerate progress in addressing the unequal distribution of health resources within and among countries, as well as conditions detrimental to health at all levels and in support of the 2030 Agenda for Sustainable Development;
2. FURTHER CALLS ON Member States² to monitor and analyse inequities in health using cross-sectoral data in order to inform national policies that address social determinants of health, to which end Member States may establish monitoring systems of social determinants of health, including platforms and mechanisms, such as observatories, or rely on, or strengthen, as appropriate, existing structures, such as national public health institutes or national statistical offices;
3. ENCOURAGES Member States² to integrate considerations related to social determinants of health in public policies and programmes, by applying a health-in-all-policies approach and in order to improve population health and reduce health inequities;
4. INVITES Member States,² international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, academia and the private sector, and to mobilize financial, human and technological resources to enable the monitoring and addressing of social determinants of health;
5. CALLS ON Member States² to consider social, economic and environmental determinants of health in their recovery from the ongoing COVID-19 pandemic and in boosting resilience to both the current pandemic and future public health emergencies;

¹ Platforms and mechanisms or for gathering, harmonizing, analysing and disseminating data and information.

² And, where applicable, regional economic integration organizations.

6. REQUESTS the Director-General:

(1) to support Member States, upon request, in the establishment or strengthening of monitoring systems of social determinants of health and health inequities, including, as appropriate, platforms and mechanisms, such as observatories;

(2) to prepare, building on the report of the WHO Commission on Social Determinants of Health (2008) and subsequent work, an updated report, based on scientific evidence, knowledge and best practices on social determinants of health, their impact on health and health equity, progress made so far in addressing them, and recommendations on future actions, and to submit it for consideration by the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session;

(3) to prepare, in consultation with Member States and other relevant stakeholders, an operational framework, building on the work of the WHO Commission on Social Determinants of Health, and building on existing resources and tools and subsequent work, for the measurement, assessment and addressing, from a cross-sectorial perspective, of the social determinants of health, and health inequities, as well as their impact on health outcomes, and to submit it for consideration by the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session;

(4) to provide Member States, upon their request, with technical knowledge, and support, including for capacity-building in the design and implementation of cross-sectorial strategies, policies and plans to address inequities in health and the social, economic and environmental determinants of health;

(5) to foster and facilitate knowledge exchange among Member States and relevant stakeholders on best practices for intersectoral action on the social, economic and environmental determinants of health in order to achieve health equity and gender equality for all;

(6) to continue to strengthen collaboration with other United Nations agencies and other multilateral organizations, civil society and the private sector to address, from a cross-sectorial perspective, as appropriate, the social determinants of health in support of the 2030 Agenda for Sustainable Development, including through universal health coverage and in the response to the COVID-19 pandemic, including its recovery phase;

(7) to work collaboratively with academic institutions and scientific researchers to generate and make available scientific evidence and best practices on cross-sectorial interventions addressing the social, economic and environmental determinants of health and their impact on health inequities and health outcomes, as well as on the well-being of the population;

(8) to report on the implementation of this resolution to the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session.

(Tenth meeting, 22 January 2021)

EB148.R3 Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories¹

The Executive Board,

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

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 2021 concerning the remuneration of staff in the professional and higher categories.

(Eleventh meeting, 23 January 2021)

EB148.R4 Salaries of staff in ungraded positions and of the Director-General¹

The Executive Board,

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

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

The Seventy-fourth World Health Assembly,

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

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 186 323 gross per annum with a corresponding net salary of US\$ 138 473;
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 205 264 gross per annum with a corresponding net salary of US\$ 150 974;
3. ESTABLISHES the salary of the Director-General at US\$ 257 010 gross per annum with a corresponding net salary of US\$ 193 407;
4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2021.

(Eleventh meeting, 23 January 2021)

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

² Document EB148/45.

EB148.R5 Confirmation of amendments to the Staff Rules: payments and deductions, recruitment policies, and abolition of post¹

The Executive Board,

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

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 2021 concerning payments and deductions, recruitment policies and abolition of post.

(Eleventh meeting, 23 January 2021)

EB148.R6 The highest attainable standard of health for persons with disabilities¹

The Executive Board,

Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability,³

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

The Seventy-fourth World Health Assembly,

Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability;

Recalling resolutions WHA58.23 (2005) on disability, including prevention, management and rehabilitation, WHA66.9 (2013) on disability, WHA67.7 (2014) on the WHO global disability action plan 2014–2021: better health for all people with disability, WHA71.8 (2018) on improving access to assistive technology; and WHA72.3 (2019) on community health workers delivering primary health care: opportunities and challenges;

Recalling also the *World report on disability* (2011) and the WHO global disability action plan 2014–2021,⁴ which is based on that report's recommendations;

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

² Document EB148/45.

³ Document EB148/36.

⁴ WHO global disability action plan 2014–2021. Geneva: World Health Organization; 2015 (available at <https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021>, accessed 17 January 2021).

Further recalling the United Nations Convention on the Rights of Persons with Disabilities,¹ which refers to persons with disabilities as including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others, and under which 182 States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability;

Recognizing that disability is an evolving concept and that it results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others;

Recalling the 2030 Agenda for Sustainable Development and its aim of “leaving no one behind”, and the United Nations flagship *Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities* (2018),² presenting an overview of the status of accessibility for persons with disability, and the persistent gaps in this regard, and identified best practices and recommended action in accessibility for the effective implementation of the Convention of the Rights of Persons with Disabilities and the disability-inclusive achievement of the Sustainable Development Goals;

Recalling also the endorsement of the International Classification of Functioning Disability and Health³ in 2001;

Welcoming progress towards mainstreaming disability, including the rights of persons with disabilities in the work of the United Nations, and noting with appreciation the launch of the United Nations Disability Inclusion Strategy, which provides the foundation for sustainable and transformative progress on disability inclusion through the work of the United Nations;

Recognizing that persons with disabilities are disproportionately affected by public health emergencies, including pandemics such as COVID-19, and thus welcoming the specific guidance presented by the United Nations and WHO to advise relevant stakeholders on ways to mitigate the effects of the pandemic on persons with disabilities;

Recognizing also the need to include the experiences and perspectives of persons with disabilities and their representative organizations in all issues, including by taking steps to ensure and actively facilitate their meaningful participation in programmes, policy and decision-making processes;

Noting that globally one in seven persons experience some form of disability and that this number continues to increase owing to many underlying factors such as population ageing and the rise in the prevalence of chronic health conditions;⁴

¹ Convention on the Rights of Persons with Disabilities, 24 January 2007. United Nations General Assembly resolution 61/106 (2007).

² Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities. New York: United Nations; 2018 (available at <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>, accessed 17 January 2021).

³ International classification of functioning, disability and health. Geneva: World Health Organization; 2001 (<https://apps.who.int/iris/bitstream/handle/10665/42407/9241545429.pdf>, accessed 17 January 2021).

⁴ World Health Organization and The World Bank. World report on disability. Geneva: World Health Organization; 2011 (available at <https://www.who.int/publications/i/item/world-report-on-disability>, accessed 17 January 2021).

Noting also the persisting attitudinal, institutional and environmental barriers, including discriminatory attitudes towards disability and inaccessible communities;

Also noting, with concern, that persons with disabilities face persistent inequality in social, economic, health and political spheres, and thus are more likely to live in poverty than persons without disabilities; and that they are more likely to have risk factors for noncommunicable diseases; as well as being more likely to be unable to get access to essential health services, public health functions, medicines and treatment, due to environmental, financial, legal and attitudinal barriers in society, including discrimination and stigmatization, as well as lack of reliable and comparable data;

Further noting that, as many persons with disabilities face multiple and intersecting forms of discrimination and are therefore at greater risk of having unmet health needs, health and rehabilitation interventions should take into account different needs and be age-sensitive and gender-responsive while promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity;

Recognizing that persons with disabilities are often disproportionately affected in situations of risk, including situations of armed conflict, complex humanitarian emergencies and in the occurrence of natural disasters and their aftermath, and that they may require specific protection and safety measures, recognizing also the need to support further participation and inclusion of persons with disabilities in the development of such measures and decision-making processes relating thereto, in order to ensure disability-inclusive risk reduction and humanitarian assistance, and recognizing the need for psychosocial support to withstand the effects of conflict and natural disasters;

Noting that many persons with disabilities, particularly girls and women, face barriers to access information and education, including with regard to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

Noting also the urgent need to increase the availability of disaggregated data by disability in the health sector, and in other sectors using internationally comparable high-quality disability data collection methods, in order to inform evidence-based health policies and programmes that are disability inclusive and meet the needs of persons with disabilities;

Noting further that persons with disabilities are an underrepresented group in health research, and that this in turn limits the application of research findings for their benefit;

Also noting that enabling universal access to assistive technology and rehabilitation services promotes the inclusion, participation and engagement of persons with disabilities in all areas of society;

Highlighting the role of community health workers in advancing equitable access of persons with disabilities to safe, quality, accessible, inclusive and innovative health services in urban and rural areas and in reducing inequities;

Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions, to provide safe, quality, accessible and inclusive health services;

Stressing also that accessible health facilities, accessible health-related information and disability-specific health services and solutions are essential for persons with disabilities to benefit equally from health education, promotion, prevention, treatment and rehabilitation; and stressing further that technological solutions could be an effective means to enhance accessibility;

Underscoring that the health needs of persons with disabilities need to be met across the life course, through comprehensive preventive, promotive, curative, rehabilitative services and palliative care, including psychosocial support;

Reaffirming that health services should be provided to persons with disabilities on the basis of free and informed consent, and emphasizing that the necessary information to exercise such consent must be transmitted in a reasonable, accessible and understandable manner, to the extent possible,

1. URGES Member States:¹

(1) to incorporate a disability- and gender-sensitive and inclusive approach, including by closely consulting with and actively involving persons with disabilities and their representative organizations, in decision making and designing programmes in order that they receive: effective health services as part of universal health coverage; equal protection during complex humanitarian emergencies, and the occurrence of natural disasters and in their aftermath; and equal access to cross-sectoral public health interventions, such as provision of safe water, sanitation and hygiene services, to achieve the highest attainable standard of health;

(2) to identify and eliminate attitudinal, environmental and institutional obstacles and barriers that prevent persons with disabilities from accessing health, including sexual and reproductive health care services, as well as health-related information, skills and goods, including by making health facilities accessible, by training relevant professionals on the human rights, dignity, autonomy and needs of persons with disabilities, by making information available in accessible formats, and by providing appropriate measures for the exercise of legal capacity in health-related issues;

(3) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to rehabilitation, as well as affordable and quality assistive technology within universal health and/or social services coverage, and to ensure their sustainability;

(4) to collect health-related data, disaggregated by disability, age and sex, education level and household income to inform relevant policies and programmes;

(5) without discrimination on the basis of disability, to provide health services and care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent, respecting the human rights, dignity, autonomy, legal capacity and needs of persons with disabilities, including through training and the promulgation of ethical standards for public and private health care;

¹ And, where appropriate, regional economic integration organizations.

(6) to take measures to ensure comprehensive, accessible and affordable access to health systems and care for all persons with disabilities, while recognizing the unique vulnerabilities of those who may be living in care and congregated living settings in times of public health emergencies such as COVID-19, and for special protection against infections in particular for at-risk groups, with protection to include facilitating the education of health and care workers in the area of infection prevention and control to protect all persons with disabilities, whether living in the community or in care and congregated living settings;

2. INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, private sector companies, academia and, in particular, organizations of persons with disabilities:

(1) to collaborate with Member States in respecting, protecting and fulfilling the right to the enjoyment of the highest attainable standard of health of persons with disabilities;

(2) to forge partnerships and alliances that mobilize and share knowledge and best practices on disability inclusion;

(3) to amplify the voices of persons with disabilities and their representative organizations, and raise awareness of the rights, capabilities and contributions of persons with disabilities;

(4) to include persons with disabilities in health research so that they benefit from its outcomes and products;

3. REQUESTS the Director-General:

(1) to develop, in close consultation with Member States¹ and relevant international organizations and other stakeholders, by the end of 2022, a global report on the highest attainable standard of health for persons with disabilities, to be submitted for consideration by the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session, that addresses effective access and quality health services, including universal health coverage (with rehabilitation as part of it), health emergencies and health and well-being, that is based on the best available evidence, and that includes actionable recommendations; as well as to update the WHO estimates of the global disability prevalence presented in the *World report on disability* (2011);

(2) to fully implement the United Nations Disability Inclusion Strategy across all levels of WHO in order to ensure that disability considerations, including the rights of persons with disabilities, are mainstreamed and systematically integrated in all programme areas and policy work, as well as in operations, including in emergency preparedness and response plans and in building and reconstruction planning, and transmit to the Executive Board a copy of the annual progress report on the implementation of the United Nations Disability Inclusion Strategy;

(3) to support the creation of a global research agenda that aligns with universal health coverage, health emergencies and health and well-being, including health systems and policy research, and to explore possible ways to track progress on disability inclusion in the health sector towards 2030;

¹ And, where appropriate, regional economic integration organizations.

(4) to provide Member States with the technical knowledge and capacity-building support necessary to incorporate a disability-sensitive and inclusive approach in accessing quality health services, protection during health emergencies and cross-sectoral public health interventions, in order to enable persons with disabilities to enjoy the highest attainable standard of health, including with regards to the support they may require in exercising their legal capacity in health-related issues; and to provide support to countries in collecting, processing, analysing and disseminating data on disability, including disaggregating data by disability, sex and age, and other characteristics relevant in national contexts, in collaboration with relevant stakeholders, and in close consultation with persons with disabilities and their representative organizations.

(Fourteenth meeting, 25 January 2021)

DECISIONS

EB148(1) Special procedures to regulate the conduct of virtual sessions of the Executive Board

The Executive Board, having considered the report on special procedures,¹ decided to adopt the special procedures set out in Annex 2 in order to regulate the conduct of virtual sessions of the Executive Board, including its 148th session, to be held from 18 to 26 January 2021.

(First meeting, 18 January 2021)

EB148(2) Strengthening WHO's global health emergency preparedness and response²

The Executive Board, having considered the report on strengthening WHO's global emergency preparedness and response,³ the interim progress report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response,⁴ the reports of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme⁵ and the interim report of the Independent Panel on Pandemic Preparedness and Response,⁶ referred to in document EB148/INF./4; recalling resolutions WHA73.1 (2020) on COVID-19 response and WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005); acknowledging the ongoing work to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 in order to improve capacity for global health emergency prevention, detection, preparedness and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme; taking into account the recommendations in the reports of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme (document A73/10 and the Committee's interim report on the WHO response to COVID-19), in particular recommendations related to the WHO Health Emergencies Programme, and recognizing the importance of ongoing efforts by the Secretariat to implement the recommendations of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme; recognizing the need to improve global, regional and country preparedness and response capabilities and capacities for health emergencies, and taking note of the proposals made by Member States, groups of Member States and other stakeholders in this regard, as well as of WHO's work in emergencies; noting the need to assess and strengthen WHO's capacity for health emergency preparedness and response within the overall mandate and resources of WHO, while enhancing collaboration with relevant United Nations agencies and other partners; emphasizing that WHO-strengthening efforts must be led by Member States, and reaffirming the fundamental decision-making role of the Executive Board and Health Assembly; mindful of the ongoing impartial, independent and comprehensive evaluation work of the Review Committee on the Functioning of

¹ Document EB148/2.

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

³ Document EB148/18.

⁴ Document EB148/19.

⁵ Document A73/10 and the Interim report on WHO's response to COVID-19, January–April 2020 (available at <https://www.who.int/publications/m/item/ioac-interim-report-on-who-s-response-to-covid-19>, accessed 16 January 2021).

⁶ Available at https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2021/01/Independent-Panel_Second-Report-on-Progress_Final-15-Jan-2021.pdf, accessed 16 January 2021).

the International Health Regulations (2005) during the COVID-19 Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Independent Panel for Pandemic Preparedness and Response, and without prejudice to their current and future recommendations, decided to call for the development of a draft resolution, with the full participation of WHO Member States,¹ for consideration by the Seventy-fourth World Health Assembly, on strengthening WHO's health emergency preparedness and response capacities, including to address the recommendations of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.²

(Fifth meeting, 20 January 2021)

EB148(3) Promoting mental health preparedness and response for public health emergencies³

The Executive Board, having considered the report on mental health preparedness and response for the COVID-19 pandemic;⁴

Recalling that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition;

Recalling also that public health emergencies may be a significant risk factor for mental health problems;

Recognizing that the COVID-19 pandemic has major direct and indirect ramifications for the mental and psychosocial health of all people, in particular health and care workers, frontline workers, those in vulnerable situations who have been disproportionately affected by the COVID-19 pandemic, as well as those with pre-existing mental health conditions;

Taking note of the actions recommended by the United Nations in *Policy brief: COVID-19 and the need for action on mental health*,⁵ *United Nations comprehensive response to COVID-19: saving*

¹ And, where applicable, regional economic integration organizations.

² See documents EB148/INF./4, A73/INF./4 and EBSS/5/3 (Independent Panel for Pandemic Preparedness and Response); EB148/19 and A73/10 (Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response); and A73/10, EB146/16, A72/6, EB144/8, A71/5, EB142/8, A70/8 and EB140/8 (Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme).

³ See Annex 5 for the financial and administrative implications for the Secretariat of this decision.

⁴ Document EB148/20.

⁵ Policy brief: COVID-19 and the need for action on mental health. 13 May 2020. (<https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health>, accessed 16 January 2021).

lives, protecting societies, recovering better,¹ *UN framework for the immediate socio-economic response to COVID-19*,² as well as the associated *UN research roadmap for COVID-19 recovery*;³

Noting the WHO survey on the impacts of COVID-19 on mental, neurological and substance use services, in which 93% of the 130 countries participating in the survey reported disruptions in one or more services for mental, neurological and substance use disorders, while the demand for mental health services is increasing, decided:

- (1) to recommend that the Seventy-fourth World Health Assembly endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, including through promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies;
- (2) to urge Member States:⁴
 - (a) to develop and strengthen, as appropriate, as part of a broader whole-of-society approach, the timely and quality provision of the whole range of comprehensive and integrated mental health services and psychosocial supports which, as stated in the Political Declaration of the high-level meeting on universal health coverage (2019),⁵ are essential components to achieving universal health coverage, including promotion of mental health literacy and awareness and elimination of stigmatization, as well as promotion, prevention, early detection, treatment and rehabilitation, and follow-up care that are respectful of human rights and dignity, to all people, with an emphasis on health, care and frontline workers, and with extra effort to reach people at high risk and those in vulnerable situations, leveraging innovative technologies, including remote mental health services through promoting equitable access to telehealth and other essential and cost-effective technologies, when feasible, in the context of the COVID-19 pandemic and beyond, and considering the lasting impacts of the pandemic;
 - (b) to allocate adequate funding for mental health, to take action to mainstream knowledge of mental health among other health professionals, and to study the impact of COVID-19 on mental, neurological and substance use conditions and their consequences, and share lessons learned with the Secretariat and Member States;
- (3) to request the Director-General:
 - (a) to provide technical support to Member States to monitor changes and disruptions in services, and to promote and expand access to inclusive, integrated, evidence-based primary and community mental health services and psychosocial supports, which boosts community resilience and engagement, especially in the context of public health

¹ United Nations comprehensive response to COVID-19: saving lives, protecting societies, recovering better. September 2020. (<https://www.un.org/sites/un2.un.org/files/un-comprehensive-response-to-covid-19.pdf>, accessed 16 January 2021).

² A UN framework for the immediate socio-economic response to COVID-19. April 2020. (<https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>, accessed 16 January 2021).

³ UN research roadmap for the COVID-19 recovery: leveraging the power of science for a more equitable, resilient and sustainable future. November 2020. (<https://www.un.org/en/pdfs/UNCOVID19ResearchRoadmap.pdf>, accessed 16 January 2021).

⁴ And, where applicable, regional economic integration organizations.

⁵ United Nations General Assembly resolution 74/2 (2019).

emergencies, while sustaining and scaling up, as appropriate, the provision of existing mental health services;

(b) to strengthen WHO's capacity in respect of work on mental health at global, regional and country levels and to systematically integrate mental health into all aspects of the work of the Secretariat on universal health coverage;

(c) to report on the implementation of this decision as part of the progress report on the implementation of the comprehensive mental health action plan 2013–2030, in line with the reporting requirements of decision WHA72(11) (2019).

(Fifth meeting, 20 January 2021)

EB148(4) Preventing sexual exploitation, abuse and harassment¹

The Executive Board, taking into account the report of the Programme, Budget and Administration Committee of the Executive Board;² noting the standards that WHO Member States require all international organizations to adhere to relating to the prevention of sexual exploitation and abuse and sexual harassment, and their shared zero tolerance of sexual exploitation and abuse and sexual harassment, as well as of inaction in relation to sexual exploitation and abuse and sexual harassment, and concerned about the chronically limited resources and capacities of enabling functions of WHO, including in, but not limited to, prevention capacities and the ethics and investigation function; bearing in mind that sexual exploitation, abuse or harassment may have negative physical and mental health consequences for the survivors; and stressing that WHO has a responsibility to take measures to prevent sexual exploitation and abuse and sexual harassment, decided to request the Director General:

(1) to enhance and implement a values-based, ethical and gender-mainstreamed organizational culture and environment, founded on the basis of accountability, transparency, fairness, inclusion and risk management in the context of the fight against sexual exploitation and abuse, sexual harassment and other misconduct at all levels of the Organization, including by:

(a) finalizing and adopting as soon as possible the WHO policies on preventing and addressing abusive conduct, upon adequate consultation with WHO Member States and with an emphasis on effective preventive and protective measures;

(b) strengthening WHO's current prevention capacity in emergencies as well as globally, when sexual exploitation and abuse and sexual harassment may be at greater risk of occurring, in order to raise awareness and strengthen systems to prevent and respond to sexual exploitation and abuse and sexual harassment overall, and also from within WHO operations;

(c) ensuring a safe, accessible and confidential reporting mechanism in order to facilitate and encourage reporting of sexual harassment, without fear of retaliation, as well as timely and comprehensive support for the survivors;

(d) raising WHO's current investigative capacity from five investigators to bring it in line with that of other United Nations organizations of equivalent size and to ensure that all instances of misconduct, including sexual exploitation and abuse and sexual

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

² Document EB148/5.

harassment, are investigated without undue delay and all responsible individuals are held to account by the Organization;

(e) ensuring that WHO's investigations team:

(i) has the requisite specialist skills and experience to investigate sexual exploitation and abuse and sexual harassment allegations in a survivor-centred manner;

(ii) is composed of both female and male investigators, to ensure gender-sensitivity when dealing with survivors, alleged perpetrators and witnesses;

(f) ensuring that WHO's policies and procedures are survivor-centred and align with United Nations system-wide and Inter-Agency Standing Committee (IASC) initiatives, including through:

(i) full implementation of the IASC Minimum Operating Standards on Preventing Sexual Exploitation and Abuse, including ensuring that community-based complaint mechanisms are adapted to local contexts by ensuring community participation;

(ii) the United Nations Protocol on Allegations of Sexual Exploitation and Abuse involving Implementing Partners;

(iii) the United Nations Implementing Partner Protection from Sexual Exploitations and Abuse Capacity Assessment;

(iv) recommended measures of the Chief Executives Board for Coordination (CEB) Task Force on Addressing Sexual Harassment within the organizations of the United Nations system, including on accelerated use of the ClearCheck database to prevent individuals who are found to have engaged in sexual exploitation and abuse and sexual harassment, to have threatened or attempted to intimidate survivors or witnesses from coming forward with sexual exploitation and abuse and sexual harassment allegations or to have otherwise violated WHO's sexual exploitation and abuse and sexual harassment policies, from working for any United Nations organization;

(g) ensuring that corporate risk and compliance functions are enhanced at all three levels of the Organization;

(h) progressively ensuring the integration of risk management and prevention of sexual exploitation and abuse and sexual harassment awareness and understanding into the recruitment and the performance management agreements of all staff, consultants and contractors, and requiring and providing the training necessary to support this;

(i) ensuring that business integrity, accountability and oversight functions are adequately resourced to carry out their mandates;

(2) to ensure sufficient service delivery to organizations to which WHO provides services related to the prevention of sexual exploitation and abuse and sexual harassment, in accordance with relevant service-level or other agreements;

(3) to provide updates to Member States via quarterly briefings on the actions above and on WHO's wider work to prevent sexual exploitation and abuse, sexual harassment and other misconduct;

(4) to include the above in the annual reports of the enabling functions to Member States at the Health Assembly.

(Sixth meeting, 20 January 2021)

EB148(5) Global action on patient safety¹

The Executive Board, having considered the report on global action on patient safety,² decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report on global action on patient safety, decided:

(1) to adopt the global patient safety action plan 2021–2030;

(2) to request the Director-General to report back on progress in the implementation of the global patient safety action plan 2021–2030 to the Seventy-sixth World Health Assembly in 2023 and thereafter every two years until 2031.

(Seventh meeting, 21 January 2021)

EB148(6) Addressing diabetes as a public health problem¹

The Executive Board, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases;³ expressing deep concern at the lack of progress in addressing diabetes as a public health problem and recognizing that necessary efforts for the prevention and control of diabetes are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as a global shortage of qualified health workers;⁴ noting with deep concern that the effectiveness of efforts to reduce, halt and reverse the main risk factors for diabetes (tobacco use, unhealthy diet, overweight and obesity, and physical inactivity), included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020, have been insufficient and not uniform; noting also that more than 422 million people were living with diabetes worldwide in 2014,⁵ and that this number is estimated to rise to 570 million by 2030,⁶ and 700 million by 2045,⁷ and that diabetes was among the top 10 causes of death in

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

² Document EB148/6.

³ Document EB148/7.

⁴ United Nations General Assembly resolution 75/130 (2020).

⁵ WHO fact sheet. Diabetes, 8 June 2020 (available at <https://www.who.int/news-room/fact-sheets/detail/diabetes#:~:text=Key%20facts,in%20premature%20mortality%20from%20diabetes>, accessed 18 January 2021).

⁶ Wild S, Roglic G, Green A, Sicree R, King S. Global prevalence of diabetes. *Diabetes Care*. 2004;27(5):1047–53. doi 10.2337/diacare.27.5.1047.

⁷ International Diabetes Federation. About diabetes: diabetes facts and figures (available at <https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html#:~:text=Diabetes%20facts%20%26%20figures,-Last%20update%3A%2012&text=In%202019%2C,low%2D%20and%20middle%2Dincome%20countries>, accessed 18 January 2021).

2019, following a significant increase of 70% since 2000;¹ and alarmed that the probability of dying from diabetes between the ages of 30 and 70 years increased by 5% between 2000 and 2016;² recognizing that people living with diabetes are at higher risk of developing severe COVID-19 symptoms and are among those most impacted by the pandemic;³ recognizing also the centenary of the discovery of insulin and acknowledging the significant health gains made possible through research and innovation, decided:

- (1) to urge Member States⁴ to intensify, where appropriate, efforts to address the prevention and control of diabetes as a public health problem as part of universal health coverage, by advancing comprehensive approaches on prevention and management of the disease, including its complications, and on integrated service delivery, while emphasizing the importance of early and childhood prevention and ensuring that no one is left behind, within the framework of the global action plan for the prevention and control of noncommunicable diseases 2013–2020;
- (2) to encourage Member States⁴ and the Secretariat to recognize and to celebrate in 2021, as appropriate, including in the margins of the Seventy-fourth World Health Assembly, the centenary of the discovery of insulin, and to update public awareness and education campaigns about diabetes prevention and treatment and about associated risk factors;
- (3) to request the Director-General:
 - (a) to update the report to be submitted for consideration to the Seventy-fourth World Health Assembly by adding an annex on major obstacles to achieving the diabetes-related targets in the global action plan;
 - (b) to request the Director-General to ensure the efficient implementation of diabetes-related objectives of the global action plan and to report on progress as part of the consolidated reporting on noncommunicable diseases.

(Eighth meeting, 21 January 2021)

EB148(7) Follow-up of the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases⁵

The Executive Board, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases⁶ and its annexes on the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030⁷ and the final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases,⁸ decided:

¹ WHO fact sheet. The top 10 causes of death, 9 December 2020 (available at <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>, accessed 18 January 2021).

² World health statistics 2020: monitoring health for the SDGs. Geneva: World Health Organization; 2020 (available at <https://www.who.int/data/gho/publications/world-health-statistics>, accessed 18 January 2021).

³ United Nations General Assembly resolution 74/306 (2020).

⁴ And, where applicable, regional economic integration organizations.

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

⁶ Document EB148/7.

⁷ Document EB148/7 Add.1.

⁸ Document EB148/7 Add.2.

- (1) to request the Director-General, in response to the recommendations of the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases,¹ to develop, in consultation with Member States⁴ and relevant stakeholders, an options paper on the global coordination mechanism, for further guidance by the Seventy-fourth World Health Assembly;
- (2) to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and its annexes on the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, decided to request the Director-General to present, in response to the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the recommendations of the mid-term evaluation of the global action plan, an implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030, through the Executive Board at its 150th session, and subsequent consultations with Member States² and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly.

(Eighth meeting, 21 January 2021)

EB148(8) Non-State actors in official relations with WHO³

The Executive Board, having examined and noted the report on engagement with non-State actors: non-State actors in official relations with WHO,⁴

- (1) decided:
 - (a) to admit into official relations with WHO the following non-State actors: Fondation Botnar and Vital Strategies, Inc.;
 - (b) to discontinue official relations with Project Orbis International, Inc.;
- (2) noted with appreciation the collaboration with WHO of the 77 non-State actors listed in Annex 2 to document EB148/40, commended their continuing contribution to the work of WHO, and decided to renew them in official relations with WHO;
- (3) further noted that plans for collaboration with Helen Keller International and United States Pharmacopeial Convention have yet to be agreed, and decided to defer the review of relations with those entities until the 150th session of the Board in January 2022, at which time reports should be presented to the Board on the agreed plan for collaboration and on the status of relations.

(Eleventh meeting, 23 January 2021)

¹ See Annex 3.

² And, where applicable, regional economic integration organizations.

³ See Annex 5 for the financial and administrative implications for the Secretariat of this decision.

⁴ Document 148/40.

EB148(9) WHO reform: governance¹

The Executive Board, having considered the report by the Director-General on WHO reform: governance,² decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report by the Director-General on WHO reform: governance, decided:

(1) to sunset reporting on the following resolutions on the understanding that the mandates have been completed or superseded by a new mandate on the same subject matter:

1. EB87.R23 (1991) – WHO fellowships;
2. WHA23.14 (1970) – Real Estate Fund;
3. WHA35.14 (1982) – Policy on patents;
4. WHA38.8 (1985) – Review of the Working Capital Fund;
5. WHA40.24 (1987) – Effects of nuclear war on health and health services;
6. WHA40.32 (1987) – Use of alcohol in medicines;
7. WHA44.5 (1991) – Eradication of dracunculiasis;
8. WHA44.27 (1991) – Health development in urban areas;
9. WHA44.36 (1991) – International programme on the health effects of the Chernobyl accident;
10. WHA47.32 (1994) – Onchocerciasis control through ivermectin distribution;
11. WHA48.9 (1995) – Prevention of hearing impairment;
12. WHA48.13 (1995) – Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases;
13. WHA49.20 (1996) – Collaboration within the United Nations system and with other intergovernmental organizations: orientation of WHO policy in support of African recovery and development;
14. WHA50.13 (1997) – Promotion of chemical safety, with special attention to persistent organic pollutants;
15. WHA50.29 (1997) – Elimination of lymphatic filariasis as a public health problem;

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

² Document EB148/33.

16. WHA51.13 (1998) – Tuberculosis;
 17. WHA51.15 (1998) – Elimination of leprosy as a public health problem;
 18. WHA54.19 (2001) – Schistosomiasis and soil-transmitted helminth infections;
 19. WHA55.8 (2002) – Real Estate Fund;
 20. WHA56.19 (2003) – Prevention and control of influenza pandemics and annual epidemics
 21. WHA58.27 (2005) – Improving the containment of antimicrobial resistance;
 22. WHA60.22 (2007) – Health systems: emergency-care systems;
 23. WHA63.15 (2010) – Monitoring of the achievement of the health-related Millennium Development Goals;
 24. WHA65.21 (2012) – Elimination of schistosomiasis;
 25. WHA66.24 (2013) – eHealth standardization and interoperability;
 26. WHA67.14 (2014) – Health in the post-2015 development agenda;
- (2) to sunset reporting on the following resolutions on the understanding that the subject matter will be systematically incorporated into future reports on a related subject matter:
27. WHA37.18 (1984) – Prevention and control of vitamin A deficiency and xerophthalmia;
 28. WHA42.40 (1989) – Prevention and control of salmonellosis;
 29. WHA44.42 (1991) – Women, health and development;
 30. WHA45.22 (1992) – Child health and development: health of the newborn;
 31. WHA48.12 (1995) – Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child;
 32. WHA50.16 (1997) – Employment and participation of women in the work of WHO;
 33. WHA54.18 (2001) – Transparency in tobacco control;
 34. WHA58.22 (2005) – Cancer prevention and control;
 35. WHA58.29 (2005) – Enhancement of laboratory biosafety;
 36. WHA58.31 (2005) – Working towards universal coverage of maternal, newborn and child health interventions;

37. WHA60.16 (2007) – Progress in the rational use of medicines;
 38. WHA60.20 (2007) – Better medicines for children;
 39. WHA60.21 (2007) – Sustaining the elimination of iodine deficiency disorders;
 40. WHA60.27 (2007) – Strengthening of health information systems;
 41. WHA61.16 (2008) – Female genital mutilation;
 42. WHA64.6 (2011) – Health workforce strengthening;
 43. WHA64.7 (2011) – Strengthening nursing and midwifery;
 44. WHA64.9 (2011) – Sustainable health financing structures and universal coverage;
 45. WHA64.28 (2011) – Youth and health risks;
 46. WHA65.20 (2012) – WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies;
 47. WHA67.4 (2014) – Supplementary funding for real estate and longer-term staff liabilities;
- (3) to specify end dates for reporting on 10 resolutions with unspecified reporting requirements:¹
1. WHA63.12 (2010) – Availability, safety and quality of blood products;
 2. WHA63.22 (2010) – Human organ and tissue transplantation;
 3. WHA67.1 (2014) – Global strategy and targets for tuberculosis prevention, care and control after 2015;
 4. WHA67.18 (2014) – Traditional medicine;
 5. WHA68.2 (2015) – Global technical strategy and targets for malaria 2016–2030;
 6. WHA68.19 (2015) – Outcome of the Second International Conference on Nutrition;
 7. WHA69.2 (2016) – Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health;
 8. WHA69.24 (2016) – Strengthening integrated, people-centred health services;

¹ Proposed end dates for reporting on the 10 resolutions are indicated in Annex 4.

9. WHA70.6 (2017) – Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth;
10. WHA70.13 (2017) – Prevention of deafness and hearing loss

(Eleventh meeting, 23 January 2021)

EB148(10) World Neglected Tropical Diseases Day¹

The Executive Board, having considered the report on WHO reform: world health days,² and recalling decision WHA73(33) on the new road map for neglected tropical diseases 2021–2030, decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report on WHO reform: world health days, decided to welcome the Secretariat’s support of initiatives that celebrate the date of 30 January as a day dedicated to neglected tropical diseases, and invites Member States and relevant stakeholders to consider taking appropriate measures to continue celebrating that day.

(Eleventh meeting, 23 January 2021)

EB148(11) Process for the election of the Director-General of the World Health Organization

The Executive Board, having examined the Note by the Legal Counsel on the process for the election of the Director-General of the World Health Organization, decided:

- (1) to request the Secretariat to conduct a study on voting machines able to read and immediately tabulate votes cast on ballot papers and to report on its findings to the Seventy-fourth World Health Assembly, through the Programme, Budget and Administration Committee of the Executive Board;
- (2) to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report on the process for the election of the Director-General of the World Health Organization, decided:

- (1) that, in respect of the present and subsequent elections, candidates nominated by the Executive Board for the post of Director-General of the World Health Organization shall address the Health Assembly before the vote for the appointment of the Director-General, on the understanding that:
 - (a) statements shall be limited to a maximum of 15 minutes each;

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

² Document EB148/34.

- (b) the order of statements shall be decided by lot;
 - (c) there shall be no questions and answers after statements;
 - (d) statements shall be webcast on the WHO website in all WHO official languages;
- (2) that paragraph 1 shall not apply in the event that only one candidate is nominated by the Executive Board for the post of Director-General;
- (3) that financial travel support, consisting of an economy-class airline ticket and a per diem for the time necessary for the interview, shall be provided to all candidates participating in the candidates' forums.

(Eleventh meeting, 23 January 2021)

EB148(12) Sustainable financing¹

The Executive Board, having considered the report on sustainable financing,² decided:

- (1) to establish a time-bound and results-oriented Working Group on Sustainable Financing, open to all Member States, in order to enable WHO to have the robust structures and capacities needed to fulfil its core functions as defined in the Constitution:
- (a) to develop a high-level, systemic approach to identify the essential functions of WHO that should be funded in a sustainable manner;
 - (b) to assess the level of costing of the essential functions identified in (a);
 - (c) to identify and recommend the appropriate sources for their funding and options to improve sustainable financing and alignment in support of the essential functions, including possibilities for cost saving and efficiencies; and
 - (d) undertake any additional work, as appropriate, to enable sustainable financing;
- (2) that the Working Group shall take into account relevant work of WHO and other relevant bodies and organizations on sustainable financing;
- (3) that following regional consultations to be finalized by 15 February 2021, the Working Group shall have six officers (a Chair and five Vice-Chairs), one from each WHO region;
- (4) that the Chair and the Vice-Chairs shall facilitate the work of the Working Group in close dialogue with its membership;
- (5) that the Working Group shall convene its first meeting by March 2021;

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

² Document EB148/26.

- (6) that meetings of the Working Group shall be held either in person, virtually or in hybrid format, depending on the epidemiological situation;
- (7) that the Working Group shall submit an interim report on its work to the Seventy-fourth World Health Assembly, through the thirty-fourth meeting of the Programme, Budget and Administration Committee of the Executive Board, as well as to the regional committees in 2021, and shall submit its final report with its recommendations and other findings for consideration by the Executive Board at its 150th session, through the thirty-fifth meeting of the Programme, Budget and Administration Committee;
- (8) to request the Director-General to:
- (a) support the convening of the Working Group, as frequently as necessary, prior to the 150th session of the Executive Board;
 - (b) provide complete, relevant and timely information to the Working Group for its discussions; and
 - (c) allocate the necessary resources for the Working Group to carry out its mandate.

(Thirteenth meeting, 25 January 2021)

EB148(13) The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections¹

The Executive Board, having considered the report on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021,² decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, decided:

- (1) to confirm the objective of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections to contribute to the achievement of Sustainable Development Goal target 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases) and other communicable disease-related goals and targets;
- (2) to request the Director-General, building on the work already under way, to undertake a broad consultative process to develop global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, as appropriate, in full consultation with Member States,³ taking into consideration the relevant strategies of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and taking into account the views of all relevant stakeholders,

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

² Document EB148/37.

³ And, where applicable, regional economic integration organizations.

ensuring that the health sector strategies remain based on qualitative and quantitative scientific evidence for the achievement of commitments for HIV, viral hepatitis and sexually transmitted infections, including Sustainable Development Goal target 3.3 and other related goals and targets, for consideration by the Seventy-fifth World Health Assembly in 2022, through the Executive Board at its 150th session.

(Fourteenth meeting, 25 January 2021)

EB148(14) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel,¹ awarded the Sasakawa Health Prize for 2021 to Dr Wu Hao, Director of the Fangzhuang Community Health Service Center, China, and to Dr Amal Saif Al-Maani, Director of the Central Department of Infection Prevention and Control in the Ministry of Health, Oman.

Dr Wu Hao has been nominated for his extensive leadership in developing an intelligent family physician-optimized collaborative model (IFOCM), which has been adapted and applied during the coronavirus disease (COVID-19) epidemic. Dr Amal Saif Al-Maani has been nominated for her leadership in establishing a system for antimicrobial resistance surveillance at the national level, which enabled Oman to become part of the Global Antimicrobial Resistance Surveillance System. Each laureate, as an individual, will receive a statuette and US\$ 20 000.

(Fifteenth meeting, 26 January 2021)

EB148(15) Award of the 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,² decided to award the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2021 to the National Center for Gerontology (China) for its outstanding contribution to research in the areas of health care for the elderly and in health promotion. The laureate will receive a plaque and US\$ 20 000.

(Fifteenth meeting, 26 January 2021)

EB148(16) 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,³ awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2021 to the State Institution, “National Research Center for Radiation Medicine of the National Academy of Medical Sciences of Ukraine” for its outstanding contribution to public health. The laureate will receive a plaque and US\$ 100 000.

(Fifteenth meeting, 26 January 2021)

¹ Document EB148/43, section 1.

² Document EB148/43, section 2.

³ Document EB148/43, section 3.

EB148(17) Award of the Nelson Mandela Award for Health Promotion

The Executive Board, having considered the report of the Nelson Mandela Award Selection Panel,¹ decided to award the Nelson Mandela Award for Health Promotion for 2021 to the Thai Health Promotion Foundation (ThaiHealth), Thailand, for its significant contribution to health promotion. The laureate will receive a plaque.

(Fifteenth meeting, 26 January 2021)

EB148(18) Provisional agenda of the Seventy-fourth World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Seventy-fourth World Health Assembly,² and recalling its earlier decision that the Seventy-fourth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Monday, 24 May 2021, and closing no later than Tuesday, 1 June 2021,³ approved the provisional agenda of the Seventy-fourth World Health Assembly.

(Sixteenth meeting, 26 January 2021)

EB148(19) Date and place of the 149th session of the Executive Board

The Executive Board decided:

- (1) that its 149th session should be convened on Wednesday, 2 June 2021, at WHO headquarters, Geneva;
- (2) that, in the event that limitations to physical meetings preclude the holding of the 149th session of the Executive Board in June 2021 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.

(Sixteenth meeting, 26 January 2021)

¹ Document EB148/43, section 4.

² Document EB148/41.

³ See decision EB147(7) (2020).

ANNEX 5

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

Resolution EB148.R1: Oral health
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this resolution would contribute:</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>1.3.4. Research and development agenda defined and research coordinated in line with public health priorities</p> <p>3.1.2. Countries enabled to address environmental determinants of health, including climate change</p> <p>3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</p>
<p>2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the resolution:</p> <p>Seven years.</p>
B. Resource implications for the Secretariat for implementation of the resolution
<p>1. Total resource requirements to implement the resolution, in US\$ millions:</p> <p>Biennium 2020–2021: US\$ 1.7 million.</p> <p>Biennium 2022–2023: US\$ 3.6 million.</p> <p>Period 2024–2027: US\$ 7.2 million.</p> <p>Total cost: US\$ 12.5 million over seven years.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 1.7 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Zero.</p>

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 3.6 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: US\$ 7.2 million.
5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions – Resources available to fund the resolution in the current biennium: US\$ 1.05 million. – Remaining financing gap in the current biennium: US\$ 0.65 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: On course to raise US\$ 0.2 million 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		
2020–2021 resources already planned	Staff	0.6	0.0	0.0	0.0	0.0	0.0	1.1	1.7
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.6	0.0	0.0	0.0	0.0	0.0	1.1	1.7
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.6	0.0	0.4	0.0	0.4	0.0	1.4	2.8
	Activities	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.8
	Total	0.7	0.1	0.5	0.1	0.5	0.1	1.6	3.6
Future bienniums resources to be planned	Staff	1.2	0.0	0.8	0.0	0.8	0.0	2.8	5.6
	Activities	0.2	0.2	0.2	0.2	0.2	0.2	0.4	1.6
	Total	1.4	0.2	1.0	0.2	1.0	0.2	3.2	7.2

Resolution EB148.R2: Social determinants of health
A. Link to the approved Programme budget 2020–2021
1. Output(s) in the approved Programme budget 2020–2021 to which this resolution would contribute: 3.1.1. Countries enabled to address social determinants of health across the life course
2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.

<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the resolution: Two years.</p>
<p>B. Resource implications for the Secretariat for implementation of the resolution</p>
<p>1. Total resource requirements to implement the resolution, in US\$ millions: Total cost: US\$ 5.08 million (staff US\$ 2.78 million, activities US\$ 2.3 million).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 2.47 million is planned for in the approved Programme budget 2020–2021 that is applicable to staff costs and activities for development of a global report on social determinants of health and related information gathering on best practices for addressing the social determinants of health, as well as for consolidating information on social determinants of health indicators.</p> <p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 2.61 million. Regions: to cover partial costs of staff at professional level with international expertise in social determinants of health, with knowledge of the respective region. Headquarters: staff requirements at professional level to provide support to WHO’s work on the social determinants of health, with a small component for general service staff capacity.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the resolution in the current biennium: US\$ 2.47 million. – 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.

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		
2020–2021 resources already planned	Staff	0.16	0.13	0.13	0.13	0.12	0.14	0.56	1.37
	Activities	0.13	0.13	0.13	0.12	0.12	0.12	0.35	1.10
	Total	0.29	0.26	0.26	0.25	0.24	0.26	0.91	2.47
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.17	0.13	0.13	0.14	0.12	0.14	0.58	1.41
	Activities	0.12	0.13	0.12	0.13	0.13	0.12	0.45	1.20
	Total	0.29	0.26	0.25	0.27	0.25	0.26	1.03	2.61
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Resolution EB148.R3: Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories

Resolution EB148.R4: Salaries of staff in ungraded positions and of the Director-General

Resolution EB148.R5: Confirmation of amendments to the Staff Rules: payments and deductions, recruitment policies, and abolition of post

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which these resolutions would contribute:

4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

2. Short justification for considering the resolutions, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolutions:

With respect to **resolution 3** (concerning salaries for staff in the professional and higher categories and common scale of assessment), the relevant amendments to the Staff Rules will take effect from 1 January 2021.

With respect to **resolution 4** (concerning remuneration of staff in ungraded positions and the Director-General), the relevant adjustments in remuneration will take effect from 1 January 2021.

With respect to **resolution 5** (concerning payments and deductions, recruitment policies, and abolition of post), the relevant amendments to the Staff Rules will take effect from 1 January 2021. There is no defined end date for implementation.

B. Resource implications for the Secretariat for implementation of the resolutions	
1. Total resource requirements to implement the resolutions, in US\$ millions:	<p>The resource requirements for the three resolutions are already included within what is planned under the approved Programme budget 2020–2021.</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>
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	Not applicable.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.
5. Level of available resources to fund the implementation of the resolutions in the current biennium, in US\$ millions	
– Resources available to fund the resolutions 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.

Resolution EB148.R6: The highest attainable standard of health for persons with disabilities
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this resolution would contribute:</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>1.3.4. Research and development agenda defined and research coordinated in line with public health priorities</p> <p>2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p> <p>3.1.2. Countries enabled to address environmental determinants of health, including climate change</p> <p>4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts</p> <p>4.2.6. “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored</p>
<p>2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the resolution:</p> <p>Five years.</p>
B. Resource implications for the Secretariat for implementation of the resolution
<p>1. Total resource requirements to implement the resolution, in US\$ millions:</p> <p>US\$ 15 million over five years.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 2 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Zero.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 5 million.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Biennium 2024–2025: US\$ 8 million.</p>

- 5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions**
- **Resources available to fund the resolution in the current biennium:**
US\$ 1 million.
 - **Remaining financing gap in the current biennium:**
US\$ 1 million.
 - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
On course to raise US\$ 0.5 million in the current biennium and there are ongoing efforts to raise an additional US\$ 0.5 million.

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		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	1.6	1.6
	Activities	–	–	–	–	–	–	0.4	0.4
	Total	–	–	–	–	–	–	2.0	2.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.2	0.2	0.4	0.2	0.3	0.4	0.8	2.5
	Activities	0.3	0.3	0.3	0.3	0.3	0.3	0.7	2.5
	Total	0.5	0.5	0.7	0.5	0.6	0.7	1.5	5.0
Future bienniums resources to be planned	Staff	0.6	0.2	0.4	0.2	0.4	0.6	0.8	3.2
	Activities	0.9	0.3	0.6	0.3	0.6	0.9	1.2	4.8
	Total	1.5	0.5	1.0	0.5	1.0	1.5	2.0	8.0

Decision EB148(2): Strengthening WHO’s global health emergency preparedness and response

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:
Concerns all outputs of strategic pillar 2.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:
Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:
Not applicable.

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

Decision EB148(3): Promoting mental health preparedness and response for public health emergencies	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:	<p>2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p> <p>2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated</p> <p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings</p>
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	Five years.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 33.6 million (staff US\$ 18.3 million, activities US\$ 15.3 million).
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 8.7 million (staff US\$ 3.6 million, activities US\$ 5.1 million).
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	US\$ 12.4 million (staff US\$ 7.3 million, activities US\$ 5.1 million).
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	US\$ 12.5 million (staff US\$ 7.4 million, activities US\$ 5.1 million).

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\$ 0.50 million.
– Remaining financing gap in the current biennium: US\$ 8.2 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)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.67	0.67	0.35	0.67	0.38	0.38	0.48	3.60
	Activities	0.50	0.50	0.50	0.50	0.50	0.50	2.10	5.10
	Total	1.18	1.18	0.86	1.18	0.89	0.89	2.58	8.70
2020–2021 additional resources required	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	1.36	1.36	0.72	1.36	0.77	0.78	0.95	7.30
	Activities	0.60	0.60	0.60	0.60	0.60	0.60	1.50	5.10
	Total	1.96	1.96	1.32	1.96	1.37	1.38	2.46	12.40
2024–2025 resources to be planned	Staff	1.37	1.37	0.74	1.38	0.78	0.78	0.98	7.40
	Activities	0.60	0.60	0.60	0.60	0.60	0.60	1.50	5.10
	Total	1.97	1.97	1.34	1.98	1.38	1.38	2.48	12.5

^a The row and column totals may not always add up, due to rounding.

Decision EB148(4): Preventing sexual exploitation, abuse and harassment
A. Link to the approved Programme budget 2020–2021
1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute: 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
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.

<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <ul style="list-style-type: none"> • To undertake and coordinate training and prevention activities (awareness-raising, communication, development of background materials) on sexual exploitation and abuse and sexual harassment; and • To manage “reports of concern” involving abusive conduct (that is sexual exploitation and abuse and sexual harassment, as well as other types of abusive conduct addressed in the upcoming policy). <p>Note: There are additional elements related to the implementation of the draft decision that require further analysis, including in relation to “strengthening WHO’s current prevention capacity in emergencies”. These and other related elements towards achieving the objectives of the draft decision are being developed in the context of a holistic and integrated approach to preventing sexual exploitation, abuse and harassment</p>
<p>4. Estimated time frame (in years or months) to implement the decision: Three years as costed, then continuing indefinitely as a policy integrated into each Programme budget.</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions: US\$ 4.31 million.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 0.17 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 0.76 million.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 3.38 million.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: To be determined.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 0.18 million. Note: Re-programming of the existing activities funds. – Remaining financing gap in the current biennium: US\$ 0.75 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Funding gap to be dealt with through the re-programming of existing funding.

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		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.16	0.16
	Activities	–	–	–	–	–	–	0.01	0.01
	Total	–	–	–	–	–	–	0.17	0.17
2020–2021 additional resources	Staff	–	–	–	–	–	–	0.65	0.65
	Activities	–	–	–	–	–	–	0.11	0.11
	Total	–	–	–	–	–	–	0.76	0.76
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	3.23	3.23
	Activities	–	–	–	–	–	–	0.15	0.15
	Total	–	–	–	–	–	–	3.38	3.38
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB148(5): Global action on patient safety
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted: 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>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: 10 years (2021–2030).</p>
B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total resource requirements to implement the decision, in US\$ millions: US\$ 149.2 million (over 10 years).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 7.3 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 28.7 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: US\$ 113.2 million.
5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 3.3 million. – Remaining financing gap in the current biennium: US\$ 4.0 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)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.3	0.3	0.2	0.3	0.2	0.3	1.6	3.2
	Activities	0.5	0.3	0.5	0.4	0.5	0.4	1.5	4.1
	Total	0.8	0.6	0.7	0.7	0.7	0.7	3.1	7.3
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	2.1	1.4	1.8	1.4	2.0	1.3	3.7	13.7
	Activities	2.4	1.3	2.3	1.7	2.2	2.0	3.1	15.0
	Total	4.5	2.7	4.1	3.1	4.2	3.4	6.8	28.7
Future bienniums resources to be planned	Staff	8.3	5.6	6.9	5.5	7.9	5.3	14.5	54.0
	Activities	9.3	5.2	8.9	6.8	8.5	8.1	12.3	59.2
	Total	17.6	10.8	15.8	12.3	16.4	13.4	26.8	113.2

^a The row and column totals may not always add up, due to rounding.

Decision EB148(6): Addressing diabetes as a public health problem
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</p>
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>Development of a workplan 2021–2023 to promote and monitor global action on the implementation of the diabetes-related objectives in WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030 and promote the implementation of the workplan (three years).</p> <p>Development of an annex to the Director-General’s report to be submitted to the Seventy-fourth World Health Assembly on the follow-up to the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, setting out major obstacles in meeting the diabetes-related targets in WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030 (three months).</p>
B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total resource requirements to implement the decision, in US\$ millions:</p> <p>US\$ 76.0 million (staff US\$ 38.0 million, activities US\$ 38.0 million).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 32.0 million (staff US\$ 16.0 million, activities US\$ 16.0 million).</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 44.0 million (staff US\$ 22.0 million, activities US\$ 22.0 million).</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Not applicable.</p>

- 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\$ 16.0 million.
 - **Remaining financing gap in the current biennium:**
US\$ 16.0 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		
2020–2021 resources already planned	Staff	2.2	1.8	2.2	1.8	2.2	1.8	4.0	16.0
	Activities	2.0	2.0	2.0	2.0	2.0	2.0	4.0	16.0
	Total	4.2	3.8	4.2	3.8	4.2	3.8	8.0	32.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	3.3	2.7	3.3	2.7	3.3	2.7	4.0	22.0
	Activities	3.0	3.0	3.0	3.0	3.0	3.0	4.0	22.0
	Total	6.3	5.7	6.3	5.7	6.3	5.7	8.0	44.0
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB148(7): Follow-up of the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

A. Link to the approved Programme budget 2020–2021

- 1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:**
 - 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 develop and implement technical packages to address risk factors reduced through multisectoral action
- 2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:**
Not applicable.
- 3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:**
Not applicable.

<p>4. Estimated time frame (in years or months) to implement the decision: 14 months.</p> <p>Development of a road map 2023–2030 for the WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030 (February 2021–May 2022).</p> <p>Development of an options paper for the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (February–December 2021).</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions: US\$ 2.2 million (staff US\$ 1.15 million, activities US\$ 1.05 million).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 2.1 million (staff US\$ 1.1 million, activities US\$ 1.0 million).</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 0.1 million.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 2.1 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)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.15	0.10	0.10	0.10	0.15	0.10	0.40	1.10
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.40	1.00
	Total	0.25	0.20	0.20	0.20	0.25	0.20	0.80	2.10
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	0.05	0.05
	Activities	–	–	–	–	–	–	0.05	0.05
	Total	–	–	–	–	–	–	0.10	0.10
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB148(8): Non-State actors in official relations with WHO**A. Link to the approved Programme budget 2020–2021****1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:**

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

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

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Not applicable.

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

Official relations with non-State actors is a standing agenda item of the first annual 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. Resource implications for the Secretariat for implementation of the decision**1. Total resource requirements to implement the decision, in US\$ millions:**

Resources (both income and expenses) associated with interactions with non-State actors in official relations are part of the regular planning cycle and are not calculated separately.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:

Not applicable.

<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: Not applicable.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: 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.

<p>Decision EB148(9): WHO reform: governance</p>
<p>A. Link to the approved Programme budget 2020–2021</p>
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute: 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>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: Not applicable.</p>

B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total resource requirements to implement the decision, in US\$ millions: The decision can be implemented fully by existing staff. There are no additional resource requirements.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: Not applicable.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: 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.

Decision EB148(10):	World Neglected Tropical Diseases Day
A. Link to the approved Programme budget 2020–2021	
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute: 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p>	
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.</p>	

<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: No end date is envisaged, but the decision costed here is up to biennium 2024–2025.</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions: US\$ 2.44 million. Some technical and communications staff time plus opportunity costs will also be accommodated as part of regular, planned work but these are integrated with existing plans and are not disaggregated here. The budget plans shown in the present document represent the amounts that will be committed exclusively for delivering World Neglected Tropical Diseases Day.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 0.47 million. This represents the resources required for the first World Neglected Tropical Diseases Day, in January 2021.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 0.98 million. This represents the resources required for two World Neglected Tropical Diseases Days, in January 2022 and January 2023.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: US\$ 0.99 million. This represents the resources required for two World Neglected Tropical Diseases Days, in January 2024 and January 2025.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 0.47 million. – 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.

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		
2020–2021 resources already planned	Staff	0.04	0.04	0.03	0.04	0.03	0.04	0.09	0.31
	Activities	0.01	0.01	0.01	0.01	0.01	0.01	0.10	0.16
	Total	0.05	0.05	0.04	0.05	0.04	0.05	0.19	0.47
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.09	0.08	0.07	0.08	0.07	0.08	0.18	0.65
	Activities	0.02	0.02	0.02	0.02	0.02	0.02	0.21	0.33
	Total	0.11	0.10	0.09	0.10	0.09	0.10	0.39	0.98
Future bienniums resources to be planned	Staff	0.09	0.08	0.07	0.08	0.07	0.08	0.18	0.65
	Activities	0.02	0.02	0.02	0.02	0.02	0.02	0.22	0.34
	Total	0.11	0.10	0.09	0.10	0.09	0.10	0.40	0.99

Decision EB148(12): Sustainable financing
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:</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>4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships</p>
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>16 months (February 2021–May 2022).</p>
B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total resource requirements to implement the decision, in US\$ millions:</p> <p>US\$ 0.35 million, assuming preparations for six meetings.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 0.29 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Not applicable.</p>

Decision EB148(13):	The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:	<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>
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	18 months.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 1.13 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 0.77 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	US\$ 0.36 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.

