In the context of WHO governance reforms, this document presents the implications of the Sixty-eighth World Health Assembly resolution on the framework for engagement with non-state actors, discussions on strategic budget space allocation and options to strengthen the Regional Committee agenda-setting process.

Member States have requested a more responsive, transparent and efficient agenda-setting process for sessions of the Regional Committee. Agenda items fall into three broad categories: mandatory agenda items, such as the Report of the Regional Director; technical issues raised by Member States or the Secretariat; and other standard items including the address by the Chair. The agenda is drawn up by the Regional Director in consultation with the Chair. This process aligns broadly with all but two regions (the Region of the Americas and the European Region) (see Annex 4). The Regional Committee is requested to consider for decision the proposed steps and timeline (below) to strengthen and streamline the agenda-setting process.

Two decisions and three resolutions of the Sixty-eighth World Health Assembly that are relevant to the Region will be discussed under corresponding agenda items during the sixty-sixth session of the Regional Committee. The Regional Committee's attention is also drawn to two items on the agenda of the 138th session of the Executive Board.
1. CURRENT SITUATION

WORLD HEALTH ASSEMBLY DECISIONS AND RESOLUTIONS
OF INTEREST TO THE REGION

The Sixty-eighth World Health Assembly adopted 20 resolutions and 15 decisions (Annex 1). The World Health Assembly decisions and resolutions below will be addressed in the corresponding agenda items of the sixty-sixth session of the WHO Regional Committee for the Western Pacific:

Decision WHA68(10) 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola (agenda item 14)

Decision WHA67(13) Multisectoral action for a life course approach to healthy ageing (agenda item 14)

Resolution WHA68.5 The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation (agenda item 14)

Resolution WHA67.15 Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children (agenda item 12)

Resolution WHA67.24 Follow-up of the Recife Political Declaration on Human Resources for health: renewed commitment towards universal health coverage (agenda item 11)

All of the above decisions and resolutions are attached as Annex 2.

The Regional Committee's attention is also drawn to the following items on the agenda of the 138th Session of the Executive Board. The draft provisional agenda is attached as Annex 3.

Decision EB136(13) and EB138/1 agenda item 6.4 Follow up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases (agenda item 14)

EB138/1 agenda item 9.2 Global health sector strategies for HIV, Viral Hepatitis and Sexually Transmitted Diseases 2016–2021 (agenda item 9)
RESOLUTION WHA68.9 : FRAMEWORK OF ENGAGEMENT WITH NON-STATE ACTORS

Background

The objective of WHO's engagement with non-State actors is to work towards the fulfilment of the Organization's mandate by making better use of non-State actors' resources, including knowledge, expertise, commodities, personnel and finances. The framework outlines the objectives, principles and boundaries for engagement; definitions of actors and interactions; and strengthening management of engagement with a focus on due diligence, risk assessment and management, as well as ways to increase transparency. To finalize the draft framework, the Sixty-eighth session of the World Health Assembly decided to convene an intergovernmental meeting later this year.

Relevance to the Region

The framework would replace the principles governing relations between WHO and nongovernment organizations (resolution WHA40.25 in 1987) and the guidelines on working with the private sector (noted by the Executive Board in 2001).

Recommended actions for Member States

Member States are invited to review the draft Framework of Engagement with Non-State Actors on the basis of resolution WHA68.9, which will be presented for discussion during the 138th session of the Executive Board in January 2016.

STRATEGIC BUDGET SPACE ALLOCATION

Background

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

The proposed model recommended by the working group was presented to the Programme, Budget and Administration Committee in January 2015 and to the 136th session of the Executive Board in January 2015. The Executive Board requested that the working group further develop operational segment 1 (technical cooperation at country level) and decided to expand the membership of the working group to two Member States per region.
The revised model recommended by the expanded working group was presented the 137th session of the Executive Board in May 2015.

Relevance to the Region

China and Malaysia have joined the working group on behalf of the Western Pacific Region. The agreed model changes the allocation for the Western Pacific Region.

The 137th session of the Executive Board recommended that the Sixty-ninth World Health Assembly endorse the proposed model recommended by the Working Group on Strategic Budget Space Allocation. The Executive Board recommended that the model be implemented over three to four bienniums to minimize negative budgetary impact. The Executive Board also recommended that the Director-General report every biennium on the new model and that the model be reviewed at least every six years to assess the model's relevance to country needs and its impact on regional budget envelopes.

Recommended actions for Member States

Member States are invited to review the proposed model on segment 1, on the basis of decision EB137(7), which will be presented at the Sixty-ninth World Health Assembly.

AGENDA-SETTING FOR SESSIONS OF THE REGIONAL COMMITTEE

Background

In accordance with the WHO Constitution (Articles 48 and 49), regional committees or their equivalent1 – subsidiary organs of WHO governing bodies2 – have adopted their own rules of procedure and convene a regular annual session, to address the specific public health needs of the region. The rules of procedure in each region list items to be included in the provisional agenda and broadly set out the process of drawing up the agenda (Annex 4).

As part of WHO’s continuing governance reforms, the World Health Assembly and the Executive Board have discussed strengthening the strategic role, inclusiveness, accountability, transparency and efficiency of the governing bodies and their subsidiary organs.

---

1 The Directing Committee is the regional committee equivalent in the WHO Region of the Americas.
2 WHO’s governing bodies are the World Health Assembly and the Executive Board.
At the 136th session of the Executive Board in January 2015, Member States from
Western Pacific Region expressed support for efforts to better manage the agenda for meetings of
governing bodies. They sought feedback on the Secretariat’s experience concerning new agenda
items.\(^3\) This prompted the Regional Office to propose a more effective agenda-setting process, which
Member States may endorse at the sixty-sixth session of the Regional Committee in October 2015.

*Structure and types of agenda in the Western Pacific Region*

Sessions of the Regional Committee are traditionally week-long events from Monday to
Friday. Member States meet to deliberate, reflect and make important decisions to improve health
outcomes in the Region. Sessions of the Regional Committee usually contain seven types of agenda
items that can be grouped into three categories: mandatory items; technical items proposed by
Member States or the Secretariat; and fixed items (Table 1).

**Table 1**

<table>
<thead>
<tr>
<th>Agenda type</th>
<th>Number of agenda</th>
<th>Nature of the agenda</th>
<th>Proposer</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Budget</td>
<td>1 or 2</td>
<td>Mandated by the Constitution of the World Health Organization</td>
<td>Secretariat</td>
<td>Yes</td>
</tr>
<tr>
<td>Technical items</td>
<td>4 to 5</td>
<td>Requested by Member States or proposed by the Secretariat. The agenda is usually synchronized with the cycle of the regional frameworks and World Health Assembly resolutions</td>
<td>Member States and Secretariat</td>
<td>Yes</td>
</tr>
<tr>
<td>Technical panel</td>
<td>0 or 1</td>
<td>A technical item that is particularly important for the Region raised by and supported by Member States may include a technical panel</td>
<td>Member States and Secretariat</td>
<td>Yes</td>
</tr>
<tr>
<td>Progress report</td>
<td>6 to 8 group into two</td>
<td>Mandated by resolution but timing of reporting can be proposed by Member States and the Secretariat</td>
<td>Member States and Secretariat</td>
<td>No</td>
</tr>
<tr>
<td>Coordination with the World Health Assembly and the Executive Board</td>
<td>2 to 3 items</td>
<td>Suggested by the governing bodies (World Health Assembly and the Executive Board)</td>
<td>Member States and Secretariat</td>
<td>Yes</td>
</tr>
<tr>
<td>Others</td>
<td>Fixed items</td>
<td>Fixed elements of the meeting:</td>
<td>Secretariat</td>
<td>Some yes</td>
</tr>
</tbody>
</table>

---

In addition to the plenary session, side events are typically held during lunch breaks. Topics for side events are proposed by the Secretariat or Member States. A maximum of six slots can be allocated, depending on the availability of rooms at the venue.

After the closure of the Regional Committee in October, the Regional Director initiates the process of developing a provisional agenda for the following year. The Regional Director shares the provisional agenda with Member States along with a note verbale requesting inputs and proposals. Member States have one month to submit proposals. Throughout this process, the Regional Director coordinates with Member States that submit proposals to further develop the provisional agenda. Finally, in consultation with the Chair, the Regional Director decides on the items to be included in the final agenda. The items are limited to a number that can reasonably be accommodated in the standard structure from the three main categories, as described above.4

Current agenda-setting practices in other regions

The rules of procedure for the regional committees of the WHO regions for Africa, the Eastern Mediterranean, Europe and South-East Asia are broadly harmonized with the Western Pacific in terms of items to be included in the provisional agenda. The Region of the Americas identifies a different set of items, excluding items prescribed by the World Health Assembly and the Executive Board (see Annex 4, Column 2). In terms of the agenda-setting process, all regions are similar, with the exception of Region of the Americas and the European Region (see Annex 4, Column 3).

Proposed steps and timeline for agenda-setting for the Regional Committee for the Western Pacific

The following timeline and steps may be considered for a more responsive, transparent and well-informed agenda-setting process:

- Step 1 (October): At each regular session, the Regional Committee discusses proposed items to be included on the provisional agenda for the next session. For example, at the sixty-seventh session in 2016, the Regional Committee would discuss items for the provisional agenda of the sixty-eighth session in 2017. For each proposed item, the Regional Committee may decide to include the item on the provisional agenda, or to allow

---

4 Since the items proposed by Member States are usually too numerous to all be accommodated in the main agenda, some are dealt with through side events and others are tabled for future sessions of the Regional Committee.
for further consideration of the item, which may subsequently be included on the provisional agenda.

- **Step 2 (January):** On the occasion of the Executive Board meeting in January, the Regional Director exchanges views on the provisional agenda with the Region's Executive Board members.

- **Step 3 (January-February):** The Regional Director revises the provisional agenda as appropriate, taking into consideration any comments by the Region's Executive Board members. The Regional Director circulates the revised provisional agenda to Member States for comment. Member States may propose additional items.

- **Step 4 (March):** The Regional Director coordinates with Member States on item proposals and further develops the provisional agenda.

- **Step 5 (March):** The Regional Director, in consultation with the Chair, finalizes the provisional agenda.

The Regional Director, in consultation with the Chair, may include additional items in a supplementary agenda for issues arising or reaching the Regional Director up to 21 days before the opening of the session, or after 21 days if the Regional Committee agrees, in accordance with Rule 9 of the *Rules of Procedure of the Regional Committee for the Western*.

Figure 1 below provides a comparison of the current and proposed steps and timeline for the agenda-setting process.
Recommended actions for Member States

The Regional Committee is requested to consider for decision, the steps and timeline (above) to strengthen the agenda-setting process.
### RESOLUTIONS AND DECISIONS ADOPTED BY THE SIXTY-EIGHTH WORLD HEALTH ASSEMBLY

<table>
<thead>
<tr>
<th>Resolution number</th>
<th>Title of resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA68.1</td>
<td>Programme budget 2016–2017</td>
</tr>
<tr>
<td>WHA68.2</td>
<td>Global technical strategy and targets for malaria 2016–2030</td>
</tr>
<tr>
<td>WHA68.3</td>
<td>Poliomyelitis</td>
</tr>
<tr>
<td>WHA68.4</td>
<td>Yellow fever risk mapping and recommended vaccination for travellers</td>
</tr>
<tr>
<td>WHA68.5</td>
<td>The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation</td>
</tr>
<tr>
<td>WHA68.6</td>
<td>Global vaccine action plan</td>
</tr>
<tr>
<td>WHA68.7</td>
<td>Global action plan on antimicrobial resistance</td>
</tr>
<tr>
<td>WHA68.8</td>
<td>Health and the environment: addressing the health impact of air pollution</td>
</tr>
<tr>
<td>WHA68.9</td>
<td>Framework of engagement with non-State actors</td>
</tr>
<tr>
<td>WHA68.10</td>
<td>Financial report and audited financial statements for the year ended 31 December 2014</td>
</tr>
<tr>
<td>WHA68.11</td>
<td>Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution</td>
</tr>
<tr>
<td>WHA68.12</td>
<td>Scale of assessments for 2016–2017</td>
</tr>
<tr>
<td>WHA68.13</td>
<td>Report of the External Auditor</td>
</tr>
<tr>
<td>WHA68.14</td>
<td>Appointment of the External Auditor</td>
</tr>
<tr>
<td>WHA68.15</td>
<td>Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage</td>
</tr>
<tr>
<td>WHA68.16</td>
<td>Salaries of staff in ungraded posts and of the Director-General</td>
</tr>
<tr>
<td>WHA68.17</td>
<td>Amendments to the Staff Regulations</td>
</tr>
<tr>
<td>WHA68.18</td>
<td>Global strategy and plan of action on public health, innovation and intellectual property</td>
</tr>
<tr>
<td>WHA68.19</td>
<td>Outcome of the Second International Conference on Nutrition</td>
</tr>
<tr>
<td>WHA68.20</td>
<td>Global burden of epilepsy and need for coordinated action at the country level to address its health, social and public knowledge implications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision number</th>
<th>Title of decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA68(1)</td>
<td>Composition of the Committee on Credentials</td>
</tr>
<tr>
<td>WHA68(2)</td>
<td>Election of officers of the Sixty-eighth World Health Assembly</td>
</tr>
<tr>
<td>WHA68(3)</td>
<td>Election of officers of the main committees</td>
</tr>
<tr>
<td>WHA68(4)</td>
<td>Establishment of the General Committee</td>
</tr>
</tbody>
</table>
Annex 1

<table>
<thead>
<tr>
<th>Decision number</th>
<th>Title of decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA68(5)</td>
<td>Adoption of the agenda</td>
</tr>
<tr>
<td>WHA68(6)</td>
<td>Verification of credentials</td>
</tr>
<tr>
<td>WHA68(7)</td>
<td>Election of Members entitled to designate a person to serve on the Executive Board</td>
</tr>
<tr>
<td>WHA68(8)</td>
<td>Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan</td>
</tr>
<tr>
<td>WHA68(9)</td>
<td>Poliomyelitis</td>
</tr>
<tr>
<td>WHA68(10)</td>
<td>2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola</td>
</tr>
<tr>
<td>WHA68(11)</td>
<td>WHO Global Code of Practice on the international Recruitment of Health Personnel</td>
</tr>
<tr>
<td>WHA68(12)</td>
<td>Substandard/spurious/falsely-labelled/falsified/counterfeit medical products</td>
</tr>
<tr>
<td>WHA68(13)</td>
<td>Appointment of representatives to the WHO Staff Pension Committee</td>
</tr>
<tr>
<td>WHA68(14)</td>
<td>Maternal, infant and young child nutrition: development of the core set of indicators</td>
</tr>
<tr>
<td>WHA68(15)</td>
<td>Selection of the country in which the Sixty-ninth World Health Assembly would be held</td>
</tr>
</tbody>
</table>
Decision

WHA68(10) 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola

The Sixty-eighth World Health Assembly, having recalled the resolution adopted by the Executive Board at its Special Session on Ebola on 25 January 2015,1

**Interim assessment**

1. Welcomed the preliminary report of the Ebola Interim Assessment Panel appearing in document A68/25;

2. Thanked the Ebola Interim Assessment Panel for its work to date;

3. Requested the Ebola Interim Assessment Panel to continue its work as mandated by the Executive Board at its Special Session on Ebola, and to issue a final report to be made available to the Director-General not later than 31 July 2015.

**International Health Regulations (2005)**

1. Requested the Director-General to establish a Review Committee under the International Health Regulation’s (2005) to examine the role of the International Health Regulations (2005) in the Ebola outbreak and response, with the following objectives:

   (a) to assess the effectiveness of the International Health Regulations (2005) with regard to the prevention, preparedness and response to the Ebola outbreak, with a particular focus on notification and related incentives, temporary recommendations, additional measures, declaration of a public health emergency of international concern, national core capacities, and context and links to the Emergency Response Framework2 and other humanitarian responsibilities of the Organization;

   (b) to assess the status of implementation of recommendations from the previous Review Committee in 20113 and related impact on the current Ebola outbreak;

---

1 Resolution EBSS3.R1.
2 See resolution WHA65.20.
3 See document A64/10.
(c) to recommend steps to improve the functioning, transparency, effectiveness and efficiency of the International Health Regulations (2005), including WHO response, and to strengthen preparedness and response for future emergencies with health consequences, with proposed timelines for any such steps;

2. Requested the Director-General to convene the International Health Regulations (2005) Review Committee as provided by the International Health Regulations (2005) in August 2015, and to report on its progress to the Sixty-ninth World Health Assembly in May 2016;

3. Agreed to support west and central African States and other at-risk States to achieve full implementation of the International Health Regulations (2005), including meeting the requirements of the core capacities, by June 2019;

4. Noted the recommendation of the Ebola Interim Assessment Panel for WHO to propose a plan with resourcing requirements to be shared with Member States and other relevant stakeholders to develop the core public health capacities for all countries in respect of the International Health Regulations (2005), and further to explore mechanisms and options for objective analysis through self-assessment and, on a voluntary basis, peer-review and/or external evaluation for the requesting Member States.

Global health emergency workforce

1. Welcomed the Director-General’s efforts to provide an initial conceptual plan for a global health emergency workforce to respond to outbreaks and emergencies with health consequences, as part of the dedicated structure and functions of the wider emergency response programme, which would unite and direct all WHO outbreak and emergency response operations within the WHO mandate, across the three levels of the Organization, and under the direct supervision of the Director-General, in support of countries’ own response;

2. Reiterated that WHO emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the Constitution of the World Health Organization and in a manner consistent with the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness, and country ownership;

3. Emphasized the importance of WHO building capacity in its areas of comparative advantage and drawing extensively on the capacities of other United Nation agencies, funds and programmes, the Global Outbreak Alert and Response Network, foreign medical teams and stand-by partners and the lead role of WHO in the Global Health Cluster;

4. Requested the Director-General to report on progress on the establishment, coordination and management of the emergency response programme, including the global health emergency workforce, to the Sixty-ninth World Health Assembly through the 138th Executive Board in January 2016.

---

1 See paragraph 44 of document A68/27.
2 See paragraph 15 of document A68/27.
Contingency fund

1. Welcomed the parameters described in document A68/26, which include the guiding principles that must govern the fund, such as: size, scope, sustainability, operations, voluntary sources of financing and accountability mechanisms;

2. Decided to create a specific, replenishable contingency fund to rapidly scale up WHO’s initial response to outbreaks and emergencies with health consequences,¹ that merges the existing two WHO funds,² with a target capitalization of US$ 100 million fully funded by voluntary contributions, flexible within the fund’s scope;

3. Agreed that the contingency fund will reliably and transparently, including with regard to financial reporting and accountability, provide financing, for a period of up to three months,³ emphasizing predictability, timeliness, and country ownership; humanitarian principles of neutrality, humanity, impartiality, and independence; and practices of good humanitarian donorship;⁴

4. Decided that the contingency fund would be under the authority of the Director-General, with disbursement at his or her discretion;

5. Requested the Director-General to review the scope and criteria of the contingency fund after two years of implementation, and include, in a report to be presented at the Seventieth World Health Assembly in May 2017, proposals to improve the fund’s performance and sustainability;

6. Thanked Member States for contributions already committed to the contingency fund;

7. Requested the Director-General to approach donors to encourage contribution to the contingency fund, including through the next round of the financing dialogue;

8. Requested the Director-General to report on the performance of the contingency fund, including amount raised and spent, value added and for what purpose, to the Sixty-ninth World Health Assembly in May 2016, through the Executive Board at its 138th session in January 2016;

9. Requested the Director-General to prioritize in-field operations in affected countries when using the contingency fund.

Research and development

1. Appreciated the key coordination role played by WHO for ongoing work in development of vaccines, diagnostics and drugs for the Ebola virus disease;

¹ Using the objective criteria set out in the Emergency Response Framework.
³ This may be extended by the Director-General if needed, for an additional period of up to 3 months to support continuity, only if other funding cannot be mobilized by that time.
⁴ See A/58/59/-E/2003/94, annex II.
2. Welcomed the development of a blueprint, in consultation with Member States and relevant stakeholders, for accelerating research and development in epidemics or health emergency situations where there are no, or insufficient, preventive, and curative solutions, taking into account other relevant work streams within WHO;

3. Reaffirmed the global strategy and plan of action on public health, innovation and intellectual property.

Health systems strengthening

1. Welcomed the development of the robust, costed national health system recovery plans for Guinea, Liberia and Sierra Leone, which were presented at the World Bank Spring Meetings on 17 April 2015, as the basis for donor coordination and strategic investments;

2. Requested WHO to continue its coordination role in support of national administrations as they prepare for the United Nations Secretary General’s high-level pledging conference on Ebola, to be held on 10 July 2015;

3. Acknowledged the leadership shown by the Ministries of Health of the three countries in focusing, with support of WHO country offices, on early recovery through emphases on infection prevention and control, reactivation of essential services, immediate health workforce priorities and integrated disease surveillance;

4. Requested the Director-General to continue and enhance the work of the Organization in supporting Member States to be better prepared to respond to emergencies with health consequences by strengthening national health systems.

Way forward

1. Welcomed the Director-General’s commitment to reform the work and culture of WHO in emergencies with health consequences, and in particular to establish effective, clear command and control across the three levels of the Organization;

2. Welcomed the Director-General’s proposal to establish a small, focused expert advisory group to guide and support the further development of reform of WHO’s work in emergencies with health consequences;

3. Requested the Director-General to report on progress on these reforms, and on the other decisions taken herein, to the Sixty-ninth World Health Assembly in May 2016, through the Executive Board at its 138th session in January 2016, and reiterated the request to the Director-General to report annually to the Health Assembly on all Grade 3 and United Nations Inter-Agency Standing Committee Level 3 emergencies where WHO has taken action.

(Ninth plenary meeting, 26 May 2015)
**Decision**

WHA67(13) Multisectoral action for a life course approach to healthy ageing

The Sixty-seventh World Health Assembly, having considered the report on multisectoral action for a life course approach to healthy ageing,\(^1\) recognizing that the proportion of older people in the population is increasing in almost every country, and that there are growing challenges for health systems associated with population ageing, requested the Director-General to develop, in consultation with Member States and other stakeholders and in coordination with the regional offices, and within existing resources, a comprehensive global strategy and plan of action on ageing and health, for consideration by the Executive Board in January 2016 and by the Sixty-ninth World Health Assembly in May 2016.

(Ninth plenary meeting, 24 May 2014)

\(^1\) Document A67/23.
The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

The Sixty-eighth World Health Assembly,

Having considered the report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation;¹

Reminding Member States of their rights and obligations under the International Health Regulations (2005) and their responsibility to the international community;

Recalling the final report of the Review Committee on the Functioning of the International Health Regulations (2005) and on Pandemic Influenza A (H1N1) 2009 transmitted by the Director-General to the Sixty-fourth World Health Assembly;²

Recognizing the establishment of a review committee as required under Articles 5 and 13 of the International Health Regulations (2005) and as provided for in Chapter III of Part IX of the said Regulations;

Commending the successful conclusion of the work of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, the leadership of its chair, the dedication of its distinguished members, and the submission of its report to the Director-General for transmittal to the Sixty-eighth World Health Assembly,

1. URGES Member States to support the implementation of the recommendations contained in the report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation;

¹ Document A68/22 Add.1.
² Document A64/10.
2. REQUESTS the Director-General:

(1) to present an update to the Sixty-ninth World Health Assembly on progress made in taking forward the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation;

(2) to provide technical support to Member States in implementing the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation.
Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children

The Sixty-seventh World Health Assembly,

Having considered the report on addressing the global challenge of violence, in particular against women and girls, and against children;2


Cognizant of the many efforts across the United Nations system to address the challenge of violence, in particular against women and girls, and against children including the International Conference on Population and Development, the Beijing Declaration and Platform for Action, and all relevant United Nations General Assembly and Human Rights Council resolutions, as well as all relevant agreed conclusions of the Commission on the Status of Women;

Noting that violence is defined by the WHO as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”;

Noting also that interpersonal violence, distinguished from self-inflicted violence and collective violence, is divided into family and partner violence and community violence, and includes forms of violence throughout the life course, such as child abuse, partner violence, abuse of the elderly, family members, youth violence, random acts of violence, rape or sexual assault and violence in institutional settings such as schools, workplaces, prisons and nursing homes;3

Recalling the definition of violence against women as stated in the 1993 Declaration on the Elimination of Violence against Women;4

1 See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.
2 Document A67/22.
4 United Nations General Assembly resolution 48/104.
Concerned that the health and well-being of millions of individuals and families is adversely affected by violence and that many cases go unreported;

Further concerned that violence has health-related consequences including death, disability and physical injuries, mental health impacts and sexual and reproductive health consequences, as well as social consequences;

Recognizing that health systems often are not adequately addressing the problem of violence and contributing to a comprehensive multisectoral response;

Deeply concerned that globally, one in three women experience either physical and/or sexual violence, including by their spouses, at least once in their lives;¹

Concerned that violence, in particular against women and girls, is often exacerbated in situations of humanitarian emergencies and post-conflict settings, and recognizing that national health systems have an important role to play in responding to its consequences;

Noting that preventing interpersonal violence against children – boys and girls – can contribute significantly to preventing interpersonal violence against women and girls and children, that being abused and neglected during infancy and childhood makes it more likely that people will grow up to perpetrate violence against women, maltreat their own children, and engage in youth violence, and underscoring that there is good evidence for the effectiveness of parenting-support programmes in preventing child abuse and neglect in order to halt the intergenerational perpetuation of interpersonal violence;

Noting also that violence against girls needs specific attention because they are subjected to forms of violence related to gender inequality that too often remain hidden and unrecognized by society, including by health providers, and while child abuse (physical, emotional) and neglect affects boys and girls equally, girls suffer more sexual violence;

Deeply concerned that violence against women during pregnancy has grave consequences on the health of both the woman and the pregnancy, such as miscarriage and premature labour, and for the baby such as low birth weight, as well as recognizing the opportunity that antenatal care provides for early identification, and prevention of the recurrence of such violence;

Concerned that children, particularly in child-headed households, are vulnerable to violence, including physical, sexual and emotional violence, such as bullying, and reaffirming the need to take action across sectors to promote the safety, support, protection, health care and empowerment of children, especially girls in child-headed households;

Recognizing that boys and young men are among those most affected by interpersonal violence, which contributes greatly to the global burden of premature death, injury and disability, particularly for young men, and has a serious and long-lasting impact on a person’s psychological and social functioning;

¹ World Health Organization, London School of Hygiene and Tropical Medicine, South African Medical Research Council. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization; 2013
Deeply concerned that interpersonal violence, in particular against women and girls, and children, persists in every country in the world as a major global challenge to public health, and is a pervasive violation of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and a major impediment to achieving gender equality, and has negative socioeconomic consequences;

Recognizing that violence against women and girls is a form of discrimination, that power imbalances and structural inequality between men and women are among its root causes, and that effectively addressing violence against women and girls requires action at all levels of government including by the health system, as well as the engagement of civil society, the involvement of men and boys and the adoption and implementation of multifaceted and comprehensive approaches that promote gender equality and empowerment of women and girls and that change harmful attitudes, customs, practices and stereotypes;

Aware that the process under way for the post-2015 development agenda may, in principle, contribute to addressing, from a health perspective, the health consequences of violence, in particular against women and girls, and children, through a comprehensive and multisectoral response;

Acknowledging also the many regional, subregional and national efforts aimed at coordinating prevention and response by health systems, to violence, in particular against women and girls and against children;

Noting with great appreciation the leading role WHO has played in establishing the evidence base on the magnitude, risk and protective factors, consequences, prevention of and response to violence, in particular against women and girls, and against children, in the development of norms and standards, in advocacy and in supporting efforts to strengthen research, prevention programmes and services for those affected by violence;

Also noting that addressing violence, in particular against women and girls and against children is included within the leadership priorities of WHO’s Twelfth General Programme of Work 2014–2019 in particular to address the social, economic and environmental determinants of health;

---

1 Protective factors are those that decrease or buffer against the risk and impact of violence. Although much of the research on violence against women and violence against children has focused on risk factors, it is important for prevention also to understand protective factors. Prevention strategies and programmes aim to decrease risk factors and/or to enhance protective factors

2 Including the World report on violence and health (2002).

3 Including the WHO multi-country study on women’s health and domestic violence against women: initial results on prevalence, health outcomes and women’s responses (2005); Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence (2013); and Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines (2013).

4 This work is carried out mainly by the Department of Violence and Injury Prevention and Disability, the Department of Reproductive Health and Research, the Department for Mental Health and Substance Abuse and the Department for Emergency Risk Management and Humanitarian Response, in close collaboration with regional and country offices.
Recognizing the need to scale up interpersonal violence prevention policies and programmes to which the health system contributes and that while some evidence-based guidance exists on effective interventions, more research and evaluation of these and other interventions is required;

Stressing the importance of preventing interpersonal violence before it begins or reoccurs, and noting that the role of the health system in the prevention of violence, in particular against women and girls, and against children, includes supporting efforts to: reduce child maltreatment, such as through parenting support programmes; address substance abuse including the harmful use of alcohol; prevent the reoccurrence of violence by providing health and psychosocial care and/or rehabilitation for victims and perpetrators and to those who have witnessed violence; and, collect and disseminate evidence on the effectiveness of prevention and response interventions;

Affirming the health system’s role in advocating, as an element of prevention, for interventions to combat the social acceptability and tolerance of interpersonal violence, in particular against women and girls, and against children, emphasizing the role such advocacy can play in promoting societal transformation;

Recognizing that interpersonal violence, in particular against women and girls, and against children, can occur within the health system itself, which can negatively impact the health workforce, the quality of health care provided and lead to disrespect and abuse of patients, and discrimination to access of services provided;

Affirming the important and specific role that national health systems must play in identifying and documenting incidents of violence, and providing clinical care and appropriate referrals for those affected by such incidents, particularly women and girls, and children, as well as contributing to prevention and advocating within governments and among all stakeholders for an effective, comprehensive, multisectorial response to violence;

1. **URGES Member States:**

   (1) to strengthen the role of their health systems in addressing violence, in particular against women and girls, and against children, to ensure that all people at risk and or affected by violence have timely, effective, and affordable access to health services, including health promotion, curative, rehabilitation and support services that are free of abuse, disrespect and discrimination, to strengthen their contribution to prevention programmes and to support WHO’s work related to this resolution;

   (2) to ensure health system engagement with other sectors, such as education, justice, social services, women’s affairs, and child development, in order to promote and develop an effective, comprehensive, national multisectorial response to interpersonal violence, in particular against women and girls, and against children, by, inter alia, adequately addressing violence in health and development plans, establishing and adequately financing national multisectoral strategies on violence prevention and response including protection, as well as promoting inclusive participation of relevant stakeholders;

   (3) to strengthen their health system’s contribution to ending the acceptability and tolerance of all forms of violence against women and girls, including through advocacy, counselling and data

---

1 And, where applicable, regional economic integration organizations.
collection, while promoting the age-appropriate engagement of men and boys alongside women and girls, as agents of change, in their family and community, so as to promote gender equality and the empowerment of women and girls;

(4) to strengthen the national response, in particular the national health system response, by improving the collection and, as appropriate, dissemination of comparable data disaggregated for sex, age, and other relevant factors, on the magnitude, risk and, protective factors, types, and health consequences of violence, in particular against women and girls, and against children, as well as information on best practices, including the quality of care and effective prevention and response strategies;

(5) to continue to strengthen the role of their health systems so as to contribute to the multisectoral efforts in addressing interpersonal violence, in particular against women and girls, and against children, including by the promotion and protection of human rights, as they relate to health outcomes;

(6) to provide access to health services, as appropriate, including in the area of sexual and reproductive health;

(7) to seek to prevent reoccurrence and break the cycle of interpersonal violence, by strengthening, as appropriate, the timely access for victims, perpetrators and those affected by interpersonal violence to effective health, social and psychological services and to evaluate such programmes to assess their effectiveness in reducing reoccurrence of interpersonal violence;

(8) to enhance capacities, including through appropriate continuous training of all public and private professionals from health and non-health sectors, as well as caregivers and community health workers, to provide care and support, as well as other related preventive and health promotion services to victims and those affected by violence, in particular women and girls and children;

(9) to promote, establish, support and strengthen standard operating procedures targeted to identify violence against women and girls, and against children, taking into account the important role of the health system in providing care and making referrals to support services;

2. REQUESTS the Director-General:

(1) to develop, with the full participation of Member States, and in consultation with United Nations organizations, and other relevant stakeholders focusing on the role of the health system, as appropriate, a draft global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence in particular against women and girls and against children, building on existing relevant WHO work;

(2) to continue to strengthen WHO efforts to develop the scientific evidence on the magnitude, trends, health consequences and risk and protective factors for violence, in particular against women and girls and against children, and update the data on a regular basis, taking into account Member States input, and to collect information on best practices, including the quality of care and effective prevention and response strategies in order to develop effective national health systems prevention and response;
(3) to continue to support Member States, upon their request, by providing technical assistance for strengthening the role of the health system, including in sexual and reproductive health, in addressing violence, in particular against women and girls, and against children;

(4) to report to the Executive Board at its 136th session on progress in implementing this resolution, and on the finalization in 2014 of a global status report on violence and health which is being developed in cooperation with UNDP and UNODC, and reflects national violence prevention efforts, and to report also to the Executive Board at its 138th session on progress in implementing this resolution, including presentation of the draft global action plan, for consideration by the Sixty-ninth World Health Assembly.
Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

The Sixty-seventh World Health Assembly,

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

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

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

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

---

1 See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.
2 Document A67/34.
1. ENDORSES the call to action in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

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

3. URGES Member States\(^1\) to implement, as appropriate, and in accordance with national and subnational responsibilities, the commitments made in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

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

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

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

\(^1\) And, where applicable, regional economic integration organizations
Draft provisional agenda

1. Opening of the session and adoption of the agenda
2. Report by the Director-General
3. Report of the Programme, Budget and Administration Committee of the Executive Board
4. Report of the regional committees to the Executive Board
5. WHO reform
   5.1 Overview of reform implementation
   5.2 Member State consultative process on governance reform
   5.3 Framework of engagement with non-State actors
6. Noncommunicable diseases
   6.1 Maternal, infant and young child nutrition
   6.2 Report of the WHO Commission on Ending Childhood Obesity
   6.3 Draft global plan of action on violence
   6.4 Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the UN General Assembly on the prevention and control of NCDs in 2018
7. Promoting health through the life course
   7.1 Monitoring of the achievement of the health-related Millennium Development Goals
   7.2 Health in the post-2015 development agenda
      • Operational plan to take forward the Global Strategy on Women’s, Children’s and Adolescents’ Health
### Annex 3

**EB138/1 (draft)**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.3</td>
<td>Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health</td>
</tr>
<tr>
<td>7.4</td>
<td>Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution</td>
</tr>
<tr>
<td>7.5</td>
<td>International Classification of Diseases: update on the eleventh revision</td>
</tr>
</tbody>
</table>

## 8. Preparedness, surveillance and response

- **8.1** Implementation of the International Health Regulations (2005)
- **8.2** Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
- **8.3** Smallpox eradication: destruction of variola virus stocks
- **8.4** WHO response in severe, large-scale emergencies
- **8.5** Global action plan on antimicrobial resistance
- **8.6** Poliomyelitis

## 9. Communicable diseases

- **9.1** 2014 Ebola virus disease outbreak: follow-up to the Special Session of the Executive Board on Ebola
- **9.2** Global health sector strategies
  - HIV, 2016–2021
  - Viral hepatitis, 2016–2021
  - Sexually transmitted infections, 2016–2021
- **9.3** Global vaccine action plan
- **9.4** Mycetoma

## 10. Health systems

- **10.1** Health workforce
- **10.2** Global strategy and plan of action on public health, innovation and intellectual property
- **10.3** Substandard/spurious/falsely-labelled/falsified/counterfeit medical products
11. Financial matters
   11.1 Financing of Programme budget 2016–2017
   11.2 Scale of assessments
   11.3 Amendments to the Financial Regulations and Financial Rules [if any]

12. Management and legal matters
   12.2 Real estate: update on the Geneva buildings renovation strategy
   12.3 Reports of committees of the Executive Board
      • Standing Committee on Nongovernmental Organizations
      • Foundations and awards
   12.4 Provisional agenda of the Sixty-ninth World Health Assembly and date, place and
draft provisional agenda of the 139th session of the Executive Board

13. Staffing matters
   13.1 Human resources: annual report
   13.2 Report of the International Civil Service Commission
   13.3 Amendments to the Staff Regulations and Staff Rules [if any]
   13.4 Statement by the representative of the WHO staff associations

14. Matters for information
   14.1 Reports of advisory bodies
      • Expert committees and study groups

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eradication of dracunculiasis</td>
<td>WHA64.16</td>
</tr>
<tr>
<td>WHO strategy on research for health</td>
<td>WHA63.21</td>
</tr>
<tr>
<td>Access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy</td>
<td>WHA67.21</td>
</tr>
<tr>
<td>Access to essential medicines</td>
<td>WHA67.22</td>
</tr>
<tr>
<td>Health intervention and technology assessment in support of universal health coverage</td>
<td>WHA67.23</td>
</tr>
<tr>
<td>Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets</td>
<td>WHA57.12</td>
</tr>
<tr>
<td>Contributing to social and economic development: sustainable action across sectors to improve health and health equity [follow-up of the 8th Global Conference on Health Promotion]</td>
<td>WHA67.12</td>
</tr>
<tr>
<td>Strengthening of palliative care as a component of comprehensive care throughout the life course</td>
<td>WHA67.19</td>
</tr>
<tr>
<td>Sustaining the elimination of iodine deficiency disorders</td>
<td>WHA60.21</td>
</tr>
<tr>
<td>The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation</td>
<td>WHA68.5</td>
</tr>
<tr>
<td>Multilingualism: implementation of action plan</td>
<td>WHA61.12</td>
</tr>
</tbody>
</table>
### Annex 4. Items for inclusion in the agenda of regular sessions of the regional committees, and agenda-setting process across all six WHO regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Items for inclusion in the Regional Committee agenda</th>
<th>Process of agenda setting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African</strong></td>
<td>All items the inclusion of which has been prescribed by the World Health Assembly;</td>
<td>Regional Director draws up the provisional agenda with the Chairperson. It is dispatched by the Regional Director to Member States and the Director-General six weeks prior to the commencement of the session, together with the notice of convocation. The Regional Director, in consultation with the Chairperson, can include any question that may arise on the opening day of the session in a supplementary agenda.</td>
</tr>
<tr>
<td></td>
<td>All items the inclusion of which has been prescribed by the Executive Board;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any item proposed by the Director-General;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any item proposed by a Member or an Associate Member of the Region.</td>
<td></td>
</tr>
<tr>
<td><strong>Americas</strong></td>
<td>Any item the inclusion of which has been ordered by the Conference;</td>
<td>The Regional Director prepares the provisional agenda and submits it to the Executive Committee for approval. Once approved, the Directing Council (Regional Committee equivalent*) may make additions or modifications to the provisional agenda. Supplementary items may be added to the agenda after its adoption on the opening day of the Council’s regular session, if approved by two-thirds of the Members present and voting.</td>
</tr>
<tr>
<td></td>
<td>Any item the inclusion of which has been ordered by the Council;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any item proposed by the Committee;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any item proposed by a Member or Associate Member;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any item proposed by the RD.</td>
<td></td>
</tr>
<tr>
<td><strong>Eastern Mediterranean</strong></td>
<td>All items the inclusion of which has been prescribed by the World Health Assembly;</td>
<td>The Regional Director draws up the provisional agenda with the Chairperson. It is dispatched by the Regional Director to</td>
</tr>
</tbody>
</table>


### All items the inclusion of which has been prescribed by the Executive Board;  
All items the inclusion of which has been prescribed by the Committee;  
Any item proposed by the Director-General or RD  
Any item proposed by a Member State in the Region, received by the Regional Director at least eight weeks prior to the commencement of the session.

### Member States and the Director-General six weeks prior to the commencement of the session, together with the notice of convocation.

After dispatch, Regional Director may, in consultation with the Chair include any question suitable for the agenda which may arise between the dispatch of the provisional agenda and the opening day of the session in supplementary agenda.

### Regional Director draws up the provisional agenda of each session, which is dispatched with the notice of convocation.

Regional Director may, in consultation with the President and the Executive President of the Regional Committee and the Deputy Executive President as Chairperson of the Standing Committee* include any question which may arise between the dispatch of the provisional agenda and the opening of the session in a supplementary agenda.

*The Standing Committee (comprised of representatives of 12 Member States) has its own rules of procedure. It meets at least four times a year. One of its functions is to propose items for the agenda of sessions of the Regional Committee. In doing so the Standing Committee considers the general interests of the Region and acts on behalf of the Regional Committee as a whole.

---

### Annex 4

<table>
<thead>
<tr>
<th>Region</th>
<th>Agenda Items</th>
<th>Provisional Agenda Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>South-East Asia⁹</td>
<td>All items the inclusion of which has been prescribed by the World Health Assembly;</td>
<td>The Regional Director draws up the provisional agenda of each session in consultation with the Chairperson. It is dispatched by the Regional Director to Member States and the Director-General six weeks prior to the commencement of the session, together with the notice of convocation.</td>
</tr>
<tr>
<td></td>
<td>All items the inclusion of which has been prescribed by the Executive Board of the Organization;</td>
<td>The Regional Director may, in consultation with the Chairperson, include any item suitable for the agenda which may arise between the dispatch of the provisional agenda and the opening day of the session.</td>
</tr>
<tr>
<td></td>
<td>Any item proposed by the Director-General;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any item proposed by a Member in the Region received by the Regional Director at least eight weeks prior to the commencement of the session.</td>
<td></td>
</tr>
<tr>
<td>Western Pacific¹⁰</td>
<td>The annual report of the Director on the work in the Region;</td>
<td>The Regional Director draws up the provisional agenda in consultation with the Chairperson. The provisional agenda is dispatched with the notice of convocation eight weeks before the commencement of the session.</td>
</tr>
<tr>
<td></td>
<td>All items, the inclusion of which has been prescribed by the World Health Assembly;</td>
<td>The Regional Director may in consultation with the Chairperson include any question suitable for the agenda which may arise or reach him up to twenty-one days before the opening day of the session, in a supplementary agenda. Any items arising or submitted later shall be included in a supplementary agenda provided that the Committee agrees.</td>
</tr>
<tr>
<td></td>
<td>All items, the inclusion of which has been prescribed by the Executive Board (Executive Board) of the Organization;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>all items pertaining to the programme budget for the current financial period and all items pertaining to the programme budget for the financial period following the current financial period; and any item proposed by a Member.</td>
<td></td>
</tr>
</tbody>
</table>


¹⁰ Rules of Procedure of the Regional Committee for the Western Pacific: [http://www.wpro.who.int/about/regional_committee/RulesofProcedureRCM63Sep2012EN.pdf](http://www.wpro.who.int/about/regional_committee/RulesofProcedureRCM63Sep2012EN.pdf)
Annex 5. Session and agenda rules of the Rules of Procedure of the Regional Committee for the
Western Pacific

SESSIONS

Regular Sessions

Rule 4

The Committee shall hold at least one regular session a year. It shall determine at each regular session the time and place of its next regular session. Notices convening the Committee shall be sent by the Director at least eight weeks before the commencement of the session to the Members, to the Director-General of the Organization (hereinafter referred to as the “Director-General”), and to the organizations referred to in Rule 2 invited to be represented at the session. Special Sessions to the Members, to the Director-General of the Organization (hereinafter referred to as the “Director-General”), and to the organizations referred to in Rule 2 invited to be represented at the session.

Special Sessions

Rule 5

The Director, in consultation with the Chairman of the Committee, (hereinafter referred to as the “Chairman”), shall also convene the Committee to a special session at the joint request of a majority of the Members, addressed to him in writing and stating the reason for the request. In this case, the Committee shall be convened within fifty days following receipt of the request and the session shall be held at Regional Headquarters unless the Director, in consultation with the Chairman, determines otherwise. The agenda of such a session shall be limited to the questions having necessitated that session.

If exceptional events, such as those referred to in Article 28(i) of the Constitution, occur requiring immediate action by the Regional Committee, the Director shall, in consultation with the Chairman, convene the Committee in a special session and shall fix the date and determine the place of the session; however, the special session shall not be held if a majority of the Members object, within two weeks of the date of dispatch of the letter of convocation, to convening the Committee.

Rule 6

The meetings of the Committee shall be held in public, unless the Committee decides otherwise.

Rule 7

The provisional agenda of each session shall be drawn up by the Director in consultation with the Chairperson. It shall be dispatched together with the notice of convocation to be sent in accordance with Rule 4 or Rule 5, as the case may be.

Rule 8

Except in the case of sessions convened under Rule 5, the provisional agenda of each session shall include *inter alia*:

(a) the annual report of the Director on the work in the Region;
Annex 5

(b) all items, the inclusion of which has been prescribed by the World Health Assembly (hereinafter referred to as the "Health Assembly");
(c) all items, the inclusion of which has been prescribed by the Executive Board of the Organization;
(d) any item proposed by the Director-General or the Director;
(e) all items, the inclusion of which has been prescribed by the Committee at a previous session;
(f) all items pertaining to the programme budget for the current financial period and all items pertaining to the programme budget for the financial period following the current financial period;
(g) any item proposed by a Member.

Rule 9

Subject to the provisions of Rule 5, the Director, may in consultation with the Chairman, include any question suitable for the agenda which may arise or reach him up to twenty-one days before the opening day of the session, in a supplementary agenda which the Committee shall examine together with the provisional agenda. Any items arising or submitted later shall be included in a supplementary agenda provided that the Committee agrees.