

PRINCIPLES GOVERNING RELATIONS BETWEEN THE WORLD HEALTH ORGANIZATION AND NONGOVERNMENTAL ORGANIZATIONS¹

1. *Introduction*

1.1 As stated in Article 2 of the Constitution, one of the main functions of the World Health Organization (WHO) is to act as the directing and coordinating authority on international health work. In support of this function, and in accordance with Article 71 of the Constitution, WHO may make suitable arrangements for consultation and cooperation with nongovernmental organizations (NGOs) in carrying out its international health work.

1.2 WHO should, in relation to NGOs, act in conformity with any relevant resolutions of the General Assembly or Economic and Social Council of the United Nations.

1.3 The objectives of WHO's collaboration with NGOs are to promote the policies, strategies and programmes derived from the decisions of the Organization's governing bodies; to collaborate with regard to various WHO programmes in jointly agreed activities to implement these strategies; and to play an appropriate role in ensuring the harmonizing of intersectoral interests among the various sectoral bodies concerned in a country, regional or global setting.

2. *Types of relations at the global level and their development*

2.1 WHO recognizes only one category of *formal relations*, known as *official relations*, with those NGOs which meet the criteria described in these Principles. All other contacts, including working relations, are considered to be of an informal character.

2.2 The establishment of relations with NGOs shall be an evolving process proceeding through a number of separate stages as described in the following paragraphs.

2.3 First contacts with an NGO in order to create mutual understanding and assist in developing mutual interests frequently take the form of exchanges of information and reciprocal participation in technical meetings. This type of *informal contact* may continue on an *ad hoc* basis, without time limit

¹ Text adopted by the Fortieth World Health Assembly (resolution WHA40.25), in replacement of the Principles adopted by the First and Third World Health Assemblies.

and without written agreement. However, the definition of the broad objectives of collaboration and the possibility of enlarging its scope to include specific joint activities in line with the particular expertise of the non-governmental organization are also explored at this stage.

2.4 When a number of specific joint activities have been identified, collaboration may be taken a stage further by proceeding to a period (usually two years) of *working relations* entered into by an exchange of letters. Such letters set out the agreed basis for the collaboration, indicating details of the activities to be undertaken during the period, providing an estimate of the resources to be supplied by WHO and the NGO, and naming focal points in the NGO and in WHO (designated technical officer). A joint assessment of the outcome of the collaboration thus planned is undertaken at the end of the period of working relations by the parties concerned, including also consideration of the future relationship. This may result: in the continuation of the working relations for a further period; in an application for admission into official relations with WHO from an international NGO, for examination by the Executive Board, should there be a number of activities which might form the basis of a long-term and closer relationship with WHO; or in a decision that there is no scope for further contacts in the foreseeable future. This arrangement for consultation and cooperation with NGOs is considered as informal.

2.5 The Executive Board shall be responsible for deciding on the admission of NGOs into *official relations* with WHO.

3. *Criteria for the admission of NGOs into official relations with WHO*

3.1 The main area of competence of the NGO shall fall within the purview of WHO. Its aims and activities shall be in conformity with the spirit, purposes and principles of the Constitution of WHO, shall centre on development work in health or health-related fields, and shall be free from concerns which are primarily of a commercial or profit-making nature. The major part of its activities shall be relevant to and have a bearing on the implementation of the health-for-all strategies as envisaged in the Global Strategy for Health for All by the Year 2000 and the WHO general programme of work covering a specific period.

3.2 The NGO shall normally be international in its structure and/or scope, and shall represent a substantial proportion of the persons globally organized for the purpose of participating in the particular field of interest in which it operates. When there are several international NGOs with similar

areas of interest, they may form a joint committee or other body authorized to act for the group as a whole.

3.3 The NGO shall have a constitution or similar basic document, an established headquarters, a directing or governing body, an administrative structure at various levels of action, and authority to speak for its members through its authorized representatives. Its members shall exercise voting rights in relation to its policies or action.

3.4 Thus, organizations eligible for admission into official relations with WHO include various types of international NGOs with a federated structure (made up of national or regional groups or having individual members from different countries), foundations that raise resources for health development activities in different parts of the world, and similar bodies promoting international health.

3.5 In exceptional cases a national organization, whether or not affiliated to an international NGO, may be considered for admission into official relations, in consultation with and subject to the recommendations of the WHO Regional Director and the Member State involved. Such a national organization (or a number of national organizations working under a federated (umbrella) structure) shall be eligible for admission provided that: the major part of its activities and resources are directed towards international health and related work; it has developed a programme of collaborative activities with WHO as indicated in paragraph 2.4; and its activities offer appropriate experience upon which WHO may wish to draw.

3.6 There shall normally have been at least two years of successfully completed working relations, as described in paragraph 2.4, prior to an application for admission into official relations.

4. Procedure for admitting NGOs into official relations with WHO

4.1 Applications should normally reach WHO headquarters not later than the end of the month of July in order to be considered by the Executive Board in January of the following year. They shall specify a structured plan for collaborative activities agreed upon by the organization and WHO. Applications from national organizations shall contain the endorsements of the WHO Regional Director and the Government of the Member State concerned. Applications should normally be transmitted to Board members by the Secretariat two months in advance of the session at which they will be considered.

4.2 During its January session the Board's Standing Committee on Non-governmental Organizations, composed of five members, shall consider applications submitted by NGOs, voluntarily or by invitation, and shall make recommendations to the Board; it may invite any such organization to speak before it in connection with the organization's application. Should the applicant organization be considered not to meet the established criteria, and bearing in mind the desirability of ensuring a valuable continuing partnership based on defined objectives and evidenced by a record of successful past collaboration and a framework for future collaborative activities, the Standing Committee may recommend postponement of consideration or rejection of an application.

4.3 The Board, after considering the recommendations of the Standing Committee, shall decide whether an organization is to be admitted into official relations with WHO. A re-application from an NGO shall not normally be considered until two years have elapsed since the Board's decision on the original application.

4.4 The Director-General shall inform each organization of the Board's decision on its application. He shall maintain a list of the organizations admitted into official relations, and this list and any amendments thereto shall be circulated to the Members of WHO.

4.5 A plan for collaboration based on mutually agreed objectives and outlining activities for the coming three-year period shall form the basis of official relations between WHO and the NGO. This plan shall be transmitted also to the WHO regional offices to encourage closer collaboration at regional level as appropriate.

4.6 The Board, through its Standing Committee on Nongovernmental Organizations, shall review collaboration with each NGO every three years and shall determine the desirability of maintaining official relations. The Board's review shall be spread over a three-year period, one-third of the NGOs in official relations being reviewed each year.

4.7 The Board may discontinue official relations if it considers that such relations are no longer appropriate or necessary in the light of changing programmes or other circumstances. Similarly, the Board may suspend or discontinue official relations if an organization no longer meets the criteria that applied at the time of the establishment of such relations, or fails to fulfil its part in the agreed programme of collaboration.

5. *Relations with NGOs at the regional and national levels*¹

5.1 *Regional or national NGOs affiliated to international NGOs in official relations with WHO*

These NGOs are, by definition, in official relations with the WHO regional office(s). They shall develop and implement a programme of collaboration with the regional and national levels of WHO to ensure implementation of health-for-all strategies at the country level.

5.2 *Regional and national NGOs for which there is no international NGO*

The regional office concerned may establish *working relations* with these organizations, subject to consultation between the Regional Director and the Director-General of WHO. A programme of activities developed and implemented as described in paragraph 2.4 would be essential.

5.3 *Regional or national NGOs affiliated to international NGOs not in official relations with WHO*

In order that WHO may promote and support the formation of strong international NGOs in the various technical fields, the regional office concerned may establish *working relations* with the above-mentioned regional or national organizations, subject to consultation between the Regional Director and the Director-General of WHO. Such working relations shall be based on a programme of activities developed and implemented as described in paragraph 2.4.

6. *Privileges conferred on NGOs by relationship with WHO*

6.1 The privileges conferred by official relationship shall include:

- (i) the right to appoint a representative to participate, without right of vote, in WHO's meetings or in those of the committees and conferences convened under its authority, on the following conditions:

whenever the Health Assembly, or a committee or conference convened under WHO's authority, discusses an item in which a related NGO is particularly interested, that NGO, at the invitation of the chairman of the meeting or on his acceding to a request from the organization, shall be entitled to make a statement of an expository nature, and may, with the

¹ Before working relations are established between WHO and a national NGO, and before a programme of collaboration with such an organization is agreed, appropriate measures will be taken to consult the Government concerned in accordance with Article 71 of the WHO Constitution.

consent of the meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for purposes of clarification;

(ii) access to non-confidential documentation and such other documentation as the Director-General may see fit to make available through such special distribution facilities as WHO may establish;

(iii) the right to submit a memorandum to the Director-General, who would determine the nature and scope of the circulation.

6.2 In the event of a memorandum being submitted which the Director-General considers might be placed on the agenda of the Health Assembly, such memorandum shall be placed before the Executive Board for possible inclusion in the agenda of the Assembly.

6.3 Privileges similar to those stated above shall normally be accorded to national/regional NGOs having working relations with WHO regional offices, in accordance with section 5, as determined by the Regional Directors in consultation with the regional committees.

6.4 A national organization which is affiliated to an international NGO covering the same subject on an international basis shall normally present its views through its government or through the international NGO to which it is affiliated, unless other arrangements are made in view of its particular relationship with WHO.

7. Responsibilities of NGOs in their relationship with WHO

7.1 NGOs shall be responsible for implementing the mutually agreed programme of collaboration and shall inform WHO as soon as possible if for any reason they are unable to fulfil their part of the agreement.

7.2 NGOs shall utilize the opportunities available to them through their normal work to disseminate information on WHO policies and programmes.

7.3 NGOs shall collaborate individually or collectively in WHO programmes to further health-for-all goals.

7.4 NGOs shall individually or collectively collaborate with the Member States where their activities are based in the implementation of the national/regional/global health-for-all strategies.

FINANCIAL REGULATIONS OF THE WORLD HEALTH ORGANIZATION¹

Regulation I – Applicability and Delegation of Authority

- 1.1 These Regulations shall govern the financial administration of the World Health Organization.
- 1.2 The Director-General is responsible for ensuring effective financial administration of the Organization in accordance with these Regulations.
- 1.3 Without prejudice to regulation 1.2 the Director-General may delegate in writing to other officers of the Organization such authority as he or she considers necessary for the effective implementation of these Regulations.
- 1.4 The Director-General shall establish Financial Rules, including relevant guidelines and limits for the implementation of these Regulations, in order to ensure effective financial administration, the exercise of economy, and safeguard of the assets of the Organization.

Regulation II – The Financial Period

- 2.1 The financial period shall be two consecutive calendar years beginning with an even-numbered year.

Regulation III – The Budget

- 3.1 The budget estimates for the financial period, as referred to in Article 55 of the Constitution (hereinafter referred to as “budget proposals”), shall be prepared by the Director-General.
- 3.2 The budget proposals shall cover gross income and gross expenditure for the financial period to which they relate, and shall be presented in United States dollars.
- 3.3 The budget proposals shall be divided into parts, sections and chapters, and shall include such information, annexes and explanatory statements as may be requested by, or on behalf of, the Health Assembly and such further annexes or statements as the Director-General may deem necessary and useful.

¹ Text adopted by the Fifty-third World Health Assembly (resolution WHA53.6). Previous text adopted by the Fourth World Health Assembly (resolution WHA4.50) and amended by the Thirteenth, Eighteenth, Twenty-fifth, Twenty-sixth, Twenty-ninth, Thirtieth, Thirty-third, Thirty-seventh, Forty-first, Forty-fourth,00..

⁰ Forty-eighth and Fifty-eight World Health Assemblies (resolutions WHA13.19, WHA18.13, WHA25.14, WHA25.15, WHA26.26, WHA29.27, WHA30.21, WHA33.8, WHA41.12, WHA44.16, WHA48.21 and WHA58.20, and decision WHA37(10)).

3.4 The Director-General shall submit the budget proposals at least twelve weeks before the opening of the regular session of the Health Assembly, and before the opening of the appropriate session of the Executive Board, at which they are to be considered. At the same time, the Director-General shall transmit these proposals to all Members (including Associate Members).

3.5 The Executive Board shall submit these proposals, and any recommendations it may have thereon, to the Health Assembly.

3.6 The budget for the following financial period shall be approved by the Health Assembly in the year preceding the biennium to which the budget proposals relate, after consideration and report on the proposals by the appropriate main committee of the Health Assembly.

3.7 Should the Director-General, at the time of the session of the Executive Board that submits the budget proposals and its recommendations thereon to the Health Assembly, have information which indicates that there may, before the time of the Health Assembly, be a need to alter the proposals in the light of developments, he or she shall report thereon to the Executive Board, which shall consider including in its recommendations to the Health Assembly an appropriate provision therefor.

3.8 Should developments subsequent to the session of the Executive Board that considers the budget proposals, or any of the recommendations made by it, necessitate or render desirable in the opinion of the Director-General an alteration in the budget proposals, the Director-General shall report thereon to the Health Assembly.

3.9 Supplementary proposals may be submitted to the Board by the Director-General whenever necessary to increase the appropriations previously approved by the Health Assembly. Such proposals shall be submitted in a form and manner consistent with the budget proposals for the financial period.

Regulation IV – Regular Budget Appropriations

4.1 The appropriations approved by the Health Assembly shall constitute an authorization to the Director-General to incur contractual obligations and make payments for the purposes for which the appropriations were approved and up to the amounts so approved.

4.2 Appropriations shall be available for obligation for the financial period to which they relate. The Director-General is authorized to charge, as an obligation against the appropriations during the current financial period, the cost of goods or services which were contracted during the current financial period, and which are contractually due to be delivered during that period.

4.3 The Director-General is authorized, with the prior concurrence of the Executive Board or of any committee to which it may delegate appropriate authority, to transfer credits between sections. When the Executive Board or any committee to which it may have delegated appropriate authority is not in session, the Director-General is authorized, with the prior written concurrence of the majority of the members of the Board or such committee, to transfer credits between sections. The Director-General shall report such transfers to the Executive Board at its next session.

4.4 At the same time as budget proposals are approved an exchange rate facility shall be established by the Health Assembly, which shall set the maximum level that may be available to cover losses on foreign exchange. The purpose of the facility shall be to make it possible to maintain the level of the budget so that the activities that are represented by the budget approved by the Health Assembly may be carried out irrespective of the effect of any fluctuation of currencies against the United States dollar at the official United Nations exchange rate. Any net gains or losses arising during the biennium shall be credited or debited to Miscellaneous Income.

4.5 Appropriations in respect of the regular budget for the current financial period may remain available for the following financial period to make it possible to carry forward an accrual for accounts payable in order to pay for all goods and services contractually due to be delivered prior to the end of the financial period.

4.6 At the end of the financial period, any unobligated balance of the appropriations shall be credited to Miscellaneous Income.

4.7 Any claims for goods and services contractually due to be delivered in a subsequent financial period that exist against the Organization at the end of a financial period shall be established as obligations against appropriations established for the relevant subsequent financial period and shall be disclosed as a note to the Financial Statements.

Regulation V – Provision of Regular Budget Funds

5.1 Appropriations shall be financed by assessed contributions from Members, according to the scale of assessments determined by the Health Assembly, and by Miscellaneous Income.

5.2 The amount to be financed by contributions from Members shall be calculated after adjusting the total amount appropriated by the Health Assembly to reflect that proportion of the regular budget to be financed by Miscellaneous Income.

5.3 In the event that the amount realized as Miscellaneous Income is greater than the amount approved by the Health Assembly under the regular budget proposals, any such surplus shall be credited to Miscellaneous

Income for the following financial period, and shall be applied in accordance with the budget approved for that financial period.

5.4 In the event that the amount realized as Miscellaneous Income is less than the amount approved by the Health Assembly under the regular budget proposals, the Director-General shall review implementation plans for the regular budget in order to make any adjustments that may be necessary.

Regulation VI – Assessed Contributions

6.1 The assessed contributions of Members based on the scale of assessments shall be divided into two equal annual instalments. In the first year of the financial period, the Health Assembly may decide to amend the scale of assessments to be applied to the second year of the financial period.

6.2 After the Health Assembly has adopted the budget, the Director-General shall inform Members of their commitments in respect of contributions for the financial period and request them to pay the first and second instalments of their contributions.

6.3 If the Health Assembly decides to amend the scale of assessments, or to adjust the amount of the appropriations to be financed by contributions from Members for the second year of a biennium, the Director-General shall inform Members of their revised commitments and shall request Members to pay the revised second instalment of their contributions.

6.4 Instalments of contributions shall be due and payable as of 1 January of the year to which they relate.

6.5 There shall be a financial incentive scheme which shall reward Member States that pay in full within the grace period set out in the Financial Rules. This financial incentive shall be calculated as a discount equivalent to interest calculated at the London Inter-bank Bid Rate for the period from the date of payment to the end of the grace period.

6.6 As of 1 January of the following year, the unpaid balance of such contributions shall be considered to be one year in arrears.

6.7 Contributions shall be assessed in United States dollars, and shall be paid in either United States dollars, euros or Swiss francs, or such other currency or currencies as the Director-General shall determine.

6.8 The acceptance by the Director-General of any currency that is not fully convertible shall be subject to a specific, annual approval on a case-by-case basis by the Director-General. Such approvals will include any terms and conditions that the Director-General considers necessary to protect the World Health Organization.

6.9 Payments made by a Member and/or credits from Miscellaneous Income shall be credited to the Member's account and applied first against the oldest amount outstanding.

6.10 Payments in currencies other than United States dollars shall be credited to Members' accounts at the United Nations rate of exchange ruling on the date of receipt by the World Health Organization.

6.11 The Director-General shall submit to the regular session of the Health Assembly a report on the collection of contributions.

6.12 New Members shall be required to make a contribution for the financial period in which they become Members at rates to be determined by the Health Assembly. When received, such unbudgeted assessments shall be credited to Miscellaneous Income.

Regulation VII – Working Capital Fund and Internal Borrowing

7.1 Pending the receipt of assessed contributions, implementation of the regular budget may be financed from the Working Capital Fund, which shall be established as part of the regular budget approved by the Health Assembly, and thereafter by internal borrowing against available cash reserves of the Organization, excluding Trust Funds.

7.2 The level of the Working Capital Fund shall be based on a projection of financing requirements taking into consideration projected income and expenditure. Any proposals that the Director-General may make to the Health Assembly for varying the level of the Working Capital Fund from that previously approved shall be accompanied by an explanation demonstrating the need for the change.

7.3 Any repayments of borrowing under regulation 7.1 shall be made from the collection of arrears of assessed contributions and shall be credited first against any internal borrowing outstanding and secondly against any borrowing outstanding from the Working Capital Fund.

Regulation VIII – Miscellaneous and other Income

8.1 Miscellaneous Income shall be applied in accordance with Regulation V and shall include the following:

- (a) any unobligated balances within appropriations in accordance with regulation 4.6;
- (b) any interest earnings or investment income on surplus liquidity in the regular budget;
- (c) any refunds or rebates of expenditure received after the end of the financial period to which the original expenditure related;

- (d) any proceeds of insurance claims that are not required to replace the insured item, or otherwise compensate for the loss;
- (e) the net proceeds generated on the sale of a capital asset after allowing for all costs of acquisition, or improvement, of any asset concerned;
- (f) any net gains or losses that may have arisen under operation of the exchange rate facility, or application of the official United Nations rates of exchange, or in revaluation for accounting purposes of the Organization's assets and liabilities;
- (g) any payments of arrears of contributions due from Member States that are not required to repay borrowings from the Working Capital Fund or internal borrowing in accordance with regulation 7.3;
- (h) any income not otherwise specifically referred to in these Regulations.

8.2 Any credits due to Members in accordance with regulation 6.5 shall be applied to offset Members' assessed contributions and shall be funded from Miscellaneous Income.

8.3 The Director-General is authorized to levy a charge on extrabudgetary contributions in accordance with any applicable resolution of the Health Assembly. This charge shall be used, together with any interest earnings or earnings from investments of extrabudgetary contributions, in accordance with regulation 11.3(b), to reimburse all, or part of, the indirect costs incurred by the Organization in respect of the generation and administration of extrabudgetary resources. All direct costs of the implementation of programmes that are financed by extrabudgetary resources shall be charged against the relevant extrabudgetary contribution.

8.4 Any refund of expenditure, or reimbursement for services and facilities provided, received from third parties during the biennium in which the original expenditure was incurred or services and facilities were provided shall be credited against that expenditure.

8.5 Any payments received from insurance policies held by the Organization shall be credited towards mitigating the loss that the insurance covered.

8.6 The Director-General is delegated the authority, under Article 57 of the Constitution, to accept gifts and bequests, either in cash or in kind, provided that he or she has determined that such contributions can be used by the Organization, and that any conditions which may be attached to them are consistent with the objective and policies of the Organization.

Regulation IX – Funds

9.1 Funds shall be established to enable the Organization to record income and expenditure. These funds shall cover all sources of income: regular budget, extrabudgetary resources, Trust Funds, and any other source of income as may be appropriate.

9.2 Accounts shall be established for amounts received from donors of extrabudgetary contributions and for any Trust Funds so that relevant income and expenditures may be recorded and reported upon.

9.3 Other accounts shall be established as necessary as reserves or to meet the requirements of the administration of the Organization, including capital expenditure.

9.4 The Director-General may establish revolving funds so that activities may be operated on a self-financing basis. The purpose of such accounts shall be reported to the Health Assembly, including details of sources of income and expenditures charged against such funds, and the disposition of any surplus balance at the end of a financial period.

9.5 The purpose of any account established under regulations 9.3 and 9.4 shall be specified and shall be subject to these Financial Regulations and such Financial Rules as are established by the Director-General under regulation 12.1, prudent financial management, and any specific conditions agreed with the appropriate authority.

Regulation X – Custody of Funds

10.1 The Director-General shall designate the bank or banks or financial institutions in which funds in the custody of the Organization shall be kept.

10.2 The Director-General may designate any investment (or asset) managers and/or custodians that the Organization may wish to appoint for the management of the funds in its custody.

Regulation XI – Investment of Funds

11.1 Any funds not required for immediate payment may be invested and may be pooled in so far as this benefits the return that may be generated.

11.2 Income from investments shall be credited to the fund or account from which invested moneys derive unless otherwise provided in the regulations, rules or resolutions relating to that fund or account.

11.3 (a) Income generated from regular budget resources shall be credited to Miscellaneous Income in accordance with regulation 8.1.

(b) Income generated from extrabudgetary resources may be used to reimburse indirect costs related to extrabudgetary resources.

11.4 Investment policies and guidelines shall be drawn up in accordance with best industry practice, having due regard for the preservation of capital and the return requirements of the Organization.

Regulation XII – Internal Control

12.1 The Director-General shall:

- (a) establish operating policies and procedures in order to ensure effective financial administration, the exercise of economy, and safeguard of the assets of the Organization;
- (b) designate the officers who may receive funds, incur financial commitments and make payments on behalf of the Organization;
- (c) maintain an effective internal control structure to ensure the accomplishment of established objectives and goals for operations; the economical and efficient use of resources; the reliability and integrity of information; compliance with policies, plans, procedures, rules and regulations; and the safeguarding of assets;
- (d) maintain an internal audit function which is responsible for the review, evaluation and monitoring of the adequacy and effectiveness of the Organization's overall systems of internal control. For this purpose, all systems, processes, operations, functions and activities within the Organization shall be subject to such review, evaluation and monitoring.

Regulation XIII – Accounts and Financial Reports

13.1 The Director-General shall establish such accounts as are necessary and shall, in so far as is not otherwise provided for in these Regulations and any Financial Rules established by the Director-General, maintain them in a manner consistent with the United Nations System Accounting Standards.

13.2 Final financial reports shall be prepared for each financial period, and interim financial reports shall be prepared at the end of the first year of each such period. Such financial reports shall be presented in conformity with – and in the formats established under – the Standards referred to in regulation 13.1, together with such other information as may be necessary to indicate the current financial position of the Organization.

13.3 The financial reports shall be presented in United States dollars. The accounting records may, however, be kept in such currency or currencies as the Director-General may deem necessary.

13.4 The financial reports shall be submitted to the External Auditor(s) not later than 31 March following the end of the financial period to which they relate.

13.5 The Director-General may make such ex gratia payments as deemed to be necessary in the interest of the Organization. A statement of such payments shall be included with the final accounts.

13.6 The Director-General may authorize, after full investigation, the writing-off of the loss of any asset, other than arrears of contributions. A statement of such losses written off shall be included with the final accounts.

Regulation XIV – External Audit

14.1 External Auditor(s), each of whom shall be the Auditor-General (or officer holding equivalent title or status) of a Member government, shall be appointed by the Health Assembly, in the manner decided by the Assembly. External Auditor(s) appointed may be removed only by the Assembly.

14.2 Subject to any special direction of the Health Assembly, each audit which the External Auditor(s) performs/performs shall be conducted in conformity with generally accepted common auditing standards and in accordance with the Additional Terms of Reference set out in the Appendix to these Regulations.

14.3 The External Auditor(s) may make observations with respect to the efficiency of the financial procedures, the accounting system, the internal financial controls and, in general, the administration and management of the Organization.

14.4 The External Auditor(s) shall be completely independent and solely responsible for the conduct of the audit.

14.5 The Health Assembly may request the External Auditor(s) to perform certain specific examinations and issue separate reports on the results.

14.6 The Director-General shall provide the External Auditor(s) with the facilities required for the performance of the audit.

14.7 For the purpose of making a local or special examination or for effecting economies of audit cost, the External Auditor(s) may engage the services of any national Auditor-General (or equivalent title) or commercial public auditors of known repute or any other person or firm that, in the opinion of the External Auditor(s), is technically qualified.

14.8 The External Auditor(s) shall issue a report on the audit of the biennium financial report prepared by the Director-General pursuant to Regulation XIII. The report shall include such information as he/she/they deem(s) necessary in regard to regulation 14.3 and the Additional Terms of Reference.

14.9 The report(s) of the External Auditor(s) shall be transmitted through the Executive Board, together with the audited financial report, to the Health Assembly not later than 1 May following the end of the financial period to which the final accounts relate. The Executive Board shall examine the interim and biennium financial reports and the audit report(s) and

shall forward them to the Health Assembly with such comments as it deems necessary.

Regulation XV – Resolutions involving Expenditures

15.1 Neither the Health Assembly nor the Executive Board shall take a decision involving expenditures unless it has before it a report from the Director-General on the administrative and financial implications of the proposal.

15.2 Where, in the opinion of the Director-General, the proposed expenditure cannot be made from the existing appropriations, it shall not be incurred until the Health Assembly has made the necessary appropriations.

Regulation XVI – General Provisions

16.1 These Regulations shall be effective as of the date of their approval by the Health Assembly, unless otherwise specified by the Health Assembly. They may be amended only by the Health Assembly.

16.2 In case of doubt as to the interpretation and application of any of the foregoing regulations, the Director-General is authorized to rule thereon, subject to confirmation by the Executive Board at its next session.

16.3 The Financial Rules established by the Director-General as referred to in regulation 1.4 above, and the amendments made by the Director-General to such rules, shall enter into force after confirmation by the Executive Board. They shall be reported upon to the Health Assembly for its information.

Appendix

ADDITIONAL TERMS OF REFERENCE GOVERNING THE EXTERNAL AUDIT OF THE WORLD HEALTH ORGANIZATION

1. The External Auditor(s) shall perform such audit of the accounts of the World Health Organization, including all Trust Funds and special accounts, as deemed necessary in order to satisfy himself/herself/themselves:
 - (a) that the financial statements are in accord with the books and records of the Organization;
 - (b) that the financial transactions reflected in the statements have been in accordance with the rules and regulations, the budgetary provisions, and other applicable directives;
 - (c) that the securities and moneys on deposit and on hand have been verified by the certificates received direct from the Organization's depositaries or by actual count;
 - (d) that the internal controls, including the internal audit, are adequate in the light of the extent of reliance placed thereon;
 - (e) that procedures satisfactory to the External Auditor(s) have been applied to the recording of all assets, liabilities, surpluses and deficits.
2. The External Auditor(s) shall be the sole judge as to the acceptance in whole or in part of certifications and representations by the Secretariat and may proceed to such detailed examination and verification as he/she/they choose(s) of all financial records including those relating to supplies and equipment.
3. The External Auditor(s) and staff shall have free access at all convenient times to all books, records and other documentation which are, in the opinion of the External Auditor(s), necessary for the performance of the audit. Information classified as privileged and which the Secretariat agrees is required by the External Auditor(s) for the purposes of the audit, and information classified as confidential, shall be made available on application. The External Auditor(s) and staff shall respect the privileged and confidential nature of any information so classified which has been made available and shall not make use of it except in direct connection with the performance of the audit. The External Auditor(s) may draw the attention of the Health Assembly to any denial of information classified as privileged which, in his/her/their opinion, was required for the purpose of the audit.
4. The External Auditor(s) shall have no power to disallow items in the accounts but shall draw to the attention of the Director-General for appropriate action any transaction that creates doubt as to legality or propriety. Audit objections, to these or any other transactions, arising during the examination of the accounts shall be immediately communicated to the Director-General.
5. The External Auditor(s) shall express and sign an opinion on the financial statements of the Organization. The opinion shall include the following basic elements:
 - (a) identification of the financial statements audited;
 - (b) a reference to the responsibility of the entity's management and responsibility of the External Auditor(s);
 - (c) a reference to the audit standards followed;
 - (d) a description of the work performed;
 - (e) an expression of opinion on the financial statements as to whether:
 - (i) the financial statements present fairly the financial position as at the end of the period and the results of the operations for the period;
 - (ii) the financial statements were prepared in accordance with the stated accounting policies;
 - (iii) the accounting policies were applied on a basis consistent with that of the preceding financial period;
 - (f) an expression of opinion on the compliance of transactions with the Financial Regulations and legislative authority;
 - (g) the date of the opinion;
 - (h) the External Auditor's(s') name and position;
 - (i) the place where the report has been signed;
 - (j) should it be necessary, a reference to the report of the External Auditor(s) on the financial statements.

6. The report of the External Auditor(s) to the Health Assembly on the financial operations of the period should mention:

- (a) the type and scope of examination;
- (b) matters affecting the completeness or accuracy of the accounts, including where appropriate:
 - (i) information necessary to the correct interpretation of the accounts;
 - (ii) any amounts that ought to have been received but which have not been brought to account;
 - (iii) any amounts for which a legal or contingent obligation exists and which have not been recorded or reflected in the financial statements;
 - (iv) expenditures not properly substantiated;
 - (v) whether proper books of accounts have been kept; where in the presentation of statements there are deviations of a material nature from a consistent application of generally accepted accounting principles, these should be disclosed;
- (c) other matters that should be brought to the notice of the Health Assembly such as:
 - (i) cases of fraud or presumptive fraud;
 - (ii) wasteful or improper expenditure of the Organization's money or other assets (notwithstanding that the accounting for the transaction may be correct);
 - (iii) expenditure likely to commit the Organization to further outlay on a large scale;
 - (iv) any defect in the general system or detailed regulations governing the control of receipts and disbursements, or of supplies and equipment;
 - (v) expenditure not in accordance with the intention of the Health Assembly, after making allowance for duly authorized transfers within the budget;
 - (vi) expenditure in excess of appropriations as amended by duly authorized transfers within the budget;
 - (vii) expenditure not in conformity with the authority that governs it;
- (d) the accuracy or otherwise of the supplies and equipment records as determined by stock-taking and examination of the records.

In addition, the report may contain reference to:

- (e) transactions accounted for in a previous financial period, concerning which further information has been obtained, or transactions in a later financial period concerning which it seems desirable that the Health Assembly should have early knowledge.

7. The External Auditor(s) may make such observations with respect to his/her/their findings resulting from the audit and such comments on the financial report as he/she/they deem(s) appropriate to the Health Assembly or to the Director-General.

8. Whenever the External Auditor's(s') scope of audit is restricted, or insufficient evidence is available, the External Auditor's(s') opinion shall refer to this matter, making clear in the report the reasons for the comments and the effect on the financial position and the financial transactions as recorded.

9. In no case shall the External Auditor(s) include criticism in any report without first affording the Director-General an adequate opportunity of explanation on the matter under observation.

10. The External Auditor(s) is/are not required to mention any matter referred to in the foregoing which is considered immaterial.

STAFF REGULATIONS OF THE WORLD HEALTH ORGANIZATION¹

SCOPE AND PURPOSE

The Staff Regulations embody the fundamental conditions of service and the basic rights, duties and obligations of the World Health Organization Secretariat staff. They are the broad principles of personnel policy for the guidance of the Director-General in the staffing and administration of the Secretariat. The Director-General may, as Chief Administrative Officer, provide and enforce such Staff Rules consistent with these principles as he considers necessary.

I. DUTIES, OBLIGATIONS AND PRIVILEGES

1.1 All staff members of the Organization are international civil servants. Their responsibilities are not national but exclusively international. By accepting appointment, they pledge themselves to discharge their functions and to regulate their conduct with the interests of the World Health Organization only in view.

1.2 All staff members are subject to the authority of the Director-General and to assignment by him to any of the activities or offices of the World Health Organization. They are responsible to him in the exercise of their functions. In principle, the whole time of staff members shall be at the disposal of the Director-General.

1.3 In the performance of their duties staff members shall neither seek nor accept instructions from any government or from any other authority external to the Organization.

1.4 No staff member shall accept, hold or engage in any office or occupation which is incompatible with the proper discharge of his duties with the World Health Organization.

1.5 Staff members shall conduct themselves at all times in a manner compatible with their status as international civil servants. They shall avoid any action and in particular any kind of public pronouncement which may adversely reflect on their status. While they are not expected to give up their national sentiments or their political and religious convictions, they

¹ Text adopted by the Fourth World Health Assembly (resolution WHA4.51) and amended by the Twelfth and Fifty-fifth World Health Assemblies (resolutions WHA12.33 and WHA55.21).

shall at all times bear in mind the reserve and tact incumbent upon them by reason of their international status.

1.6 Staff members shall exercise the utmost discretion in regard to all matters of official business. They shall not communicate to any person any information known to them by reason of their official position which has not been made public, except in the course of their duties or by authorization of the Director-General. At no time shall they in any way use to private advantage information known to them by reason of their official position. These obligations do not cease with separation from service.

1.7 No staff member shall accept any honour, decoration, favour, gift or remuneration from any government, or from any other source external to the Organization, if such acceptance is incompatible with his status as an international civil servant.

1.8 Any staff member who becomes a candidate for a public office of a political character shall resign from the Secretariat.

1.9 The immunities and privileges attaching to the World Health Organization by virtue of Article 67 of the Constitution are conferred in the interests of the Organization. These privileges and immunities furnish no excuse to staff members for non-performance of their private obligations or failure to observe laws and police regulations. The decision whether to waive any privileges or immunities of the staff in any case that arises shall rest with the Director-General.

1.10 All staff members shall subscribe to the following oath or declaration:
I solemnly swear (undertake, affirm, promise) to exercise in all loyalty, discretion, and conscience the functions entrusted to me as an international civil servant of the World Health Organization, to discharge those functions and regulate my conduct with the interests of the World Health Organization only in view, and not to seek or accept instructions in regard to the performance of my duties from any government or other authority external to the Organization.

1.11 The oath or declaration shall be made orally by the Director-General at a public meeting of the World Health Assembly, by the Deputy Director-General, Assistant Directors-General and Regional Directors before the Director-General and in writing by other staff members.

II. CLASSIFICATION OF POSTS AND STAFF

2.1 Appropriate provision shall be made by the Director-General for the classification of posts and staff according to the nature of the duties and responsibilities required.

III. SALARIES AND RELATED ALLOWANCES

3.1 The salaries for the Deputy Director-General, Assistant Directors-General and Regional Directors shall be determined by the World Health Assembly on the recommendation of the Director-General and with the advice of the Executive Board.

3.2 Salary levels for other staff shall be determined by the Director-General on the basis of their duties and responsibilities. The salary and allowance plan shall be determined by the Director-General following basically the scales of salaries and allowances of the United Nations, provided that for staff occupying positions subject to local recruitment the Director-General may establish salaries and allowances in accordance with best prevailing local practices and that for staff occupying positions subject to international recruitment the remuneration shall be varied between duty stations to take into account relative cost of living to the staff members concerned, standards of living and related factors. Any deviations from the United Nations scales of salaries and allowances which may be necessary for the requirements of the World Health Organization shall be subject to the approval of, or may be authorized by, the Executive Board.

IV. APPOINTMENT AND PROMOTION

4.1 The Director-General shall appoint staff members as required.

4.2 The paramount consideration in the appointment, transfer or promotion of the staff shall be the necessity of securing the highest standards of efficiency, competence and integrity. Due regard shall be paid to the importance of recruiting and maintaining the staff on as wide a geographical basis as possible.

4.3 Selection of staff members shall be without regard to race, creed or sex. So far as is practicable, selection shall be made on a competitive basis.

4.4 Without prejudice to the inflow of fresh talent at the various levels, vacancies shall be filled by promotion of persons already in the service of the Organization in preference to persons from outside. This preference shall also be applied, on a reciprocal basis, to the United Nations and specialized agencies brought into relationship with the United Nations.

4.5 Appointments of the Deputy Director-General, Assistant Directors-General and Regional Directors shall be for a period not to exceed five years, subject to renewal, and in accordance with conditions determined by the Executive Board concerning eligibility of Regional Directors for reappointment. Other staff members shall be granted appointments of a dura-

tion and under such terms and conditions, consistent with these regulations, as the Director-General may prescribe.

4.6 The Director-General shall establish appropriate medical standards which prospective staff members shall normally be required to meet before appointment.

V. ANNUAL AND SPECIAL LEAVE

5.1 Staff members shall be allowed appropriate annual leave. In exceptional cases, special leave may be authorized by the Director-General.

5.2 In order that staff members may take their leave periodically in their home countries, the Organization shall allow necessary travelling time for that purpose, under conditions and definitions prescribed by the Director-General.

VI. SOCIAL SECURITY

6.1 Provision shall be made for the participation of staff members in the United Nations Joint Staff Pension Fund in accordance with the regulations of that fund.

6.2 The Director-General shall establish a scheme of social security for the staff, including provisions for health protection, sick leave and maternity leave, and reasonable compensation in the event of illness, accident or death attributable to the performance of official duties on behalf of the Organization.

VII. TRAVEL AND REMOVAL EXPENSES

7.1 Subject to conditions and definitions prescribed by the Director-General, the Organization shall pay the travel expenses of staff members and, in appropriate cases, their dependants

upon appointment and on subsequent change of official duty station,
upon the taking of leave at home when authorized, and
upon separation from the service.

7.2 Subject to conditions and definitions prescribed by the Director-General, the World Health Organization shall pay removal costs for staff members

upon appointment and on subsequent change of official duty station and
upon separation from the service.

VIII. STAFF RELATIONS

8.1 The Director-General shall make provision for staff participation in the discussion of policies relating to staff questions.

IX. SEPARATION FROM SERVICE

9.1 Staff members may resign from the Secretariat upon giving the Director-General the notice required under the terms of their appointment.

9.2 The Director-General may terminate the appointment of a staff member in accordance with the terms of his appointment, or if the necessities of the service require abolition of the post or reduction of the staff, if the services of the individual concerned prove unsatisfactory, or if he is, for reasons of health, incapacitated for further service.

9.3 If the Director-General terminates an appointment the staff member shall be given notice and indemnity payment in accordance with the terms of his appointment.

9.4 The Director-General shall establish a scheme for the payment of repatriation grants.

9.5 Normally, staff members shall not be retained in active service beyond the age specified in the Pension Fund regulations as the age of retirement. The Director-General may, in the interests of the Organization, extend this age limit in exceptional cases.

X. DISCIPLINARY MEASURES

10.1 The Director-General may impose disciplinary measures on staff members whose conduct is unsatisfactory. He may summarily dismiss a member of the staff for serious misconduct.

XI. APPEALS

11.1 The Director-General shall establish administrative machinery with staff participation to advise him in case of any appeal by staff members against an administrative decision alleging the non-observance of their terms of appointment, including all pertinent regulations and rules, or against disciplinary action.

11.2 Any dispute which cannot be resolved internally, arising between the Organization and a member of the staff regarding the fulfilment of the con-

tract of the said member, shall be referred for final decision to the United Nations Administrative Tribunal.

XII. GENERAL PROVISIONS

12.1 These regulations may be supplemented or amended by the Health Assembly, without prejudice to the acquired rights of staff members.

12.2 The Director-General shall report annually to the Health Assembly such staff rules and amendments thereto as he may make to implement these regulations, after confirmation by the Executive Board.

12.3 The Director-General, by virtue of the authority vested in him as the chief technical and administrative officer of the Organization, may delegate to other officers of the Organization such of his powers as he considers necessary for the effective implementation of these regulations.

12.4 In case of doubt as to the meaning of any of the foregoing regulations, the Director-General is authorized to rule thereon subject to confirmation of the ruling by the Executive Board at its next meeting.

REGULATIONS FOR EXPERT ADVISORY PANELS AND COMMITTEES¹

INTRODUCTION

Efficiency, as well as economy, makes it necessary to limit the number of experts participating in discussions on any given subject; on the other hand, it is difficult, in a small group of experts, to obtain adequate representation of the various branches of knowledge which bear upon its subject, and of the diversified forms of local experience and trends of thought prevailing in the various parts of the world.

These apparently conflicting requirements may be reconciled by giving expert committees, whenever desirable, flexible membership.

This may be done by setting up advisory panels of experts conversant with all the required branches of knowledge and forms of experience needed to cover adequately a particular subject and providing adequate geographical representation.

From these panels will be drawn the members of the expert committees, selection being made according to the agenda of each meeting.

The following regulations are, therefore, based on the above principles.

1. DEFINITIONS

1.1 An expert advisory panel consists of experts from whom the Organization may obtain technical guidance and support within a particular subject, either by correspondence or at meetings to which the experts may be invited.

1.2 A member of an expert advisory panel is an expert appointed by the Director-General who undertakes to contribute by correspondence technical information on developments in his or her field, and to offer advice as appropriate, spontaneously or upon request.

1.3 An expert committee is a group of expert advisory panel members convened by the Director-General for the purpose of reviewing and making technical recommendations on a subject of interest to the Organization.

¹ Text adopted by the Thirty-fifth World Health Assembly (resolution WHA35.10), in replacement of the regulations adopted by the Fourth World Health Assembly. Amendments were adopted at the Forty-fifth, Forty-ninth, Fifty-third and Fifty-fifth World Health Assemblies (decision WHA45(10), resolution WHA49.29, resolution WHA53.8 and resolution WHA55.24, respectively).

1.4 A member of an expert committee is an expert appointed by the Director-General to serve at any particular meeting of that committee.

2. AUTHORITY TO ESTABLISH EXPERT ADVISORY PANELS AND COMMITTEES

2.1 An expert advisory panel may be established by the Director-General in any field as and when required by the development of the Organization's programme. It is established for the Organization as a whole and shall be utilized at whatever level of operation its guidance and support are needed. An expert advisory panel may be disestablished by the Director-General at his discretion when its guidance and support are no longer required.

2.2 The Director-General shall report to the Executive Board on the establishment or disestablishment of expert advisory panels and on their membership.

2.3 The World Health Assembly and the Executive Board have authority under Articles 18(e) and 38 of the Constitution of the Organization to establish and dissolve expert committees.

2.4 The Director-General shall include in his biennial programme budget such proposals for expert committee meetings as he deems necessary.

3. EXPERT ADVISORY PANELS – MEMBERSHIP AND PROCEDURES

3.1 Any person possessing qualifications and/or experience relevant and useful to the activities of the Organization in a field covered by an established expert advisory panel may be considered for appointment as a member of that panel after consultations with the national authorities concerned. Information on all appointments made to these panels shall be circulated to all Member States. The Director-General shall encourage developing countries to send nominations for the panels.

3.2 In the selection of members of expert advisory panels the Director-General shall consider primarily their technical ability and experience, but he shall also endeavour to ensure that the panels have the broadest possible international representation in terms of diversity of knowledge, experience and approaches in the fields for which the panels are established. He/she shall encourage nomination of experts from developing countries and from all regions and shall be helped in this task by Regional Directors.

3.3 Members of expert advisory panels shall be appointed for such period as the Director-General may determine, but not exceeding four years.

3.3.1 At the expiration of that period, the appointment shall end. However, the Director-General may renew the appointment when such renewal is warranted by specific programme requirements. Renewals of appointments should be fixed for periods of up to four years.

3.3.2 The appointment shall also end if the panel is disestablished. It may also be terminated at any time by the Director-General if the interests of the Organization so require. The Director-General shall report to the Executive Board on any such early termination of appointment.

3.4 Members of expert advisory panels do not receive any remuneration from the Organization. However, when attending meetings by invitation of WHO, they shall be entitled, in accordance with the administrative regulations of the Organization, to reimbursement of travelling expenses and to a daily living allowance during such meetings.

4. EXPERT COMMITTEES – MEMBERSHIP AND PROCEDURES

Selection, Appointment and Term of Office of Members

4.1 The Director-General shall establish the number of experts to be invited to a meeting of an expert committee, determine its date and duration, and convene the committee.

4.2 As a general rule, the Director-General shall select from one or more expert advisory panels the members of an expert committee on the basis of the principles of equitable geographical representation, gender balance, a balance of experts from developed and developing countries, representation of different trends of thought, approaches and practical experience in various parts of the world, and an appropriate interdisciplinary balance. The membership of expert committees shall not be restricted by consideration of language, within the range of languages of the Organization.

4.3 Members of an expert advisory panel who are not invited to a particular meeting of an expert committee of interest to them may at their request attend as observers, if so authorized by the Director-General, but shall do so at their own expense.

4.4 Organizations of the United Nations system, as well as nongovernmental organizations in official relations with WHO, may be invited to send representatives to expert committee meetings in which they are directly interested.

4.5 To ensure balanced geographical representation, consultants and temporary advisers assigned to assist an expert committee shall be selected, as

far as possible, from countries not represented on the committee's membership.

International Status of Members

4.6 In the exercise of their functions, the members of expert advisory panels and committees shall act as international experts serving the Organization exclusively; in that capacity they may not request or receive instructions from any government or authority external to the Organization. Furthermore, they shall disclose all circumstances that could give rise to a potential conflict of interest as a result of their membership of an expert committee, in accordance with the mechanisms established by the Director-General for that purpose.

4.7 They shall enjoy the privileges and immunities envisaged in Article 67(b) of the Constitution of the Organization and set forth in the Convention on the Privileges and Immunities of the Specialized Agencies and in Annex VII thereof.

Agenda

4.8 The Director-General, or his representative, shall prepare the draft agenda for each meeting and transmit it in reasonable time to the members of the committee and of the Executive Board, and to Members of the Organization. An expert committee, unless formally so requested, may not deal with questions of administrative policy. The agenda shall include any subject, within the terms of reference of the committee, proposed by the Health Assembly, the Executive Board or the Director-General.

4.9 In order to provide members of an expert committee with the broadest possible information on the subjects under discussion, the terms of reference and annotated agenda of the meeting shall be supplied in advance to members of expert advisory panels who are conversant with these subjects but have not been invited to the meeting. They may also be invited to provide written contributions and may receive the principal working documents.

Expert Sub-committees

4.10 For the study of special problems a committee may suggest the establishment, temporarily or permanently, of specialized sub-committees, and may make suggestions as to their composition. A committee may also suggest the establishment of joint sub-committees consisting of specialists in its own technical field and of specialists in another field whose collaboration it considers necessary for the success of its work. The Health Assem-

bly, or the Executive Board, shall decide whether such sub-committees shall be established, and whether singly or jointly with other committees or sub-committees of the Organization.

4.11 The rules governing the functions of committees, the appointment of their members, the election of their chairmen and vice-chairmen, secretaryship and agenda shall, *mutatis mutandis*, apply to sub-committees. Membership of a committee does not in itself entitle an expert to participate in the proceedings of any of its sub-committees.

Reports on Meetings of Committees

4.12 For each meeting an expert committee shall draw up a report setting forth its findings, observations and recommendations. This report shall be completed and approved by the expert committee before the end of its meeting. Its conclusions and recommendations shall not commit the Organization and should be formulated in such a way as to advise the Director-General on future programme activities without calling upon him to use the staff, services or funds of the Organization in any specified way. If the committee is not unanimous in its findings, any divergent views shall be recorded in or appended to the report. Signed contributions may not be included in the text of the expert committee's report or in its annexes.

4.13 The text of an expert committee report may not be modified without the committee's consent. The Director-General may direct to the attention of the chairman of an expert committee any statement of opinion in its report that might be considered prejudicial to the best interests of the Organization or of any Member State. The chairman of the committee may, at his discretion, delete such statement from the report, with or without communicating with members of the expert committee, or, after obtaining their written approval, may modify the statement. Any difficulty arising out of a divergence of views between the Director-General and the chairman of the committee shall be referred to the Executive Board.

4.14 The Director-General shall be responsible for authorizing the publication of reports of expert committees. Nevertheless, the Director-General may communicate the report directly to the Health Assembly if, in his opinion, it contains information or advice urgently required by that body.

4.15 The Director-General may publish or authorize the publication of any document prepared for an expert committee, with due recognition of authorship if applicable.

Reports on Meetings of Sub-committees

4.16 The above provisions (paragraphs 4.12-4.15) shall apply to reports on meetings of sub-committees, except that the report of a sub-committee or joint sub-committee shall be submitted through the Director-General to the parent committee or committees. Nevertheless, the Director-General may communicate the report of a sub-committee directly to the Executive Board or to the Health Assembly if, in his opinion, it contains information or advice urgently required by either of those bodies.

Venue of Meetings of Committees

4.17 Meetings of expert committees shall normally be held at headquarters in order to provide overall technical guidance. They may also be convened at regional level, to deal with problems of a predominantly regional character, or at country level, if the health problems under consideration are essentially country-specific. Meetings of such expert committees shall be planned in a coordinated manner so as to complement those convened at headquarters, avoid duplication, and ensure maximum effectiveness and coherence in their work.

4.18 The above provisions (paragraphs 4.1-4.15) shall be applicable, *mutatis mutandis*, to expert committees that meet at the regional or country level. The Director-General may delegate the necessary authority to the Regional Directors.

Rules of Procedure

4.19 Expert committees and sub-committees shall conduct their proceedings in accordance with the Rules of Procedure set forth in the annex to these regulations.

Joint Committees and Sub-committees

4.20 The selection and appointment of expert advisory panel members designated by the Director-General to serve on a joint committee or sub-committee convened by the Organization in conjunction with other organizations shall also be governed by these regulations. In this selection, account shall be taken of the technical and geographical balance that is desirable for the joint committee or sub-committee as a whole.

4.21 Members of expert advisory panels appointed by the Director-General to such joint committees and sub-committees shall retain complete freedom of opinion and expression. Therefore their participation in any collective

decision which may entail administrative, financial or moral responsibility for another participating organization does not commit the Organization.

4.22 Members of expert advisory panels representing the Organization on any joint committee or sub-committee shall report to the Director-General on their participation. This report shall be supplementary to the collective report of the joint committee or sub-committee itself.

Reporting to the Executive Board

4.23 The Director-General shall submit to the Executive Board a report on meetings of expert committees held since the previous session of the Board. It shall contain his observations on the implications of the expert committee reports and his recommendations on the follow-up action to be taken, and the texts of the recommendations of the expert committee shall be annexed. The Executive Board shall consider the report submitted by the Director-General and address its comments to it.

5. ENTRY-INTO-FORCE

5.1 These regulations shall apply as from the date of their approval by the Health Assembly.

Annex

RULES OF PROCEDURE FOR EXPERT COMMITTEES

PRIVATE NATURE OF MEETINGS

Rule 1

The meetings of expert committees shall normally be of a private character. They cannot become public except by the express decision of the committee with the full agreement of the Director-General.

QUORUM

Rule 2

The discussions of an expert committee shall be valid:

- (a) if at least two-thirds of its members are present; and
- (b) if, unless otherwise authorized by the Director-General, a representative of the Director-General is also present.

CHAIRMAN, VICE-CHAIRMAN AND RAPPORTEUR

Rule 3

The expert committee shall elect, from among its members, a chairman to direct its debates, a vice-chairman to replace the chairman if necessary, and a rapporteur.

SECRETARYSHIP

Rule 4

1. In accordance with Article 32 of the Constitution of the Organization, the Director-General is *ex-officio* secretary of all expert committees. He may delegate those functions to a technical officer competent in the subject concerned.
2. The Director-General, or his representative, may at any time make either oral or written statements to the committee concerning any question under consideration.
3. The Director-General, or his representative, shall determine the time and place of the meeting and shall convene the committee.
4. The committee's secretariat, composed of the secretary and of staff members, consultants and temporary advisers, as required, shall assist the chairman, the rapporteur and the members of the committee.

AGENDA

Rule 5

1. The secretary of the meeting shall prepare the draft agenda, submit it to the Director-General for approval, and transmit it to the members of the committee together with the letter of invitation to the meeting.
2. The agenda shall include any subject within the terms of reference of the committee proposed by the Health Assembly, the Executive Board or the Director-General.

VOTE

Rule 6

Scientific questions shall not be submitted to a vote. If the members of a committee cannot agree, each shall be entitled to have his personal opinion reflected in the report; this statement of opinion shall take the form of an individual or group report, stating the reasons why a divergent opinion is held.

CONDUCT OF BUSINESS

Rule 7

Save as provided in Rule 6 above, the chairman shall be guided by the provisions of the Rules of Procedure of the Executive Board on the conduct of business and voting in the committee in so far as this may be necessary for the accomplishment of the work of the committee.

REPORTS

Rule 8

The expert committee shall draw up and approve its report before the closure of its meeting.

WORKING LANGUAGES

Rule 9

1. The working languages of the expert committee shall be English and French. The Secretariat shall make such arrangements as are necessary to provide for interpretation from and into the other official languages of the Health Assembly and the Executive Board.
 2. For expert committees held at regional or country level, working languages of that region other than English and French may be chosen as the committee's working languages; arrangements may be made for interpretation from and into other languages as required.
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REGULATIONS FOR STUDY AND SCIENTIFIC GROUPS, COLLABORATING INSTITUTIONS AND OTHER MECHANISMS OF COLLABORATION¹

INTRODUCTION

The World Health Organization requires expert advice for overall scientific and technical guidance, as well as for direct support of global, inter-regional and regional technical cooperation programmes for national health development.

Such advice and support must reflect high scientific and technical standards, the widest possible representation of different branches of knowledge, and local experience and trends of thought throughout the world, and must cover a broad range of disciplines related to health and social development.

Expert advice and support may be obtained from and provided by individuals, groups and institutions.

The present regulations do not cover:

(a) advice obtained from members of expert advisory panels acting individually or collaborating in expert committees;²

(b) expert advice available informally;

(c) expertise provided at regional level on problems of a regional or sub-regional character;

(d) advice obtained through channels covered by other regulations (e.g. from non-governmental organizations); or

(e) scientific and technical meetings other than those of expert committees, study groups and scientific groups, and especially meetings concerned with and adapted to special programmes (e.g. the Special Programme for Research and Training in Tropical Diseases, the Special Programme of Research, Development and Research Training in Human Reproduction, the Diarrhoeal Diseases Control Programme, the International Programme on Chemical Safety).

Adherence to the principles underlying these regulations is essential, but practical application must be responsive to evolving demands on the Organization, and new ways and means of securing and using expertise may prove necessary.

¹ Text approved by the Executive Board at its sixty-ninth session (resolution EB69.R21) with amendments approved at its 105th session (resolution EB105.R7).

² For regulations for expert advisory panels and committees, see p. 105.

1. STUDY GROUPS

1.1 Study groups may be convened instead of expert committees when one or more of the following conditions are met:

- the knowledge on the subject to be studied is still too uncertain and the opinions of competent specialists are too diverse for there to be a reasonable expectation of authoritative conclusions which can be immediately utilized by the Organization;
- the study envisaged concerns too limited an aspect of a general problem, which may or may not come within the purview of an expert committee;
- the study envisaged implies the collaboration of narrowly specialized participants who may belong to very different disciplines and on whom the Organization occasionally calls, without its being necessary, however, to include them in its expert advisory panels;
- certain non-technical factors render unsuitable an expert committee meeting, which would be too official in character;
- urgent or exceptional circumstances call for some administrative procedure which will be simpler and more rapidly applicable than that involved in meetings of expert committees.

1.2 The Director-General has authority to convene study groups, to determine the nature and scope of their subjects, the date and duration of their meetings, their membership, and whether their reports should be published. In so doing, the Director-General shall follow, whenever applicable and as far as practicable, the principles and rules applicable to expert committees, particularly those concerning the technical and geographical balance of the groups. Members of study groups may be members of expert advisory panels or other experts.

1.3 The regulations applying to the reports and documents of expert committees shall also apply to the reports and documents of study groups.

1.4 Meetings of study groups may be held at the regional level, to deal with subjects essentially of regional interest, when one or more of the conditions outlined in paragraph 1.1 above are met. Such study groups may be convened by Regional Directors, who will apply to them the provisions of regulation 1.2 above, *mutatis mutandis*, and ensure optimal coordination between such study group meetings and meetings on the same or related subjects in other regions or at headquarters level.

1.5 Should a study group be convened in conjunction with another organization, regulations 4.20 to 4.22 concerning expert advisory panels and committees shall apply, *mutatis mutandis*.

1.6 In the exercise of their functions the members of WHO expert advisory panels and other experts participating in study group meetings shall act as international experts serving the Organization exclusively; in that capacity they may not request or receive instructions from any government or authority external to the Organization. They shall enjoy the privileges and immunities envisaged in Article 67(b) of the Constitution of the Organization and set forth in the Convention on the Privileges and Immunities of the Specialized Agencies and in Annex VII thereof.

2. SCIENTIFIC GROUPS

2.1 The functions of scientific groups are to review given fields of medical, health and health systems research, to assess the current state of knowledge in those fields, and to determine how that knowledge may best be extended. In other words, scientific groups play for research a role comparable to that of expert committees and study groups for the Organization's programme in general.

2.2 The Director-General has authority to convene scientific groups and to determine the nature and scope of their subjects, the date and duration of their meetings, and their membership. In so doing, the Director-General should follow, whenever applicable and as far as practicable, the principles and rules applicable to expert committees. Members of scientific groups may be members of expert advisory panels or other experts.

2.3 The Director-General shall submit the reports of scientific groups to the global Advisory Committee on Health Research,¹ and the reports may be published at his discretion.

2.4 Meetings of scientific groups may be held at the regional level, to deal with subjects essentially of regional interest. Such scientific groups may be convened by Regional Directors, who will apply to them the provisions of regulation 2.2 above, *mutatis mutandis*, and ensure optimal coordination between such scientific group meetings and meetings on the same or related subjects in other regions or at headquarters level.

2.5 Should a scientific group be convened in conjunction with another organization, regulations 4.20 to 4.22 concerning expert advisory panels and committees shall apply, *mutatis mutandis*.

¹ The former title (Advisory Committee on Medical Research) was changed by the Thirty-ninth World Health Assembly in its decision WHA39(8).

2.6 In the exercise of their functions the members of WHO expert advisory panels and other experts participating in scientific group meetings shall act as international experts serving the Organization exclusively; in that capacity they may not request or receive instructions from any government or authority external to the Organization. They shall enjoy the privileges and immunities envisaged in Article 67(b) of the Constitution of the Organization and set forth in the Convention on the Privileges and Immunities of the Specialized Agencies and in Annex VII thereof.

3. WHO COLLABORATING CENTRES

Definition and Functions

3.1 A WHO collaborating centre is an institution designated by the Director-General to form part of an international collaborative network carrying out activities in support of the Organization's programme at all levels. A department or laboratory within an institution or a group of facilities for reference, research or training belonging to different institutions may be designated as a centre, one institution acting for them in relations with the Organization.

3.2 Institutions showing a growing capacity to fulfil a function or functions related to the Organization's programme, as well as institutions of high scientific and technical standing having attained international recognition, may qualify for designation as WHO collaborating centres.

3.3 The functions of WHO collaborating centres, severally or collectively, include the following:

- (a) collection, collation and dissemination of information;
- (b) standardization of terminology and nomenclature, of technology, of diagnostic, therapeutic and prophylactic substances, and of methods and procedures;
- (c) development and application of appropriate technology;
- (d) provision of reference substances and other services;
- (e) participation in collaborative research developed under the Organization's leadership, including the planning, conduct, monitoring and evaluation of research, as well as promotion of the application of the results of research;
- (f) training, including research training; and
- (g) the coordination of activities carried out by several institutions on a given subject.

3.4 A WHO collaborating centre participates on a contractual basis in cooperative programmes supported by the Organization at the country,

intercountry, regional, interregional and global levels. It also contributes to increasing technical cooperation with and among countries by providing them with information, services and advice, and by stimulating and supporting research and training.

Designation

3.5 The criteria to be applied in the selection of institutions for designation as a WHO collaborating centre are as follows:

- (a) the scientific and technical standing of the institution concerned at the national and international levels;
- (b) the place the institution occupies in the country's health, scientific or educational structures;
- (c) the quality of its scientific and technical leadership, and the number and qualifications of its staff;
- (d) the institution's prospective stability in terms of personnel, activity and funding;
- (e) the working relationship which the institution has developed with other institutions in the country, as well as at the intercountry, regional and global levels;
- (f) the institution's ability, capacity and readiness to contribute, individually and within networks, to WHO programme activities, whether in support of country programmes or by participating in international cooperative activities;
- (g) the technical and geographical relevance of the institution and its activities to WHO's programme priorities;
- (h) the successful completion by the institution of at least two years of collaboration with WHO in carrying out jointly planned activities.

3.6 Regional Directors shall propose institutions for designation as WHO collaborating centres by the Director-General. They shall do so on the basis of preliminary exploration with the institutions and national authorities concerned and with the advice of and on suggestions from the Organization's programme officers responsible, at both global and regional level, for the programmes concerned.

3.7 Regional Directors shall provide the Director-General with appropriate information concerning:

- (a) the programme requirements to which the prospective centre is expected to respond and the functions it will have to perform;
- (b) the suitability of the institution concerned, on the basis of the criteria laid down in these regulations and by the Director-General; and

(c) the government's and institution's agreement to the proposed designation.

3.8 Designation shall be by agreement with the administrative head of the institution after consultation with the national authorities. The designation shall be signified to the institution and the national authorities by the Regional Director concerned.

3.9 After designation, an institution shall be known by the official title "WHO Collaborating Centre", followed by a concise indication of the sphere of activity covered.

3.10 WHO collaborating centres shall be designated for an initial period of four years. The designation is renewable for the same or shorter periods, if warranted by programme requirements and the results of evaluation.

Management

3.11 Collaboration with the centres shall be managed by relevant programme officers in that part of the Organization which initiated the designation process, whether at headquarters or in a region. Collaborating centres, however, shall maintain their technical links with all parts of the Organization relevant to their agreed programme of work.

4. NATIONAL INSTITUTIONS RECOGNIZED BY WHO

4.1 For collaborative activities of such scope or nature as may not warrant the designation of a WHO collaborating centre, the Organization may propose that an institution that is able and willing to participate in such activities with WHO be designated by the national authorities concerned for that purpose.

4.2 Upon designation by the national authorities, such institution shall be formally acknowledged by the Organization as a national institution recognized by WHO. However, no reference to WHO may be included in the title of the institution.

4.3 An agreement shall specify the tasks to be performed by the institution and the technical contributions to be provided by the Organization.

4.4 Official recognition by the Organization shall be for one year and shall be tacitly renewed unless notice is given by either party three months in advance.

4.5 The acknowledgement of such recognition of a national institution by WHO shall be signified to the government and to the institution concerned

by the Regional Director. Working technical relationships with the institution shall be developed at regional or headquarters level, as appropriate.

4.6 National institutions recognized by WHO shall be authorized by their respective governments, when such authorization is necessary, to maintain direct working relations with the Organization and with WHO collaborating centres.

5. OTHER MECHANISMS OF COLLABORATION

5.1 Other mechanisms of collaboration with individual experts, expert groups and institutions – for example by contractual technical service agreement – are developed by the Organization in response to particular requirements.

5.2 These mechanisms are mostly based on the very close involvement of individual experts, expert groups and institutions in the definition of programme objectives, the formulation of strategic plans to attain those objectives, the implementation of those plans, and the monitoring of progress.

5.3 The Director-General shall apply to these mechanisms the working procedures he deems most effective, even though these procedures may differ from those provided for in these regulations and those pertaining to expert advisory panels and committees. These mechanisms, however, shall be in general conformity with the principles outlined in these regulations, especially concerning the adequate international and technical distribution of expertise.

5.4 All new developments in the Organization's collaboration with individual experts, expert groups and institutions shall be subjected to the monitoring and evaluation procedures outlined below.

6. MONITORING AND EVALUATION

6.1 In the development of its individual, collective and institutional mechanisms for expert guidance and support, the Organization must be able to rely on adequate monitoring and evaluation procedures.

6.2 The Director-General shall develop those procedures, using to the full the technical resources of the Secretariat as well as scientific and technical advisory bodies dealing with various aspects of the Organization's programme, in particular the global and regional advisory committees on health research.¹

¹ See footnote 1, p. 116.

6.3 The Director-General shall report to the Executive Board, from time to time, on the results obtained and on any difficulties encountered in giving effect to the above regulations, and shall propose action to ensure their maximum effectiveness.
