

ICANN BOARD OF DIRECTORS

SUBMISSION NO. 2016.12.13.1b

TITLE: RSSAC Co-Chair Appointment

PROPOSED ACTION: For Board Consideration and Approval

EXECUTIVE SUMMARY:

According to Article 12, Section 2, Subsection C (ii) of the ICANN Bylaws, the ICANN Board of Directors shall appoint the co-chairs and the members of the Root Server System Advisory Committee (RSSAC). On 1 December 2016, the RSSAC conducted an election for one co-chair position and re-elected Tripti Sinha (University of Maryland, D-Root Server Operator) to a two-year term as co-chair. Brad Verd (Verisign, A/J-Root Server Operator) will continue to serve as co-chair for the second year of a two-year term.

RSSAC RECOMMENDATION:

The RSSAC recommends the Board of Directors appoint Tripti Sinha as co-chair of RSSAC.

PROPOSED RESOLUTIONS:

Whereas, Article 12, Section 2, Subsection C of the Bylaws governs the Root Server System Advisory Committee (RSSAC).

Whereas, Article 12, Section 2, Subsection C (ii) of the Bylaws states that the RSSAC's chairs and members shall be appointed by the Board.

Whereas, on 1 December 2016, the RSSAC conducted an election for one co-chair position and re-elected Tripti Sinha (University of Maryland, D-Root Server Operator)

to a two-year term as co-chair. Brad Verd (Verisign, A/J-Root Server Operator) will continue to serve as co-chair for the second year of a two-year term.

Resolved (2016.12.13.xx) the Board of Directors accepts the recommendation of the RSSAC and appoints Tripti Sinha as co-chair of RSSAC and extends its best wishes to RSSAC Co-Chairs of their important roles.

PROPOSED RATIONALE:

The ICANN Bylaws call for the Board to appoint the RSSAC Co-Chairs as selected by the membership. The appointment of RSSAC co-chairs will allow the RSSAC to be properly composed to serve its function within ICANN's policy development work as an advisory committee.

The appointment of co-chairs is not anticipated to have any fiscal impact on ICANN that has not already been accounted for in the budgeted resources necessary for ongoing support of the RSSAC.

This is an Organizational Administrative Function for which no public comment is required.

Submitted by:	Steve Sheng
Position:	Director, SSAC & RSSAC Advisories Development Support
Date Noted:	1 December 2016
Email and Phone Number	steve.sheng@icann.org

**Draft Resolution re. RZERC appointment
December 2016**

Whereas, in line with the recommendations of the CWG-Stewardship post-IANA transition, ICANN established the Root Zone Evolution Review Committee (RZERC) to review issues relating to the architecture and operational systems for the DNS Root Zone as it evolves, and providing recommendations to the ICANN Board to ensure the security, stability, and resiliency of the root zone.

Whereas appointees to the RZERC must have a strong overall understanding of the Root Zone, and must be able to fully represent their appointing organization's particular interest in the root zone.

Whereas the RZERC is required to include 9 committee members from specific organizations, including one ICANN Board member.

Whereas the ICANN Board appointed Suzanne Woolf to the RZERC on an interim basis as the ICANN Board member for the Inaugural Composition of the RZERC finalized on 12 August 2016.

Whereas Suzanne Woolf concluded her term on the ICANN Board on 8 November 2016.

Resolved (2016.12.13.xx), the ICANN Board thanks Suzanne Woolf for her service on the RZERC.

Resolved (2016.12.13.xx), the ICANN Board appoints Kaveh Ranjbar to the ICANN Board position on the RZERC.

ICANN BOARD PAPER NO. 2016.12.13.1d

TITLE: GAC Advice: Helsinki Communiqué (June 2016)

PROPOSED ACTION: For Board Consideration and Approval

EXECUTIVE SUMMARY:

The Governmental Advisory Committee (GAC) delivered additional advice on the ICANN Board in its [Helsinki Communiqué](#) issued 30 June 2016. The advice concerns: (1) policies and procedures for future rounds of the New gTLD Program, (2) the recently adopted GNSO consensus policy recommendations on privacy and proxy accreditation, (3) permitting registry operators to allow registration of two-letter domain names at the second level that correspond to country/territory codes, (4) permitting three-letter codes in the ISO-3166 list as gTLDs in future rounds, and (5) protection of names and acronyms of Intergovernmental Organizations (IGOs) in all gTLDs.

At the Helsinki Meeting, the GAC met with the Board-GAC Recommendation Implementation Working Group (BGRI-WG) to consider the effectiveness of GAC advice, and agreed (as a pilot) to have a post-communiqué exchange with the Board to ensure common understanding of GAC advice provided in the Communiqué. The Helsinki Communiqué was the subject of such an exchange between the Board and the GAC on 20 July 2016. A transcript of the call is available here: https://gacweb.icann.org/display/gacweb/Governmental+Advisory+Committee?preview=/27132037/43712863/20160720_GAC_Board_Call_EN.pdf.

The Board is being asked to approve an iteration of the GAC-Board Scorecard to address the GAC's advice in the Helsinki Communiqué. The draft Scorecard is attached to this briefing paper. The Scorecard includes: the text of the GAC advice; the Board's understanding of the GAC advice following the July 2016 dialogue with the GAC; the GNSO Council's review of the advice in the Helsinki Communiqué as presented in a 11 August 2016 [letter](#) to the Board; and, the Board's proposed response to the GAC advice.

STAFF RECOMMENDATION:

Staff recommends that the Board adopt the attached scorecard to address the GAC’s advice in the June 2016 Helsinki Communiqué.

PROPOSED RESOLUTION:

Whereas, the Governmental Advisory Committee (GAC) met during the ICANN56 meeting in Helsinki, Finland and issued advice to the ICANN Board in a [Communiqué](#) on 30 June 2016 (“Helsinki Communiqué”).

Whereas, the Helsinki Communiqué was the subject of an [exchange](#) between the Board and the GAC on 20 July 2016.

Whereas, on 11 August 2016, the GNSO Council provided [feedback](#) to the Board concerning advice in the Helsinki Communiqué relevant to generic top-level domains to inform the Board and the community of gTLD policy activities that may relate to advice provided by the GAC.

Whereas, the Board developed an iteration of the scorecard to respond to the GAC’s advice in the Helsinki Communiqué, taking into account the exchange between the Board and the GAC and the information provided by the GNSO Council.

Resolved (2016.12.13.xx), the Board adopts the scorecard titled “GAC Advice – Helsinki Communiqué: Actions and Updates (xx December 2016)” **[INSERT LINK TO FINAL GAC ADVICE SCORECARD ADOPTED BY BOARD]** in response to items of GAC advice in the Helsinki Communiqué.

PROPOSED RATIONALE:

Article 12, Section 12.2(a)(ix) of the ICANN Bylaws permits the GAC to “put issues to the Board directly, either by way of comment or prior advice, or by way of specifically recommending action or new policy development or revision to existing policies.” In its Helsinki Communiqué (30 June 2016), the GAC issued advice to the Board on various matters including: (1) policies and procedures for future rounds of the New gTLD Program, (2) GNSO consensus policy recommendations on privacy and proxy accreditation, (3) permitting registry operators to allow registration of two-letter domain

names at the second level that correspond to country/territory codes, (4) permitting three-letter codes in the ISO-3166 list as gTLDs in future rounds, and (5) protection of names and acronyms of Intergovernmental Organizations (IGOs) in all gTLDs. The ICANN Bylaws require the Board to take into account the GAC's advice on public policy matters in the formulation and adoption of the polices. If the Board decides to take an action that is not consistent with the GAC advice, it must inform the GAC and state the reasons why it decided not to follow the advice. Any GAC advice approved by a full consensus of the GAC (as defined in the Bylaws) may only be rejected by a vote of no less than 60% of the Board, and the GAC and the Board will then try, in good faith and in a timely and efficient manner, to find a mutually acceptable solution.

At this time, the Board is taking action to address the advice from the GAC in the Helsinki Communiqué. The Board's actions are described in scorecard dated xx December 2016 [**INSERT LINK TO FINAL GAC ADVICE SCORECARD ADOPTED BY THE BOARD**].

In adopting its response to the GAC advice in the Helsinki Communiqué, the Board reviewed various materials, including, but not limited to, the following materials and documents:

- Helsinki Communiqué (30 June 2016):
<https://www.icann.org/en/system/files/correspondence/gac-to-board-30jun16-en.pdf>
- The GNSO Council's review of the advice in the Helsinki Communiqué as presented in a 11 August 2016 letter to the Board
(<https://www.icann.org/en/system/files/correspondence/bladel-to-crocker-11aug16-en.pdf>)

The adoption of the GAC advice as provided in the scorecard will have a positive impact on the community because it will assist with resolving the advice from the GAC concerning gTLDs and other matters. There are no foreseen fiscal impacts associated with the adoption of this resolution. Approval of the resolution will not impact security,

stability or resiliency issues relating to the DNS. This is an Organizational Administrative function that does not require public comment.

Signature Block:

Submitted by: Jamie Hedlund

Position: Vice President, Strategic Programs, Global Domains Division

Date Noted: 5 December 2016

Email: jamie.hedlund@icann.org

BOARD BRIEFING

TITLE: **Location of March 2018 North America ICANN Meeting**

PROPOSED ACTION: **For Board Review and Discussion**

EXECUTIVE SUMMARY:

During the March 2016 Board Meeting in Marrakech, the Board approved the financials for Montreal, Canada as the location of the March 2018 North America ICANN Meeting.

The Board also agreed at that time that the October 2016 North America ICANN Meeting in San Juan, Puerto Rico should be postponed due to the Zika virus outbreak there. The intent, pending venue availability, was to hold the March 2018 Meeting in San Juan rather than Montreal, assuming that the Zika virus would be contained by that time. The LAC community was advised of this. The venue is available.

Unfortunately, the Zika virus issue in Puerto Rico has worsened rather than improved. There are now over 30,000 confirmed cases, and since only 20 percent of those infected exhibit symptoms of the disease, the number of actual cases is thought to be considerably higher. On 17 October 2016, the US Centers for Disease Control and Prevention issued an “Alert - Level 2, Practice Enhanced Precautions” for travel to Puerto Rico, specifically recommending that pregnant women not travel there. While there is ongoing research on a vaccine, a date for widespread distribution has not been established. Conversely, the WHO on November 18 indicated that the Zika virus is no longer a Public Health Emergency of international concern. See attached.

With the March 2018 Meeting only 16 months away, Zika may still be a factor on the island at that time. If we enter into hotel and convention center contracts now, we will face considerable cancellation penalties, once again, should we decide to move to an alternate location. Depending on the timing of the decision, that alternate location may or may not be in North America.

Confidential Negotiation Information

Other issues to consider are:

- We risk alienating the LAC community if we do not hold the meeting in San Juan in March 2018.
- We could offer to hold the November 2019 meeting in San Juan, but whether or not that will placate the hotels or the community is uncertain.

Space is still on hold in Montreal for the March 2018 Meeting so that remains an option for us, but only for a short time. There is another client interested in the convention center and hotels so we will need to sign a contract very soon.

We have two choices for the March 2018 Meeting:

- Hold it in San Juan with the financial and health risks identified.
- Hold it in Montreal with the community reputational risks identified, signing a contract by 9 December.

For your consideration:

- A detailed risk assessment commissioned by the organization on the extent of Zika virus and dengue fever issues in Puerto Rico is attached. It suggests that the virus does not pose a significant risk to the average visitor, but pregnant visitors, as well as visitors of both sexes planning to have children, should be especially aware of risks and make an informed decision on whether to travel based on consultation with their doctor.
- An official statement from the convention and visitor's bureau in Puerto Rico on the Zika virus situation there, indicating that it is not a concern with proper precautions.

With direction from the board executive committee, the organization will consult with ICANN SO/AC leadership and ICANN LAC leadership for advice.

MEDICAL RISK ASSESSMENT REPORT: ZIKA AND DENGUE IN PUERTO RICO

23 NOVEMBER 2016

EXECUTIVE SUMMARY

Using open-source research and consultation with a doctor at International SOS, we have assessed the risk posed by the Zika virus and dengue in Puerto Rico. Dengue cases have increased in Puerto Rico over the past 12 months but are not a major concern. While Zika has spread significantly on the island over the past 12 months, concern regarding significant numbers of Zika-related birth defects and fatalities has decreased. While travellers to Puerto Rico should remain vigilant regarding the health risks posed by Zika, the virus does not pose a significant risk to the average visitor. Pregnant visitors, as well as visitors of both sexes planning to have children, should be especially aware of these risks and make an informed decision on whether to travel based on consultation with their doctor.

OVERVIEW: THE ZIKA VIRUS

- The Zika virus is primarily transmittable by mosquitoes and sexual contact, causing Zika virus disease. Of those infected with Zika, only 20% of people exhibit symptoms; those who do typically return to normal health within a week, with or without medical care.
- Reliable statistics are not available, but the risk of Zika causing microcephaly for the unborn children of pregnant women is relatively low (1-13%), but the risk of non-microcephaly-related birth defects is unclear and may be higher than this.
- There is a link between the Zika virus and the potentially fatal (but usually treatable) Guillain-Barré syndrome (GBS); however, the probability of GBS resulting from Zika infection is very low.

GLOBAL OUTLOOK

The number of countries reporting ongoing cases of Zika transmission has increased from 18 to 61 countries since November 2015, and this includes almost all countries/territories in the Americas region (see map below). The scarcity of reliable statistics makes it unfeasible to determine trends regarding the number of Zika cases globally, or how Puerto Rico fares in relation to other countries/territories. For all of these affected 61 countries/territories the Centers for Disease Control (CDC) has issued Alert Level 2 (Practice Enhanced Precautions); this is second highest on the CDC's [three-tier scale](#), below Warning Level 3.

The World Health Organisation (WHO) on 18 November downgraded Zika from its previous status as a "Public Health Emergency of International Concern", which was imposed in February 2016. However, the WHO maintains that the virus is still a significant concern and may prompt localised health emergencies in the future. While the situation has not improved in objective terms since the end of 2015, the medical community's understanding of the disease and the risks associated with it has, and estimates regarding the potential spread and impact of the virus have become more conservative.



Figure 1 Countries with known mosquito transmission of Zika. Source: Centers for Disease Control and Prevention

ZIKA IN PUERTO RICO: WHAT HAS HAPPENED SINCE THE DECISION TO RELOCATE ICANN 57 FROM SAN JUAN?

Since Zika cases were first reported in Puerto Rico in December 2015, the virus has spread across the entire island, resulting in 31,409 known cases; in almost all of these, the patient has recovered fully. The International SOS medical risk rating for Zika in the 61 affected countries (and Puerto Rico by extension) has remained unchanged at *Medium* (second-lowest on a four-tier scale).

Out of the total number of cases, almost all involved local residents (99.6%), with just 115 visitor cases reported. 2,400 (7.6%) of cases affected pregnant women; however there has only been one confirmed case of Zika-linked microcephaly in a baby (October 2016). Of course, this number could suddenly increase in the coming months due to the nine-month duration of pregnancy.

One local man died from Zika-related GBS in August 2016. While it is not possible to accurately assess the risk of Zika infection for visitors to Puerto Rico in numeric terms, the aforementioned trends suggest that the probability of a given visitor contracting Zika is quite low, and the chances of an infection resulting in significant harm is very low.

OUTLOOK FOR 2018

Medical experts now understand Zika to be more of a controllable threat that is primarily of concern for pregnant women, as well as people (of both sexes) planning to have children. Ensuring that personnel/attendees are sufficiently informed of the health risks, as well as their freedom to decide not to travel to Puerto Rico based on health considerations (see *Mitigation* below), would further decrease the already relatively low risk posed by Zika to visitors to San Juan. However; it must be noted that the disease is still not fully understood, and it is very

difficult to know whether the situation will improve, deteriorate or remain the same by 2018. It is possible, but by no means certain, that a vaccine will be created for Zika in the near future.

MITIGATION STRATEGIES

- For people who are pregnant or planning to have a baby (male or female):
 - Consult your doctor to discuss health risks and make an informed decision on whether to travel based on medical advice;
 - Exercise abstinence or protected sex for 6 months following travel;
- All travellers
 - Avoid mosquito bites through repellent, clothing, bug spray and suitable accommodation (air conditioning, fly wire etc.).
 - Monitor health for two weeks after returning. Also, take precautions to avoid mosquito bites to reduce the risk of spreading the virus at home (you may be infected with Zika and not realise it).

DENGUE

There has been an uptick (but not an outbreak) in dengue cases reported in Puerto Rico this year compared to 2015. Dengue is a mosquito-borne disease that can cause a range of symptoms from mild to severe; there is a 2.5% fatality rate for people who contract the disease. Severe symptoms can generally be treated at adequate healthcare facilities. A dengue vaccine exists but is unreliable and not widely available; International SOS does not recommend its use, but instead suggests the same precautions relating to Zika regarding minimising the risk of mosquito bites. International SOS assesses the risk of dengue in Puerto Rico to be Medium.



Media centre

Fifth meeting of the Emergency Committee under the International Health Regulations (2005) regarding microcephaly, other neurological disorders and Zika virus

WHO statement

18 November 2016

The fifth meeting of the Emergency Committee (EC) on Zika and microcephaly convened by the Director-General under the International Health Regulations (IHR 2005) regarding microcephaly, other neurological disorders and Zika virus was held by teleconference on 18 November 2016.

The Committee was briefed on the implementation of the Temporary Recommendations issued by the Director-General on advice from the four previous EC meetings. The Committee was updated on the latest developments on Zika virus geographic spread, natural history, epidemiology, microcephaly and other neonatal complications associated with Zika virus, Guillain-Barré syndrome (GBS) and current knowledge on sexual transmission of Zika virus.

The following States Parties provided information on microcephaly, GBS and other neurological disorders occurring in the presence of Zika virus transmission as well as control measures being implemented: Brazil, Thailand, and the United States of America.

The Public Health Emergency of International Concern (PHEIC) declared by the Director-General of WHO has led the world to an urgent and coordinated response, providing the understanding that Zika virus infection and associated consequences represent a highly significant long-term problem that must be managed by WHO, States Parties and other partners in a way that other infectious disease threats are managed.

The EC originally recommended a PHEIC in February 2016 on the basis of an extraordinary cluster of microcephaly and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia and geographic and temporal association with Zika virus infection which required urgent and coordinated and research. Because research has now demonstrated the link between Zika virus infection and microcephaly, the EC felt that a robust longer-term technical mechanism was now required to manage the global response.

As a result, the EC felt that Zika virus and associated consequences remain a significant enduring public health challenge requiring intense action but no longer represent a PHEIC as defined under the IHR. Many aspects of this disease and associated consequences still remain to be understood, but this can best be done through sustained research. The EC recommended that this should be escalated into a sustained programme of work with dedicated resources to address the long-term nature of the disease and its associated consequences.

The Committee reviewed the recommendations made at its previous meetings and agreed that WHO and partners had systematically addressed their advice. Furthermore, the EC reviewed and agreed to the WHO Zika transition plan outlined to establish the longer-term response mechanism which delivers the strategic objectives already identified in the Zika Strategic Response Plan.

Based on this advice, the Director-General declared the end of the Public Health Emergency of International Concern (PHEIC). The Director-General reissued the Temporary Recommendations from the previous meetings of the Committee which will be incorporated into the longer-term response mechanism. The Director-General thanked the Committee Members and Advisors for their advice over the past year.

[Zika and complications »](#)

This page links all WHO information to its response on the Public Health Emergency of International Concern.

Zika Virus Research Agenda

The goal of the WHO Zika Virus Research Agenda is to support the generation of evidence needed to strengthen essential public health guidance and actions to prevent and limit the impact of Zika virus and its neurological complications.

[Read the research agenda](#)



Related links

Zika virus

[Fact sheet: Zika virus](#)

[Q&A: Zika virus](#)

[More on Zika virus](#)

Microcephaly

[Fact sheet: Microcephaly](#)

[More on microcephaly](#)

Guillain–Barré syndrome

[Fact sheet: Guillain–Barré syndrome](#)

[More on Guillain–Barré syndrome](#)

**Zika Virus
Statement**

Since the arrival of the Zika virus to the island on December 2015 the impact on Puerto Rico's population has been minimal. Early in 2016 the CDC had predicted that by year-end from 20-25% of the population would have contracted Zika. However, thanks to the joint efforts of the Department of Health, the CDC and the tourism industry, less than 1% of the population has been diagnosed with the virus.

MPR has immediately responded to our client's concerns regarding the Zika with accuracy and transparency, through communication and education, creating real time video testimonials and infographics with a clear and easy to read message. By taking proper precautions, our group delegates can have a safe, fun and productive visit to Puerto Rico.

In fact, among many other groups, Puerto Rico recently hosted a major city-wide conference for the Jehovah's Witnesses. - the largest city-wide convention of the year, from August 22-31, hosting more than 34,500 attendees from the United States, Puerto Rico, Brazil, Colombia and Cuba who stayed throughout the island, from San Juan to Ponce for a total of 7,500 room nights. Equally important, from March 1st to September 30th 2016, Meet Puerto Rico will have hosted 132 group for a total of 84,990 room nights and 211,000 delegates. Next October 15 through 22nd, the Island will be hosting the World Boxing Organization in San Juan.

Our attendees have followed the instructions provided by the CDC and to our knowledge, none of the attendees has contracted Zika. Please refer to our website to view positive testimonials confirming the progressive nature of groups hosting their programs in Puerto Rico. Click on this [link](#) to view the testimonials.

Meet Puerto Rico's first concern is for the health and well-being of our partners and visitors. We recommend that all information be reviewed in order to make an educated decision.

For additional information refer to: <http://puertoriconow.seepuertorico.com>

**Current population of Puerto Rico is of 3.5 million. – United States Census Bureau*

October 14, 2016

About the CDC:

Congress approved \$1.1 billion to fight the virus in late September in a government spending bill after a long fight over legislation. The Centers for Disease Control and Prevention (CDC) is using the funds to help destinations with active Zika infestations, including Puerto Rico, to fight the virus, provide Zika test kits and help with current vaccine trials. According to Nicole Lurie, assistant secretary for preparedness and response at Health and Human Services (HHS) ... "One of the important things we'll be doing with the funds," said Lurie, "is picking up those candidates and moving them into advance development when they are ready. We want to make sure we have manufacturing facilities in place to scale up and deliver the vaccines." [CNN](#)

If testing goes well, a vaccine could be available as early as Fall of 2017.

Some 100 Centers for Disease Control and Prevention (CDC) staff continue to work in Puerto Rico, as part of 750 CDC workers assigned to work on the Zika virus. According to Dr. Thomas Frieden, head of the CDC, in addition to research, the CDC is also working with Puerto Rico to provide services to protect pregnant women from Zika, support pregnant women who have been infected with Zika, increase lab testing, improve mosquito control, and provide access to contraception for women who choose to delay or avoid pregnancy. This is in addition to its team providing education as well as assisting the Health Department of Puerto Rico in the monitoring of cases and communications to the public.

Background/Additional Information

The CDC and Puerto Rico have an integrated vector control program that includes weekly house inspections, weekly clean-up campaigns, surveillance to track the mosquito population and the use of chemical and biological larvicides and adulticides to kill young and adult mosquitos.

Puerto Rico's major tourism organizations - the Puerto Rico Tourism Company (PRTC), the Puerto Rico Hotel & Tourism Association (PRHTA) and Meet Puerto Rico (Puerto Rico Convention Bureau) are taking every precaution possible to eliminate mosquito breeding grounds at hotels and resorts as well as educating visitors about preventing mosquito bites.

The Caribbean Public Health Agency, in collaboration with the Caribbean Tourism Organization and the Caribbean Hotel and Tourism Association (CHTA), has issued guidelines for hotels and guesthouses in the Caribbean to help prevent and prepare for the Zika virus. Hotels as well as many tourist services providers have attended the Zika Seminar for Tourism Industry organized by the CDC in conjunction with the Puerto Rico Tourism Company (PRTC), the Puerto Rico Hotel and Tourism Association (PRHTA) and Meet Puerto Rico (Puerto Rico Convention Bureau).

Please contact your individual hotel for the status of their preparation.

The CDC continues to recommend that travelers to any affected area [protect themselves from mosquito bites](#).

CDC has specific precautions for pregnant women and women trying to get pregnant and state to consider postponing travel to any area where Zika virus transmission is ongoing, but if you must travel to one of these areas, talk to your doctor first and strictly follow [steps to prevent mosquito bites](#) during your trip.

Several high-level government and health officials have weighed in concerning the virus and Puerto Rico:

- Dr. Lyle Peterson from the CDC stated Puerto Rico is leading the nation in efforts to protect pregnant women from Zika.
- Dr. D.A. Henderson, Distinguished Scholar at the UPMC Center for Health Security in Baltimore, Maryland and an esteemed epidemiologist who helped lead the program that eradicated smallpox stated, "Unless you are pregnant or planning to conceive, there's no reason to avoid traveling to destinations where Zika may be present. If you use commonsense precautions to avoid mosquito bites, like applying insect repellent and wearing protective clothing, any threat of zika infection can be easily managed."
- Secretary of Health and Human Services Sylvia Mathews Burwell, announced earlier this year that her department has awarded \$5 million to 20 health centers in Puerto Rico to help with family planning services, including contraception, outreach and education

***<http://www.salud.gov.pr/Estadisticas-Registros-y-Publicaciones/Informes%20Arbovirales/Reporte%20ArboV%20semana%2038-2016>.*

October 14, 2016

Zika Virus in Puerto Rico

Warning - Level 3, Avoid Nonessential Travel

Alert - Level 2, Practice Enhanced Precautions

Watch - Level 1, Practice Usual Precautions

Note: This travel notice was updated on October 17, 2016, to include updated guidance for people planning to conceive and guidance to prevent sexual transmission of Zika.

What is the current situation?

Public health officials have reported that mosquitoes in Puerto Rico are infected with Zika virus and are spreading it to people. Text PLAN to 855-255-5606 to receive Zika updates for your destination.

Because Zika virus is primarily spread by mosquitoes, CDC recommends that travelers to Puerto Rico protect themselves from mosquito bites.

Zika Virus in Pregnancy

A pregnant woman can pass Zika virus to her fetus. Infection during pregnancy can cause serious birth defects. CDC recommends special precautions for the following groups:

- Women who are pregnant:
 - Should not travel to Puerto Rico.
 - If you must travel, talk to your doctor first and strictly follow steps to prevent mosquito bites during your trip.
 - Because Zika can also be spread by sex, if you have a partner who lives in or has traveled to Puerto Rico, either use condoms (<http://www.cdc.gov/zika/transmission/sexual-transmission.html#prevention-basics>) or do not have sex (vaginal, anal, or oral (<http://www.cdc.gov/zika/transmission/sexual-transmission.html>)) or share sex toys during your pregnancy.
- Women who are trying to become pregnant:
 - Before you or your partner travel, talk to your doctor about your plans to become pregnant and the risk of Zika virus infection.
 - See CDC guidance (<http://www.cdc.gov/zika/pregnancy/thinking-about-pregnancy.html>) for how long you should wait to get pregnant after travel to Puerto Rico.
 - You and your partner should strictly follow steps to prevent mosquito bites.
- If you have traveled to Puerto Rico and have a pregnant partner, use condoms or don't have sex (vaginal, anal, or oral) or share sex toys during the pregnancy.

Sexual transmission of Zika virus is also possible, so you should use condoms (<http://www.cdc.gov/zika/transmission/sexual-transmission.html#prevention-basics>) or not have sex during your trip.

Many people infected with Zika virus do not get sick. Among those who do develop symptoms, sickness is usually mild, with symptoms that last for several days to a week. Guillain-Barré syndrome (GBS) is a rare disorder that can cause muscle weakness and paralysis for a few weeks to several months. CDC research suggests that GBS is strongly associated with Zika; however, only a small proportion of people with recent Zika virus infection get GBS. Most people fully recover from GBS, but some have permanent damage. For more information, see Zika and GBS (<http://www.cdc.gov/zika/about/gbs-qa.html>).

As more information becomes available, this travel notice will be updated. Please check back frequently for the most up-to-date recommendations.

What can travelers do to prevent Zika?

There is no vaccine or medicine for Zika. You can protect yourself by preventing mosquito bites:

- Cover exposed skin by wearing long-sleeved shirts and long pants.
- Use EPA-registered insect repellents containing DEET, picaridin, oil of lemon eucalyptus (OLE, also called para-menthane-diol [PMD]), IR3535, or 2-undecanone (methyl nonyl ketone). Always use as directed.
 - Pregnant and breastfeeding women can use all EPA-registered insect repellents, including DEET, according to the product label.
 - Most repellents, including DEET, can be used on children older than 2 months. (OLE should not be used on children younger than 3 years.)
- Stay in places with air conditioning and window and door screens to keep mosquitoes outside.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.
- Mosquito netting can be used to cover babies younger than 2 months old in carriers, strollers, or cribs to protect them from mosquito bites.

Because Zika can be spread by sex, if you have sex ([vaginal, anal, or oral \(http://www.cdc.gov/zika/transmission/sexual-transmission.html\)](http://www.cdc.gov/zika/transmission/sexual-transmission.html)) while traveling, you should use condoms.

After travel:

Many people infected with Zika virus do not feel sick. If a mosquito bites an infected person while the virus is still in that person's blood, it can spread the virus by biting another person. **If you travel to Puerto Rico, you should take steps to prevent mosquito bites for 3 weeks after your trip, even if you don't feel sick, so that you don't spread Zika to uninfected mosquitoes that can spread the virus to other people.**

If you have visited Puerto Rico and have a pregnant partner, you should either use condoms or not have sex during the pregnancy.

If you are thinking about pregnancy, talk with your health care provider and wait to become pregnant (see "[Women Trying to Become Pregnant \(http://www.cdc.gov/zika/pregnancy/women-and-their-partners.html\)](http://www.cdc.gov/zika/pregnancy/women-and-their-partners.html)" for how long to wait). You also should use condoms after travel to protect your sex partners from Zika even if you are not pregnant or trying to become pregnant.

For more information, see [Zika and Sexual Transmission \(http://www.cdc.gov/zika/transmission/sexual-transmission.html\)](http://www.cdc.gov/zika/transmission/sexual-transmission.html).

If you feel sick and think you may have Zika:

- Talk to your doctor if you develop a fever with a rash, joint pain, or red eyes. Tell him or her about your travel.
- Take acetaminophen (paracetamol) to relieve fever and pain. Do not take aspirin, products containing aspirin, or other nonsteroidal anti-inflammatory drugs, such as ibuprofen.
- Get lots of rest and drink plenty of liquids.

If you are pregnant:

Talk to a doctor or other health care provider after your trip, **even if you don't feel sick**. Pregnant travelers returning from Puerto Rico, or who have had possible sexual exposure, should be offered testing for Zika virus infection.

- If you develop a fever with a rash, joint pain, or red eyes, talk to your doctor immediately and tell him or her about your travel or possible sexual exposure.
- If you do not have symptoms, testing should be offered if you see a health care provider, up to 12 weeks after you return from travel or your last possible sexual exposure.

Clinician Information

All pregnant women should be assessed for Zika virus exposure at each prenatal care visit. Possible exposures to Zika virus that warrant testing include:

- Travel to or residence in an area with a current Zika outbreak.
- Sex ([vaginal, anal, or oral \(http://www.cdc.gov/zika/transmission/sexual-transmission.html\)](http://www.cdc.gov/zika/transmission/sexual-transmission.html)) with a partner who has traveled to or resides in an area with a current Zika outbreak.

The type of testing recommended varies according to when a woman's last possible exposure occurred or when her symptoms began. For more information, please visit the [clinical guidance for healthcare providers caring for pregnant women \(http://www.cdc.gov/zika/hc-providers/pregnant-woman.html\)](http://www.cdc.gov/zika/hc-providers/pregnant-woman.html).

[Clinical Guidance for Healthcare Providers Caring for Infants & Children \(http://www.cdc.gov/zika/hc-providers/infants-children.html\)](http://www.cdc.gov/zika/hc-providers/infants-children.html) is also available.

Additional Resources

For Travelers:

- [Zika Travel Information](#)
- [Avoid Bug Bites](#)
- [Insect Repellent Use and Safety \(http://www.cdc.gov/westnile/faq/repellent.html\)](http://www.cdc.gov/westnile/faq/repellent.html)

For Clinicians:

- [Zika: Information for Health Care Providers \(http://www.cdc.gov/zika/hc-providers/index.html\)](http://www.cdc.gov/zika/hc-providers/index.html)
- [Protection against Mosquitoes, Ticks, & Other Insects & Arthropods](#)

Page created: December 31, 2015

Page last updated: October 17, 2016

Page last reviewed: October 17, 2016

Content source: Centers for Disease Control and Prevention (<http://www.cdc.gov/>)

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (<http://www.cdc.gov/ncezid/index.html>)

Division of Global Migration and Quarantine (DGMQ) (<http://www.cdc.gov/ncezid/dgmq/index.html>)

Case Counts in the US

Cases in Pregnant Women

Pregnant women with any laboratory evidence of possible Zika virus infection in the United States and territories

Outcomes of pregnancies with laboratory evidence of possible Zika virus infection

[Information for Blood and Tissue Collection Centers](#)

As of November 16, 2016 (5 am EST)

- Zika virus disease and Zika virus congenital infection are nationally notifiable conditions.
- This update from the CDC Arboviral Disease Branch includes provisional data reported to ArboNET for January 01, 2015 – November 16, 2016.

US States

- Locally acquired mosquito-borne cases reported: 139
- Travel-associated cases reported: 4,115
- Laboratory acquired cases reported: 1
- Total: 4,255
 - Sexually transmitted: 35
 - Guillain-Barré syndrome: 13

US Territories

- Locally acquired cases reported: 31,951
- Travel-associated cases reported: 117
- Total: 32,068*
 - Guillain-Barré syndrome: 50

*Sexually transmitted cases are not reported for US territories because with local transmission of Zika virus it is not possible to determine whether infection occurred due to mosquito-borne or sexual transmission.

MAPS OF ZIKA IN THE US



[More >](#)

Laboratory-confirmed Zika virus disease cases reported to ArboNET by state or territory – United States, 2015–2016 (as of November 16, 2016)§

States	Travel-associated cases* No. (% of cases in states) (N=4,116)	Locally acquired cases† No. (% of cases in states) (N=139)
Alabama	30 (1)	0 (0)
Arizona	47 (1)	0 (0)
Arkansas	13 (<1)	0 (0)
California	340 (8)	0 (0)
Colorado	48 (1)	0 (0)
Connecticut	58 (1)	0 (0)
Delaware	16 (<1)	0 (0)
District of Columbia	25 (1)	0 (0)
Florida	708 (17)	139 (100)
Georgia	101 (2)	0 (0)
Hawaii	14 (<1)	0 (0)
Idaho	4 (<1)	0 (0)
Illinois	82 (2)	0 (0)

States	Travel-associated cases* No. (% of cases in states) (N=4,116)	Locally acquired cases† No. (% of cases in states) (N=139)
Indiana	46 (1)	0 (0)
Iowa	17 (<1)	0 (0)
Kansas	17 (<1)	0 (0)
Kentucky	24 (1)	0 (0)
Louisiana	33 (1)	0 (0)
Maine	12 (<1)	0 (0)
Maryland	108 (3)	0 (0)
Massachusetts	101 (2)	0 (0)
Michigan	63 (2)	0 (0)
Minnesota	53 (1)	0 (0)
Mississippi	23 (1)	0 (0)
Missouri	35 (1)	0 (0)
Montana	7 (<1)	0 (0)
Nebraska	12 (<1)	0 (0)
Nevada	15 (<1)	0 (0)
New Hampshire	11 (<1)	0 (0)
New Jersey	157 (4)	0 (0)
New Mexico	9 (<1)	0 (0)
New York	905 (22)	0 (0)
North Carolina	78 (2)	0 (0)
North Dakota	2 (<1)	0 (0)
Ohio	71 (2)	0 (0)
Oklahoma	29 (1)	0 (0)
Oregon	35 (1)	0 (0)
Pennsylvania ⁺⁺	154 (4)	0 (0)
Rhode Island	34 (1)	0 (0)
South Carolina	53 (1)	0 (0)
South Dakota	2 (<1)	0 (0)
Tennessee	56 (1)	0 (0)
Texas	237 (6)	0 (0)
Utah	15 ^{**} (<1)	0 (0)
Vermont	10 (<1)	0 (0)
Virginia	93 (2)	0 (0)
Washington	55 (1)	0 (0)
West Virginia	11 (<1)	0 (0)
Wisconsin	45 (1)	0 (0)
Wyoming	2 (<1)	0 (0)

States	Travel-associated cases* No. (% of cases in states) (N=4,116)	Locally acquired cases† No. (% of cases in states) (N=139)
Territories	Travel-associated cases* No. (% of cases in territories) (N=117)	Locally acquired cases† No. (% of cases in territories) (N=31,951)
American Samoa	0 (0)	54 (<1)
Puerto Rico	115 (98)	31,294**** (98)
US Virgin Islands	2 (2)	603 (2)

§Only includes cases meeting the probable or confirmed CSTE case definition and does not include asymptomatic infections unless the case is a pregnant woman with a complication of pregnancy

*Travelers returning from affected areas, their sexual contacts, or infants infected in utero

†Presumed local mosquito-borne transmission

††One additional case acquired through laboratory transmission

**Includes one case with unknown route of person-to-person transmission.

****The Puerto Rico Department of Health is retroactively reporting cases, resulting in larger than normal increases in cases in recent weeks.

Page last reviewed: November 17, 2016

Page last updated: November 17, 2016

Content source: Centers for Disease Control and Prevention (<http://www.cdc.gov/>)

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (<http://www.cdc.gov/ncezid>)

Division of Vector-Borne Diseases (DVBD) (<http://www.cdc.gov/ncezid/dvbd/index.html>)

BOARD INFO PAPER 2016.12.13.2a

TITLE: **Community Consultation on San Juan, Puerto Rico as the Location of the March 2018 North America ICANN Meeting**

PROPOSED ACTION: **For Board Review and Discussion**

EXECUTIVE SUMMARY:

On 1 December, staff conducted a community consultation with SO/AC/SG and LAC leaders on San Juan, Puerto Rico as the location of the March 2018 North America ICANN Meeting.

The following SO/AC/SG and LAC leaders participated in the call.

Attendees - ICANN61 Location Discussion		
1 December 2016		
Donna	Austin	GNSO
Farzaneh	Badii	GNSO
James	Bladel	GNSO
Graeme	Bunton	RrSG
Olivier	Crépin Leblond	ALAC
John	Curran	GNSO
Tom	Dale	GNSO
Rafik	Dammak	GNSO
Paul	Diaz	RySG
Alan	Greenberg	ALAC
Manal	Ismail	GAC
Glenn	McKnight	NARALO
Maritza	Minano-Aguero	LACRALO
Andres	Piazza	LACTLD
Alejandra	Reynoso	ccNSO
Leon	Sanchez	ALAC
Eduardo	Santoyo	LACTLD
Thomas	Schneider	GAC
Greg	Shatan	IPC
Tripti	Sinha	RSSAC
Cherie	Stubbs	RySG
Chris	Wilson	GNSO

Response to San Juan as the location of the Meeting was overwhelmingly positive, with no recommendations against it.

Comments Received:

Comment 1: A representative from LACTLD thanked staff for conducting the consultation. He strongly recommended that we hold the Meeting in San Juan, indicating that Zika concerns in his Latin American country are declining due to the measures taken by the government, health institutions and private organizations. He believes that by the time the Meeting is held in San Juan, the threat of Zika will be considerably less than it is now, there and worldwide. He suggested that the threat of Zika in Puerto Rico will be less harmful than the health issues we faced in Hyderabad.

Comment 2: A representative from the RySG recommended moving forward with San Juan. He stated that community members he spoke with in Hyderabad assumed that we are going to San Juan, and that there is definite support for the location. He did not hear anyone say that they would not want to go for any reason ... including Zika. He suggested that we provide published Zika information to the community so that they can make informed decisions about their participation. He also asked that, while very good now, over time we enhance our remote participation capabilities to ensure that people who feel that the health risks are significant enough not to attend can participate effectively.

Comment 3: A representative from the GNSO noted that having just returned from Hyderabad where there were risks from mosquito-borne illnesses, people took it upon themselves to become informed of those risks, took the necessary precautions, and made the decision to attend for themselves. He felt that the challenge we faced with the 2016 Panama and San Juan Meetings was that Zika had come onto the scene so quickly that there was an absence of information, making it difficult for people to make an informed decision. He feels that is not the case now, nor will it be the case in March 2018, and that there will be a more coordinated response from health officials. He believes we should proceed with San Juan, and encouraged staff to share current information and any future updates with the community.

Comment 4: A representative from the GSNO asked if there is a quick and reliable test to determine if one has been infected with the Zika virus. The answer is that there are two tests, one blood and one urine, depending on the timing of the infection.

Comment 5: A representative from the IPC asked if there is an incident map of Zika in Puerto Rico indicating where known cases or infected areas are to share with the community. He suggested that it would be useful for the highly cautious to see how it maps out against where we're intending to spend our time. We are looking into this and will share it with the community, if available.

Comment 6: A representative from the ALAC suggested that one of the factors for people from the US and Western Europe in deciding on attending a Meeting is whether or not health insurance providers are reluctant to provide coverage. We have found no incident of insurance companies denying coverage, but we are continuing to research this.

Comment 7: In Adobe chat, a representative from the ccNSO indicated that he was in favor of going to San Juan, Puerto Rico.

ICANN BOARD PAPER NO. 2018.12.13.2b

TITLE: March 2018 ICANN Meeting Hotels Contracting

PROPOSED ACTION: For Board Consideration and Approval – *pending BFC approval*

EXECUTIVE SUMMARY:

The Board is being asked to authorize staff to take all steps necessary to complete contracting for the host hotel in San Juan, Puerto Rico for the March 2018 ICANN Public Meeting, as well as supporting hotels, which require Board approval as they will exceed US\$500,000. The Reference Materials for this paper summarizes outlines the facilities' costs for the March 2018 Public Meeting.

STAFF RECOMMENDATION:

Staff recommends that the Board delegate to the President and CEO, or his designee(s), the authority to take all actions necessary to enter into contracts, and make expense disbursements pursuant to those contracts, for the host hotel in San Juan, Puerto Rico, as well as supporting hotels, where ICANN will hold the March 2018 Public Meeting.

BOARD FINANCE COMMITTEE (BFC) RECOMMENDATION (*Subject to BFC approval*):

The BFC recommends that the Board delegate to the President and CEO, or his designee(s), the authority to take all actions necessary to enter into contracts, and make expense disbursements pursuant to those contracts, for the host hotel in San Juan, Puerto Rico, as well as supporting hotels, where ICANN will hold its March 2018 Public Meeting.

PROPOSED RESOLUTION:

Whereas, ICANN intends to hold its first Public Meeting of 2018 in the North America region.

Whereas, the October 2016 Public Meeting in San Juan was postponed to March 2018 and staff has completed a thorough review of the venue in San Juan, Puerto Rico and finds it suitable.

Resolved 2016.12.13.xx, the Board authorizes the President and CEO, or his designee(s), to engage in and facilitate all necessary contracting and disbursements for the host and other hotels for the March 2018 ICANN Public Meeting in San Juan, Puerto Rico, in an amount not to exceed ^{Confident a Negot at on Informat on}

Resolved 2016.12.13.xx, specific items within this resolution shall remain confidential for negotiation purposes pursuant to Article III, section 5.2 of the ICANN Bylaws until the President and CEO determines that the confidential information may be released.

PROPOSED RATIONALE:

As part of ICANN's Public Meeting schedule, presently three times a year ICANN hosts a meeting in a different geographic region (as defined in the ICANN Bylaws). ICANN 61, scheduled for 10-15 March 2018, is to occur in the North America geographic region. Since the October 2016 Public Meeting scheduled for San Juan, Puerto Rico was moved to Hyderabad, ICANN determined to hold the March 2018 ICANN Public Meeting in San Juan, Puerto Rico.

The staff performed a thorough analysis of the meeting venue and supporting hotels to ensure that they met the Meeting Selection Criteria (see <http://meetings.icann.org/location-selection-criteria>).

The Board reviewed staff's briefing for hosting the meeting in San Juan, Puerto Rico and the determination that the proposal met the significant factors of the Meeting Selection Criteria, as well as the related costs for facilities selected, for the March 2018 ICANN Public Meeting.

There will be a financial impact on ICANN in hosting the meeting and providing travel support as necessary, as well as on the community in incurring costs to travel to the meeting. But such impact would be faced regardless of the location and venue of the meeting. This action will have no impact on the security or the stability of the DNS.

This is an Organizational Administrative function that does not require public comment.

Submitted by: Nick Tomasso
Position: VP, Meetings
Date Noted: 5 December 2016
Email: nick.tomasso@icann.org

Pages 30-34 Removed -- Item removed from Agenda

ICANN BOARD SUBMISSION NO. 2016.12.13.C3a

TITLE: President And CEO FY17 SR1 At-Risk Compensation

PROPOSED ACTION: For Board Consideration and Approval

EXECUTIVE SUMMARY:

In accordance with its charter, the Compensation Committee undertook to evaluate and score the President and CEO's FY17 SR1 (23 May 2016 through 15 November 2016)¹ performance against the objectives for his at-risk compensation component that were established by the Committee. During its evaluation, the Compensation Committee reviewed the President and CEO's self-evaluation, and discussed the same with the President and CEO.

Confidential Employment Matter

Confidential Employment Matter

Whereas, each Board member has confirmed that he/she does not have a conflict of interest with respect to establishing the amount of payment for the President and CEO's FY17 SR1 at-risk compensation payment.

Whereas, the Compensation Committee recommended that the Board approve payment to the President and CEO for his FY17 SR1 at-risk compensation component.

Resolved (2016.12.13.xx), the Board hereby approves a payment to the President and CEO for his FY17 SR1 at-risk compensation component.

PROPOSED RATIONALE:

When the President and CEO was hired, he was offered a base salary, plus an at-risk component of his compensation package. This same structure exists today. Consistent with all ICANN staff members, the President and CEO is to be evaluated against specific goals, which the President and CEO has set in coordination with the Compensation Committee.

Toward the end of FY17 SR1, which is a scoring period that normally runs from 16 May 2015 through 15 November 2015, but it began in this instance on 23 May 2016, the President and CEO provided to the Compensation Committee with his self-assessment of his achievements towards his goals for FY17 SR1 the measurement period. After seeking input from other Board members, the Compensation Committee reviewed with the President and CEO his FY17 SR1 goals and discussed his achievements against those goals. Following that discussion, the Compensation Committee recommended that the

Board approve the President and CEO's at-risk compensation for the FY17 SR1 and the Board agrees with that recommendation.

While this will have a fiscal impact on ICANN, it is an impact that was contemplated in the FY17 budget. This decision will not have an impact on the security, stability or resiliency of the domain name system.

This is an Organizational Administrative Function that does not require public comment.

Submitted By:	Amy A. Stathos, Deputy General Counsel
Date Noted:	4 November 2016
Email:	amy.stathos@icann.org

ICANN BOARD SUBMISSION NO. 2016.12.13.C3b

TITLE: **Officer Compensation – SVP, Engineering & Chief Information Officer**

PROPOSED ACTION: **For Board Consideration and Approval**

EXECUTIVE SUMMARY:
Confidential Employment Matter

COMPENSATION COMMITTEE RECOMMENDATION:

The Compensation Committee recommends that the Board approve the proposed Board resolutions set out below.

PROPOSED RESOLUTION:

Whereas, the attraction and retention of high calibre staff is essential to ICANN's operations and ICANN desires to ensure competitive compensation for staff.

Whereas, each Board member has confirmed that they are not conflicted with respect to compensation package for the CIO.

Resolved (2016.12.13.xx), the Board grants the President and CEO the discretion to adjust the CIO's compensation for FY17, effective 1 July 2016, by an amount up to an additional 3%, which is consistent with ICANN's remuneration practices as evidenced by the independent compensation expert information on comparable compensation, subject to a limitation that the CIO's FY17 base salary shall not increase by more than 3% of his current FY17 base salary.

PROPOSED RATIONALE:

Attracting and retaining high caliber staff by providing a competitive compensation package is crucial to the organization. An improving job market will make more opportunities available for high caliber performers outside of ICANN.

ICANN's President and CEO has requested that he be granted the discretion to increase the FY17 base salary, effective 1 July 2016, of the CIO by up to 3% of his current FY17 base salary. This amount is in alignment with the actions taken by the President and CEO with respect to the other members of ICANN's Executive Team who are not Officers (which does not require Board approval).

ICANN is in a critical phase that calls for continuity of certain skill and expertise, particularly with ongoing key projects including the New gTLD Program, the organizational and other reviews underway, the recently concluded IANA stewardship transition, expanding contractual compliance, and enhanced globalization efforts, among many others. Each of these projects requires knowledgeable and skilled executives to ensure ICANN's operational goals and objectives are met while ensuring that risk is mitigated to the greatest extent possible. Adhering to ICANN's employment philosophy, and providing competitive compensation, will help ensure these goals are achieved.

Continuity and retention of key personnel during key organization phases is beneficial to all aspects of the organization. Thus, salary adjustments provided under this resolution likely will have a positive impact on the organization and its effort to fulfill its mission, as well as on the transparency and accountability of the organization. There will be some fiscal impact to the organization, but that impact will not have an effect on the overall current fiscal year budget. This resolution will not have any direct impact on the security, stability and resiliency of the domain name system.

This is an Organizational Administrative function that does not require public comment.

Submitted by:	Göran Marby
Position:	President and CEO
Date Noted:	28 October 2016
Email:	Goran.Marby@icann.org

AGENDA – 13 DECEMBER 2016 SPECIAL BOARD Meeting – 60 minutes

Time, etc.	Agenda Item	Shepherd
Assembly, Roll Call & Consent Agenda Vote	1. Consent Agenda	
10 min	1.a. Approval of Board Meeting Minutes from 5 November and 8 November 2016	John Jeffrey
	1.b. RSSAC Co-Chair Appointment	Kaveh Ranjbar
	1.c. RZERC Liaison Appointment	Steve Crocker
	1.d. GAC Advice: Helsinki Communiqué (June 2016)	Markus Kummer
Discussion & Decision	2. Main Agenda	
	2.a. Community Consultation on San Juan, Puerto Rico as the Location of the March 2018 North America ICANN Meeting	Göran Marby
40 min		

AGENDA – 13 DECEMBER 2016 SPECIAL BOARD Meeting – 60 minutes

Time, etc.	Agenda Item	Shepherd
	2.b. March 2018 ICANN Meeting Hotels Contracting	Asha Hemrajani
	Item Removed From Agenda	Becky Burr
	2.d. AOB	
	3. Executive Session – Confidential	
10 min	3.a. President & CEO At Risk Compensation – FY17-SR1	George Sadowsky
	3.b. Officer Compensation	George Sadowsky
	3.c. AOB	

Directors and Liaisons,

Attached below please find Notice of date and time for a Special Meeting of the ICANN Board.

13 December 2016 – Special Meeting of the ICANN Board of Directors - at 20:00 UTC. This Board meeting is estimated to last approximately 60 minutes.

<http://www.timeanddate.com/worldclock/fixedtime.html?msg=Special+Meeting+of+the+ICANN+Board&iso=20161213T20&p1=1440&ah=1>

Some other time zones:

13 December 2016 – 12:00pm PST Los Angeles

13 December 2016 – 3:00pm EST Washington, D.C.

13 December 2016 – 9:00pm CET Brussels

14 December 2016 – 4:00am SGT Singapore

14 December 2016 – 5:00am JST Tokyo

SPECIAL MEETING OF THE ICANN BOARD

Consent Agenda

- Approval of Board Meeting Minutes from 5 November and 8 November 2016
- RSSAC Co-Chair Appointment
- Appointment of Kaveh Ranjbar to the RZERC Liaison role + Thank You to Suzanne Woolf for her service as RZERC Liaison
- GAC Advice: Helsinki Communiqué (June 2016)

Main Agenda

- Community Consultation on San Juan, Puerto Rico as the Location of the March 2018 North America ICANN Meeting – *for discussion, no resolution to be taken*

- (T) March 2018 ICANN Meeting Hotels Contracting – *pending BFC Approval*

Item Removed From Agenda

- AOB

Executive Session – Confidential

- President & CEO At Risk Compensation – FY17-SR1
- Officer Compensation
- AOB

MATERIALS – You can access the Board Meeting materials in Google Drive

here:

Contact Information Redacted

If you have trouble with access, please let us know and we will work with you to assure that you get access to the documents.

If call information is required, it will be distributed separately.

If you have any questions, or we can be of assistance to you, please let us know.

John Jeffrey

General Counsel & Secretary, ICANN

John.Jeffrey@icann.org <John.Jeffrey@icann.org>

<<mailto:John.Jeffrey@icann.org> <<mailto:John.Jeffrey@icann.org>> >

Contact Information Redacted