

**PHM daily briefing of the WHO 152 EB Meeting: Day 8 (February 7, 2023)**  
**Report prepared by PHM's WHO Watch team**

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**Morning Session**

**25.2 Statement by the representative of the WHO staff associations (Document EB152/INF./2)**

**25.3 Report of the Ombudsman (Documents EB152/INF./3 and EB152/INF./4)**

The chair opened the discussion by specifying the relevant documentation pertaining to the agenda items. She then gave the floor to the representative of the WHO staff association. His report focused on the following themes:

***Respectful working environment***

The representative thanked the DG for his considerable efforts in creating dialogue and supporting internal processes aimed at creating a respectful working environment and addressing staff abuse.

***The internal justice system***

The representative emphasised the importance of transparency in ensuring that WHO was perceived as a trustworthy workplace. In particular, he cautioned against giving the impression that highly placed officials benefited from favouritism and excessive authority and called for more transparency regarding delays in dealing with internal grievances. The representative welcomed a suggestion that the WHO establish an office that would give legal support to WHO staff at regional and country office level, and called for at least one annual meeting to be held on the internal WHO justice system. Despite acknowledge the importance of internal justice mechanisms the representative called for a reflection and discussion on the need to find a balance between external and internal legal counsel.

***Working conditions***

The representative congratulated the WHO on launching a flexible work arrangement policy and expressed the hope that it would soon be rolled out in all regions and countries, as this would help staff achieve a better work life balance. He also indicated satisfaction with the progress of the contractual modalities task force and indicated that staff were looking forward to the final report and recommendations.

***Mental health and staff health insurance***

WHO was thanked for its efforts in addressing the mental health of staff by recruiting staff to address this issue and adopting changes in staff health insurance rules that improved access to mental health

benefits. The staff representative expressed the hope that this work would be continued, particularly in countries experiencing health emergencies. Appreciation was expressed for the fact staff health insurance benefits did not increase in 2022 and may not increase in 2023. Staff requested that WHO do further work on the health insurance scheme in order to ensure that staff members pay only a small proportion (20%) of medical costs up front, as paying a larger proportion of fees weighed heavily on staff members on the lower end of the occupational hierarchy.

*Support to staff whose salaries are diminished as a result of currency devaluation*

The representative reported that many country staff had experienced an effective reduction in their salaries due to currency devaluations. In countries like Egypt this had a particularly negative effect on staff at the lower end of the salary scale, with employees being paid less than staff of comparable employers and some nearing the poverty line. Recent salary increases had not been enough to compensate for this devaluation and it was reported that 83% of locally recruited staff in the Cairo office had taken the decision to legally object to their conditions of services. The representative requested the board to support the balancing of local salaries by adopting changes in the assessment methodology for increases or by paying a portion of the salary in foreign currency. Similar problems were said to be experienced in other countries in the EMRO region and in Hungary.

**The WHO ombudsperson next took the floor and spoke on three issues:**

*Acting to ensure justice through informal resolution*

The ombudsperson noted that the WHO's informal resolution process works well and encouraged all parties to make use of this mechanism first for internal justice issues. However, she also noted that some staff still regarded it as the weaker mechanism, when compared to the formal process. She also acknowledges that some staff felt that the informal process didn't provide accountability, was too slow, and placed a disproportionate burden on them to resolve conflicts. In light of this the ombudsperson noted that for the informal system to be seen as a credible option people must be held accountable for their actions, and that trusted facilitators be used. The ombud seemed to support the suggestion that resolutions to conflicts could be sped up by trusting and empowering a bigger group of managers to make decisions, right where the problems occur, instead of pushing decisions upwards where they risk getting stuck and above the bottleneck, because the quicker the problems could be solved and the better for the future work and relationship of all involved.

*Caring for all members of WHO's workforce*

The ombudsperson affirmed that staff should not have to worry about being treated respectfully, with consideration and in accordance with the rules and policies which apply to them and that this should apply to everyone working for WHO, regardless of the nature of the contracts they hold. One suggestion was that this could be done by establishing administrative focal points for non-staff.

*Making a respectful workplace a reality.*

The ombud welcomed the DG's decision to formalise the respectful workplace initiative that had been established a decade ago by the WHO administration, the Staff Association, and the ombuds office.

The floor was then opened to countries to comment on the reports, and only a small group of EB members responded to the reports. The *US* and *UK* welcomed the reports, with the latter expressing appreciation for WHO staff's work in emergencies and the former appreciating WHO's efforts in implementing the Ombuds' recommendations. *China* noted the need to respect cultural diversity and inclusion, to prevent abuse, and to adopt a zero tolerance attitude towards discrimination, and sexual exploitation, abuse and harassment. *Japan* reminded the meeting of discussions it had held with officials from various UN agencies about the importance of providing mental health support for staff, and expressed the hope that the recommendations developed in the context of these consultations would be implemented.

In his response the DG emphasised that he initiated a series of consultations with staff at the start of his tenure aimed at generating collective wisdom on how working conditions could be improved at WHO. Meetings are still being held with the HQ Staff Association and with the global executive office of the staff associations and they have generated many of the ideas for organisational transformation that have been implemented. Weekly open-door sessions for any member of the WHO workforce provided a further point of access to the DG. The DG then went on to mention the steps that had been taken to strengthen the internal justice system including introducing medication, the creation of a centralised global Court of Appeal, and improving the coordination of case management by regularly convening the accountability and support functions to work jointly on resolving issues facing members of the workforce. Next the DG moved on to describe initiatives aimed at supporting staff in reaching their full potential, including introducing the Pathways Leadership programme and creating a new global induction programme for new staff that would supplement the existing induction programmes of major offices.

Other initiatives aimed at promoting staff wellbeing that were noted were:

- Mandatory training on preventing and responding to sexual misconduct
- Ethics empowerment training
- Relaunching the global internship program with a continued commitment to having at least 50% of accepted interns from low and middle income countries and introducing a stipend system to support this programme in 2021
- Launching the Young Professionals program, targeting candidates from least developed countries.

- Launching the WHO Youth Council, a platform for high school and university students to engage with and provide advice to WHO's senior leadership and to participate in simulations of the WHA
- Achieving gender parity across all appointment types and categories of positions
- Improvements in parental leave benefits
- Improvements in the health insurance package, aimed at reducing the up-front payments required
- Increased flexibility to WHO staff to work from home
- Increased access to peer groups and wellbeing/psychological support

The DG noted the lack of predictable, flexible and sustainable financing as a severe challenge, which led to WHO continuing to rely heavily on consultants and short term temporary contracts. He said, "When you have that type of contract, short term and temporary. It's like sleeping on a tree branch because you don't know when your contract ends" and called this situation "sad". Dr Tedros pointed out that WHO's desire to avoid this kind of arrangement was one of the main reasons behind their argument in 2022 for increasing assessed contributions and that WHO was still waiting for these contributions to "start to flow". He closed his comments by again expressing appreciation for the WHO's staff's efforts.

#### **25.4 Human resources**

**(EB152/47, EB152/47Add.1, EB152/48 Rev.1, EB152/48 Rev.1 Add.1 and EB152/55)**

#### **25.5 Amendments to the Staff Regulations and Staff Rules (EB152/49 and EB152/49 Add.1)**

The chair next opened the discussion on the agenda items on Human resources and Amendments to the Staff regulations and rules by giving the chair of PBAC the floor and requesting her to share the committee's recommendations.

*The PBAC chair* noted that the committee recommended that the executive board note the report and adopt the draft decision contained in document EB152/48.Rev.1, the draft resolution containing document EB152/47, and the two draft resolutions contained in document EB152/14. PBAC further proposed that the Secretariat should make efforts to fill key positions in country offices, continue pursuing efforts to increase geographical representation and gender balance at the highest occupational grades, and to facilitate actions required by WHO governing bodies to formally adopt amendments to the International Civil Service Commission statute regarding post adjustments and multipliers at WHA76 and to subsequently implement them as soon as possible.

*Russia* was the first member state to intervene on this item, noting that the questions it had submitted during a previous PBAC session had not yet been answered and were therefore being resubmitted during this session. It requested access to more detailed workforce statistics during future meetings, noted the work of the taskforce on contractual modalities and asked for clarity on the outcomes of this work. *Russia* further requested an explanation from the Secretariat on its work on preventing fraud in the organisation, and indicated that it was alarmed by WHO's high level of dependency on consultants, which it felt didn't allow the organisation to make full use of their employee's potential and had negative budgetary implications. It noted the Secretariat's achievements regarding gender parity but underscored that it felt the "main decisive factor" in selecting candidates should be their skill set and geographic representation. It objected to terminology in documentation pertaining to this agenda item referring to "birthing mother or parent", requesting that reference only be made to "birthing mother", and also to the fact that the documentation was not translated into Russian.

Senegal on behalf of AFRO also intervened on the question of terminology, and requested that the proposed amendments on leave policies be aligned with the terminology found in the 2022 ICSC report, stating that "We understand that parental leave is something that needs to be unified to have a single parental leave and change for maternity leave. However, in the case of the new proposals for amendments in maternity leave, we are seeing divergences with regard to the ICSC report, specifically, with regard to the addition of the birthing mothers/parent term, which is a proposal that we don't see in the ICSC report. It's an amendment proposal that we don't find. So with regard to rule 760, and maternity leave, we propose to replace the terminology birthing mothers, such parent with birth mother, which would be aligned therefore with the terminology that's currently used in the 2022 ICSC report that was adopted by the UNGA."

The *USA* expressed appreciation for WHO's efforts to "modernise the use of language" regarding parental leave policies, as they felt this reflected the organisation's "inclusive and diverse workforce". They further supported the amendments aimed at increasing the duration of parental leave. *Oman* expressed support for the terminology "maternal/paternal leave", but noted their reservation on the terminology of birthing parent. *Ethiopia* aligned itself with the statement delivered by Senegal on behalf of the full seven African member states but noted its concerns regarding consistency of language. It indicated it would support the use of the language of "birth mother" but also stressed the need not make the decisions in WHO governing bodies before the endorsement of agreed language in the UN General Assembly.

*Denmark on behalf of the EU and candidate countries* asked for more transparency in recruitment processes, in particular making sure these are merit based and recruit competent candidates. It requested clear goals, indicators and targets for HR reforms and improvements, and called attention to the need to prevent long sequences of very short contracts to save transaction cost and enable adequate life planning, and for mechanisms to ensure that staff salaries don't suffer major losses due to hyperinflation

of local currency. The statement also called for country offices to have staff both with international expertise and the knowledge of national contexts deployed on a long term basis, and for making accountability, workplace culture and diversity inclusion part of performance cycles and inclusion. *Afghanistan* echoed the point about diversity, and asked whether there are any assessments or checks on the extent to which WHO's application tracking system impedes or facilitates diverse "human capital" to join the organisation.

*Senegal delivered the AFRO* statement and commended WHO for its progress on gender diversity but pointed out that little progress had been made in increasing the number of applications from nationals from under-represented countries. It also pointed out that the progress on gender was good when aggregate figures were taken into account, but less impressive when disaggregated. More specifically, it noted its concern about the fact that the percentage of women in country offices and in P6, D1 and D2 positions or posts remains very low and called for an in depth analysis of disaggregated data by country and of origin for men and women. The region encouraged the WHO to look open its free training programs to the general public through its digital platforms

In its response to the interventions, the *Secretariat* noted that:

- Their report included some workforce data from July and that they had provided verbal updates on December data;
- That it would take up suggestions on how WHO can better align with the UN portal and the provision of data there;
- It has implemented a new Central Business Intelligence Unit within the Division of Business Operations services, which is now looking at how WHO can present data to member states more transparently and expect this to be on the Member State portal once it can be password protected.
- In terms of the outcomes from the contract modalities Taskforce the final report and recommendations were delivered in December 2022 and further details on this report would be presented at WHA76, particularly regarding the actions that WHO will be implementing. It noted these would be in alignment with the provisions for contractual provisions, benefits and entitlements that are promulgated by the ICSC;
- It would like to work with under-represented countries to improve geographic representation;
- It agreed on the need to have clear goals, indicators and targets for HR improvements and to work on incorporating those more clearly into future reports;
- It also wished to avoid long sequences of repeated short contracts, but that this issue was related to lack of adequate financing for longer contracts. It also indicated that this is one of the issues



addressed by the contract modalities taskforce recommendations that WHO will be taking forward;

- While it acknowledged the need for consistency in terminology across the UN system, it also felt that there are areas where WHO can advance and this was the case in terms of some of the languages proposed in some staff rules. The Secretariat indicated its commitment to continue to do so as it was committed to trying to lead in these areas;
- Its fraud prevention efforts included training a network of compliance officers and rolling out mandatory training for fraud prevention. It also specified that it already has trainings that are accessible to managers and heads of country offices;
- Member states need to intervene at the ICSC and General Assembly levels to address the salary formula and the impact currency devaluations/fluctuations have on local staff's salaries, as this was not something WHO could tackle on its own; and
- Any changes in the wording regarding parental leave should be such that it could be clearly translated into the organisation's six working languages.

The discussion closed by the EB noting the reports. It also adopted the draft resolution in EB152/47 concerning the housing allowance for the DG.

The chair next considered the draft resolution considered in EB152/49. *Russia and Ethiopia* took the floor requesting clarity on what adopting the decision would mean in relation to their objections on the use of terminology in the draft - i.e. the use of "birth mother", "birth parents". The *Secretariat* indicated that accepting the draft resolution would amount to accepting the wording in the decision as it is in EB152/49. However it proposed that the wording could be changed to "staff member who gave birth". *Russia* indicated that it would not accept the wording in the draft or the alternative wording proposed by the Secretariat and suggested further consultation as there was no consensus amongst EB members. *Ethiopia* indicated that it, along with the African countries, was uncomfortable with adopting language that has not yet been endorsed by the UNGASS and recommended that the term "birth mother" be used, in line with the ICSC terminology. The *USA* indicated that it was comfortable with either the formulation in EB152/49 or the alternative suggested by the Secretariat in response to EB members' interventions, and stated that it supported updating language for the purposes of signalling that WHO is inclusive and welcoming to all staff. The *UK* indicated that it was happy with the original wording in the EB draft resolution, but would be willing to accept the Secretariat's proposal around new wording if there was consensus on this.

The *Secretariat* then replied that it would like the rules to be updated in favor of greater inclusivity, but noted concerns around using language not yet adopted by the ICSC or the UNGASS. The *USA* then



intervened to indicate that it was comfortable using the ICSC language provided there was a way to capture that they were looking forward to the adoption of new language coming out of the UNGASS which would apply across the whole UN system. The *legal advisor* proposed that the text could be changed to note an amendment to the proposal whereby “birth mother/parent” would be replaced by “birth mother”, to which the *USA, France, Canada, Colombia and Denmark* replied that they would like the amendment to contain additional wording capturing the forward looking nature of updating and modernising the language. Upon the request of *Ethiopia* the chair then asked for a read out of the proposed amendment. *Russia* asked for clarity on the readout, which it felt would retain the wording that was inconsistent with ICSC terminology. The *Secretariat* clarified this was not the case; the resolution would refer to “birth mother” and also contain a clause indicating “wording may be revised in the future as necessary.”

#### **25.6 Report of the International Civil Service Commission (Document EB152/50)**

#### **25.7 Reform of the global internship programme (Document EB152/51)**

#### **25.8 Implementation of the United Nations Disability Inclusion Strategy, including the WHO policy on disability (Document EB152/52)**

The Chair next opened the floor to discuss the final three items under Agenda Item 25. *Russia* was first to take the floor, noting that it had submitted questions to PBAC that had not been answered and requesting the Secretariat to respond to them, i.e. How many days on average are taken by the procedures for selecting candidates for the internship program? Does the WHO Secretariat take into account the recommendations of the joint inspection unit on this issue?” It again noted its concern about corruption and fraud within WHO and recommended that all officials go on compulsory training aimed at countering this, particularly in high-risk divisions such as procurement.

*Ghana on behalf of AFRO* welcomed efforts by WHO to ensure transparency and accountability in the application process for the internship programme. It called on the Secretariat to view the programme as a means for building capacities in MS and therefore to include staff from national Health Ministries in the global internship programme. It also asked that the eligibility criteria be revised to also include people that are not necessarily enrolled in or have just completed an academic programme. It noted that the Covid-19 pandemic had negatively impacted the ability of applicants from LMICs to participate in the global internship programme and proposed that going forward, and in an effort to correct this, not less than 75% of accepted candidates in the programme come from LMICs. It requested that the Secretariat continue to build staff capacity across all 3 levels of the organisation on disability inclusion, and endorsed the recommendation of the ICSC to revise the unified base salary scale. *Botswana* echoed the call to increase the proportion of spaces reserved for interns from LMICs. *Jamaica* asked for additional information in how the recruitment process for the internship programme was designed to honour the principles of gender balance and geographical diversity. It also stated that it believed WHO should be



intentional about building leaders in public health as envisaged by the resolution adopted in 2018. In light of this it asked how WHO intended to improve the training elements of the curriculum to align with this.

*Brazil* acknowledged the progress that had been made on disability inclusion but noted with concern that some indicators on conference and events, as well as procurement, had not been reported on since 2019, and asked for further information on action being taken to allow for requirements to be met on consultations with persons with disabilities. Similarly *Canada* encouraged WHO to take action on indicators where gaps persist. *Israel* requested clarity on

- what steps are being taken to develop a systematic process to ensure active involvement of organisations of persons with disabilities across technical and enabling functions,
- what policies are being developed to recruit, retain and promote persons with disabilities such as staff, consultants and interns, and
- how many persons with disabilities are currently working in the organisation.

It also encouraged the Secretariat to accelerate the work on accessibility to WHO premises and to share guidelines on accessibility of conferences and events including for the WHA and EB sessions, regardless of whether they are held online in hybrid form or exclusively on site.

*The Secretariat* offered the following responses to member states' interventions:

- It clarified that it usually takes about two and a half months from advertisement to on-boarding of new interns
- It noted that data on the geographical representativity of interns has been missing for the past 2.5 years due to the pandemic, which led to the programme being paused. However, WHO is undertaking outreach measures to ensure its targets are being met.
- Indicated that it had noted requests to re-evaluate eligibility criteria for the internship programme
- That it had noted the calls to do more capacity building to ensure disability inclusion across all levels of the organisation and that it was committed to doing this work.
- It had noted calls on improving disability inclusion during conferences and events and that it would be publishing policies and guidelines in this area. It noted that it has been making use of closed captioning and Braille, and that it was working with consultants on making procurement documents and bidding documents accessible to people with disabilities.
- It noted that WHO country offices were hosted by member states, and that these offices therefore needed their active support in ensuring disability inclusion measures were being implemented

The discussion concluded with the board noting the reports contained in EB152/50, EB152/51 and EB152/52.

23.3 WHO reform: Involvement of non-State actors in WHO's governing bodies (Documents EB152/38 and EB152/38 Add.1) (continued)

Next the chair re-opened debate on the Involvement of non-State actors in WHO's governing bodies' processes. The chair noted that the Secretariat had circulated by email proposals received from Oman and Canada, which are contained EB152/conf.11. The floor was given to *Oman*, to make a clarification regarding its proposal. Oman indicated that within the new process Palestine is relegated to always address the EB last. It proposed that the statement be amended and say "to include the observer Palestine in this process, without any prejudice to the new way of work, close quotation." The chair then asked for a readout of the amendment, and asked whether the EB would be willing to adopt the draft decision. In response the *USA* took the floor and indicated it felt Oman's proposal was tabled a bit late in the meeting, that the proposal by Canada by made sense in the context of the subject matter at hand under the agenda item, and that it was confused by the proposal from Oman. It also noted that there were other observers that participated in the process and that the proposal was singling out some over others. It indicated that it was comfortable moving ahead with the elements draft decision that didn't speak to modalities affecting Palestine's participation, i.e. those proposed by Canada. The *UK* echoed the US position. The chair indicated that this was not an issue that would be voted on and encouraged the member states to consult on this matter over lunch. The discussion on this agenda item was postponed until after lunch.

## **26. Report on meetings of expert committees and study groups: Expert advisory panels and committees and their membership (Documents EB152/53 and EB152/53 Add.1)**

The chair opened the discussion on this agenda item by noting the relevant reports under consideration, as indicated in the documentation provided. *Slovakia* first took the floor requesting clarify on how the members of the committees and the study groups are selected and what their requirements are. It requested greater clarity on this with respect to future reports. The EB noted the reports tabled under this agenda item.

## **24.2 Foundation committees and selection panels (Document EB152/44)**

The chair read out the panel's proposals regarding awards and the EB accepted these without objection. After the conclusion of this agenda item the Board broke for lunch.

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## Afternoon Session

The Chair opened the session noting sufficient members were present to take a decision on Item 23.3. She noted that lunchtime discussions had led to a proposal that she felt could be adopted by consensus and asked that the Secretariat read out the proposal in full. The proposed text reads,

The Executive Board having examined and noted the report on WHO governance reform, involvement of non-state actors in WHO's governing bodies decided:

One, that the constituency statements will continue to be implemented during all WHO governing body meetings in accordance with the modalities outlined in paragraphs 15 to 17 of document EB152/38;

Two, that the Secretariat regularly consults member states and non-state actors in official relations with a view to improving these modalities based on such consultations and that the results of the first consultation be presented for consideration to the 156th session of the Executive Board'

Three, to request the Director General to explore the implications of this decision for statements delivered by observers and report to the 153rd session of the Executive Board through the PBAC.

The Chair then proposed that the decision be adopted as a mandate. There were no objections to this. The discussion on this item was closed without further mention of Oman's proposal regarding Palestine.

The Chair then gave the DG the floor. In his closing comments he thanked the EB for:

- Supporting the draft program budget and it's focus on strengthening WHO's work in countries, while strengthening the normative and standard setting to work.
- **Supporting sustainable, flexible and predictable financing and for the idea of replenishment in tandem**
- Supporting the Secretariat's implementation plan on reform
- Its engagement on strengthening the global architecture for health emergency preparedness and called for a continued focus on this "critical issue"

He noted that the the agenda being sent to the World Health Assembly reflected the huge scope of the organisation's work and the scale of health challenges it is facing around the world. In her closing remarks the Chair called for all participants in governing processes should ensure discussions are open to the public, but also that they clearly convey why, what and how they will contribute to increasing the health of populations. The Chair flagged global health for peace as one of the most important initiatives. She also indicated that the first retreat of the EB would take place during the first week of March 2023. The chair closed the meeting by thanking all actors involved.