

**PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING**

**Palais des Nations, Geneva  
Thursday, 23 May 2013, scheduled at 09:00**

**Chairman: Mrs K. TYSON (United Kingdom of Great Britain and Northern Ireland)  
later: Dr P.K. SINGH (India)  
later: Mrs K. TYSON (United Kingdom of Great Britain and Northern Ireland)**

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**COMMITTEE B**

**SECOND MEETING**

**Thursday, 23 May 2013, at 09:10**

**Chairman:** Mrs K. TYSON (United Kingdom of Great Britain and Northern Ireland)

**later:** Dr P.K. SINGH (India)

**later:** Mrs K. TYSON (United Kingdom of Great Britain and Northern Ireland)

**1. FIRST REPORT OF COMMITTEE B:** (Document A66/66)

Mr HAZIM (Morocco), Rapporteur, read out the draft first report of Committee B.

**The report was adopted.<sup>1</sup>**

**2. HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN:** Item 20 of the Agenda (Documents A66/28, A66/INF./1, A66/INF./2, A66/INF./3 and A66/INF./4) (continued from the first meeting, section 3)

Mr SIDIKOV (Uzbekistan) said that during the roll-call vote on the draft resolution on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan considered at the Committee's first meeting, which had resulted in its approval, his delegation had mistakenly declared that it wished to abstain, rather than not taking part. He asked for the official record to be amended so as to indicate that Uzbekistan had in fact not taken part in the vote.

Mr MERCADO (Argentina) said that his delegation had been unable to be present for the vote on the draft resolution. Had his delegate been present, it would have voted in favour of the text.

Mrs SY (Senegal) said that her delegation had also been unable to be present for the vote on the draft resolution. Had her delegation been present, it would have voted in favour of the text, rather than abstaining as had been recorded.

Ms MOURAIN-SCHUT (Office of the Legal Counsel) explained that under the Rules of Procedure of the World Health Assembly, the record of the vote could not be changed, but that the statements of the three delegates would be reflected in the official record of the current meeting.

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<sup>1</sup> See page XXX.

**3. MANAGEMENT AND LEGAL MATTERS:** Item 24 of the Agenda**Reassignment of South Sudan from the Eastern Mediterranean Region to the African Region:**  
Item 24.4 of the Agenda (Documents A66/43 and A66/43 Add.1)

The CHAIRMAN drew the attention of the Committee to the draft resolution contained in document A66/43. The financial and administrative implications for the Secretariat were set out in document A66/43 Add.1.

Dr DIAKHABY (Guinea), speaking on behalf of the Member States of the African Region, and Mr ELIAS (Ethiopia) expressed their support for the draft resolution, which had been approved by the Regional Committee for the Eastern Mediterranean and the Regional Committee for Africa.

**The draft resolution was approved.<sup>1</sup>**

Dr HUSSEIN (South Sudan) thanked the Committee for approving his country's request for reassignment to the African Region, the sole reason for which was the similarity in disease patterns and epidemiology between South Sudan and the other countries of the Region. Other United Nations system agencies had similarly agreed a reassignment. His Government greatly appreciated the support it had received from the Eastern Mediterranean Region since independence, and now pledged to cooperate fully with the African Region.

**4. FINANCIAL MATTERS:** Item 21 of the Agenda (continued)**Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution:**  
Item 21.2 of the Agenda (Documents A66/30 and A66/55)

The CHAIRMAN said that, at its recent meeting, the Programme, Budget and Administration Committee had considered the draft resolution on status of collections contained in the Secretariat report (document A66/30) and had amended the text to take into account recent contribution payments. The amended text was contained in the report on the item by the Committee, which was set out in document A66/55.

Mr JEFFREYS (Comptroller) reported that a payment had recently been made by Djibouti, which was thus no longer subject to the provisions of Article 7 of the Constitution. The references to Djibouti could therefore be deleted from the draft resolution.

**It was so agreed.**

Mrs LARUE (Seychelles), speaking on behalf of the Member States of the African Region, said that while the overriding majority of the Region's 46 Member States had met their financial obligations, unfortunately three of them were in arrears to a serious degree and two more to a lesser degree.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA66.21.

Article 7 of the WHO Constitution, by its use of the word “may”, did not make the suspension of voting privileges and services automatic, thereby giving the Health Assembly significant discretion to act. Some countries in the Region were facing enormous social problems, even civil war, which made it difficult for them to pay their full contribution. Yet those same countries needed a strong voice in WHO, and its support, as never before. The African Region urged the Health Assembly to restore voting privileges and services to the African countries concerned and not to suspend the voting privileges of any others that were able to demonstrate that they were experiencing difficulties.

Mr QASEM (Jordan) said that Jordan regularly paid its assessed contributions to the Organization. Under existing regulations in his country, however, the Ministry of Finance, which was responsible for such payments, could not disburse the funds until it had received a request for payment and, apparently, no request had been received. It was, however, taking steps to pay at least part of its assessed contribution.

Mrs CHERQAoui (Morocco) said that her country’s contribution for 2012–2013 had been approved and the arrangement for payment was moving through the administrative channels. She suggested that invoices for contributions be dispatched earlier, to give countries time to make payment preparations.

Ms BEN MARZOUK (Tunisia) said that her country had also made its payment, and requested that the corresponding list be corrected.

Mr JEFFREYS (Comptroller) pointed out that Annex 1 to document A66/30 presented the status of collection of assessed contributions as at 31 December 2012. That situation was constantly evolving as countries sent in their payments. As he understood it, all invoices had been dispatched; invoices were also available on the WHO web site, and he could provide copies of them on request.

The draft resolution before the Committee referred both to Article 7 and to the statement of principles set out in resolution WHA41.7, which had been adopted in order to clarify that suspension of voting privileges was distinct from suspension of services. There had never been any suggestion, nor would there ever be, that services to Member States would be discontinued because they were in arrears.

The word “may” did indeed mean that the suspension of voting privileges was not automatic. Nevertheless, the Health Assembly had in the past usually suspended the privileges of all Member States to which Article 7 applied in order to reinforce the principle that each Member State should make every possible effort to pay its assessment in full. Any Member State experiencing financial difficulties was invited to submit a plan for rescheduling its arrears over an extended period, as Tajikistan had recently done. That facility had reduced significantly the number of Member States in default.

**The draft resolution, as amended, was approved.<sup>1</sup>**

**Special arrangements for settlement of arrears: Tajikistan:** Item 21.3 of the Agenda (Documents A66/45 and A66/55)

The CHAIRMAN invited the Committee to consider the draft resolution contained in document A66/45, concerning the special arrangements for the settlement of arrears by Tajikistan.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s second report and adopted as resolution WHA66.13.

Mr KORA-BATA (Benin), speaking on behalf of the Member States of the African Region, expressed support for the draft resolution contained in document A66/45, which recognized Tajikistan's efforts to achieve financial compliance progressively despite the effects of the global economic crisis.

**The draft resolution was approved.<sup>1</sup>**

Mr RAHMONOV (Tajikistan) thanked the Committee for the favourable consideration it had given to his country's request.

**Scale of assessments for 2014–2015:** Item 21.4 of the Agenda (Documents A66/31 and EB132/2013/REC/1, resolution EB132.R6)

The CHAIRMAN drew attention to the draft resolution contained in resolution EB132.R6.

Mr SEN (Turkey) observed that assessed contributions were the most important and, at the same time, the most flexible part of WHO's funding. He wished it to be noted that in the past four years Turkey had seen its assessment increased four times.

Mr LI Mingzhu (China) expressed support for the draft resolution, while pointing out that the proposed new scale of assessments increased China's contribution significantly. China would meet its new financial obligations, but at the same time appealed to those Member States whose assessed contribution had decreased to consider providing the corresponding amount in the form of voluntary contributions.

**The draft resolution was approved.<sup>2</sup>**

**Scale of assessments for 2014–2015: foreign exchange risk management:** Item 21.4 of the Agenda (Documents A66/32 and A66/56)

Dr THABET NASHER (Yemen), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, introduced the Committee's report on foreign exchange risk management, contained in document A66/56. The Committee, on behalf of the Executive Board, had recommended the adoption of the draft resolution contained in document A66/32.

**The draft resolution was approved.<sup>3</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA66.14.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA66.15.

<sup>3</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA66.16.

**5. AUDIT AND OVERSIGHT MATTERS:** Item 22 of the Agenda

**Report of the External Auditor:** Item 22.1 of the Agenda (Documents A66/34 and A66/58)

Dr THABET NASHER (Yemen), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, introduced the Committee's report on the item, which was contained in document A66/58. The Committee, on behalf of the Executive Board, had recommended the adoption of the draft resolution contained in its report.

Mrs TAN (representative of the External Auditor), speaking on behalf of the External Auditor, introduced the report of the External Auditor (document A66/34). The External Auditor had issued an unqualified audit opinion on the financial statements for the financial period 2011–2012, which were based for the first time on the International Public Sector Accounting Standards (IPSAS), but had made a series of recommendations in various areas. In future, the External Auditor would strive to link its audit even more closely to the Organization's accountability needs and management reforms; it would also pursue its efforts to support WHO in managing its business risks in order to create more value for the Organization.

Mr MONTEIRO (Cape Verde), speaking on behalf of the Member States of the African Region, commended the report of the External Auditor. In the course of the audits conducted in 2012, with particular emphasis on compliance with IPSAS, the External Auditor had brought to light the need for certain adjustments, which had already been made by the Organization. WHO should implement the additional recommendations made by the External Auditor with a view to improving the Organization's financial management and governance capacities.

Dr SINGH (India) endorsed the External Auditor's recommendation that yearly expenditure should be compared with annual rather than biennial budgets and that budget and expenditure figures should be presented in a way that would facilitate comparison between them.

Noting with concern that the effectiveness of the Global Service Centre in providing services under the Global Management System had been impaired by the poor quality of inputs, failure to use manual controls, and an absence of system control in some processes of the Global Management System, she called on the Secretariat to eliminate the system of manual approvals that paralleled automatic approvals in the Global Management System. She also encouraged the Secretariat to develop and implement as rapidly as possible a global inventory management system, and in view of the importance of human resources, an Organization-wide human resources policy.

The External Auditor's report referred to medicines valued at US\$ 13 million with an expiration date of 2011 but still stored in WHO warehouses: what proportion of the total medicines procured and distributed during the period covered by the report did that represent?

India strongly endorsed the External Auditor's request that the Secretariat should ensure proper implementation of audit recommendations that had not yet been acted upon.

Ms BLACKWOOD (United States of America), welcoming the External Auditor's many constructive recommendations, encouraged the Secretariat to sustain the momentum in the area of risk management and to establish a schedule for the development of risk registers, as well as an action plan for deploying the risk management structure throughout the Organization. Some of the recommendations made by the External Auditor highlighted weaknesses in WHO's internal control framework; concerted efforts at all levels of the Organization were needed to tackle those problems.

Mr COTTERELL (Australia) urged the Secretariat to accept and implement all the recommendations put forward in the External Auditor's report, as well as prior audit

recommendations. Management should continue to spearhead the efforts to move the Organization's culture towards a results-based management approach, which, in the case of the Western Pacific Region, meant setting up better procedures for reporting to donors.

Audit practices and fraud had been highlighted as a priority for WHO in an assessment of multilateral agencies conducted by Australia's development assistance agency, AusAID, in 2012. Further improvements in that area would be welcome, as part of the broader WHO reform process.

Mr SEN (Turkey) said that the External Auditor's report provided insight into the Organization's strengths and weaknesses. The fact that recommendations made in previous audit reports were being or had been implemented was encouraging, but with respect to the current report, further detailed information was needed about the strategy for implementing the recommendations, the scope of the corrective action to be taken, and the schedule to be followed. Without such information it would not be possible to measure progress.

Mr RODRÍGUEZ NICOLAT (Mexico) said that because the transition to IPSAS required a great deal of effort on the part of WHO and Member States, it would be useful if the External Auditor could maintain regular contact with both the Secretariat and the Independent Expert Oversight Advisory Committee in the interests of avoiding duplication of efforts and making the best use of the information available.

Dr AROONA (Maldives) supported the External Auditor's recommendation that yearly expenditure should be compared with annual rather than biennial budgets. As a small country without economies of scale, her country had encountered difficulties in the area of drug procurement, with shortages alternating with provision of medicines past their expiry date. She hoped that the External Auditor's recommendations would help to improve the Organization's future management of its funds.

Ms TAN (representative of the External Auditor), speaking on behalf of the External Auditor, thanked delegates for their encouraging words. The Commission on Audit of the Republic of the Philippines, elected as the External Auditor of WHO for the financial period 2012–2015, would continue to work to ensure the interest of all stakeholders in the Organization.

Dr JAMA (Assistant Director-General) said that the Director-General had accepted all the recommendations of the External Auditor, the Internal Auditor and the Independent Expert Oversight Advisory Committee. He assured the delegate of Turkey that the improvements under way were being carefully monitored and reported on both within the Secretariat and with respect to the Member States, through the Programme, Budget and Administration Committee and directly, as was the case at the present meeting. A document on Organization-wide risk management, which included a section on risk registers, would be considered by the Executive Board at its 133rd session immediately following the current Health Assembly. That topic was being taken very seriously across the Organization.

The Secretariat was also preparing a training programme on the internal control framework, including risk management and delegation of authority. The intention was to clarify the role of managers, who would henceforth be held accountable for each decision they made, under the WHO accountability framework.

In the interests of greater effectiveness at country level, and in particular, in order to mitigate the weaknesses identified by the External Auditor, he urged Member States to cooperate in the area of Direct Financial Cooperation. Member States needed to improve their reporting on resources used, and the Secretariat needed to strengthen its monitoring in that regard.

The Global Management System already featured built-in controls. An upgraded version would be launched on 5 June 2013, but that would not suffice to overcome its shortcomings: what was also needed was a change in culture, to be achieved through advocacy and training.

The DIRECTOR-GENERAL thanked the External Auditor for an excellent report, and confirmed that she had accepted all of its recommendations. She, herself, and the regional directors, took audits very seriously, studying them in detail and ensuring the implementation of their recommendations. She had also taken note of the concerns of the Independent Expert Oversight Advisory Committee. Audit reports were vital to senior management as a source of detailed information on aspects of the Organization's operations that were, or were not, working properly.

The first step in strengthening internal controls was to create a culture of transparency and accountability. The Organization's rules, whether in the area of finance, human resources or elsewhere, must be respected, and individual officers' responsibilities met. Training was important, and staff moving from specialized technical areas into management functions were required to take training courses in management techniques.

The consequences for good or bad performance would change. Incentives would be awarded to staff who were fulfilling their duties conscientiously and exercising proper internal controls. At the same time, staff who delayed carrying out their work or tried to circumvent the rules would bear the repercussions, which might go as far as dismissal. She had zero tolerance for such irregularities, and wished to assure Member States publicly of her resolve in that regard. Such changes were part of the WHO reform process.

In respect of Direct Financial Cooperation, WHO could not do its work properly if the Member States involved did not provide reports in a timely manner. Provision of information to headquarters had to be a joint effort between the WHO regional office and the country concerned. Regional staff sometimes found it difficult to be forceful in pursuing the reports needed from health ministries, while national government staff might find such diligence annoying, but it was what she needed and expected. Countries receiving financial support from the Organization should submit timely reports and evidence to demonstrate how they were using the funds received. She would prefer to continue Direct Financial Cooperation, but if the situation did not improve in two years' time, she would consider closing the mechanism down. Collectively, the WHO Secretariat and the Member States had a duty of accountability to the citizens of the world, who provided the funds to finance the Organization's operations.

**The draft resolution was approved.<sup>1</sup>**

**Report of the Internal Auditor:** Item 22.2 of the Agenda (Documents A66/35 and A66/59)

Dr THABET NASHER (Yemen), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, introduced the Committee's report on the item, which was contained in document A66/59. The Committee, on behalf of the Board, had recommended that the Health Assembly should note the report of the Internal Auditor (document A66/35).

Mr STUPPEL (United Kingdom of Great Britain and Northern Ireland) said that Member States needed to ensure the Organization's accountability and transparency, and welcomed the move towards compliance with IPSAS. However, there were still outstanding audits without specific deadlines and, in that regard, efforts should be made to strengthen audit controls and create greater awareness of fraud risks. The establishment of the new Compliance, Risk Management and Ethics Office should enhance the auditing process and foster transparency.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA66.17.

Mr KÜMMEL (Germany) said that monitoring the implementation of individual recommendations, which had been the Organization's strategy in the past, was not sufficient since there had been recurrent patterns of unacceptable levels of risk and major weaknesses in the internal control framework. Effective measures were needed to counter those deficits and the "meta-analysis" conducted by the Internal Auditor was an excellent starting point.

The significant increase in the Organization's financial resources over the past 20 years had had a considerable impact on the audit operations of the Office of Internal Oversight Services. Yet, the number of auditors had remained at eight for the past 15 years. That was perhaps not enough to cope with the increased size of the Organization's undertakings.

The firm message just given by the Director-General and the plan by senior management to conduct a holistic review of the changes needed to eliminate recurrent weaknesses and non-compliance were steps in the right direction. Such actions were essential to the overall reform of the Organization.

Mr COTTERELL (Australia) endorsed the statement made by the delegate of Germany. Unimplemented recommendations and the lack of effective controls were matters for concern, and practical measures were needed to address them.

Mr LI Mingzhu (China) said that he shared the concerns of the Programme, Budget and Administration Committee, especially with regard to residual risk, and urged the Secretariat to continue its efforts to improve the situation. Further information in respect of the Secretariat's commitment to apply the Internal Auditor's recommendations on staff evaluation would be appreciated. Staff training and incentives, and a culture of compliance with the rules of the Organization, should be reinforced.

Mr JONES (Canada) encouraged the Organization to continue strengthening controls, particularly in the area of procurement, and to explore opportunities for expanding the capacity of the Office of Internal Oversight Services.

Dr SINGH (India) welcomed the steps that had been taken to improve compliance, implement audit recommendations in a timely and efficient manner, and prevent shortcomings in areas subject to audit. The inadequacy of controls, in particular with regard to procurement procedures in country offices, was a matter of concern and should be reviewed.

Mr WEBB (Office of Internal Oversight Services), thanking delegates for their encouraging comments, assured the Committee that there had been progress in the follow-up of recommendations, particularly those pertaining to areas of highest risk, as reflected in the number of audits closed in the previous year and in the greater number of items that had been addressed. A plan was in place to upgrade the capacity of the Office of Internal Oversight Services: the current phase would increase technical capacity, and the next phase, scheduled for the period 2014–2015, would strengthen evaluation capacity. A sound risk-assessment model was in place to ensure that audit resources were allocated to the areas of highest risk, the criteria for which were discussed annually with the Independent Expert Oversight Advisory Committee, and modern approaches were being adopted to increase efficiency. Within the past two years, recommendations had been made to the Global Policy Group on action to be taken at the highest level on systemic issues, including resource management, the Global Management System and strengthening the internal control framework.

Dr JAMA (Assistant Director-General) said that progress in the implementation of audit recommendations, which was summarized in the Report of the Internal Auditor, was being carefully evaluated, as were the reasons for the recurring systemic issues, in particular in WHO country offices. The upgrading of the Global Management System would make it possible to monitor electronically,

though a dashboard, the most important areas – including travel, human resources and procurement – at the country and individual level. With regard to staff evaluation, the responsibilities, functions and post descriptions of managers – as well as the delegation of authority tables for Regional Directors, Assistant Directors-General, Directors of Programme Management, Directors of Administration and Finance, WHO Representatives and other senior managers – were being reviewed with a view to defining a clear set of responsibilities and incentives for all managerial posts. A review would also be conducted of performance management for individual staff, in particular with regard to the deployment of human and financial resources. In addition, staff training would be increased and adherence to rules enforced.

**The Committee noted the report.**

**6. STAFFING MATTERS:** Item 23 of the Agenda

**Human resources: annual report:** Item 23.1 of the Agenda (Documents A66/36 and A66/60)

Dr THABET NASHER (Yemen), speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, introduced the Committee's report on the item, which was contained in document A66/60. The Committee, on behalf of the Executive Board, had recommended that the Health Assembly should note the Secretariat's report (document A66/36).

Mr KÜMMEL (Germany) welcomed the Secretariat report but urged timely distribution in future to permit detailed analysis. He expressed full support for the target of gender parity in WHO. The Secretariat report (document A66/36) called for gender parity to be achieved within the next decade, but many Member States had repeatedly called for immediate action. He requested information on the measures needed to attain the target. He endorsed the Director-General's commitment to strengthening the Organization's performance at country level in a fully transparent manner as a key part of the reform process. In that spirit, WHO country presence reports should be made available to the governing bodies to enable them to provide guidance in that area.

Mr XABA (Swaziland), speaking on behalf of the Member States of the African Region, said that the Organization depended on highly skilled and motivated staff for its survival. He endorsed the Secretariat report and acknowledged the efforts made to improve staff development and well-being. However, it was a matter of concern that women were still underrepresented in the professional and higher categories; that the 50% target set in 1997 had not been reached; and that geographical distribution of staff remained skewed towards developed countries. Furthermore, it was unacceptable that some countries in the African Region and the Region of the Americas, were not represented at all. The recruitment process should be made easier and more transparent to promote an injection of innovative approaches into the Organization.

Mr KOLKER (United States of America) highlighted the long-term liabilities for the Organization arising from the routine conversion of fixed-term contracts to continuing appointments for the staff of the Global Polio Eradication Initiative, which would, he hoped, end in 2018, and endorsed the recommendation by the Programme, Budget and Administration Committee that the subject should form a separate section in future human resources reports. The progress made in human resources reform had been satisfactory but the Secretariat should develop more options for career progression and recruitment from outside WHO, based on the four pillars of human resources reform.

He too supported the emphasis on WHO country offices and hoped that it would result in increased implementation of the best practices developed at headquarters.

Mr STUPPEL (United Kingdom of Great Britain and Northern Ireland) said that, given that staff and non-staff contractual services comprised almost 60% of WHO expenditure, it was essential for the Organization to have an effective human resources system. In that connection, the Secretariat should in future ensure that the human resources report was available early enough for Member States to have adequate time to examine it. In terms of human resources reform, particular importance should be placed on improving the gender balance at WHO, increasing staff mobility and flexibility, aligning skills with posts, and maintaining efficient performance management systems.

Mr LI Mingzhu (China) said that the information given in the annual report on human resources should help Member States to provide more precise guidance on staffing matters. The low level of representation of developing countries over the previous decade remained a matter of concern and action should be taken to improve the situation. According to the report, more than 50% of long-term staff were currently assigned to country offices, but that did not necessarily indicate a more strategic deployment of human resources. WHO should focus on recruiting staff that could bolster its leadership role, in particular in terms of strategy.

Dr SHOHANI (Iraq) said that the Secretariat's report had neglected to mention the allocation of financial resources to capacity-building. The development of human resources was of vital importance, but such efforts must be tailored to country needs and priorities. Local officials should be given the opportunity to work at WHO country and regional offices; that would improve performance at the offices and at the same time familiarize the officials with international standards.

Dr IWATA (Japan) welcomed the significant rise in the assignment of long-term staff to country offices over the past decade. The issue of gender imbalance must be addressed urgently: the percentage of women in professional posts had increased very little in the previous four years and the target for women in professional and higher categories had still not been met. The Organization's current financial constraints had led to a decrease in vacant posts, making it all the more important to recruit the best candidate for the posts that remained. It might also be useful to modify recruitment procedures to give external and internal candidates an equal chance.

Mr SANDRASAGREN (Human Resources Management) said that the current report was the first to be published in the new format, which reflected changes proposed by Member States. Approximately half the Organization's posts were located in the African, South-East Asia and Eastern Mediterranean Regions, yet only 29% of the applicants for those posts were women; efforts were being made to identify solutions to that problem. WHO was also continuing efforts in line with the United Nations system-wide action plan to achieve gender parity. An implementation plan had been submitted and would be followed up with specific activities. A capacity-building strategy to raise staff awareness of gender parity would also be implemented. Other measures included a focus on flexible working arrangements and work-life balance, and the inclusion on recruitment short lists of at least one female candidate. For the purposes of recruitment, geographical distribution was always taken into account, and internal and external candidates were given equal consideration through a rigorous competitive process.

Dr JAMA (Assistant Director-General) said that the Secretariat would be monitoring recruitment in order to ensure that non-staff contractual services did not replace staff functions in the Organization. In terms of the long-term liability with regard to the staff of the Global Polio Eradication Initiative, which would be phased out in 2018, WHO was working to identify short- and long-term solutions for the more than 900 staff members concerned. It was important for WHO to

develop policies governing programmes of limited duration, and the study that had been commissioned by the Programme, Budget and Administration Committee would undoubtedly provide some solutions in that regard.

In reply to the delegate of Germany, he said that distribution of WHO country presence reports had been restricted to date but that, starting with the 2012 report, they could be made available to Member States. Some of the information in those reports, for example, the distribution of general service and professional staff by programme area and geographical location, and the total number of staff in each country and region, would also be contained in the document on the financing dialogue that would be submitted to Member States. Currently, 3800 WHO staff members out of a total of 7338 were in the general service category, and the majority were assigned to regional offices; that situation was due in part to budget constraints in the regions, where skilled individuals were sometimes recruited as general service category staff. The Secretariat would welcome further guidance on the four pillars of human resources reform outlined in its report.

The DIRECTOR-GENERAL said that its staff were the Organization's greatest asset and she intended to preserve that by modifying WHO's human resources policy. First, an active search would be made for female candidates and, during the recruitment process, both the selection panel and the shortlist for each post to be filled would have to include at least one suitably qualified woman. Second, efforts would be made to redress the imbalance between staff from developed and developing countries. That was a sensitive subject since the developing countries themselves wished to keep their highly skilled professionals and were sometimes irritated when such individuals were recruited by WHO; it was therefore up to the Organization to engage those countries in a dialogue on the subject. Another obstacle was the failure of some competent candidates from developing countries to perform well during recruitment interviews. WHO had therefore been cooperating with the authorities in developing countries to provide training in interview techniques and related matters.

The Organization's career structure should be reviewed and ways identified of encouraging the recruitment of young people. WHO currently recruited mainly at senior and managerial level, limiting career development opportunities within the Organization. Junior-level staff members should also be given the chance to gain experience in various areas of the Organization to allow them afterwards to specialize and move forward in their career. Recruiting experienced professionals post-retirement was another possibility: retirees could be employed under short-term contracts to provide technical expertise in specialized areas and to serve as a model for younger staff.

Staff rotation and mobility should be encouraged since it gave rise to greater creativity and a broader range of ideas. Core staff, for whom rotation was not an option, also played an important role by helping to preserve and transmit the Organization's institutional memory.

Mr DIKMEN (Turkey) said that according to the most recent financial statements, there was a significant liability in respect of health insurance for WHO staff. That funding burden should be taken into consideration in any future human resources planning.

**The Committee noted the report.**

**Dr Singh took the Chair.**

**Report of the International Civil Service Commission:** Item 23.2 of the Agenda (Documents A66/37 and A66/61)

The CHAIRMAN said that, as indicated that its report on the item (document A66/61), the Programme, Budget and Administration Committee, on behalf of the Board, had recommended that the Health Assembly should note the report (document A66/37).

Mr RODRÍGUEZ NICOLAT (Mexico) welcomed the review of the remuneration for staff in the professional and higher categories and recalled that the United Nations General Assembly had asked the Commission, in undertaking the review, to bear in mind the financial situation of the organizations of participating in the United Nations common system and their capacity to attract a competitive workforce. He requested the Director-General to provide the necessary information to the Commission and to keep the Programme, Budget and Administration Committee and Member States informed about progress.

Dr JAMA (Assistant Director-General) said that the United Nations would be launching a system-wide study on the compensation package, which would be completed towards the end of 2014, at which time the findings would be made available.

**The Committee noted the report.**

**Amendments to the Staff Regulations and Staff Rules:** Item 23.3 of the Agenda (Documents A66/38 and EB132/2013/REC/1, resolution EB132.R11)

The CHAIRMAN invited the Committee to consider the action recommended in the Director-General's report (document A66/38), which related to resolution EB132.R11. If she heard no objections, she would take it that the Committee wished to approve confirmation that the salaries of staff in ungraded posts and of the Director-General remained unchanged.

**It was so agreed.**

**Report of the United Nations Joint Staff Pension Board:** Item 23.4 of the Agenda (Document A66/39)

Mr ELIAS (Ethiopia), speaking on behalf of the Member States of the African Region, said that the return on the investments made by the United Nations Joint Staff Pension Fund was being adversely affected by the current volatile financial market. The Fund's investment management arm should be strengthened in order to cope more effectively with the vagaries of the situation. He suggested that any action taken with regard to staff benefits should be aligned with the WHO reform process. The finding with respect to disability and death benefit awards that psychiatric conditions were the leading cause of disability within the Organization merited investigation and, if necessary, appropriate action.

Mr SANDRASAGREN (Human Resources Management) said that the Fund had recommended that the retirement age should be raised to 65 years to ensure its actuarial sustainability. The concerns raised by the delegate of Ethiopia would be transmitted to the Pension Board.

**The Committee noted the report.**

**Mrs Tyson resumed the Chair.**

**Appointment of representatives to the WHO Staff Pension Committee:** Item 23.5 of the Agenda (Document A66/40)

The CHAIRMAN proposed the nomination of Dr Viroj Tangcharoensathien (Thailand) as a member of the WHO Staff Pension Committee for a three-year term until May 2016, and Mrs Palanitina Tupumatagi Toelupe (Samoa) as a member of the WHO Staff Pension Committee for

the remainder of her term of office until May 2013. She further proposed the nomination of Dr Mahmoud N. Fikry (United Arab Emirates) and Mr Alejandro Henning (Argentina) as alternate members of the WHO Staff Pension Committee for three-year terms until May 2016.

**It was so decided.<sup>1</sup>**

## **7. ORGANIZATION OF WORK**

The CHAIRMAN announced that, as agreed by the General Committee,<sup>2</sup> and following consultation between the vice-chairmen of Committees A and B and the President of the Health Assembly, it had been proposed that agenda items 17 (Health systems) and 18 (Progress reports) be transferred from Committee A to Committee B. He asked whether the Committee was willing to accept the transfer.

**It was so agreed.**

**The meeting rose at 11:55.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA66(11).

<sup>2</sup> See the summary record of the second meeting of the General Committee, page xxx.