

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

**Palais des Nations, Geneva
Friday, 24 May 2019, scheduled at 10:50**

Chairman: Mr H. BARNARD (Netherlands)

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COMMITTEE B

FOURTH MEETING

Friday, 24 May 2019, at 10:50

Chairman: Mr H. BARNARD (Netherlands)

1. DRAFT SECOND REPORT OF COMMITTEE B (document A72/73)

The RAPPORTEUR read out the draft second report of Committee B.

The report was adopted.¹

2. STAFFING MATTERS: Item 17 of the agenda

Human resources: annual report: Item 17.1 of the agenda (documents A72/43 and A72/65)

The CHAIRMAN drew attention to the draft decision contained in document A72/43 and to the report on the previous week's discussion of the sub-item by the Programme, Budget and Administration Committee of the Executive Board, contained in document A72/65.

The representative of MOZAMBIQUE, speaking on behalf of the Member States of the African Region, commended the progress made in respect of the global internship programme, broad geographical diversity and gender equity, but expressed concern at the proportion of long-term appointments in the professional and higher categories at WHO headquarters as opposed to country offices, as it was the situation at country level that was most challenging. That being said, the targets set out in the Thirteenth General Programme of Work, 2019–2023, on gender balance, geographical diversity and the distribution of professional and higher categories would no doubt be met in due time, putting countries at the centre of the WHO operating model and making a wide range of technical expertise available at country level. She welcomed the performance management review and the “Pathways to Leadership for the Transformation of Health in Africa” leadership development programme. The results of the United Nations sexual harassment perception survey at WHO demonstrated that the establishment of a safe and respectful workplace in every WHO office was contingent on a policy of zero tolerance.

The representative of THAILAND, noting that the new merit-based selection system and modest financial support for interns opened opportunities for applicants from low- and middle-income countries, said that the financing mechanism for the global internship programme should be sustained. In view of the high prevalence of sexual harassment revealed by the United Nations survey, WHO had to maintain a zero-tolerance policy on all forms of harassment, focus more on primary prevention measures and respond promptly when cases were detected.

¹ See page [].

The representative of the RUSSIAN FEDERATION said that further efforts were needed to improve geographical representation and that staff should be selected in line with the fundamental principles set out in the WHO Constitution, particularly Article 35, and the Organization's Staff Regulations and Staff Rules, a consideration that should be emphasized in subsequent human resources reports. He welcomed the detailed data on geographical mobility and the information on the performance management review. With respect to the annual awards for WHO staff and teams, he assumed that the measures outlined were being applied in accordance with standards used throughout the United Nations system and the recommendations of the International Civil Service Commission.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, regretting the report's late publication, supported the calls for more in-depth discussion of the staff mobility policy and consideration of more flexible working arrangements within the Organization. The increase in the number of interns from low- and middle-income countries was a positive development. She asked what was being done to address the concerns of staff members who felt that their managers did not have a zero-tolerance approach to sexual harassment and whether WHO planned to examine the broader cultural issues leading to those concerns.

The representative of AUSTRALIA welcomed the Secretariat's ongoing efforts to strengthen human resources capabilities across all levels of the Organization, the focus on achieving gender balance, the improved representation of women in professional and leadership roles, the diversity target under the Thirteenth General Programme of Work, and the attention to unconscious bias awareness in recruitment processes; more needed to be done, however, to improve geographical representation across the Organization. She asked how the Secretariat planned to address the concern expressed by the Independent Expert Oversight Advisory Committee at the absence of a strategic human capital plan aligned with the Thirteenth General Programme of Work. In view of the results of the United Nations sexual harassment perception survey, particularly the high prevalence of sexual harassment reported by certain demographic groups, WHO must establish systems, policies and a culture to prevent and respond effectively to all forms of harassment.

The representative of HAITI, speaking on behalf of the Core Group on WHO Internship Programme Reform, noted the challenges faced by WHO in creating an internship programme that trained young professionals from across the world. While transformation took time, it was important for Member States to understand the path it would follow, particularly in terms of how the new selection process would work, how applications from qualified candidates would be reviewed and the criteria against which candidates would be judged. The process must be transparent for Member States and embedded in long-term WHO procedures. He welcomed the announcement of the monthly stipend, asked for further information on how intern eligibility for funding would be assessed, and noted that the Secretariat's report did not mention travel assistance. The Secretariat should set out its plan for securing funding from internal and external sources, and provide a detailed briefing to Member States in the autumn of 2019, ahead of the launch of stipends in January 2020, on its strategy for implementing and funding resolution WHA71.13 (2018), on reform of the global internship programme.

The representative of the UNITED STATES OF AMERICA appreciated the progress made towards creating a respectful workplace and fostering an ethical and diverse work environment. The Executive Board should be updated on the work of the task force established to develop guidance for WHO's geographical mobility policy and information should continue to be provided on the specific measures taken by the Secretariat to improve gender parity and geographical representation.

The representative of the NETHERLANDS, noting that senior management had expanded considerably over the previous two years, said that it was important for Member States to better understand the deliverables for those positions in WHO's new structure. She wished to receive more

information on the new staff mobility policies and on the effectiveness and outcomes of mobility. She welcomed the Secretariat's action to address harassment, sexual harassment and abuse of authority; its resolve to implement the reference model policy of the United Nations System Chief Executives Board for Coordination and to continue to look for ways to improve policies; and its plans for further dialogue with Member States with a view to creating a safe working environment.

The representative of GERMANY said that it was not clear that gender parity was being achieved at country level and that efforts to that end should be pursued. He encouraged the Secretariat to find mechanisms for recruiting more female WHO Representatives and suggested that future reports should contain updated sick leave statistics, as those were an important indicator of how staff felt. He strongly urged the Secretariat to start making use of mobile work possibilities and to adhere to United Nations best practices with regard to the establishment of higher professional grades, the overall size of senior management, and the exceptional use of direct appointments. He fully supported the Director-General's approach of engaging with all staff to communicate the implications of the transformation agenda, but noted that the WHO staff associations believed that there was room for improvement in that regard.

The representative of CANADA, also regretting the report's late publication, welcomed improvements in gender balance and the training provided on unconscious bias, but expressed serious concern about the lack of transparency in senior staff appointments, the inflation in the level of senior staff positions and the increase in the number of such positions over the previous two years, which was using up a significant amount of flexible, assessed contributions. The recent senior staff shuffle was the second time that positions had been filled in the absence of clear information on the posts available and ran contrary to best practices. The Secretariat should commit to reducing the number and level of senior staff in the future and engage in transparent and merit-based recruitment processes at all levels of staffing. She asked what action the Secretariat was taking to address the finding of the United Nations sexual harassment perception survey that only slightly over half of respondents had felt that senior leaders demonstrated zero tolerance for sexual harassment or that a sexual harassment complaint would be thoroughly investigated, and called on the Director-General and senior management to continue to ensure a safe and respectful workplace.

The representative of CHINA welcomed WHO's achievements with regard to gender balance and geographical representation, and noted the diversity target, set out in the Thirteenth General Programme of Work, for at least one third of directors at headquarters to be nationals of developing countries. He noted that the global internship programme was essential for developing future leaders in global public health and that an additional amount of US\$ 2 million was required to host the same number of interns in 2020, and called on WHO to mobilize additional resources to keep the programme on track. He endorsed the draft decision.

The representative of MEXICO noted the increase in the number of individuals hired on non-staff contracts over the previous year and the fact that, under the present administration, several appointments had been made at Director level without the membership being given the necessary information. Such action should be avoided and steps taken over the medium term to curtail growth in the workforce. He welcomed the efforts made to promote a culture of respect and encouraged the Secretariat to maintain a zero-tolerance approach to harassment, sexual harassment and abuse.

The representative of INDONESIA expressed the hope that implementation of resolution WHA71.13 (2018) would lead to major improvements in the global internship programme and give Member States, particularly developing countries, more opportunities to send their young professionals to WHO. Interns gained valuable experience in addressing multi-faceted global health issues, hence the need to ensure the programme's sustainability.

The DIRECTOR AD INTERIM (Human Resources) thanked participants for their supportive comments, including on geographical diversity and gender parity, in particular at the country level. The Secretariat would be pleased to provide information on the work of the task force reviewing the geographical mobility policy and to brief Member States, in the second half of 2019, on the global internship programme, the implementation plan for the introduction of stipends in 2020 and the associated funding. It would include statistics reflecting staff health and well-being in future reports. The introduction of flexible working arrangements, in particular through the establishment of a strong team-oriented culture, was being considered in the context of the transformation agenda.

The DIRECTOR (Compliance, Risk Management and Ethics) thanked Member States for their pertinent comments on a respectful workplace. WHO had a zero-tolerance policy towards sexual harassment and all forms of abuse, and had adopted a very robust system to prevent such practices, including the whistleblower policy, the integrity hotline and the policy on the prevention of sexual harassment, which was under review. However, as the United Nations survey had shown, much remained to be achieved. The results attained by WHO were largely in line with those of other organizations in the United Nations common system. WHO played a very active role in the United Nations System Chief Executives Board Task Force on Addressing Sexual Harassment in the system's organizations, which was currently revising the questionnaire for the staff perception survey to increase the response rate. Having noted the settings in which WHO's operations took place and the differences in, and diversity of, its workforce, he said that the Secretariat would welcome a dialogue with Member States on integrity and diversity.

The CHEF DE CABINET reiterated the absolute commitment of senior management to a zero-tolerance policy towards any form of harassment. The function of the Office of Internal Services was being reviewed and the resulting recommendations would be implemented in 2019 with a view to dealing with the backlog of cases. The Organization's leadership was fully committed to implementing transparent, merit-based processes and United Nations guidelines for recruitment of staff at all grades. Any deviation from that procedure would indeed be exceptional.

The CHAIRMAN took it that the Committee was prepared to approve the draft decision in document A72/43.

The draft decision was approved.¹

Report of the International Civil Service Commission: Item 17.2 of the agenda (document A72/44)

The representative of CHAD, speaking on behalf of the Member States of the African Region, welcomed the Director-General's efforts to implement the Commission's recommendations. With regard to the review of pensionable remuneration, he welcomed the revision of the common scale of staff assessment that took into account the need to maintain the remuneration of staff in the professional and higher categories. He noted that the measures recommended in connection with the end-of-service grant were consistent with international labour legislation. He also welcomed the Commission's recommendation with regard to diversity and gender and called on the Director-General to continue his efforts to achieve gender balance and apply the new gender policy in recruitment. Efforts should also be pursued to promote diversity of staff, as Africans remained underrepresented in WHO's workforce. The promotion of diversity should not, however, overshadow merit or be seen as a means of favouring one group over another. In connection with the review of the level of the dependant's allowance, he called on WHO to take into account the specificities of each duty station, including with respect to conversion

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(17).

to the local currency using the official United Nations exchange rate. Regarding the Commission's proposal that the decision whether or not to install eligible dependants in hardship stations be left to the staff member, he suggested that particular emphasis should be given in that connection to stations in conflict or epidemic areas.

The representative of THAILAND expressed strong support for the steps taken to ensure equality in all areas of WHO. The Commission's review of salary survey methodologies for general service and other locally recruited staff, and the input of local stakeholders, would be useful for WHO working groups.

The representative of AUSTRALIA commended the constructive efforts being made to improve the post-adjustment system methodology used for salary adjustments. The methodology should be defensible, transparent and replicable across the United Nations system. Efforts to increase diversity and gender equality in the WHO workforce were welcome and should be encouraged.

In reply to a query from the representative of Indonesia, the DIRECTOR AD INTERIM (Human Resources Management) said that implementation of the Commission's recommendations was not expected to have any major impact on the programme budget, as the Secretariat used standard costs in budgeting exercises.

The Committee noted the report.

Amendments to the Staff Regulations and Staff Rules: Item 17.3 of the agenda (documents A72/45 and EB144/2019/REC/1, resolutions EB144.R7 and EB144.R8)

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB144.R8.

The draft resolution was approved.¹

Appointment of representatives to the WHO Staff Pension Committee: Item 17.4 of the agenda (document A72/46)

The representative of THAILAND welcomed the fact that geographical representation was taken into consideration when appointing representatives.

The CHAIRMAN drew attention to the proposal to nominate Dr Gerardo Lubin Burgos (Colombia) as a member of the WHO Staff Pension Committee until the closure of the Seventy-fifth World Health Assembly in May 2022.

It was so decided.²

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA72.13.

² Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(18).

The CHAIRMAN drew attention to the proposal to nominate Dr Arthur Williams (Sierra Leone) as an alternate member of the WHO Staff Pension Committee until the closure of the Seventy-fifth World Health Assembly in May 2022.

It was so decided.¹

Report of the United Nations Joint Staff Pension Board: Item 17.5 of the agenda (document A72/47)

The representative of THAILAND said that she appreciated the transparency and accountability of the United Nations Joint Staff Pension Board.

The representative of the UNITED STATES OF AMERICA expressed support for the implementation of measures pursuant to the recommendations of the United Nations Board of Auditors and the Office of Internal Oversight Services, particularly with regard to ensuring better oversight of the pension fund and its assets, and the administration of benefits.

The Committee noted the report.

3. FINANCIAL MATTERS: Item 15 of the agenda (continued)

Special arrangements for settlement of arrears: Item 15.4 (documents A72/60 Rev.1, A72/61 and A72/66) (continued from the second meeting, section 3)

The CHAIRMAN took it that the Committee agreed to approve the draft resolution contained in document A72/60 Rev.1.

The draft resolution was approved.²

The representative of BRAZIL, speaking on behalf of Argentina, Canada, Chile, Colombia, Costa Rica, Guatemala, Honduras, Paraguay and Peru, said that he did not recognize the regime in the Bolivarian Republic of Venezuela, which had asked to reschedule the payment of arrears, owing to the flawed electoral process that had brought it to power.

The representative of the UNITED STATES OF AMERICA endorsed that statement. His Government disassociated itself from the decision to approve the draft resolution, which should not have been considered during the present session as it had not been submitted in accordance with resolution WHA54.6 (2001) and had been amended at the last minute. The Venezuelan regime had destroyed public health infrastructure, leading to the mass emigration of Venezuelan nationals in search of basic health care. His Government supported the Venezuelan people as they strove to reclaim democracy and establish a functioning government. The people sitting behind the Venezuelan name plate in the present meeting did not represent the legitimate interim government of the Bolivarian Republic of Venezuela and the governing regime should not enter into financial agreements with WHO.

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(18).

² Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA72.14.

The representative of AUSTRALIA said that she rejected the legitimacy of the Venezuelan regime and supported the concerns of Lima Group countries, including regarding the restoration of voting rights to the Bolivarian Republic of Venezuela.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that, over the previous three years, his country had been subject to punitive criminal sanctions imposed by the Government of the United States of America, including an embargo on the oil exports that accounted for most of its income and the illegal freezing of its gold reserves by the Bank of England and its foreign bank accounts. As well as causing suffering among the Venezuelan people, the sanctions had significantly limited the country's income and complicated its international payments. Despite those difficulties, the Minister of Foreign Affairs had contacted the Director-General to arrange the settlement of arrears, with the first payment to be made by 31 December 2019. He was grateful to the countries that had supported the draft resolution.

The representative of ISRAEL endorsed the statements made by the representatives of Brazil and the United States of America.

The representative of CUBA welcomed the resolution's approval by consensus, despite the attempt of a small group of countries to politicize the discussion. The resolution would enable the only legitimate government elected by the Venezuelan people to meet its international commitments to promote health and access to health care.

The representative of NICARAGUA expressed support for the resolution and said that there should be no interference in the sovereign decisions of the Venezuelan Government, which had rescheduled the payment of its arrears in cooperation with WHO. The payment schedule showed the strong commitment of the Bolivarian Republic of Venezuela to WHO, and it was regrettable that Committee B, a primarily technical forum, had been politicized.

The representative of the PLURINATIONAL STATE OF BOLIVIA welcomed the arrangement enabling the Bolivarian Republic of Venezuela to settle its arrears and recover its voting rights. The matter was a purely technical issue relating to the contributions of a sovereign State to the WHO budget. She commended the commitment of the legitimate government of the Bolivarian Republic of Venezuela to meet its financial obligations.

The representative of BURUNDI said that the Venezuelan people had the right to health care; he therefore supported the resolution and the proposed payment schedule.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA welcomed the resolution's approval by consensus. He supported the legitimate right of the Government of the Bolivarian Republic of Venezuela to participate in the work of the Health Assembly and objected to the politicization of the Committee's work.

The representative of ALGERIA expressed regret that, once again, political considerations were interfering with the Committee's business. He called on colleagues to restrict their comments to technical matters and encouraged all Member States to meet their financial obligations, in order to ensure that the Organization had sufficient funds for its work. He expressed support for the request submitted by the Government of the Bolivarian Republic of Venezuela to that end.

The representative of the SYRIAN ARAB REPUBLIC, echoing earlier speakers, welcomed the resolution. She urged members to avoid politicizing the work of the Committee, to focus on the technical aspects of its work, and to support the resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN expressed support for the resolution and said that he objected to the politicization of what ought to be technical issues. He welcomed the efforts of the legitimate Government of the Bolivarian Republic of Venezuela to meet its financial obligations.

The representative of THAILAND also expressed support for the resolution.

The representative of CHINA said that the situation in the Bolivarian Republic of Venezuela should be resolved through inclusive political dialogue at the national level, rather than external interference and the use of unilateral sanctions. Given that WHO was a specialized agency of the United Nations, its approach should be aligned with that of the United Nations General Assembly. She called for sanctions against the Bolivarian Republic of Venezuela to be lifted as soon as possible in order to facilitate its social and economic development, and to improve people's livelihoods.

The representative of the RUSSIAN FEDERATION welcomed the approval of the resolution, as it would provide WHO with additional financial resources. Furthermore, the restoration of its right to vote would allow the Bolivarian Republic of Venezuela to participate fully in the work of the Organization's governing bodies.

The representative of SUDAN, echoing the statements of other delegates, said that it was vital to avoid politicizing the work of the Committee and urged Member States to support the resolution, so that the people of the Bolivarian Republic of Venezuela could continue to receive health services.

4. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 18 of the agenda (continued)

Multilingualism: Item 18.2 of the agenda (document A72/53)

The representative of the RUSSIAN FEDERATION welcomed the cooperation between his country and WHO on the translation of publications and asked for information on WHO's involvement in interagency coordination to share translation services. It would also be useful to have information on the average cost of one page of translation in each of the Organization's official languages and an annual report on multilingualism, to improve awareness of translation-related expenses. Vacancy announcements should be posted in all official languages, as a way of raising awareness of openings and improving geographical representation among WHO staff.

The representative of CHINA, while expressing appreciation for the Secretariat's efforts to promote multilingualism, said that much still remained to be done, including to ensure that conference documents were published sufficiently in advance in all official languages. He encouraged the Secretariat to continue to promote multilingualism, notably by cooperating with external translation service providers, recruiting volunteer translators and developing online language training courses.

The representative of BAHRAIN expressed support for the Secretariat's work to ensure that the six official languages were treated equally, to find creative ways to promote multilingualism and to translate more documents. However, the measures outlined in the Director-General's report for the

translation of material on the WHO website were inadequate. The requirement to consider the number of speakers of a given language, and to translate content accordingly, did not comply with the provisions of resolution WHA71.15 (2018) on multilingualism.

In response to a request from the representative of Portugal, the CHAIRMAN suggested that the discussion on agenda item 18.2 should be suspended until the afternoon meeting.

It was so agreed.

(For the continuation of the discussion, see the summary record of the fifth meeting, section 1.)

5. OTHER MATTERS REFERRED TO THE HEALTH ASSEMBLY BY THE EXECUTIVE BOARD: Item 19 of the agenda (documents A72/54 Rev.1, A72/54 Rev.1 Add.1, A72/55 Rev.1 and A72/55 Rev.1 Add.1)

The CHAIRMAN invited the Committee to consider the draft decision contained in document A72/54 Rev.1, on the designation of 2020 as the International Year of the Nurse and the Midwife. The financial and administrative implications for the Secretariat were set out in document A72/54 Rev.1 Add.1.

The representative of THAILAND expressed support for the draft decision and encouraged Member States to make sustainable investments in bolstering nursing and midwifery capacity, which was also a focus of the Nursing Now campaign.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND endorsed the draft decision. Investment in nursing and midwifery promoted better health, quality care and gender equality, and would drive countries to achieve universal health coverage and the Sustainable Development Goals.

The representative of JAPAN also endorsed the draft decision. Work done by nurses enabled great progress towards attainment of the Sustainable Development Goals, notably in terms of gender equality, and his Government was willing to share its experience in that regard.

The representative of AUSTRALIA said that designating 2020 as the International Year of the Nurse and the Midwife would help to highlight the history and development of modern nursing, as 2020 also marked the 200th anniversary of the birth of Florence Nightingale. Universal health coverage could not be achieved without the essential contribution of nurses and midwives.

The draft decision was approved.¹

The CHAIRMAN invited the Committee to consider the draft decision contained in document A72/55 Rev.1, on the establishment of World Chagas Disease Day. The financial and administrative implications for the Secretariat were set out in document A72/55 Rev.1 Add.1.

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(19).

The representative of COSTA RICA, observing that Chagas disease was endemic in 21 countries in the Americas, where it was the most common communicable tropical disease, expressed support for the draft decision.

The representative of THAILAND said that the establishment of World Chagas Disease Day would heighten awareness of the disease across sectors and result in multisectoral action. She also hoped that it would improve early detection and prevention.

The representative of BRAZIL proposed that the words “to be celebrated on 14 April” should be added to end of the draft decision, to mark the date on which the disease was first diagnosed, by Dr Chagas in Brazil.

The representative of the UNITED STATES OF AMERICA, while expressing support for the draft decision (and for the decision contained in document A72/54 Rev.1), asked the Secretariat to adopt a strategy and criteria for the adoption and evaluation of specialized health days and years, including their related costs, in order to maximize their effectiveness and impact.

The EXECUTIVE DIRECTOR (External Relations and Governance) said that an Executive Board report on world health days (document EB 144/39/Rev.1) discussed the criteria and costs related to the establishment of specialized health days. Further feedback on and discussion of the report was welcome.

At the invitation of the Chairman, the SECRETARY read out the draft decision as amended: “The Seventy-second World Health Assembly, having considered document A72/55 Rev.1, decided to establish World Chagas Disease Day, to be celebrated on 14 April.”

The draft decision, as amended, was approved.¹

The meeting rose at 12:40.

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¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA72(20).