

Provisional agenda of the Seventy-sixth World Health Assembly and date and place of the 153rd session of the Executive Board

Considerations for possible electronic voting at future governing bodies meetings

Report by the Secretariat

BACKGROUND

1. This report discusses the possibility of implementing electronic voting at in-person meetings during the World Health Assembly and Executive Board sessions. At the Seventy-fifth World Health Assembly, seven votes were held: one secret ballot, four recorded votes and two show-of-hands votes. Three of these votes took place on the final day of the Health Assembly and related to a technical report on programmatic health matters. The time required for the voting process presented significant scheduling and agenda management challenges, and posed a risk that the Health Assembly might not complete its work. As a result, at the 151st session of the Executive Board, a Member State representative suggested that the Secretariat explore the use of electronic voting systems available at the Palais des Nations (United Nations Office at Geneva) and at WHO premises during future governing body meetings. The same representative, along with other Member States, also called for the governing bodies to continue to work on the basis of consensus.

2. Under the provisions of the Constitution of the World Health Organization and the Rules of Procedure of the governing bodies, voting may be used to make decisions relating, inter alia, to: elections, the admission of members, budgetary and procedural matters and the adoption of resolutions or decisions. The voting process may involve a show of hands, recorded vote or secret ballot. Although voting by a show of hands is the default method, any Member State may request a recorded vote. Certain voting processes, including elections, normally take place by secret ballot.

3. To date, voting has been conducted through non-electronic means. In 2017, introduction of an electronic voting system for secret ballots to nominate and appoint the Director-General was considered. However, the paper-based secret ballot system was ultimately maintained as a review of the proposed electronic system found it to be insufficiently secure.¹ Given the security concerns relating to the secret

¹ In resolution WHA67.2 (2014), the Health Assembly approved the Executive Board recommendation to rent a cost-effective and secure electronic voting system for the nomination and appointment of the Director-General, which takes place by secret ballot, and to test such a system in advance. After reviewing the availability of electronic voting equipment, the

ballot, and the fact that voting primarily takes place by a show of hands or a recorded vote, this document examines the availability of electronic voting, as well as related financial, security, legal and governance considerations, only with respect to the latter two voting methods.

AVAILABLE OPTIONS

4. Some of the meeting rooms at WHO headquarters and the Palais des Nations are equipped with integrated electronic voting systems. At headquarters, the auditorium in the new annex building (building B), where the Executive Board is holding meetings while the main building (building A) is under renovation, is equipped with an integrated system that allows participants to vote for up to five choices. In the future, building A will also be fitted with this integrated equipment. The system can be programmed to identify the voter either through the insertion of a WHO-issued badge or by programming based on a predefined seating plan. The Secretariat is currently working with a service provider on the programming, customization and reporting functions of the system, and intends to carry out a risk assessment. The system could potentially be ready for use by the Executive Board at its 153rd session. However, it is not suitable for secret ballots, or for remote voting. In the absence of an integrated electronic voting system capable of handling remote votes, hybrid meetings could use a combination of electronic voting – for delegations physically present in the room – and manual voting for those attending the meetings virtually. However, this approach would forego the time-saving benefits of electronic voting.

5. Four of the rooms at the Palais des Nations have integrated electronic voting systems. Of these, only the electronic voting system in Room XX is used regularly. That system has been customized to meet the requirements of the Human Rights Council. The integrated systems at the Palais des Nations were made by two different companies, with some of the rooms equipped with the same type of system as WHO. Although both systems function in a similar way, cooperation with counterparts at the Palais des Nations would be required to assess the feasibility and ease of adapting the Palais systems for use by the Health Assembly. Moreover, with the Palais des Nations under renovation, it is not yet clear which meeting rooms will be used for forthcoming sessions of the Health Assembly. As with the integrated system in building B, the existing systems would not be suitable for secret ballots, or for remote voting.

FINANCIAL IMPLICATIONS

6. As noted above, before using the integrated electronic voting system in building B, the Secretariat would need to complete programming and testing work, at an estimated cost of US\$ 6000. In addition, a risk assessment would be required, costing approximately US\$ 25 000. It is likely that the cost of adapting and assessing each of the two types of integrated electronic voting system at the Palais des Nations would be roughly the same. Whether both Palais systems would need to be adapted would depend on which rooms are assigned for the use of the Health Assembly.

7. The estimates above only cover the use of the integrated systems for in-person show-of-hands and recorded votes. As mentioned previously, the integrated systems are not suitable for secret ballots or remote voting. Implementing electronic voting in either of those contexts would involve choosing

Secretariat rented and tested two such systems. It then conducted a security review of the more user-friendly of the two. The security review concluded that the system tested was not sufficiently secure and there was insufficient time to implement an alternative electronic system. As a result, the 2017 nomination and appointment of the Director-General was held by manual secret ballot. In decision WHA73(16), the Health Assembly decided “to continue conducting the appointment of the Director-General by means of a paper-based secret ballot vote as currently provided for in the Rules of Procedure of the World Health Assembly”.

and investing in a new system. The cost of choosing and implementing a stand-alone system that supports secret ballot voting would be considerably higher.

SECURITY IMPLICATIONS

8. Electronic voting systems, like other information technology systems, are susceptible to security risks and malfunctions, with a potential impact on the accuracy and legitimacy of the voting process. As a result, the use of an electronic voting system should only be considered in tandem with measures to minimize potential risks, including by:

- regularly reviewing and updating security measures and minimizing the number of staff members with access to the system;
- testing systems in advance to improve Member States' familiarity with and confidence in the systems;
- being ready to switch to manual voting should an electronic voting system malfunction due to technical problems, including by maintaining up to date voting scripts and ballot sheets; and
- ensuring audit trails for electronic votes: as shows of hands and recorded votes are not confidential, it is in the interest of voting integrity that records be maintained, including for reference, as appropriate.
 - Show of hands: in line with the current manual voting procedure, the electronic voting system could display Member State votes during the voting period, but the official record would reflect only vote tallies, without any indication of how each Member State voted. However, should any doubts about the integrity of the voting process arise, an electronic record reflecting how each Member State voted could be created and reviewed.
 - Recorded votes: the system records and publicly displays which Member States voted and how they voted. As a result, Member States and the Secretariat would be able to see, in real time, whether and how votes are recorded, and keep a record thereof.

9. The integrated electronic voting systems at WHO headquarters and at the Palais des Nations are not suitable for secret ballots. An alternative solution would be to use electronic voting machines that automate the voting, counting and tabulation processes. Such machines are usually placed in the polling booth, where they electronically record the voter's choices. In line with good practice, the machines produce a voter-audited paper record, which is usually collected by the voting machine or in ordinary ballot boxes. However, as these records need to be audited, the added time required for the audit process cancels out any time gained by using electronic voting.

LEGAL CONSIDERATIONS

10. The Rules of Procedure for both the World Health Assembly and the Executive Board provide that voting shall normally be by a show of hands, unless a request for a recorded vote is made.¹ When a recorded vote is requested, the voting process is conducted manually, by roll-call. Rule 73 of the Rules

¹ Rule 73 of the Rules of Procedure of the Health Assembly and Rule 51 of the Rules of Procedure of the Executive Board.

of Procedure of the Health Assembly and Rule 51 of the Rules of Procedure of the Executive Board contain substantively identical provisions on the use of electronic voting: “Where an appropriate electronic system is available, the [Health Assembly/Board] may decide to conduct any vote under this Rule by electronic means”. Thus, implementing electronic voting for show of hands or recorded votes would require no changes to those rules for either body. Nonetheless, the decision to introduce electronic voting would entail an assessment that the available electronic system(s) is/are fit for purpose.

11. By contrast, the Rules of Procedure of the governing bodies do not provide for the use of electronic voting for secret ballots. As a result, in addition to selecting an acceptable and sufficiently secure electronic voting system, amendments to the Rules of Procedure would be required prior to its use in that context.

GOVERNANCE IMPLICATIONS

12. Member States may wish to consider whether, under the current circumstances, it would be practical to introduce electronic voting. Member States may also wish to examine the potential impact of electronic voting on the approach of the governing bodies to their work.

13. Potential practical problems include disruptions to in-person meetings (as seen over the past two years and potentially continuing) and uncertainty regarding access for all governing body meetings to rooms fitted with electronic voting systems during the renovations at the Palais des Nations. As a result, it may not be possible to fully reap the time-saving benefits of electronic voting. Moreover, should a room fitted with an integrated electronic voting system be unavailable or a system capable of handling remote voting be required, it might be necessary to purchase or rent an alternative electronic voting system after selecting, testing and conducting a security review of the relevant equipment.

14. Member States may also wish to consider the potential impact of electronic voting on the operating methods of the governing bodies. Decisions are mainly adopted by consensus. In practice, apart from election processes, voting generally takes place only where efforts to reach consensus have not succeeded. Substantive programmatic and technical health matters are very rarely put to a vote, as doing so may potentially undermine the implementation of the instrument in question, irrespective of the outcome of the vote. At the 151st session of the Executive Board, a number of Member States expressed support for continuing to make decisions on the basis of consensus.¹

15. A core attribute of this approach is that decisions are made based on general agreement among Member States. This can take considerable time and may require the suspension of meetings for consultations, to enable Member States to better understand different points of view and to determine a way forward. Building consensus demonstrates the capacity and determination of Member States to work together to address health issues, bolsters the legitimacy of the decisions taken and may also have a positive impact on the implementation of resolutions.

16. By contrast, electronic voting causes minimal time disruption and results are available far more quickly than with manual votes, thus improving time management. However, streamlining decision-making in this manner may mean that Member States engage less frequently in the time-intensive efforts needed to achieve broad-based compromise.

17. Should Member States wish to proceed with electronic voting, they may also want to consider how to reinforce decision-making by consensus as the norm. One possibility would be to express this

¹ See document EB151/2022/REC/1, summary record of the first meeting, section 3.

preference in the Rules of Procedure for both the Health Assembly and the Executive Board. Precedent for this approach can be found in several bodies, including two that address health-related matters. For example, the Rules of Procedure of the Conference of the Parties to the WHO Framework Convention on Tobacco Control require parties to make decisions by consensus wherever possible, as do the Rules of Procedure of the Codex Alimentarius Commission, in certain contexts. The rules of the Conference mandate that budgetary and financial decisions shall be taken by consensus and that the Conference “shall make every effort to reach agreement by consensus” on other decisions, only proceeding to a vote once all efforts to reach consensus have been “exhausted” without agreement.¹ Similarly, the Codex Alimentarius Commission must make every effort to reach consensus on the adoption or amendment of standards. Decisions may only be made by vote if efforts to reach consensus have “failed”.²

SUMMARY

18. In the future, integrated electronic voting systems will be available in some meeting rooms at WHO headquarters and the Palais des Nations. However, these systems will need to be tested and configured before they are ready for use at future sessions of the Health Assembly and the Executive Board. Owing to the ongoing renovation work at the Palais des Nations, there is some uncertainty regarding room allocation for the forthcoming sessions of the Health Assembly, with a potential impact on the availability of rooms with integrated voting systems.

ACTION BY THE EXECUTIVE BOARD

19. The Executive Board is invited to note the report and to provide guidance on:

- (a) the merits and challenges of electronic voting, in the light of the information provided above; and
- (b) in the event that electronic voting is introduced, whether measures should be taken to promote continued decision-making by consensus, including through amendments to the Rules of Procedure of the Health Assembly and the Rules of Procedure of the Executive Board to address consensus-based decision-making on substantive programmatic and technical health matters.

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¹ Rules of Procedure of the Conference of the Parties of the WHO Framework Convention on Tobacco Control, Rule 50.

² Rules of Procedure of the Codex Alimentarius Commission, Rule XII.