

## **Process for the election of the Director-General of the World Health Organization: contingency arrangements**

### **Report by the Secretariat**

1. The appointment of the Director-General is scheduled to take place during the Seventy-fifth World Health Assembly. In normal circumstances, where the Health Assembly meets in person, the secret ballot vote for the appointment of the Director-General would be conducted using a paper-based system, in accordance with decision WHA73(16) (2020).

2. In the event that, because of limitations to physical meetings, the Seventy-fifth World Health Assembly were to be held virtually, in full or in part, the following options may be considered for the conduct of the secret ballot vote for the appointment of the Director-General.

#### **VOTING IN PERSON (HYBRID FORMAT)**

3. Even if the Health Assembly is held virtually, in whole or in part, the election process would be conducted in person to the extent that the epidemiological situation allows. To enable this, each Member State entitled to vote would, as far as possible, be invited to be represented in person by one member of its delegation at WHO headquarters for the purpose of the vote. The vote would be carried out in person. If possible, this would be according to the normal practice for secret ballots, with all 194 Member States present in the same room. Should this not be possible, Member States would be invited to visit the room where the vote is being conducted one by one at a specified time to cast their vote individually. In these circumstances, tellers from Member States would observe the whole voting process, which would also be broadcast to Member States' delegations.

4. Member States whose delegations were unable to be physically present for the vote could, if they so wish, appoint the delegation of another Member State entitled to vote to act as their proxy, solely for the purpose of the vote. The delegation of the Member State appointed as proxy and physically present in Geneva would vote on behalf of the appointing Member State as well as on behalf of its own delegation (it being understood that no delegation would exercise a proxy for more than one other delegation).

5. The quorum for the conduct of the vote would be calculated based on the number of delegations of Member States present in Geneva at the time of the vote, in addition to the proxies received by the Secretariat.

6. A vote exercised by proxy would be attributed to the appointing Member State.

## **Advantages**

7. This option would ensure a transparent and inclusive secret ballot voting process and allow the Health Assembly to operate as closely as possible to long-standing practice. Similar practices have been used by other organizations of the United Nations system. For example, the United Nations General Assembly adopted a procedure for holding elections by secret ballot outside plenary meetings during the coronavirus disease (COVID-19) pandemic.<sup>1</sup> According to this procedure, Member States were required to submit to the Secretariat the names of the representative, and an alternate, who would cast the ballot of the Member State. Voters were then invited to visit the designated venue to cast their ballots.

## **Challenges**

8. This option would require all Members States to be physically present in Geneva or to be otherwise represented by a proxy. Representation by proxy would be a new mechanism within the context of WHO's governing bodies.

## **VOTING ACCORDING TO FORMATS OTHER THAN IN PERSON (REMOTE FORMAT)**

### **Voting by post (traditional voting system)**

9. To allow for the appointment of the Director-General through a traditional postal vote, a voting window would be opened during which time Member States would be invited to cast their votes by post. Given the need to allow sufficient time for ballot papers to be sent and returned, the Seventy-fifth World Health Assembly would need to be suspended. The results of the vote would be announced at a resumed session. In the event that a second or subsequent round of voting were required, the whole process would be repeated, with a further suspension of the Health Assembly, the opening of a voting window and the holding of a resumed session.

10. The Secretariat would notify each Member State entitled to vote of the forthcoming vote by post via their Geneva-based permanent missions to the United Nations and other international organizations, or in the case of Member States with no permanent mission in Geneva, via another competent diplomatic representation of their choice, preferably located close to Geneva, Switzerland.

11. The Secretariat would send to the authority of each Member State entitled to vote a ballot paper and two standard envelopes (one small and one large) and would indicate the deadline by which the returned ballots would have to be received. Each Member State entitled to vote would be invited to:

- fill in the ballot paper provided;
- place the ballot papers in the small envelope and seal it with no visual marks;
- place the sealed, unmarked small envelope in the big envelope and seal it;

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<sup>1</sup> United Nations General Assembly decision 74/557 (available in document A/74/49 (Vol. III)).

- add to the outside of the big envelope marked “Strictly Confidential – Code N° ...” a visible mark allowing for the identification of the Member State casting its vote (e.g. official stamp); and
- return the ballot paper by courier or hand-delivered post to WHO headquarters in Geneva, Switzerland within the applicable deadline.

12. Should more than one ballot be needed, the procedure described above would be repeated for each subsequent ballot.

13. The quorum for the conduct of the vote would be calculated based on the number of envelopes validly received at WHO headquarters.

14. At the resumed session(s) of the Seventy-fifth World Health Assembly, the President would appoint two tellers from among the delegations present to open the envelopes and assist in the counting of the votes. The President would announce the outcome of the vote.

### **Advantages**

15. This option would ensure the possibility of conducting a vote by secret ballot in the event that limitations to physical meetings preclude any in-person voting, while ensuring an orderly process. It also builds on the recent experience of the WHO Regional Committee for Europe, which conducted an election for the nomination of Executive Board members by post.

### **Challenges**

16. This option is not well-adapted to multiple rounds of voting given that the Director-General takes office in mid-August, leaving only around six weeks for voting to be conducted. Owing to the varying majorities required for each round of voting in the Health Assembly (see Rule 110 of the Rules of Procedure of the World Health Assembly), it is possible that multiple rounds of voting could be needed to secure the necessary majority in any particular round. It would therefore appear to be feasible to adopt this method if only one candidate is nominated by the Board. It could potentially also be used if two candidates are nominated; however, in this case there is a risk that the process might not be completed by the time the Director-General’s current term of office comes to an end.

17. In any event, such an option would delay the outcome of the vote and would require the session of the World Health Assembly to be suspended and subsequently resumed at a later stage in order to allow for vote counting and the announcement of the results of the vote. This would reduce the time available for any transition that may be required.

### **Voting by post (preferential voting system)**

18. Under this variation of the voting by post option, the vote to appoint the Director-General would be conducted by post following a preferential voting system. Member States entitled to vote would be requested to mark their first choice of candidate and, in the event three candidates have been nominated by the Board, their second choice. If the candidate chosen as first preference were to be eliminated, the corresponding vote would be attributed to the second choice of candidate, following the order of preference indicated by the Member State in its ballot. This would allow multiple ballots to be carried out within the same round.

### **Advantages**

19. This allows multiple rounds of voting to take place through a single round of postal voting, reducing the risk that the process will take more than the approximately six weeks in principle available before the Director-General's current term would come to an end in mid-August 2022.

### **Challenges**

20. While this option allows for multiple rounds of voting, it does not allow Member States to cast their votes in the second and subsequent rounds of voting with the benefit of the knowledge of the results of the previous round(s). The voting system set out in Rule 110 of the Rules of Procedure is designed to promote a clear and strong majority through, if necessary, a series of ballots each with a different majority required. For this to be effective, Member States would need to be aware of the result of the previous round when casting their vote in the second and subsequent rounds. Accordingly, while this option would appear to be technically feasible and more efficient than the traditional voting system, it is questionable as to whether it would allow the voting system to operate in the way that the Health Assembly intended when it devised the system set out in Rule 110 of the Rules of Procedure. Indeed, the suspension of Rule 110 might be required, together with the adoption of adjusted provisions for voting majorities under a preferential system.

### **Voting using electronic means**

21. Should a secure electronic system of voting be available, the vote for the appointment of the Director-General could take place using electronic means. The Department of Information Management and Technology is conducting research into whether a suitable system that would allow votes to be cast remotely through a secure electronic connection might be feasible for the election of the Director-General at the Seventy-fifth World Health Assembly.

### **Advantages**

22. This option might allow for an expedited vote without the physical presence of Member States being required, for example allowing Member States to cast a vote online through a secure website. In this context, it should be noted that the International Fund for Agricultural Development decided that an automated (online) voting system could in principle be used in conjunction with the appointment of its President in February 2021, and that such a system could be adopted on future occasions if voting by secret ballot is deemed necessary.<sup>1</sup>

### **Challenges**

23. The Health Assembly has already decided against using an (in-person) electronic voting system for the election of the Director-General on this occasion, in part because of concerns about security and integrity. Such concerns would equally apply to a remote electronic voting system. Furthermore, such a system would require considerable resources to be deployed for a contingency arrangement to address a situation that may not materialize. This option would need to be further explored with the support of expertise outside of WHO.

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<sup>1</sup> International Fund for Agricultural Development, Governing Council, forty-fourth session, resolution 217/XLIV (2021). The automated (online) voting system was eventually not used.

## PROCESS FOR DECIDING ON CONTINGENCY ARRANGEMENTS

24. Given the current uncertainty relating to a number of key factors that would dictate which option to pursue in the event that the Seventy-fifth World Health Assembly cannot be held in person, the Health Assembly may wish to consider putting in place a process for making a decision on this matter once the necessary information becomes available.

25. To this end, the Health Assembly may wish to consider requesting the Executive Board to decide on the need for contingency arrangements, and if so, the choice of contingency option and the corresponding rules to be followed, including, if needed, proposing any rules of procedure that should be suspended and temporarily replaced in order to allow the chosen contingency arrangement to be implemented. The Executive Board could further be requested to make this decision through a written silence procedure based on a proposal by the Officers of the Board, following consultation with all Member States.

## ACTION BY THE HEALTH ASSEMBLY

26. The Health Assembly is invited to provide guidance concerning the contingency arrangements set out in this report, including whether the Secretariat should pursue further research into the electronic voting option presented in paragraphs 21 to 23 in the light of the likely expense, security concerns and relative probability that the option would be needed in practice.

27. The Health Assembly is further invited to consider establishing a process for determining which of the contingency arrangements set out in this report should be pursued. To this end, the Health Assembly is invited to consider adopting the following draft decision:

The Seventy-fourth World Health Assembly, having considered the report on the process for the election of the Director-General of the World Health Organization: contingency arrangements,<sup>1</sup> decided that:

(1) in the event that the Seventy-fifth World Health Assembly were to be held in person, the secret ballot vote for the appointment of the Director-General would be conducted following a paper-based system, in accordance with decision WHA73(16).

(2) in the event that limitations to physical meetings preclude the holding of the Seventy-fifth World Health Assembly as envisaged, the appointment of the Director-General shall take place in accordance with the contingency arrangements decided by the Executive Board, through a written silence procedure, based on a proposal by the Officers of the Board, following consultation with all Member States.

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<sup>1</sup> Document A74/24 Add.2.