

Code of Ethics and Professional Conduct

April 2017



Code of Ethics and Professional Conduct

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This document was prepared by the Office of Compliance, Risk Management and Ethics (CRE) of WHO. CRE's objective is to pursue excellence at all levels of WHO in an effective, efficient, transparent and accountable way by promoting and upholding the highest organizational standards, ethical principles and conduct.

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1. Glossary and links

[Acceptable Use of Information and Communication Systems](#) – outlines entitlements and responsibilities for the acceptable use of the information and communications systems at WHO.

[Accountability Framework](#) – acts as an enabler by providing the overall architecture for accountability in the Organization and defining what it entails. It is guided by seven core principles of accountability, which form its foundation and provide the basis for implementing accountability policies, processes, and tools.

Beneficiary population – refers to the people WHO works with and/or serves or seeks to assist across the world, who are typically in situations of vulnerability and dependence vis à vis WHO staff. Beneficiaries are individuals who are direct or indirect recipients of humanitarian/emergency or other WHO action in any duty station. Among such individuals, women and children are particularly at risk of sexual exploitation and abuse (SEA).

Child – a "human being below the age of eighteen years"¹.

[Clearance procedures for publications](#) – lays out the procedures for all proposals for publications to be issued by WHO to be cleared before development begins.

[Code of Conduct for Responsible Research](#) – provides a standard to assist WHO staff in carrying out the Organization's mission regarding health research. It provides general principles and standards for good practice in the conduct of research, applicable to all staff engaged in research under the auspices of the WHO.

[Code of Conduct for the Election of the Director-General](#) of the World Health Organization – aims at promoting an open, fair, equitable and transparent process for the election of the Director-General of the World Health Organization. In seeking to improve the overall process, the code addresses several areas, including the submission of proposals, the conduct of electoral campaigns by Member States and candidates, as well as funding and financial matters.

Collaborators – individuals who work for WHO as non-staff members including consultants, holders of Agreements for Performance of Work (APW), Technical Services Agreement (TSA) holders, Special Service Agreements (SSA) or letters of agreement, Temporary Advisers, Interns, and Volunteers, as well as third party entities such as vendors, contractors or technical partners who have a contractual relationship with WHO.

[Country Cooperation Strategy 2016 Guide](#) – presents the essential steps in the preparation of a Country Cooperation Strategy, WHO's medium-term strategic vision to guide the Organization's work in and with a country.

[Declaration of interest for staff members](#) – form that WHO staff members in designated functions are requested to complete annually to declare any interest that may conflict with their work at WHO

[Declaration of interest for experts](#) – form that external experts are requested to complete before they can initiate their collaboration with WHO. External experts are asked to declare any circumstance that could represent a conflict of interest related to their expertise.

¹ [Convention on the Rights of the Child](#) (General Assembly resolution 44/25 of 20 November 1989).

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[Financial regulations and financial rules](#) – The Financial Regulations govern the financial administration of the Organization. The Financial Rules are established by the Director-General, including relevant guidelines and limits for the implementation of the Financial Regulations, in order to ensure effective financial administration, the exercise of economy, and safeguard of the assets of the Organization.

[Framework on Engagement with non-State Actors](#) – enables WHO's engagement with non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions) and serves also as an instrument to identify the risks, balancing them against the expected benefits, while protecting and preserving WHO's integrity, reputation and public health mandate.

[Fraud Prevention Policy and Fraud Awareness Guidelines](#) – defines fraud as "misappropriation, irregularities and illegal acts characterized by deceit, concealment or violation of trust", and establishes an investigation process.

[Gender Equality Staffing Policy](#) – commits WHO to achieving at least a 1.5% increase in the percentage of female staff at P4 and above, every year for the next five years in the Organization, taking into account and monitoring the different levels of progress made by HQ and Regional Offices.

[Guidelines for Declaration of Interests](#) – explain the meaning of a "conflict of interest"; identify when an external expert must complete a declaration of interests form ("DOI Form"); explain how the WHO Secretariat through the relevant technical unit (the "Secretariat"), should assess the information disclosed; and describe what actions should be taken when a potential conflict appears to exist. The Guidelines also describe the Public Notice and Comment procedure and provide a listing of practical considerations relating to the selection of experts and the management of conflicts of interest.

[Handbook for Guideline Development](#) – provides step-by-step guidance on how to plan, develop and publish a World Health Organization (WHO) guideline.

[Integrity Hotline](#) – a telephone number, email, or web tool providing a safe and independent mechanism to report any concerns about issues involving WHO or other partners.

[Outside activities](#) – Engagement in outside occupation or employment, paid or unpaid, may interfere with exercise of the staff members' WHO functions. Some external activities may be incompatible with the status of World Health Organization employees, or conflict with the best interest of the Organization.

[Publishing Policies](#) – Outlines the different steps involved in publishing information products and links to the policies that apply during those steps

[Performance Management and Development Framework](#) – aims to ensure that staff members are able to perform at their highest level and are accountable for their work.

[Policy on open access](#) – Taking account of WHO's obligations as an intergovernmental organization (IGO), aiming to increase the reach and usage of WHO publications, and to maximizing access to WHO-authored and WHO-funded work published externally, this policy supports open access to the published output of its activities as a fundamental part of its mission and a public benefit to be encouraged wherever possible.

[Policy on Whistleblowing and Protection Against Retaliation](#) – Issued in 2015, WHO's policy aims to encourage staff members as well as the wider public to report concerns or suspicions of misconduct involving WHO, and defines protection against retaliation.

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[Policy on Prevention of Harassment](#) – This policy: (a) seeks to promote a work environment free from harassment, in which staff members at all levels avoid behaviours that may create an atmosphere of hostility or intimidation; (b) provides a process for the consideration of claims of harassment and (c) provides for due process for all concerned.

[Policy on Sexual Exploitation and Abuse](#) – addresses sexual exploitation defined as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, threatening or profiting monetarily, socially or politically from the sexual exploitation of another. It also addresses sexual abuse, defined as the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. Sexual exploitation and abuse also includes sexual relations with a child, in any context².

[Programme budget](#) – presents the Organization's expected deliverables and budget requirements for the biennium within the broader context of the programme of reform, within the general programme of work for the five-year-period.

[Research Ethics Review Committee](#) – provides ethical oversight to health research supported by WHO involving human beings

[Respectful workplace](#) – workplace that encourages trust, responsibility, accountability, mutual respect, open communication and embraces the dignity and diversity of individuals³

[Social media policy](#) – aims to promote the consistent use of and ethical conduct on social media

[Staff regulations and Staff Rules](#) – The Staff Regulations embody the fundamental conditions of service and the basic rights, duties and obligations of the World Health Organization Secretariat staff. They are the broad principles of personnel policy for the guidance of the Director-General in the staffing and administration of the Secretariat. The Staff Rules implement the provisions of the Staff Regulations and govern the conditions of service of the World Health Organization

[Standards of Conduct for the International Civil Service](#) – lays out a set of standards of conduct for international civil servants

[The Investigation Process](#) – explains the existing investigation process at WHO

[UN Charter](#) – was signed on 26 June 1945, and is the foundational treaty of the United Nations

[United Nations Convention on the Rights of the Child](#) – sets out the civil, political, economic, social, health and cultural rights of children. The Convention defines a child as any human being under the age of eighteen, unless the age of majority is attained earlier under national legislation.

[UN-SWAP](#) – Since 2012, UN System-wide Action Plan on Gender Equality and the Empowerment of Women, to implement the gender equality policy of its highest executive body, the UN Chief Executives Board, chaired by the Secretary-General.

[Universal Declaration of Human Rights](#) – was proclaimed by the United Nations General Assembly in Paris on 10 December 1948 as a common standard of achievements for all peoples and all nations. It sets out, for the first time, fundamental human rights to be universally protected.

² This excludes situations where a WHO staff member is legally married to someone under the age of 18 but over the age of majority or consent in both the WHO staff member and spouse's country of citizenship.

³ Global Staff Management Council [Joint Initiative on a Respectful workplace](#)

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[UN Supplier Code of Conduct](#) – informs vendors of the practices of UN organizations with regards to procurement practices, conflict of interest, gifts, hospitality, and restrictions of employment of former WHO staff members.

[WHO procedures for dealing with allegations of misconduct in research](#) – outlines actions to be taken when allegations of misconduct in research are brought against individuals working for or collaborating with WHO.

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2. Introduction: Fostering ethical behaviour

1. The World Health Organization (WHO) is a specialized agency of the United Nations that embodies the highest aspirations of the peoples of the world. WHO's primary objective is the attainment by all peoples of the highest possible level of health.
2. The highest standards of conduct, competence and performance are expected of all WHO staff members in order to reflect the Organization's ethical principles. All staff have a responsibility to contribute to the goals of WHO and to ensure that their conduct is consistent with the standards of conduct established for [international civil servants](#); and to follow [WHO Staff Regulations and Staff Rules](#).
3. The success of WHO in achieving its mandate rests with its staff. This Code of Ethics and Professional Conduct (the Code) has been developed with WHO's objectives in mind and is to be applied in accordance with WHO's Staff Regulations, Staff Rules and policies.⁴ After reading the Code, staff members should have a greater understanding of the importance of their role, and the privileges and responsibilities that go along with working for WHO.
4. Responsibility for ethical behaviour and professional conduct lies with all staff members at all levels, and must be taken seriously, as it forms the basis of WHO's reputation. The trust placed in WHO by Member States, its external stakeholders and the general public must never be taken for granted. It is therefore essential that all staff members know and understand the Code and utilize it as a guide for thought and action. Moreover, as the Code is not intended to cover every situation or problem that may arise, staff members are encouraged to seek guidance and assistance from the Office of Compliance, Risk Management and Ethics (CRE) in order to resolve issues and ensure the ethical performance and discharge of their professional responsibilities.
5. This Code applies to all WHO staff members, independent of their location or grade, and including Temporary Appointment holders, Seconded and Junior Professional Officers.
6. In its spirit and principles, this policy also applies to all WHO collaborators, notwithstanding their contractual or remuneration status: i.e.: individuals who work for WHO as non-staff members including consultants, holders of Agreements for Performance of Work (APW), Technical Services Agreement (TSA) holders, Special Service Agreements (SSA) or letters of agreement, Temporary Advisers, Interns, and Volunteers, as well as third party entities such as vendors, contractors or technical partners who have a contractual relationship with WHO.

3. Welcome to WHO

7. Article I of the [Staff Regulations](#) and Section 1 of the [Staff Rules](#) set out the duties, obligations and privileges of all WHO staff. From the moment a staff member joins the Organization, they must act at all times in accordance with such duties and obligations.

⁴ In the case of any discrepancy or conflict, the relevant WHO Staff Regulations, Staff Rules or policies will take precedence.

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3.1 Oath of office

8. The primary obligation of all WHO staff is set out in the Oath of Office and Loyalty which is signed by WHO staff members. The oath states:

*“I solemnly swear (undertake, affirm, promise) to exercise in all loyalty, discretion, and conscience the functions entrusted to me as an international civil servant of the WHO, to discharge those functions and **regulate my conduct with the interests of the WHO only** in view, and not to seek or accept instructions in regard to the performance of my duties from any government or other authority external to the Organization”⁵.*

3.2 WHO’s ethical principles

9. This Code incorporates the basic principles of ethical behaviour and standards of conduct applicable to all WHO staff. The following basic principles of ethical behaviour must be followed at all times by WHO staff:

- **Integrity**
- **Accountability**
- **Independence and Impartiality**
- **Respect** for the dignity, worth, equality, diversity and privacy of all persons
- **Professional commitment**

3.3 Ethical Principles in practice

10. **Integrity** – WHO staff members are expected to demonstrate the highest standards of integrity and act in good faith, with intellectual honesty and fairness, in all matters affecting their official duties and the interests of WHO. Staff members are the face of WHO and act as representatives of the Organization towards external entities. As such, they have a duty to represent WHO with loyalty and respect the confidentiality and good name of the Organization. With regards to scientific integrity, WHO sets an example with particular attention to matters relating to the development of WHO’s policies, guidelines and research. WHO staff members are expected to adhere to the internationally accepted principles of bioethics upheld by the Organization in order to ensure that confidence and trust in the integrity of WHO as an Organization are maintained and enhanced.

WHO staff members are also expected to conduct themselves in a manner compatible with these principles in their private affairs, as their behaviour may reflect on the image of WHO and the United Nations and the principles they stand for.

11. **Accountability** – WHO defines accountability as the obligation of every member of the Organization to be answerable for his/her actions and decisions, and to accept responsibility for them. WHO is accountable to its Member States, and WHO staff are accountable for achieving objectives and results in accordance with the Programme Budget and with regulations, rules and standards. Within WHO’s

⁵ [Staff Regulations 1.10](#)

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results-based management framework and decentralized system of delegated authority, WHO staff members take responsibility and ownership for their actions and decisions as well as their consequences at all levels of the Organization. Working for WHO implies respecting and safeguarding confidentiality and ensuring proper, effective and efficient use of WHO resources. Staff members must act within the scope of their authority at all times. They must exercise adequate control and supervision over matters for which they are responsible in accordance with the [WHO Accountability Framework](#).

12. **Independence and Impartiality** – WHO staff members are expected to conduct themselves with the interests of WHO only in view and under the sole authority of the Director-General. Professional and ethical conduct requires that the international character of WHO positions is respected and that staff maintain their independence and not seek or receive instructions from any Government, external entity, or person external to WHO. WHO staff members are required to always act with impartiality and professionalism and to ensure that the expression of personal views and convictions do not compromise the performance of their official duties or the interests of WHO. Bias, prejudice, conflict of interest or undue influence must not be permitted to supersede the professionalism of their conduct. Staff members must exercise the utmost discretion in their actions, refrain from participating in any activity that is in conflict with the interests of WHO or might damage WHO's reputation, and respect and safeguard the confidentiality of information, which is available or known to them because of their official functions. WHO staff members must show tact and reserve in their communication and behaviour in a manner that is consistent with their status as international civil servants.
13. **Respect for the dignity, worth, equality, diversity and privacy of all persons** – WHO enjoys a rich, multicultural workplace characterized by a high level of professionalism and diversity of individual backgrounds. WHO is committed to fostering a multifaceted and inclusive culture marked by the dignity and exemplarity of the way staff members interact, view one another, and respect individual contributions. The extensive mix of personalities, experiences, perspectives and talents across the Organization, makes for a stronger and more skilled WHO. WHO expects its staff members to behave ethically at all times and with utmost respect for each other and external stakeholders, without regard to gender, race, religion, creed, colour, citizenship, national origin, age, marital status, family responsibilities and choices, pregnancy, sexual orientation, or disability. This ethical behaviour applies to WHO's employment practices. WHO is committed to a respectful, safe and secure workplace to which all WHO staff members are expected to contribute. Staff members working with data involving private information about others in particular have a particular duty to respect their privacy and ensure discreteness when handling and processing personal data.
14. **Professional commitment** – WHO provides global leadership in public health and the Organization's performance is ultimately a reflection of the professional commitment of WHO staff members. Starting with senior managers, who are expected to act as role models and demonstrate leadership, WHO staff members contribute to the Organization by building their professional competence on a foundation of ethical principles, professional expertise, and personal commitment to the mandate and objectives of WHO. WHO is committed to a culture that encourages professionalism and excellence through learning and development, and supports innovative approaches and solutions, and the continuous search for new ways to support the goals of the Organization.

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15. All WHO staff are responsible for their own professional and personal conduct. However, commitment to upholding WHO's ethical principles and reputation requires the concerted effort of all staff members, managers/supervisors, and the Organization. At each level, it requires commitment to the WHO mandate, to each other and to creating a workplace that reflects WHO's ethical principles.

3.3.1 The individual

16. This Code does not attempt to list all the ethical challenges WHO staff may possibly face, but serves as a guide when in doubt about the possible implications of an action or decision. All WHO staff must inform themselves of the provisions of this Code. In particular, staff are reminded that their actions may have consequences that they are ultimately accountable for. It is their responsibility to seek advice before taking action and to ensure that they comply with the principles outlined in this document. They must also fulfil their obligations with regards to the ICSC [Standards of Conduct of International Civil Servants](#), WHO Staff Regulations and Rules (specifically [Article 1](#) of the Staff Regulations and [Section 1](#) of the Staff Rules) and WHO's [Financial Regulations and Rules](#). Specifically, staff are expected to :

- Act with common decency, good faith, and honesty;
- Work to fulfil the duties of their position to the best of their abilities;
- Take responsibility for their actions in the achievement of their individual objectives and deliverables;
- Seek guidance from their manager/supervisor, a colleague, or their management officer at Headquarters (HQ) or office of the Director of Administration and Finance (DAF) in the regions;
- Consult the Office of Compliance, Risk Management and Ethics ([CRE](#)) for any advice related to an ethical dilemma;
- Report suspicions of wrongdoing through [WHO's Integrity Hotline](#);
- Consult the Department of Human Resources Management ([HRD](#)) at Headquarters and respective DAFs and the Human Resources Managers in the regions;
- Contact the Department of Partnership and non-State Actors (PNA) regarding relations with non-State actors, and, where relevant, the Office of the Legal Counsel ([LEG](#)), on interactions with non-State actors; and
- Consult the Office of the Ombudsman and Mediation Services ([OMB](#)) to explore informal resolution including mediation solutions to a conflictual situation with other staff members.

17. Before deciding on a possible course of action, staff should take the time to reflect on the situation. Notwithstanding their grade, function or location, staff need to ask themselves the following questions:

Figure 1: Questions to answer before acting

<i>Key questions before deciding on a possible course of action</i>
<ul style="list-style-type: none">• Would my actions be consistent with WHO's ethical principles?<ul style="list-style-type: none">* What would a reasonable person think about my actions?* Am I personally comfortable with the course of action?• Do I have all the facts?<ul style="list-style-type: none">* Have I reviewed and considered the facts carefully?• Would my action(s) reflect negatively or positively on me and/or on WHO?

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- * Could someone's life, health, safety or reputation be negatively affected by my actions?
- * How would WHO be affected if this action became public knowledge?

- Would it breach a Staff or Financial Regulation, Rule or policy?
- Is there an alternative action that does not give rise to the same concerns?

3.3.2 The Manager/Supervisor

18. WHO staff in supervisory positions play an important role in promoting a workplace culture that upholds WHO's ethical principles and in ensuring a safe and healthy work environment. They take seriously their obligations towards subordinate staff, including by not retaliating against staff who may have reported wrongdoing in good faith or collaborated with a duly authorized audit, investigation or other corporate process. Managers and supervisors lead by example and are expected to:

- Serve as models of integrity, and acting in accordance with WHO staff regulations, rules and policies;
- Take responsibility for their actions and for ensuring that their team's objectives are reached;
- Promote and document fair and factual assessments of the performance of the staff members under their supervision;
- Make decisions based on fair and factual assessments, regardless of internal or external pressures;
- Know and understand this Code so as to provide guidance to and advise their staff on their rights, responsibilities and obligations;
- Encourage an ongoing dialogue surrounding ethical conduct issues and allowing staff to express their concerns and needs;
- Encourage the reporting of instances of wrongdoing such as fraud, negligence, or disrespectful behaviour and immediately address misconduct once reported or observed;
- Ensure that internal systems, policies, and procedures are applied consistently;
- Support staff members who raise an ethical concern and fulfil their commitment for protection against retaliation as stated in the policy on [whistleblowing and protection against retaliation](#);
- Foster a healthy team atmosphere and environment based on mutual trust;
- Encourage staff to further their understanding of ethical and professional conduct;
- Care about staff wellbeing and listen to them effectively without prejudice; and
- Undertake relevant available management training courses to develop management skills.

3.3.3 The Organization

19. WHO's good name and reputation is a reflection of our collective efforts to maintain an ethical and professional workplace. To protect its name and reputation, WHO is committed to:

- Adhering and ensuring adherence to this Code in its entirety;
- Setting an example at the Organization's most senior level of management through ethical behavior;
- Providing leadership by fostering a climate of professional commitment, fairness and respect;
- Implementing policies that are consistent with its own global guidelines;
- Recognizing the contribution of individual staff members to the achievement of WHO's objectives;
- Publishing, promoting and updating this Code and supporting its staff in understanding its applicability their responsibilities and rights, and of how to obtain support if needed;

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- Making available and requiring that all existing WHO staff undertake ethics and professional conduct training courses , and briefing all new WHO staff during induction/orientation sessions;
- Developing mechanisms for ensuring that all WHO collaborators are informed of this Code and their obligations;
- Providing advice and guidance to individual staff on specific issues upon their request through specialized departments such as CRE, Ombudsperson, HRD or DAFs as applicable;
- Providing information to enable staff to understand the procedures to follow and expected actions and response when reporting wrongdoing;
- Responding in a timely manner to alleged breaches of WHO's ethical principles and allegations of wrongdoing;
- Maintaining impartial mechanisms to resolve disputes;
- Ensuring that anyone who reports a suspected wrongdoing in good faith is not subject to retaliation, and treating corroborated cases of dishonest allegations as misconduct;
- Providing a fair opportunity to staff against whom an allegation is made to respond in a non-threatening environment; and
- Taking appropriate administrative action including disciplinary sanctions in cases of corroborated allegations of misconduct.

4. WHO organizational commitments

4.1 Fair and respectful workplace

20. WHO is committed to achieving a positive work environment characterized by professional, dignified, courteous and respectful conduct – an atmosphere marked by esteem for the worth of people, where every colleague and stakeholder is treated fairly and where professional views and opinions can be discussed openly and courteously: *“A respectful workplace is one that encourages trust, responsibility, accountability, mutual respect, open communication and embraces the dignity and diversity of individuals”*⁶.
21. WHO staff members come from a variety of backgrounds, and the Organization places much value on this diversity. WHO staff also operate in a multicultural environment and need to be mindful to keep their loyalty to WHO and their adherence to WHO's ethical principles above their own personal origins, beliefs, opinions, preferences, or habits. They must consider how behaviours and/or actions may be perceived by others, and be accountable for their own actions.

⁶ Global Staff Management [Joint Initiative on a Respectful workplace](#)

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Figure 2: Contributing to a fair and respectful workplace

<i>The role of all staff</i>	<i>The role of managers and supervisors</i>
<ul style="list-style-type: none"> • Contribute to a respectful workplace by being self-reflective and being mindful of how their own behaviour may be perceived by others (colleagues, government officials, and other partners). • Treat all people in the workplace with courtesy and respect. • Conduct themselves in a professional manner at all times. • Recognize when they or others are being subjected to disrespectful behaviour and address/report it accordingly. 	<ul style="list-style-type: none"> • Be aware that they set the tone and remain courteous even in difficult situations. • Ask views of staff on decisions that affect them. • Communicate candidly and credibly to those who need to hear and understand an administrative decision (i.e. affected staff). • Provide constructive feedback when required , e.g. using tools such as performance reviews, and encourage staff who perform well. • Apply rules and procedures consistently in particular by: <ul style="list-style-type: none"> ➤ Ensuring that staff recruitment, selection, recognition, and career development processes are fair and transparent. ➤ Encouraging and supporting staff to fulfil their potential ➤ Promoting collaboration across the Organization. ➤ Recognizing and rewarding staff for their contributions based on ability and merit. ➤ Providing fair access to opportunities for career growth and advancement. ➤ Promoting diversity at all levels of the organization.

22. WHO believes that staff members perform best in a work place that is fair and respectful and is committed to an environment which:

- is free from
 - ✓ disrespect,
 - ✓ discrimination and favouritism,
 - ✓ abuse of authority/power,
 - ✓ harassment, and
 - ✓ sexual harassment; and
- promotes the fair and respectful provision of feedback on performance.

4.1.1 No disrespect

23. Disrespectful behaviour in terms of lack of the minimum level of courtesy and dignity in interaction with others, or inappropriate conduct, comment or display that either insults, denigrates, disparages or humiliates someone or depreciates their value, amounts to a breach of WHO’s ethical principles and may lead to disciplinary sanctions. Disrespect may also relate to general statements or attitudes regarding the diversity of human beings and their worth. It can also translate into disrespect for people’s work and for WHO as an Organization, its mandate and its objectives. Disrespect can take many forms that ultimately reflect on the originator themselves and their lack of courtesy, civility and tact. Figure 3 below provides examples of acts of disrespect:

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Figure 3: Examples of behaviours that are disrespectful

- spreading rumours or malicious untruths to slander someone’s reputation (gossip)
- shouting
- criticizing, ridiculing, or dismissing achievements
- degrading someone in front of other people (public humiliation)
- inappropriate sarcasm
- speaking in a condescending or belittling way
- swearing at or insulting another person
- dismissive or negative gesturing when someone else is speaking
- talking over another person;
- refusing to speak to someone about work related matters
- discounting the person’s thoughts or feelings (“Oh, that’s silly”) in meetings
- taking credit for work done by others
- making continuously negative comments about work without substantiating or complaining without actively seeking to be involved in the solution
- adopting an uncooperative or domineering behaviour
- actively undermining work and authority by destroying the good will between colleagues.

4.1.2 No discrimination and no favouritism

24. WHO prohibits discrimination on the basis of gender, race, religion or belief, nationality, ethnic or social origin, age, sexual orientation, marital status, disability or other aspects of personal status. Discrimination includes actions, made either directly or indirectly, based on distinctions or prejudices which have the purpose or effect of treating individuals or groups unfairly or unjustly. It may include a series of events or a one-time incident.
25. WHO staff members are required to demonstrate tact and respect for the diversity of their workplace. The ethical principles of the Organization prevail over their own personal origins, beliefs, opinions, preferences, or habits at all times. Similarly, WHO staff members may not favour certain groups over others based on a reflection of their personal status or inclinations, particularly in terms of recruitment or hiring of individuals to collaborate with WHO. WHO has clear staff rules ([staff rule 410.3](#)) that prohibit the appointment of family members (See below section on Hiring of spouses and family members). Such behaviour is considered favouritism and is not acceptable in WHO.

Figure 4: Examples of discrimination and favouritism

<i>Discriminatory practices</i>	<i>Favouritism</i>
<ul style="list-style-type: none"> • not hiring, not granting fair terms and conditions or not renewing people’s contracts because of: <ul style="list-style-type: none"> ➤ age ➤ gender ➤ parental or carer status 	<ul style="list-style-type: none"> • Hiring people based on preferred national/racial/religious/ethnic background • Giving preferential treatment to extended family members in recruitment/contracting practices regardless of their qualifications

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<ul style="list-style-type: none"> ➤ disability ➤ marital status ➤ physical appearance ➤ political belief ➤ pregnancy and breastfeeding ➤ race/ethnicity ➤ religious belief or background ➤ nationality ➤ sexual orientation ➤ personal association with someone who has or is assumed to have one of these personal characteristics <ul style="list-style-type: none"> • limiting opportunities or making inappropriate comments and permitting inappropriate language or behaviour in the workplace 	<p>(nepotism)</p> <ul style="list-style-type: none"> • Giving preferential treatment to friends regardless of their qualifications in recruitment/contracting practices (cronyism) • Exchange of sexual favours, even if consensual in recruitment/career advancement
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4.1.3 No abuse of authority/power

26. The abuse of authority/power is the improper use of a position of influence, power or authority by an individual towards others. This is particularly serious when the alleged offender uses his or her influence, power or authority to negatively influence the career or employment conditions (including, but not limited to, appointment, assignment, contract renewal, performance evaluation or promotion) of other individuals, e.g. asking for an amount of money to approve the renewal of a contract. Abuse of authority can include a one-time incident or a series of incidents. It may also consist of conduct that creates a hostile or offensive work environment, which includes, but is not limited to, the use of intimidation, threats, blackmail or coercion. Decisions made through the proper use of managerial and supervisory responsibilities are not considered as abuse of authority.
27. WHO staff members must demonstrate respect in their interactions with colleagues, particularly towards the staff member(s) under their supervision.

Figure 5: Examples of abuse of authority/power

WHO staff are hired to contribute to advancing the mandate of the Organization and not to help further their supervisor's or other staff's own personal pursuits or run errands for them. The duties of WHO staff do not extend to include personal favours that are not part of their assignments including such as:

- fetching food and beverages outside of professional events,
- driving personal acquaintances outside of professional requirements
- running errands of a personal nature for their supervisors

While instances of such assistance may, in certain circumstances where good working relations allow, be gracefully exchanged between individuals to be helpful, they should always be viewed with gratitude and not as part of someone's duties.

Similarly, systematically assigning tasks to a staff member or work that is not appropriate to their grade level

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and/or falls outside of their normal duties, or repeatedly requesting action to be taken on non-urgent matters outside of regular working hours and/or on weekends and holidays and requiring a staff member to monitor and respond to messages and/or perform other non-urgent work-related duties during these same times, may also amount to abuse of authority/power.

4.1.4 No harassment

28. Harassment is an unwanted behaviour directed at another identified person that:

- is repeated or pervasive (although a single incident may be viewed as harassment), and
- has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.

29. Harassment may:

- happen between an individual against another individual, either at the same hierarchical level or between individuals with different hierarchical levels and/or different contractual status;
- take the form of bullying, characterized by the underlying perception of an imbalance of power, and by the repeated or habitual use of force, physical and/or emotional aggression or coercion to intimidate or dominate others;
- occur between a group and an individual, in which case it is referred to as "mobbing".

30. Harassment may be obvious or it may be insidious, and interfere with the recipient's ability to carry out their functions and/or create an intimidating or hostile work environment. Harassment can make someone feel anxious, angry, frustrated or humiliated. While some people may try to "fight back" in some way, others may become frightened and de-motivated. Stress, loss of self-confidence and self-esteem caused by harassment, bullying or mobbing can lead to job insecurity, illness, absence from work, and even resignation. Work performance is frequently affected and relations in the workplace suffer.

31. Harassment may be present in the form of words, gestures, or other actions that alarm, threaten, abuse, demean, intimidate, belittle, or cause personal humiliation, embarrassment or emotional distress to another person. Harassment may not necessarily happen face to face but may also occur in written communications, email, phone, and supervision methods.

Figure 6: Examples of harassing behaviour

- spreading malicious rumours, or insulting someone by word or behaviour (copying information that is critical about someone to others, ridiculing or demeaning someone – picking on them or setting them up to fail)
- exclusion or victimisation
- unfair treatment
- overbearing supervision or other misuse of power or position
- making threats or comments about job security to intimidate or destabilize
- deliberately undermining a competent worker by overloading and constant criticism
- preventing individuals progressing by intentionally blocking promotion or training opportunities.

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32. WHO staff are expected to support all efforts to eliminate any behaviour, action or circumstances that undermine WHO’s commitment to a harassment-free workplace, through:

Figure 7: Contributing to the elimination of inappropriate behaviours

<i>The role of all staff</i>	<i>The role of managers and supervisors</i>
<ul style="list-style-type: none"> • Communicate clearly to colleagues about conduct they find offensive and demand that it stop. • Take a stand against incidents that could constitute harassment and support those concerned. • Help to limit the damage caused to the workplace and to WHO’s reputation by inappropriate behaviour by taking an active role and reporting wrongdoing to appropriate mechanisms in WHO. • Cooperate fully with those responsible for dealing with a complaint of harassment and ensure that confidentiality is respected. • Refrain from: <ul style="list-style-type: none"> ➢ Engaging in verbal or physical abuse, or acting in a way that creates an atmosphere of hostility or intimidation; ➢ Encouraging others to engage in offensive behaviour; ➢ Spreading gossip or rumours about a colleague; ➢ Retaliating against, or encouraging others to retaliate against, a staff member who has made, or has supported someone else in making a complaint, or has cooperated in the investigation of a complaint; ➢ Filing a false or malicious complaint under this policy knowingly and deliberately, or encouraging or fuelling someone to do so, with a reckless disregard for the truth of the statements contained therein. 	<ul style="list-style-type: none"> • Act as role models by maintaining a high standard of personal conduct and treating all colleagues with courtesy and respect, and promoting a harmonious work environment that is free from harassment. • Communicate clearly that harassment is unacceptable and will not be tolerated. • Take appropriate managerial action to address, where appropriate, any concerns about personal behaviours of staff members under their supervision that may be offensive to others. • Never excuse or minimise disrespectful or harassing behaviour. • Ensure that individuals who bring concerns forward do not suffer retaliation, that they are not shunned, disparaged, or otherwise marginalised. • Promptly document and report wrongdoing through appropriate WHO mechanisms • Intervene promptly when alerted to alleged or potential acts of harassment and act promptly to attempt to informally resolve such incidents, including the referral of staff members to available resources for appropriate assistance. • Assist the rehabilitation of working relationships where possible.

33. As mentioned in WHO’s [policy on the prevention of harassment and sexual harassment](#), decisions made, actions taken, feedback or advice provided, disagreement expressed or superseding instructions given through the proper use of managerial and supervisory responsibilities are not considered as harassment (See below section on fair and respectful provision of feedback on performance).
34. WHO is committed to addressing harassment promptly and fairly. WHO staff found to have engaged in inappropriate or offensive behaviour will be subject to relevant disciplinary measures, in accordance

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with WHO policies, and in line with WHO [Staff Regulations and Staff Rules](#) (see below for more details). To address inappropriate behaviour, WHO makes available mechanisms for staff to report their concerns and suspicions of wrongdoing through the WHO [Policy on Prevention of Harassment](#), and the [Policy on Whistleblowing and protection against Retaliation](#).

35. Different from reports of suspected wrongdoing made in good faith based on the judgment and information available at the time of their report, which may not be confirmed by facts, malicious complaints, with the intention of harming another person’s integrity or reputation, amount to misconduct and are subject to disciplinary action.

4.1.5 No sexual harassment

36. WHO does not tolerate sexual harassment. Sexual harassment is a particularly severe form of harassment handled by the [Policy on Prevention of Harassment](#). Sexual harassment is understood as any unwelcome, unsolicited and unreciprocated, sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature (including pornography, sexually-coloured remarks) that has or that might reasonably be expected or be perceived to offend, humiliate or intimidate another person.

37. Sexual harassment frequently interferes with work: it may be made implicitly or explicitly a condition of employment or of making decisions on the basis of sexual advances being accepted or rejected. Sexual innuendo may create an intimidating, hostile or offensive environment. Sexual harassment can imply a series of incidents or a one-time incident, if the latter has an unambiguously offensive sexual character. Sexual harassment may occur between persons of different or same sex, and may extend to outside of working hours and outside of the workplace.

Figure 8: Behaviours that can be considered harassment/sexual harassment:

<i>Physical</i>	<i>Verbal</i>	<i>Visual</i>
<ul style="list-style-type: none"> • Assault • Touching • Blocking • Hugging • Kissing • Pinching • Patting • Leering • Gesturing • Grabbing 	<ul style="list-style-type: none"> • Jokes, remarks or questions of sexual or flirtatious nature • Propositions for sexual activity • Pressure for dates • Obscene language which is gender specific or sexual in nature • Inappropriate comments about a person’s body 	<ul style="list-style-type: none"> • Cartoons • Written documents • Pin-up calendars • Drawings • Computer images • Computer games • Posters • Objects • Faxes • E-mails

38. Individuals found to have engaged in acts of sexual harassment will be subject to disciplinary measures in accordance with WHO [Staff Regulations and Rules](#), including being dismissed or summarily dismissed. In severe corroborated cases, they may also become the subject of criminal proceedings and WHO will provide full support and all investigation materials to the national authorities in these instances.

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39. WHO is committed to resolving grievances promptly and fairly. WHO staff members found to have engaged in inappropriate behaviour will be subject to relevant disciplinary measures, in accordance with the aforementioned WHO policies, and in line with WHO [Staff Regulations and Staff Rules](#) (see below for more details). To address inappropriate behaviour, WHO makes available mechanisms for staff to report their concerns and suspicions of wrongdoing through the [WHO Policy on Prevention of Harassment](#), and the [Policy on Whistleblowing and protection against Retaliation](#). The provisions mentioned above regarding malicious complaints apply.

4.1.6 Fair and respectful provision of feedback on performance

40. It is the duty of WHO managers and supervisors to take responsibility for delivering results and for managing people. This includes creating and enabling an open and respectful environment where staff are able to express their opinions and concerns, and promoting good performance. It also includes taking responsibility for assessing the performance of the staff members under their supervision, which involves by definition addressing issues and making comments indicating areas in need of improvement. In this regard, the provision of constructive feedback, the reasonable⁷ expression of disagreement, admonishment, criticism or similar action regarding work performance, conduct or related issues constitutes part of normal supervisory and management duties and does not normally amount to either abuse of authority or harassment.
41. Such work-related disagreement is dealt with under the provisions of the [Performance Management and Development Framework](#). Managerial and supervisory responsibilities entail views expressed and decisions made on staff members' performance of their functions and duties. This may include the provision of advice or counselling on work performance, attendance or other work related behaviours in the context of performance management, which might comprise critical comments indicating areas in need of improvement. It may also include the taking or implementation of difficult decisions on work-related issues that may be the subject of disagreement, recognizing that the ability to express differences of opinion is a normal part of work. Reasonable actions of this nature are not considered acts of harassment. Actions are considered reasonable if they are in line with the Staff Regulations and Staff Rules, the standards of conduct of the [international civil servants](#) and generally accepted principles of managerial and supervisory duties and responsibilities. WHO takes complaints made under WHO's policy on the prevention of harassment very seriously. While unwelcome behaviour is seen from the perspective of the complainant, the standard for judging whether behaviour is inappropriate is not purely subjective: WHO employs a standard based on reasonableness. Whether conduct constitutes inappropriate behaviour will be based on an assessment of the facts and circumstances in which they occur, taking into account the particular sensitivities required in the WHO multicultural environment.
42. WHO is committed to a performance assessment mechanism that is objective and fair, and recognizes that some decisions are difficult. Disagreements with work-related matters or administrative decisions, such as transfers, reassignments, distribution of tasks, promotions, contracts extensions, can be

⁷ Management actions which are considered reasonable, i.e. if they are in line with WHO Staff Regulations and Rules, the standards of conduct of this Code, and of the international civil servants and generally accepted principles of managerial and supervisory duties and responsibilities.

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addressed by established mechanisms under WHO [Staff Rules](#), and specifically under the provisions of the [Performance Management and Development Framework](#).

43. In the case when a staff member has been notified of an administrative or disciplinary decision and he/she believes that the decision derives from harassment, sexual harassment, discrimination, abuse of authority or retaliation, he/she may seek administrative review of that decision in accordance with the appeals procedures available to WHO staff members under the [Staff Rules](#).

4.2 Prevention of sexual exploitation and abuse

44. Sexual exploitation and abuse (SEA), is described in WHO's [Policy on SEA prevention and response](#). Different from sexual harassment which may happen within WHO's workforce, between WHO staff members and collaborators, SEA concerns the treatment of people outside of WHO by WHO staff and collaborators: the people WHO serves, its "beneficiaries". Sexual exploitation means "any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. The term "sexual abuse" refers to the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions"⁸. This definition includes sexual relations with a child⁹, defined as a "human being below the age of eighteen years" in the Convention on the Rights of the Child. SEA violates universally recognized international legal norms and standards, and WHO considers such acts as serious misconduct, which may constitute grounds for disciplinary measures, including summary dismissal and criminal prosecution.
45. WHO staff members and collaborators shall work and behave in beneficiary countries in a manner that respects and fosters the rights of the people they serve. For this reason, and because there is often an inherent and important power differential in the interactions between WHO staff and collaborators and the beneficiary populations, staff must be vigilant and rigorously refrain from any action that may suggest or imply that a sexual act may be demanded as a condition for protection, material assistance or service. In this context:

- WHO prohibits sexual exploitation and abuse and considers such acts as serious misconduct, which may constitute grounds for disciplinary sanctions, including summary dismissal, and criminal proceedings.
- WHO prohibits any acts of sexual abuse or sexual assault as illustrated in the examples shown in the figure in the glossary and forbids the exchange of money, employment, goods, assistance or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour towards the beneficiary populations in the countries WHO serves.
- WHO strictly forbids sexual activity with children (persons under the age of 18), regardless of the local age of consent or majority. Mistaken belief regarding the age of a child is not a defence¹⁰.

⁸ Definition of ST/SGB/2003/13, <https://oios.un.org/resources/2015/01/ST-SGB-2003-13.pdf>

⁹ [Convention on the Rights of the Child](#) (General Assembly resolution 44/25 of 20 November 1989). This excludes situations where a WHO staff member is legally married to someone under the age of 18 but over the age of majority or consent in both the WHO staff member and spouse's country of citizenship.

¹⁰ This prohibition shall not apply if the WHO staff member is legally married to someone under the age of 18 but over the age of majority or consent in both the WHO staff member and spouse's country of citizenship.

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- Staff who deliver professional health services directly to beneficiaries have a duty not only to abstain from having sexual relationships with the people who receive their services, but also to report any instance where they may suspect or detect signs of SEA by virtue of the nature of their function.
- Any suspicion of sexual exploitation and abuse must be reported immediately to WHO through the [Integrity Hotline](http://www.who.int/about/ethics/en/#integrity) (available at <http://www.who.int/about/ethics/en/#integrity>) or through the Office of Compliance, Risk Management and Ethics (CRE) at ethicsoffice@who.int¹¹.
- WHO is committed to informing and educating partners about the Sexual Exploitation and Abuse Prevention and Response Policy and holding them to UN and WHO standards.
- The issue of sexual exploitation and abuse will be integrated systematically into information campaigns, trainings and meetings with beneficiary populations vulnerable to SEA.

46. WHO staff have a duty to report any act of SEA they may have witnessed, or become aware of, to WHO through the [integrity hotline](#), by contacting CRE directly. WHO is committed to taking prompt action to treat such cases as a priority. This includes investigating the case, collaborating with relevant national authorities for criminal proceedings¹², and taking appropriate disciplinary sanctions, including summary dismissal.

4.3 Human rights and humanitarian contexts

47. As a specialized agency of the United Nations, WHO is committed to the [UN Charter](#) and staff members are expected to uphold and promote the human rights standards enshrined in the international frameworks of human rights ([Universal Declaration of Human Rights](#) and international covenants as well as the relevant Treaties).

48. Human rights feature prominently in WHO's priorities regarding public health and research. The Organization is committed to supporting the development of health policies and guidelines that adhere to the highest ethical standards. WHO mainstreams human rights into its objectives and work in all areas, starting from the Organization's corporate strategic priorities and focus areas in planning documents ([Programme budget](#)) and country cooperation strategy papers ("Leaving no one behind", [CCS 2016 Guide](#)). Human rights also feature in WHO's approach to developing guidelines¹³, as mentioned in the [Handbook for Guideline Development](#).

49. With regards to humanitarian action, WHO is committed to the UN Framework for protracted Emergencies, Sphere principles and the [Inter Agency Standing Committee protection policy](#). As WHO staff also operate in challenging humanitarian contexts, they are required to act in accordance with humanitarian principles to:

- Avoid exposing people to further harm as a result of their actions;
- Ensure people's access to impartial assistance – in proportion to need and without discrimination;

¹¹ The Integrity hotline provides an anonymous and confidential reporting mechanism. CRE provides confidential guidance when in doubt and will address any report of SEA as a priority.

¹² WHO has the right and duty to waive the immunity of staff (and experts on mission), without prejudice to the interests of WHO, in instances where it is determined that the immunity would impede the course of justice, and such immunity can be waived without prejudice to the interests of WHO: see section 4.1, below.

¹³ WHO's documents containing recommendations for clinical practice or public health policy.

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- Protect people from physical and psychological harm arising from violence and coercion;
- Assist people to claim their rights, access available remedies, and recover from the effects of abuse.

50. In line with the “[Human Rights Up Front](#)” (HRuF) initiative launched in 2013 by the UN Secretary General, WHO shares the moral responsibility to act to, “prevent or respond to serious and large-scale violations of human rights or international humanitarian law”, and anchors human rights as a “core responsibility”. Accordingly, WHO supports its staff to:

- Monitor the human rights situation in a country including changes in risk profile and share relevant information on the human rights situation with the UNCT and other agencies;
- Speak out about serious and large-scale violations either through the relevant supervisory channels, or through inter-agency fora or HRuF mechanisms.

4.4 Child protection

51. WHO has a fundamental obligation to ensure the safety and well-being of children. For WHO, a child is defined as anyone under eighteen years old (UNCRC, 1989) irrespective of the age of actual majority in the country where the child is located or in their home country. This duty of care includes protecting children from harm as a result of:

- poor practice, or design or delivery of the Organization’s activities or operations. WHO ensures that child protection is integrated in its daily work, including in monitoring, policy-making and research activities; or
- misconduct from staff or other collaborators - under the terms of WHO’s policy on sexual exploitation and abuse, WHO prohibits such behaviours and will fast track processes to investigate such cases, collaborate with legal and judicial processes, and take disciplinary sanctions including summary dismissal as required.

52. WHO complies with the [United Nations Convention on the Rights of the Child](#) (UNCRC) and with relevant laws in the countries in which it operates.

4.5 Gender equity and equality

53. WHO is committed to gender equity and equality. Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered necessary to enable equal participation of women and men in terms of rights, benefits, obligations and opportunities in their professional life. Gender equality means that the different behaviours, aspirations and needs of women and men are considered, valued and favored equally and that they will be treated equally in respect of their rights, responsibilities and opportunities.

54. With regards to corporate policies, gender equality constitutes a leadership priority in WHO’s [Programme Budget](#) document¹⁴ for 2016/2017. In line with the targets of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women ([UNSWAP](#)), WHO keeps up-to-date a gender equality policy and plan including mainstreaming gender in to the Organization’s objectives and work in all areas, and the equal representation of women. In terms of mainstreaming

¹⁴ Programme Budget 2016-2017

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gender and equity into WHO's operations at country level, WHO's Country Cooperation Strategies are guided explicitly by the Organization's core principles of equity ("leaving no one behind", [2016 CCS Guide](#)). WHO's guideline¹⁵ development process also addresses gender issues: the [Handbook for Guideline Development](#) features tools¹⁶ to examine the extent to which interventions covered in the guideline promote gender responsiveness.

55. WHO recognizes that supporting gender equity and equality is of paramount importance to ensuring a technically strong WHO and a workplace free from discrimination and harassment. To this end, WHO's [Gender Equality Staffing Policy](#) sets accountability targets for gender equality at Headquarters, reinforces gender-sensitive recruitment practices, and a supportive organizational culture with:

- [Flexible work arrangements](#); and
- Information tools, learning and development, spouse employment and mentoring programmes.

4.6 Work-life balance

56. WHO staff members are committed to delivering results in an accountable and professional manner. To this end, and recognizing the importance and benefits of an appropriate work-life-balance¹⁷ in terms of job satisfaction, motivation, workplace productivity and overall work environment, WHO supports a healthy workforce and has an open attitude to issues that can affect individual work life balance. To this end WHO has established [Flexible Working Hours](#) and [Teleworking policies](#)¹⁸, which are intended to help staff members deliver results in an accountable and efficient way by organizing working arrangements in agreement with their supervisors.

4.7 Scientific conduct and research

57. As detailed in WHO's Code of Conduct for Responsible Research¹⁹, WHO is committed to research²⁰ integrity, and promotes high quality research that is ethical, expertly reviewed, efficient, accessible, transparent, carefully monitored and rigorously evaluated.

58. WHO supports research in a variety of ways and ensures that all of its public health and research interventions are founded upon a robust ethical framework and is committed to developing and promoting ethical, evidence- and human-rights-based guidance for the development of health policies, and guidelines. All WHO research projects involving human subjects must undergo a formal ethics

¹⁵ WHO's documents containing recommendations for clinical practice or public health policy.

¹⁶ Such as Gender Analysis Matrix and the Gender Responsive Assessment Scale.

¹⁷ Work life balance is defined as the positive relationship between work and other equally important activities in life, such as family, leisure or other activities. The positive relationship varies from person to person according to their life and work-related demands. Work-life balance is not a practice that shall adversely affect career or professional development opportunities.

¹⁸ Information note 15/2014

¹⁹ <http://intranet.who.int/homes/cre/ethics/research/>

²⁰ Research is defined as the development of knowledge with the aim of understanding health challenges and mounting an improved response to them. This definition covers the full spectrum of research, which spans five generic areas of activity: measuring the problem; understanding its cause(s); elaborating solutions; translating the solutions or evidence into the policy, practice and products; and evaluating the effectiveness of proposed health solutions.

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review provided by the [Research Ethics Review Committee](#) to ensure that they are conducted in a manner that respects the dignity, safety and rights of research participants.

59. WHO staff are expected to demonstrate exemplary behaviour in research, reflecting personal commitment through responsible action. They must apply the highest standards of scientific integrity as detailed in the [WHO Code of conduct for responsible research](#), and are responsible for ensuring adherence to WHO standards.
60. Scientific and/or research misconduct is considered as professional misconduct in WHO and is liable to disciplinary measures. As such, it must be reported according to the WHO [procedures for dealing with allegations of misconduct in research](#). Research misconduct damages science, amounts to a misuse of the Organization's funds, and undermines the trust of the public in WHO. Misconduct in research may include, without being limited to:
- the fabrication/falsification of research data or outcomes;
 - plagiarism in proposing and reporting research;
 - the misrepresentation of interest, qualifications, and experience, the failure to disclose contributions made by individuals/organizations;
 - inappropriate claims to authorship;
 - undisclosed duplication of a publication;
 - failure to comply with WHO regulations or guidance for protecting human subjects, communities or the public;
 - failure to protect or the inappropriate use or disclosure of confidential or proprietary information, or the misuse of intellectual property; and
 - false or misleading reporting of research misconduct.

4.8 Fair and transparent procurement

61. WHO's procurement activities are guided by internationally agreed core principles of value for money, effective competition based on equal treatment, and transparency and accountability. They are also guided by the Organization's commitment to reinforcing environmentally and social responsible procurement practices in line with the SDGs, in particular [SDG12](#) ("Ensure sustainable consumption and production patterns"), and relevant interagency commitments and initiatives.²¹
62. The overall guiding objective for all WHO procurement is to obtain the best value for money: i.e. the most advantageous bid based on a combination of factors related to price, quality, timely delivery, environmental performance, compliance with social and labour norms while considering life-cycle costing whenever feasible. To ensure that best value for money is obtained, the process of soliciting offers and selecting a contractor should (sole source situations excepted):
- Encourage competition;
 - Ensure impartial and comprehensive evaluation of proposals; and
 - Ensure selection of the offer that is the most practical and expected to best meet WHO's requirements stated in the request for proposals or invitation.

²¹ For example as expressed in the Joint Statement on Engagement with Suppliers and Manufacturers on Environmentally and Socially Responsible Procurement (to be signed by heads of health development agencies at the invitation of WHO on the 7th of December 2016).

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63. The WHO procurement process allows for transparent competition among prospective providers who must be treated equally. Procurement standards of conduct in WHO ensure that all individuals directly or indirectly associated with the procurement function are responsible for protecting the integrity of the process and maintaining fairness, transparency and equal treatment of all prospective providers. Further information about the conduct expected by individuals associated with the procurement function are contained in [Part VI.2 of the eManual](#). WHO expects its providers to adhere to the principles, and meet the standards, set forth in the [UN Supplier Code of Conduct](#).

5. Personal conduct

64. The private life of WHO staff members is their own concern. However, there may be situations where their personal conduct and activities outside the workplace, even if unrelated to official duties, may reflect upon the Organization. Staff members should accordingly be aware of the potential impact of their private behaviour upon the image and interests of WHO and their own reputation, and are urged to act in a manner that is consistent with WHO's ethical principles. In particular, staff should consider the following matters.

5.1 Respect for national laws

65. WHO respects the privacy of its staff and does not aim to interfere in their personal lives and behaviour outside the workplace. However, instances may arise where the private behaviour of WHO staff and their family/household members may have an adverse impact on the Organization. WHO's good name and reputation results in large part from our collective actions. WHO staff members must always remember that their conduct and activities outside the workplace, even if unrelated to official duties, can compromise the image and the interests of the Organization²².

66. In this regard, staff are **required to observe local laws at all times, and to avoid any action that could be perceived as an abuse of the privileges and immunities conferred on WHO and its staff.** More specifically, staff are required to:

- Meet their private legal obligations, including the payment of child support and alimony;
- Pay particular attention to and comply with relevant laws and standards governing bank accounts, currency dealings, taxes, purchase and disposal of motor vehicles, traffic violations, import/export and employment of domestic employees;
- Be mindful that while some norms of behaviour and conduct may be acceptable in some countries, they may be illegal or otherwise inappropriate in other countries;
- Satisfy all outstanding locally incurred financial debts promptly and in any case prior to leaving the duty station or separating from WHO;
- Cooperate with local enforcement authorities, and to pay traffic fines promptly.

67. **If concerns about compliance with laws and private legal obligations are brought to WHO's attention by local or national authorities, WHO will cooperate with these authorities, and may waive privileges and diplomatic immunity (See Figure 9 below).** Simultaneously, WHO may also initiate its own fact-finding

²² International Standards for Civil Servants (2013)

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investigation on the matter. If WHO determines that a staff member has failed to comply with local or national laws or with their private legal obligations, it will initiate disciplinary action where appropriate, in accordance with Staff Regulations and Staff Rules.

Figure 9 : Privileges and immunities

WHO staff are reminded that the privileges and immunities they are accorded are in the interest of WHO only, and not for personal benefit. WHO has the right and the duty to waive the immunity of any staff, without prejudice to the interests of WHO, in instances where it is determined that the immunity would impede the course of justice.

5.2 Violence in the workplace, drug and alcohol abuse, smoke-free environment

68. WHO strives to provide a safe work environment for all its staff members and does not tolerate any level of violence or threat of violence in any form, whether committed on office premises or elsewhere, and shall be cause for disciplinary action. Carrying weapons or fake weapons on WHO premises, in WHO vehicles, or any place where WHO conducts business is strictly prohibited²³. If WHO staff become aware that someone is acting in contravention of this provision, they need to report it to the Security department or equivalent in their duty station, immediately.
69. WHO's position on substance abuse is clear: it is incompatible with the health and safety of our workplace and is strictly prohibited. WHO is a workplace that aims to be free from illegal drugs and harmful use of alcohol. All WHO staff members are expected to exercise good judgement and not engage in any behaviour that may adversely affect performance, may be harmful to them or fellow colleagues. For any further concerns or questions about drug or alcohol abuse, Staff Health and Wellbeing Services (HQ) or regional staff physicians can provide confidential advice.
70. WHO is a smoke free environment and does not recruit smokers or other tobacco users who do not indicate a willingness to stop smoking.

5.3 Personal relationships in the workplace

71. WHO recognises that a personal or romantic relationship may exist or develop between two people employed by WHO. The fact that a relative, spouse/significant other or close friend is working at WHO does not automatically mean there is a conflict of interest. However, personal, and intimate relationships in particular, between colleagues should not interfere with work or create an environment where other colleagues might feel uncomfortable or professionally disadvantaged because of the relationship.
72. In cases where there is a hierarchical or supervisory relationship between two people engaged in an intimate/significant relationship, they must notify their respective supervisors, CRE and HRD who will address the matter according to relevant WHO [staff rules](#). For more information, please see the section below regarding "Hiring of spouses".

²³ This prohibition does not extend to host government law enforcement officials or authorized professional security staff at duty stations.

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5.4 Hiring of spouses and other family members

73. No appointment shall be granted to a person who has any of the following relationships with a staff member: father, mother, son, daughter, brother or sister ([Staff Rule 410.3](#)).
74. WHO may employ the spouse of a WHO staff member under the conditions stated in [Staff Rule 410.3.1](#), provided they are fully qualified for the position and they are not given any preference for appointment by virtue of the relationship to the staff member. However, the spouse cannot be in a supervisory or subordinate position to the WHO staff member with whom they are married ([Staff Rule 410.3.2.1](#)).
75. Under no circumstances may staff members participate in any activity that involves the hiring, dismissal or other disciplinary measure, advancement, promotion, demotion, evaluation or supervision of their spouse, ex-spouse, or anyone who is closely related to them by blood or marriage, including a previous marriage, or with whom they are, or were previously, involved in a significant personal relationship or close friendship ([Staff Rules 410.3.2.1 and 410.3.2.2](#)).
76. Staff who may become aware that a person closely related to them by blood or marriage, has applied for a position with the Organization must immediately advise CRE, Human Resources Department (HRD) in HQ and the HR managers and DAFs in the regional and country offices.

5.5 Domestic abuse and intimate partner violence

77. Domestic abuse and violence are not private concerns. They are actions contrary to the Organization's ethical principles that adversely affect the image and interest of WHO, and undermine WHO's commitment to a respectful and healthy workplace environment. WHO views domestic abuse and violence seriously, and will not tolerate such conduct by its staff members.
78. Domestic abuse and violence occurring between family or household members, or between persons involved in a significant relationship, includes but is not limited to:
 - Statements or actions that reasonably could be perceived as demonstrating an intent to cause physical or emotional harm to another (regardless of gender)
 - Any act or threat of physical or sexual aggression that causes physical harm to another person
 - Sexual abuse
 - Intimidation or verbal harassment, emotional and verbal abuse, threats (including to revoke visa and/or work authorization)
 - Destroying property
79. Any WHO staff member who is, or suspects they may be, a victim of domestic abuse or violence is strongly encouraged to report it to the police in the location where they live. They may contact the Staff Health and Wellbeing services or CRE for advice. WHO will protect staff members who notify their supervisors, HRD and/or CRE of such a situation by ensuring that no information about them, their terms of employment, their location, or their contact details, are disclosed to anyone outside of authorized legal proceedings.

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80. If concerns about a staff member's possible involvement in domestic abuse and violence are brought to WHO's attention by local or national authorities, WHO will cooperate with these authorities. Staff members who are found to have committed acts of domestic abuse or violence may also be subject to disciplinary proceedings.

5.6 Domestic Workers

81. When hiring private service providers, such as domestic workers, WHO staff need to be aware that there may be a risk of a perception of abuse of power if they do not exercise the necessary caution. The economic gap existing in some duty stations between international civil servants and the people they serve can make any association between them appear as a privilege and a position of advantage. In this respect, WHO staff are strongly encouraged to ensure that they hire all domestic workers through reputable local agencies. If this is not possible, and WHO staff wish to deal with an individual directly, they must ensure that all the correct immigration paperwork is in place, that the worker is paid as per the local laws and at least the minimum wages of the relevant duty station, that all the necessary tax regulations, local and employee insurance requirements have been complied with.
82. WHO staff members must keep in mind that for the individuals working for them, this job may be the only possible source of income for a local individual and his/her family. Staff members hiring domestic workers must ensure that their conditions of employments are in line with the locally-accepted norms governed by local law or custom. Discussing the existence of such an employment relationship with HRD and/or their HR manager can also establish clarity in what could otherwise become an ethically ambiguous situation.
83. Any violence or abuse towards/of domestic workers will not be tolerated and WHO staff will be dealt with in accordance with WHO Staff Regulations and Staff Rules, and local and national laws where necessary.

5.7 Conflict of interest

5.7.1 Definitions

84. A conflict of interest occurs when private interests (financial, personal, or other non-WHO interest or commitment) interfere—or appear to interfere—with the ability of a WHO staff to act impartially, to discharge their functions and to regulate their conduct with the interests of WHO only in view.
85. A conflict of interest does not mean that the individual involved is actually conflicted: the perception of a conflict of interest alone may create a negative image. Promptly disclosing and managing the conflict is essential to avoiding potentially damaging consequences.

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86. Conflicts of interest represent high-risk situations that need to be addressed. CRE provides confidential advice to address identified conflicts of interest in order to maintain the expected principles of integrity, independence and impartiality by:

- Running a programme of [declarations of interest for staff members](#); and
- Managing declarations of interest for individuals who collaborate with WHO either as consultants or as [experts](#) providing advice.

5.7.2 Declarations of Interest for WHO staff members

87. WHO staff members are subject only to the authority of the Director General, shall neither seek nor accept instructions from any government or other authority external to the Organization and shall regulate their conduct with the interest of WHO only in view. WHO undertakes a rigorous annual declaration of interest exercise whereby staff members in designated employment categories are required to submit a [Declaration of Interest \(DOI\) form](#) [see also [HR e-Manual III.1.2.20](#)]. All new staff members are requested to submit a DOI form upon recruitment, as are all WHO collaborators²⁴ (See below for consultants). Staff members who are released from the organization they normally work for to be seconded to WHO, are similarly reminded that their loyalty lies with WHO for the duration of their secondment and that the obligations of WHO staff members referred to in this Code apply to them.

88. Generally, the annual DOI exercise includes staff members at grades P5 and above, and staff members involved in specific functions such as procurement.

Figure 10: Types of conflicts of interest – staff members

Personal financial affairs	Personal and family relationships
Staff members are generally free to conduct their personal financial affairs as they see fit, unless an actual or perceived conflict of interest arises. A conflict of interest could arise, for example, if staff members were to own shares in a company which has direct interest in the work of WHO. Other examples of conflicts of interest are included on the Declaration of Interest form.	Staff members are required to disclose close family relationships that may impact their independence, impartiality as WHO staff members: spouses, ex-spouses, partners, ex-partners, siblings, children, in-laws working for WHO or in a position outside WHO that may represent a conflict of interest. Disclosing this information enables CRE to identify ways to mitigate risks of improper situations.

89. WHO staff members are expected to make prompt and full disclosure of any potential conflict of interest by seeking CRE’s advice on a confidential basis, and/or consulting their supervisor as to the appropriate action, including whether they should recuse themselves from the situation that is creating the conflict or the appearance of a conflict. Depending on the nature of the conflict, WHO staff members should also submit a declaration of interest form to CRE.

²⁴ Consultants, holders of Agreements for the Performance of Work and Special Service Agreements, Interns and Volunteers.

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90. Conflicts of interest can relate either to current work or to past or possible future employment. For example, when negotiating for prospective employment outside WHO, WHO staff members must refrain from discussing or revealing WHO information that is not in the public domain. They should consult with CRE and/or HRD to design mitigation measures (such as recusing themselves from involvement in matters that could benefit, or could be perceived to benefit, the prospective employer, and/or a cooling off period before taking up new duties) to avoid perceptions detrimental to their and/or WHO's reputation. Similarly, individuals on secondment to WHO should not be performing duties that could benefit, or be perceived to benefit their releasing institution or government, and respect the confidentiality of WHO information.

5.7.3 Declarations of interest when interacting with external experts and consultants

91. **The contribution of external experts and consultants is essential to the work of WHO.** When working with external experts or other consultants (including short term consultants, and APW holders performing work requiring independence and objectivity), WHO staff members are required to ensure that they have disclosed any circumstances that could give rise to a conflict of interest related to the subject of the activity in which they will be involved by completing a declaration of interest form. The interests disclosed must be assessed by WHO before the expert/consultant's work can be confirmed. Advice and guidance is available from CRE to decide whether a disclosed interest constitutes a conflict of interest, and to determine if and under what conditions the expert or consultant can be retained. Failure to do so can reflect negatively on WHO, whose independence and impartiality may be overshadowed by engaging with external individuals who have conflicts of interest.
92. Conflicts of interest can be of a financial nature, arise from personal relationships/ family members, take the form of intellectual bias, or generate unfair or competitive advantage. Links to the tobacco, the arms industry, and other potential conflicts of interest must be disclosed. WHO staff members working with external parties are expected to familiarize themselves with the [Guidelines for Declaration of Interests](#) (WHO Experts) and the [Information Note 22/2014](#). For guidance, CRE should be contacted.

5.8 Relations with governments and political activity

93. While staff members are expected to maintain courteous relations with the governments of WHO Member States, they should not interfere with the internal affairs of these governments. In order to maintain the impartiality required of international civil servants, staff members must remain independent of any authority outside of the Organization and their conduct must reflect that independence. For this reason, WHO staff members must not seek or obtain, under any circumstance, instructions or assistance from any government official or from any other authority external to the Organization, particularly in an attempt to:
- Interfere with the internal deliberations or policy direction of the Organization;
 - Change an unfavourable action or decision, such as non-hiring, non-renewal of a staff member's employment contract, or his/her separation or termination from the Organization; or
 - Obtain a promotion, benefit or any other type of employment advantage.
94. WHO staff members must exercise caution and refrain from expressing their opinions and beliefs, including religious beliefs, publicly or engaging in political actions that might interfere with

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governmental policies or affairs. Glorification of violence, incitement of hate against specific groups of society such as ethnic, national or religious minorities, or any segments of society is not accepted.

95. Because of the independence and impartiality of international civil servants, as indicated in the [e-Manual III.1.4](#), [Information Note 05/2008](#) and [Staff Regulation 1.8](#), staff members may not participate in political activities, including running for or holding local or national political office, while they are under WHO's employ. While staff members may vote and belong to political parties, they must exercise discretion at all times in their personal political activities and opinions, and may not participate in campaigns for fundraising or other campaign activities. Specific guidelines are available for staff members who are candidate for WHO elections.

Figure 11: Political campaign and nominations

Political campaign, or political appointment

Staff have to resign before initiating a political campaign or nomination

96. The [Code of Conduct for the Election of the Director-General](#) of the WHO lays out basic guiding principles to ensure the legitimacy of the process²⁵. It recommends desirable behaviour by Member States and candidates with regard to the election of the Director-General in order to increase the fairness, credibility, openness and transparency of the process and thus its legitimacy as well as the legitimacy and acceptance of its outcome. The Code of Conduct for the Election of the Director-General also spells out the obligations of internal candidates and reiterates in particular that staff members “must clearly separate their WHO functions from their candidacy and avoid any overlap, or perception of overlap, between campaign activities and their work for WHO. They also have to avoid any perception of conflict of interest”.

5.9 Relations with non-State actors

97. In addition to working with Member States and governmental entities, WHO also engages with non-State actors i.e. nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions. In developing relationships with such non-State actors, WHO's integrity, independence, credibility and reputation must be ensured and the scientific and evidence-based approach that underpins WHO's work must not be compromised.
98. Staff members who interact with representatives of non-State actors must comply with WHO's [Framework on Engagement with non-State Actors](#). WHO applies a strict position with regards to some industries. In this regard, WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. WHO also does not engage with the arms industry. In addition WHO will exercise particular caution, especially while conducting due diligence, risk assessment and risk management, when engaging with private sector entities and other non-State actors whose policies or activities are negatively affecting human health and are not in line with WHO's

²⁵ The guiding principles are due regard to the principle of equitable geographical representation, fairness, equity, transparency, good faith, dignity, mutual respect and moderation, non-discrimination and merit.

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policies, norms and standards, in particular those related to noncommunicable diseases and their determinants.

5.10 Right of association

99. As indicated in Article VIII of the Staff Regulations and Section 9 of the Staff Rules, staff members have the right to associate themselves together in a formal organization for the purpose of developing staff activities and making proposals and representations to the Organization concerning staff policy and conditions of service.

5.11 Outside activities

100. WHO staff members seeking to pursue an outside activity in addition to their employment with WHO are required to obtain prior written authorization from CRE. The following questions should be considered carefully by staff members when evaluating whether it would be appropriate to take up an outside activity:

Figure 12: Questions to ask when considering taking up an outside activity

Key questions before undertaking an outside activity

- 1) Will this activity, in any way, interfere with my official function or status as an international civil servant;
- 2) Will this activity interfere with my ability to perform my duties or call into question my impartiality and independence as an international civil servant ?
- 3) Will this activity contradict the interest or ethical interests of WHO ?
- 4) Will this activity involve an organization whose goals are not compatible with those of WHO?
- 5) Will this activity be performed exclusively outside the hours during which I am expected to be working for WHO, or during periods of approved annual leave;
- 6) Will the activity generate any potential remuneration.

101. As a general rule, WHO staff members may not accept financial remuneration from external sources. However, when remuneration is offered that is compatible with their status as an international civil servant, for example, fees and honoraria for lectures or academic papers, and provided they obtain prior permission from CRE, they may accept such remuneration. If permission for an external activity is granted, staff members may be required to act in their private capacity and in their own time. In particular:

- Service by a staff member on an editorial or advisory board of a scientific or other journal would normally be approved in a private capacity, provided that: (i) the journal's subject matter is not contrary to WHO positions or political, and does not give rise to commercial concerns; and (ii) the journal is not so recent a publication that it is not possible to make an assessment to its seriousness;
- A staff member's general membership in an external scientific or professional association would normally be approved in a private capacity;
- Teaching a short course or lecturing by staff members in their own time and in their private capacity will normally be approved, provided that there is nothing in the relationship with the institution that might be harmful to WHO's interests.

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102. WHO does not allow staff members to carry out managerial or executive functions in a private capacity in an outside entity. As a result, WHO staff members may not accept an invitation to sit on a Board of Directors or a similar body. Any exception would have to be approved by the Director-General. WHO also does not normally allow staff to be members of outside entities, including advisory bodies, other than as stated above. However, if participation in the work of the outside entity in an official capacity is in the interest of WHO, permission may be granted to participate as an observer (to provide advice on matters within the sphere of a staff member's competence), and to be integrated in related entity's workplan. More information regarding [Outside Activities](#) can be found with CRE. Staff members who are considering taking up an outside activity, or would like further information should seek guidance from CRE.

5.12 Acceptance of gifts, decorations and honours

103. Ethical conduct requires that WHO staff members should never solicit gifts or favours in connection with their official duties (see Staff Regulation 1.7 and Staff Rule 110.6). Gifts that are offered should not be accepted if this would give the appearance of impropriety or bias, or would appear to call into question the independence and reputation of WHO. However, a gift may be accepted when it could cause embarrassment to refuse it, particularly where the gift is inexpensive.

104. Gifts valued at less than US\$ 100 may be kept and there is no need to inform CRE. If the value of the gift could or does exceed US\$ 100, authorization must be sought from the Director-General or the Regional Director, through CRE. CRE will provide advice whether the gift may be kept or returned. The gift may have to be appraised if there is a question about its value.

105. Before accepting any honour or decoration, WHO staff members must inform and seek authorization from the Director-General or the Regional Director, through CRE (Staff Rule 110.6). If authorization is given, the staff member must acknowledge, when receiving the award, that it is being conferred in recognition of work for WHO. In cases where the honour or decoration is in recognition of services unrelated to the staff member's official duties with WHO, the Organization may permit acceptance of such recognition in a personal capacity, subject to the prior agreement of CRE.

5.13 Post-employment obligations

106. Upon separating from service with WHO, a staff member's obligation of discretion and confidentiality with regard to official matters does not cease. In particular, staff members shall not communicate to any person any information known by them by reason of their former position; nor shall they in any way use such information to their private advantage. This would include the use of such information to influence the decisions of the Organization, or the decisions of third party entities, with a view to seeking employment with such entities. To this end, and to allow for a cooling off period, WHO staff members, upon leaving service, may not seek employment with a non-State actor not at arm's length from the arms and tobacco industries, or in a commercial entity in the pharmaceutical or food and beverage industries that has been involved in the work they have conducted for WHO without the express authorization of CRE for a period of two years.

107. Former staff members who make public statements about WHO in the media, or publish as former WHO staff members need to seek authorization from CRE. This would include in particular the

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publication of research data undertaken while in the employ of WHO. Further information is available in the WHO [code of conduct for responsible research](#). WHO will receive reports of non-adherence with the Code of ethics and professional conduct by former staff members and will take appropriate action.

5.14 Use of WHO property and resources

5.14.1 Use of official time and office property

108. WHO staff members are responsible for ensuring that the resources of WHO, including computers, telephone equipment and vehicles, are used for official business. Professional conduct requires that staff members devote their time during working hours to the official activities of WHO. It requires that any personal use of office equipment, in particular internet, e-mail and telephone, be kept to a minimum and not conflict with the interests of WHO. Moreover, any such use must not disrupt the work of colleagues, or over-burden the electronic network.
109. In order to demonstrate professional and ethical conduct, any private telephone calls made from an office or a WHO mobile telephone or similar equipment must be identified as private, following the instructions on WHO's Intranet or in accordance with the local WHO policy as described in the [Acceptable Use of Information and Communication Systems](#).

5.14.2 Accuracy of records

110. It is crucial that WHO maintains accurate records and internal control systems. As such, staff members must record all transactions and prepare accurate and complete records, in accordance with established procedures. Staff members must not inaccurately record time for reporting purposes, provide false or intentionally misleading information to the Organization, submit false or misleading claims or falsify any official WHO documents. Such actions could result in disciplinary actions.

5.15 Use of information, publications and media

5.15.1 Use and protection of information

111. WHO staff members have a responsibility to protect the security of any confidential information provided to, or generated by, the Organization. To avoid any unauthorized disclosure staff members must exercise caution in their handling of confidential information, as described in the WHO policy on information disclosure and the [Acceptable Use of Information and Communication Systems](#).
112. In addition, staff members must not use information known to them because of their official duties for their private advantage, for example, in their personal dealings. This requirement applies even after they cease employment with WHO (see [Staff Regulation 1.6](#)). Staff members who become aware of other staff members' personal information due to their functions have a duty to respect their privacy and handle personal data with care and discretion.

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5.15.2 Intellectual property, publications

113. All rights, including title, copyright and patent rights, in any work or invention produced or developed by WHO staff members as part of their official duties is the property of WHO ([Staff Rule 120](#)²⁶). WHO has the right to use such work in any manner it deems appropriate, including by choosing to publish or not to publish the work, to make changes to the work and/or to use the work in a different way than originally envisaged. Any material produced by WHO staff members for external publication, must comply with the established [clearance procedures](#)²⁷; with [copyright and patent rights](#)²⁸; and with the WHO [Publishing Policies](#). A contribution to an external publication is defined as:

- a text prepared in the normal course of duty and attributed to a WHO staff member and published externally; or
- a text prepared outside the normal course of duty but related to the work of WHO and attributed to a WHO staff member and published externally.

Texts prepared as WHO staff member

114. All information products published externally should be scientifically sound and published in accordance with the [policy on open access](#)²⁹ and the publisher's quality assurance policies, including peer review and disclosure of potential conflicts of interest. Such contributions may include journal articles, book chapters, letters, commentaries, journal editorials, prefaces, reviews or forewords that relate to the work of WHO staff members and identify them as employees of WHO. Staff members are required to follow the Emanual provisions concerning [theses and dissertations](#)³⁰, with particular focus on projects that relate to the work of WHO staff members or that reflect the Organization's work.

Texts written in a personal capacity

115. Texts written by staff members in a personal capacity and in their spare time on subjects having no direct relationship to the work of the Organization are not subject to clearance and are the personal responsibility of the author. In exercising this responsibility, staff members should give full weight to the implications of their publication in line with the provisions mentioned above regarding [outside activities](#). Such texts should bear no indication that the author is or was a WHO staff member. Any remuneration received for such publications will need to be approved by CRE prior to producing the written material.

5.15.3 Media relations and public statements

116. WHO staff members speaking to the media on subjects within their area of responsibility and expertise should bear in mind that they speak for WHO, not as an individual, an academic or an independent expert in their field.

²⁶ Staff Rule 120: "All rights, including title, copyright and patent rights, in any work or invention produced or developed by a staff member as part of his official duties shall be vested in the Organization. The Director-General shall decide on the use to be made of these rights."

²⁷ e-Manual VIII.1.4

²⁸ e-Manual III.1.3

²⁹ e-Manual VIII.6.10

³⁰ e-Manual VIII.6.11

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117. Before speaking, staff members must seek advice from their supervisor and their Office of Communications (DGO/[DCO](#) at HQ) or Communication Officer as appropriate. Additional information and guidance about media communications can be found with the [Department of Communications](#). All staff members who anticipate that they might speak to the media or to the public should take part in communications training offered by WHO through DCO. In addition, staff members should bear in mind that remarks made to journalists might be important to colleagues elsewhere in the Organization. Therefore, staff members must keep relevant colleagues informed about work they do with the media, including the scientific media and journals.

5.15.4 Emails and Social media

118. The power of using emails and the social media (including for example web blogs, twitter or facebook accounts, postings commenting news articles or presenting opinions) is to facilitate engagement and enable interactive communication and collaboration among numerous participants via technology. Inappropriate use of emailing and social media both privately and professionally exposes the Organization to risks, including but not limited to:

- spreading harmful misinformation;
- infringing on the copyrights of others;
- compromising WHO's reputation, independence and credibility.

119. WHO has developed [social media policies](#) that are designed to protect staff members and the Organization, and remind staff members of the requirement to exercise responsibly and good judgement prior to sending information by way of email or posting information on the social media. In particular, WHO staff members should:

- Anticipate the potential impact that their emails and/or social media engagement could have on the Organization's corporate objectives;
- Refrain from causing offence or revealing confidential, unpublished or embargoed information on emails or social media (including after the end of their contract with WHO);
- Protect WHO's positions;
- Refrain from misleading or deceiving WHO colleagues, Member States, partners and the wider public in any way;
- Be free of bias when engaging with people and organizations;
- Be free from undue influence of external sources and authorities;
- Engage in a manner that is consistent with WHO ethical principles;
- Be committed to WHO's objectives, their work for the Organization, and the United Nations system;
- Be professional in content and action.

120. WHO staff members are accountable for their professional and private emails and/or social media activities within the scope of their authority at all times. They are expected to anticipate the manner in which their emails /or social media activities may be viewed, and the potential and actual impact of these activities. If in doubt, WHO staff members are required to report any perceived risks to WHO's

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reputation to the Department of Communications at HQ, or the communications manager in the regional offices, as applicable, or to CRE.

6. Reporting wrongdoing

121. WHO is committed to ensuring compliance with Staff Regulations/Rules, WHO policies, and Standards of Conduct of International Civil Servants. Asking questions, seeking advice about concerns, and bringing forward observed wrongdoing are encouraged.
122. CRE provides confidential ethical advice and WHO's [Integrity Hotline](#) facilitate the reporting of wrongdoing across the Organization.

6.1 Informal processes

123. In cases where wrongdoing is suspected, or where individuals may require guidance or may fear retaliation, CRE offers impartial advice and support in order to help staff members ascertain whether or not certain facts should be reported and which options are available. These may include discussions with and action by management, HRD, Office of the Ombudsman, Staff Association, or formal investigation.

6.2 Whistleblowing and Protection against retaliation

124. WHO's [policy on Whistleblowing and Protection against retaliation](#) applies to all WHO staff members who report, in good faith, suspected wrongdoing of corporate significance and may be subjected to retaliation as a consequence. Wrongdoing of corporate significance implies a significant risk to WHO, i.e. harmful to its interests, reputation, operations or governance (such as fraud, corruption, waste of resources, sabotage, substantial and specific danger to public health or safety, sexual exploitation and abuse). Individual grievances, such as complaints regarding discrimination, harassment, or other negative interpersonal situations in the workplace are administered separately in accordance with the provisions detailed in the [e-Manual](#)³¹.
125. Individuals who suspect wrongdoing of this nature, who are neither concerned that their supervisor may be involved nor fear retaliation, can inform their supervisors through the usual hierarchy. In all cases, supervisors or managers who receive a report of suspected wrongdoing must take prompt and decisive action, and must either seek guidance from CRE (for ethics advice), or report to the Office of Internal Oversight Services (IOS) for investigation as applicable.
126. In cases where individuals consider it prudent to bypass their normal supervisory line or where the usual communication channels are not available, they can contact the external Integrity Hotline directly at any time to seek guidance, contact CRE for further advice, or report to IOS for a formal investigation.
127. As such, individuals who, in good faith, report suspected wrongdoing will be protected from retaliation in accordance with WHO's policy on whistleblowing and protection against retaliation. However, the intentional filing of a false or misleading report is itself a violation of the Organization's regulations and rules that may constitute wrongdoing and may result in disciplinary proceedings. WHO does not

³¹ e-Manual III.12 on Appeals and Grievances

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tolerate retaliation against its staff members who in good faith report a suspected wrongdoing/violation. WHO will investigate reports of retaliation and will take appropriate remedial action.

6.3 Duty to comply and disciplinary measures

128. The failure of a WHO staff member to fulfil their functions and responsibilities at an acceptable level may be resolved by appropriate managerial action. However, actions or omissions that constitute a failure to adhere to the standards of conduct set out in WHO's Staff Regulations, Rules and policies will be investigated and, if established, will result in the initiation of disciplinary proceedings pursuant to Staff Regulation Article X and XI, and Staff Rules Section 11 and 12. In the event that the allegations against the staff member are found to be substantiated by the evidence, and depending on the gravity of the misconduct, one or more of the following disciplinary measures will be imposed:

- written censure, to be retained in the staff member's personal record for five years, following which it will be removed;
- fine of up to three months' net base salary;
- loss of up to three steps in grade;
- suspension with partial or no pay for up to one month;
- reduction in grade;
- dismissal;
- summary dismissal for serious misconduct.

129. Information on the investigation of suspected misconduct is found in the IOS document "[The Investigation Process](#)". Guidance in this area is also found in WHO's [Fraud Prevention Policy](#).

7. Final Note

130. In the course of their employment, WHO staff members are likely to be confronted with a wide range of situations and problems. This guidance is not intended to be exhaustive. Rather, it serves to remind staff members of the principles of ethical behaviour and standards of conduct that should guide their decisions and actions. All WHO staff members are expected to familiarize themselves with the Code, and to seek further clarification and assistance in cases of uncertainty.

131. By ensuring that its staff members perform and discharge their professional responsibilities in an ethical way, WHO ensures that they make a positive contribution towards serving the people of the world, and that they enjoy a respectful, positive and healthy employment experience in working towards the Organization's objectives.

132. This Code will be made public (published on WHO's Internet Website). Related internal policies, procedures, and contractual documents with WHO collaborators will be amended to reflect the principles of this Code. The Code will be updated by CRE on a regular basis to reflect on-going policy changes and developments.