

WHO Code of Ethics (2023)



WHO Code of Ethics

WHO's commitment to attain the highest possible level of health by all peoples must be accompanied by the dedication of its personnel to uphold and promote the highest standards of ethics and conduct. The WHO Code of Ethics ("Code") describes the ethical standards of conduct expected from all WHO personnel at all times. As WHO personnel, we are all personally and collectively responsible for maintaining these standards. Supervisors also have an additional responsibility to uphold these standards, to set a good example, and to create a working environment that supports and empowers staff.

The Code aims to promote, enhance, and sustain an enabling and ethical environment leading to trust, transparency, and respect across the Organization. This Code is further supported by a comprehensive overview and guiding framework on the implementation of these principles and values ("Guiding Framework").

In this spirit, we are expected to conduct ourselves in accordance with this Code and to confirm our adherence to the WHO ethical principles and core values, WHO Oath of Office and Loyalty, WHO Commitment to the Code of Ethics, WHO Values Charter, and WHO regulatory and policy frameworks.¹

We are committed to the following ethical principles:

1. Integrity

We demonstrate the highest standards of integrity and commit to act in good faith in all matters. We are driven by the qualities of honesty, truthfulness, impartiality, and incorruptibility. We represent WHO with loyalty to the Organization's vision and mission, act with respect, and protect the trust placed in the Organization.

2. Accountability

We act in accordance with the WHO regulatory and policy frameworks. We are responsible for our actions and decisions, and we are accountable to the Organization for them. We respect and safeguard confidentiality; ensure the proper, effective, and efficient use of WHO resources; and demonstrate the expected standards of conduct with all persons we encounter, both internal and external to the Organization. We always act within the scope of our authority. We exercise adequate control and supervision over matters for which we are responsible, in accordance with the WHO Accountability Framework and any specific authorities that may be delegated to us.

3. Independence and impartiality

We conduct ourselves with the interests of WHO only in view and under the sole authority of the Director-General. We exercise the utmost discretion in our actions, refrain from participating in any activity that is, or may be perceived to be, in conflict with the interests of WHO, or that might damage the reputation of the Organization. We show tact and

¹ The WHO regulatory and policy frameworks refer to the WHO Staff Regulations and Staff Rules, WHO Financial Regulations and Financial Rules, WHO policies, procedures, and guidelines, as well as contractual obligations.

reserve in our communication and behaviour in a manner that is consistent with our status as personnel of an international organization.

4. Respect for dignity, worth, equality, diversity, and privacy of all

We are committed to fostering an inclusive culture marked by dignity and respect for each other as well as recognition of individual contributions and privacy of all. We behave ethically and avoid any form of discrimination related to gender, gender expression or gender identity, race, religion, political belief/conviction, nationality, citizenship, ethnic or social origin, age, marital status, sexual orientation, disability, language, or other aspects of personal status.

5. Professional conduct

We refrain from any form of exploitative or abusive behaviour and from all forms of harassment and misconduct. We are always guided by the ambition to not harm the populations WHO serves, or the people we work with. We strive to ensure a safe, respectful, healthy, and empowering work environment. Our professional conduct reflects ethical principles and our personal commitment to the mandate and objectives of WHO.

We are committed to the following core values:

1. Trusted to serve public health

- a) We put people's health interests first.
- b) Our actions and recommendations are independent.
- c) Our decisions are fair, transparent, and timely.

2. Professionals committed to excellence in health

- a) We uphold the highest standards of professionalism across all roles.
- b) We are guided by the best available science, evidence, and technical expertise.
- c) We continuously develop ourselves and innovate to respond to a changing world.

3. Persons of integrity

- a) We practice the advice we give to the world.
- b) We engage with everyone honestly and in good faith.
- c) We hold ourselves and others accountable for words and actions.

4. Collaborative colleagues and partners

- a) We engage with colleagues and partners to strengthen impact at country level.
- b) We recognize and use the power of diversity and equality to achieve more together.
- c) We communicate openly with everyone and learn from one another.

5. People caring about people

- a) We courageously and selflessly defend everyone's right to health.
- b) We show compassion for all human beings and promote sustainable approaches to health.
- c) We strive to make people feel safe, respected, empowered, fairly treated, and duly recognized.

- d) We encourage a speak-up culture when we experience or witness any form of misconduct so that our collective effort for ethical behaviour is sustained and successful.

As a condition of appointment, and reflected through our end-of-year performance assessment (ePMDS), we have read, accepted, and agreed to comply with:

WHO Oath of Office and Loyalty: *“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”.*

WHO Commitment to the Code of Ethics: *“I solemnly swear (undertake, affirm, promise) to reflect in everything I do, both in my professional and personal lives, the values, principles, commitments, and obligations contained in this Code and to do all I can to uphold the standards of conduct and avoid all forms of misconduct therein stated, and to “do no harm””.*

WHO Values Charter.²

WHO Staff Regulations and Staff Rules.³

WHO Code of Ethics: Guiding Framework (below).

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² https://www.who.int/docs/default-source/documents/values-charter-en.pdf?Status=Temp&sfvrsn=4ed75cec_12.

³ https://intranet.who.int/admin/srr/documents/staff_regulations_and_staff%20rules_1_january2023_eng.pdf.

WHO Code of Ethics: Guiding Framework

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Section 1 - Introduction

1.1. Purpose: why is this Code important?

1. The mission of the World Health Organization (WHO) reflects one of the highest aspirations in the world: the attainment by all peoples of the highest possible level of health.
2. As WHO personnel, we have a responsibility to contribute to the mission and goals of the Organization, and to ensure that our conduct complies with the WHO regulatory and policy frameworks, and is consistent with the Standards of Conduct for International Civil Servants of the International Civil Service Commission (ICSC).⁴
3. This Code synthesizes and summarizes the framework that governs how we must behave with each other, and with our partners, Member States, donors, and the public we serve, in order to uphold ethical principles and protect WHO reputation as a trustworthy and credible Organization. This Code also promotes, strengthens, and supports an ethical culture throughout WHO, underscores WHO commitment to the highest standards of integrity, and helps us to make ethical decisions both in the context of our work for WHO and in our personal interactions outside of work.
4. The Code does not replace or supersede the applicable WHO regulatory and policy frameworks. Moreover, the Code is not intended to cover every situation or conflict that may arise. If you are unsure about any aspect of this Code or how it may apply to a situation with which you are faced; you are encouraged to seek guidance and assistance from your supervisor or from Ethics, and where appropriate, Human Resources, Legal, or an Ombuds (see contact information below).

1.2 Scope: to whom does this Code apply?

5. This Code applies to all WHO personnel, at all times, independent of our location, grade, type, or length of contract with the Organization.
6. For the purposes of this Code, the term “WHO personnel”, “you”, and “us”, refers to staff members and non-staff personnel.⁵ “We”, or “the Organization” are used along with “WHO” to mean the World Health Organization. Other individuals who work for WHO are expected to uphold and respect the provisions of this Code, and they are required to conduct themselves in a professional manner that demonstrates courtesy, common decency, and cultural sensitivity and to treat with dignity and respect all persons with whom they come into contact as part of their work with WHO.⁶

⁴ [Microsoft Word - Standards of Conduct July 2013.ENG.Revised Foreword update \(un.org\)](#).

⁵ The term “non-staff personnel” in this Code, includes but is not limited to consultants, special services agreement holders, interns, volunteers, and UNOPS Individual Contractor Agreement (ICA) holders. Third party entities such as vendors, contractors, or technical partners, who have a contractual relationship with WHO and other implementing partners are also expected to respect this Code in their engagement with the WHO.

⁶ This includes, but is not limited to temporary advisers; contractors under an Agreement for Performance of Work (APW), a Technical Services Agreement (TSA), or a Long Term Agreement (LTA); grantees; and technical partners; other entities and individuals who receive WHO funds, execute or perform any other work or activities in the name of, or for the benefit of, WHO; and, others in official and formal relations with WHO, including those operating as a WHO Collaborating Centre.

1.3 Why Ethics matters?

7. The success of the Organization and its mission depends on maintaining the respect and confidence of WHO Member States, the public we serve, and our partners and stakeholders around the world.
8. It is fundamental that we discharge our duties with independence, honesty, and integrity. The obligation to do what is right must be an essential part of the character of WHO and must underscore everything we do. When taking decisions, we must always be guided by a culture that reinforces making the appropriate, ethical choice.

1.4. Status

9. This Code replaces and supersedes the 2017 WHO Code of Ethics and Professional Conduct and takes effect immediately upon issuance.
10. This Code is binding on all WHO personnel and forms part of the WHO legal and contractual framework.
11. This Code complements the WHO legal and policy frameworks including, but not limited to, the WHO Staff Regulations and Staff Rules, the WHO Financial Regulations and Financial Rules, the ICSC Standards of conduct for international civil servants, the Code of Conduct for Responsible Research and the Policy on Misconduct in Research, the Policy on Preventing and Addressing Sexual Misconduct, the Policy on Preventing and Addressing Abusive Conduct, the Policy on Preventing and Addressing Retaliation, the Policy on Prevention, Detection, and Response to Fraud and Corruption, the Policy on Non-recruitment of Smokers or other Tobacco Users, the Gender Parity Policy, the Policy on Flexible Working Arrangements, the Global Social Media Policy, the Framework on Engagement with non-States Actors, the Performance Management and Development Framework, the Acceptable Use of Information and Communication Systems Policy, and the relevant Information Note and Guidelines on Outside Activities.⁷

Section 2 – WHO ethical principles in practice

12. Ethical conduct is core to achieving the vision, mission, and mandate of WHO.
13. We are responsible for our own professional and personal conduct. However, commitment to upholding WHO ethical principles, values, and reputation requires the concerted effort of all personnel, 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 ethical principles and core values.

2.1 WHO personnel

14. We are responsible to inform ourselves and implement the provisions of this Code. In particular, we must be aware that our actions may have consequences and that we may ultimately be held

⁷ And any successor thereto.

accountable for them. It is our responsibility to seek advice before taking action and to ensure that we comply with the principles and values outlined in this Code.

15. As WHO personnel, we need to:
- a) Conduct ourselves in line with WHO ethical principles and core values and demonstrate the highest standards of behaviour expected of us.
 - b) Comply with WHO regulatory and policy frameworks.
 - c) Treat all persons with dignity and respect and promote these values and ethical ways of working with our colleagues to ensure a respectful and inclusive workplace.
 - d) Declare in writing any, and all, private interests that may interfere with our employment with WHO.
 - e) Work in a manner that is responsible, reflective of our professional commitment, and ensure our own safety and that of others.
 - f) Respect WHO resources, information, and property and protect it, including when working outside of our duty station.
 - g) Maintain neutrality and independence and do not allow ourselves to be influenced by any party external to WHO.
 - h) Consult the appropriate services and entities available to us in the Organization for advice and support, where applicable.
 - i) Report any possible breaches of the WHO regulatory and policy frameworks in accordance with the established procedures. There is *#NoExcuse* not to report.
 - j) Be aware that we represent the Organization at all times and that we need to do this with honesty and humility.
16. We should all feel proud of our work at WHO. In this regard, it is important that we never misrepresent our function, official title, or overstate the nature of our duties to anyone, including Member States, external entities, or the public we serve. We must also never inflate the importance of our positions or abuse them for personal benefit. Our position must never be used as a means to convince or coerce someone to provide us with favourable or preferential treatment. Our Oath of Office requires us to always think of the best interests of WHO only in all our actions and choices.

2.2 WHO supervisors

17. WHO personnel in supervisory positions play an important role in promoting a workplace culture that upholds WHO ethical principles and core values and in ensuring a safe, respectful, and healthy work environment.
18. As WHO supervisors, it is necessary to:
- a) Champion the implementation of WHO ethical principles and core values and always set a good example according to the Code.
 - b) Be open, honest, respectful, and comprehensive in communication with other WHO personnel, including about the expected standards of conduct and behaviour in the workplace.
 - c) Support and contribute towards ensuring a workplace culture, practices, and systems consistent with the WHO ethical principles and core values.

- d) Ensure a workplace that is equitable and inclusive, and free from sexual misconduct, harassment, discrimination, and abuse of authority.
- e) Support the rights of WHO personnel to raise workplace concerns, complaints, or allegations, through the appropriate channels.
- f) Support WHO personnel who are under our supervision by providing them with clear objectives and duties and ensure they have resources and support required to do their job.
- (g) Complete performance reviews for staff whom we supervise in a timely manner and provide consistent opportunities to discuss feedback and listen to workforce concerns.
- (h) Act promptly and respect due process for the rights of all individuals concerned to prevent and address any breaches of this Code, and other relevant rules, policies, procedures, and guidelines.
- (i) Contribute to the duty of care of the personnel we supervise.

2.3 The Organization

19. WHO good name and reputation are determined by of our collective efforts to maintain an ethical and professional workplace. To protect its name and reputation, WHO is committed to:
- a) Adhere and ensure adherence to this Code in its entirety.
 - b) Set an example at the Organization's most senior level of management through ethical behavior.
 - c) Provide leadership by fostering a climate of professional commitment, fairness, and respect.
 - d) Acknowledge the contributions of WHO personnel, at the individual level, to the achievement of WHO mission and objectives.
 - e) Recognize the rights of WHO personnel, including privacy rights and related personal data protection standards.
 - f) Make available and require that all WHO personnel undertake appropriate ethics training courses and brief all new WHO personnel during induction/orientation sessions.
 - g) Develop mechanisms for ensuring that all WHO collaborators are informed of this Code and their related obligations.
 - h) Provide advice and guidance to WHO personnel on specific issues upon their request through specialized functions such as Ethics, Human Resources, Staff Health and Wellbeing, Ombuds, Prevention of and Response to Sexual Misconduct, or supervisors, as applicable.
 - i) Respond in a timely manner to alleged breaches of WHO ethical principles and core values, including allegations of wrongdoing, and maintaining impartial mechanisms to resolve disputes.
 - j) Ensure that anyone who reports a suspected case of wrongdoing in good faith is not subject to retaliation and treat corroborated cases of malicious allegations as misconduct.
 - k) Provide a fair opportunity to WHO personnel against whom an allegation is made to respond in a non-threatening environment and ensure that their rights to due process are protected.
 - l) Take appropriate administrative actions, including disciplinary sanctions, in cases of substantiated allegations of misconduct.

20. Moreover, as a specialized agency of the United Nations (UN), WHO is committed to the UN Charter.⁸ Accordingly, we are expected to uphold and promote the human rights standards enshrined in the international frameworks of human rights. This means that we must respect local culture and abide by local law. Where local culture and local law is inconsistent with the human rights, standards and principles recognized by WHO (e.g., if local culture promotes gender inequality), the WHO regulatory and policy frameworks shall prevail.
21. Human rights feature prominently in WHO 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 and country cooperation strategy papers.⁹ Human rights also feature in WHO approach to developing guidelines, as mentioned in the Handbook for Guideline Development.¹⁰

Section 3 – WHO organizational commitments

3.1 Fair and respectful workplace

22. WHO is committed to achieving a positive and safe work environment characterized by WHO value of people caring for people as well as professional, dignified, and respectful behaviour, where professional views and opinions can be discussed openly and with courtesy.

3.1.1 No disrespect

23. We reflect a diverse array of cultures, religions, races, ethnicities, gender, age, disabilities, and professional and personal and backgrounds. We should celebrate and value this diversity among our colleagues for the variety of perspectives that strengthen and enrich our work, programs, and operations.
24. Disrespectful behaviour or inappropriate conduct, comment, or display, that either insults, denigrates, disparages, or humiliates someone or depreciates someone's value, amounts to a breach of our ethical principles, and may lead to disciplinary sanctions.
25. Disrespect can take many forms, such as, spreading rumours or malicious untruths to slander someone's reputation, shouting, criticizing, ridiculing, or dismissing achievements, degrading someone in front of other people, speaking in a condescending or belittling way, swearing at or insulting another person, dismissive or negative gesturing when someone else is speaking, discounting a person's thoughts or feelings, taking credit for work done by others, adopting an uncooperative or domineering behaviour, or actively undermining work and authority by destroying the good will between colleagues. It is important to remember that WHO does not tolerate any form of disrespect.

⁸ [UN Charter | United Nations](#).

⁹ "Leaving no one behind", CCS 2016 Guide.

¹⁰ [WHO handbook for guideline development, 2nd Edition](#).

3.1.2 [No discrimination](#)

26. WHO prohibits discrimination, recognizes, and values the inherent worth and equality of every person, without exception.
27. Discrimination, as defined in the Policy on Preventing and Addressing Abusive Conduct (PAAC),¹¹ is any unfair treatment or arbitrary distinction in the workplace, on the basis of gender, gender expression, gender identity, race, religion or belief, nationality, ethnic or social origin, age, sexual orientation, marital status, disability, language, or other aspects of personal status.
28. We are required to demonstrate tact and respect for the diversity of our workplace. The ethical principles and values of the Organization prevail over our own personal beliefs, opinions, preferences, or habits, at all times.
29. In demonstrating our dedication to a balanced and diverse workforce, we must evaluate applicants using only objective, job-related criteria such as experience, skills, and integrity to select candidates who will best fill the needs of the Organization, through competitive and unbiased hiring and career advancement based on merit.

3.1.3 [No abuse of authority](#)

30. WHO does not tolerate abuse of authority.
31. Abuse of authority, as defined in the PAAC, is the improper use of a position of influence, power, or authority by an individual towards others. 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, extortion, or coercion.
32. We can maintain a harmonious, productive, and effective work environment by working together and by behaving in a manner that is free of intimidation, hostility, offence, and any form of harassment or abuse, and marked by respect, compassion, and kindness. Abuse of authority 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. Abuse of authority can include a one-time incident or a series of incidents. Decisions made through the proper use of managerial and supervisory responsibilities are not considered as abuse of authority.

3.1.4 [No harassment](#)

33. Harassment, as defined in the PAAC, is any behaviour that (i) is directed at another person and has the effect of offending, humiliating, or intimidating that person; (ii) the person engaging in the behaviour knows or reasonably ought to know would offend, humiliate, or intimidate that other person; and/or (iii) interferes with that other person's ability to carry out her or his functions at work and/or creates an intimidating or hostile work environment.

¹¹ And any successor thereto.

34. When it comes to harassment, just like sexual misconduct, it is not the intention but how the behaviours made the recipient feel that matters.
35. Harassment includes the concepts of mobbing, exclusion, marginalization, humiliation, screaming/yelling, use of profanity, and physical threats. These behaviours are all strictly prohibited.

3.1.5 No sexual misconduct

36. The Policy on Preventing and Addressing Sexual Misconduct (PASM),¹² addresses prohibited actions of a sexual nature committed by WHO personnel.¹³ The term sexual misconduct encompasses sexual exploitation, sexual abuse, sexual harassment, and other forms of sexual violence or prohibited sexual behaviour. It includes sexual relations with a child,¹⁴ defined as a “human being below the age of eighteen years” in the United Nations Convention on the Rights of the Child (UNCRC). Sexual misconduct 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.
37. WHO has zero tolerance towards sexual misconduct and inaction against it. WHO adopts a victim/survivor-centric, human rights-based approach that places the rights, needs, safety, dignity and well-being of victims/survivors at the centre of its prevention and response to sexual misconduct, while respecting the principles of due process for all parties.
38. Members of the local communities served by WHO may be subjects of sexual misconduct at the hands of WHO staff members and collaborators. Sexual misconduct has a devastating impact on victims and survivors and undermines the very vision and mission of WHO. Whenever sexual misconduct occurs, it signals a failure of the trust and confidence that is placed in WHO as an organization and in those engaged by WHO.
39. We are expected, to the fullest extent possible, to support the Organization, as necessary, to prevent, detect, and respond to sexual misconduct. WHO personnel with a supervisory function have additional responsibilities in this regard. We also have an obligation to promptly report any concerns of sexual misconduct to Internal Oversight.
40. Sexual misconduct thrives in a silent bystander culture. The Organization is committed to strengthening the knowledge and skills of staff and collaborators to prevent, identify, and report any form of sexual misconduct, and ensure the safety, support, and protection from retaliation of victims, survivors, and witnesses who raise concerns of sexual misconduct.
41. We shall at all times work and behave in a manner that respects and fosters the rights of the people served by WHO. For this reason, we must be vigilant and rigorously refrain from any

¹² And any successor thereto.

¹³ The PASM identifies actions that are considered incompatible with organizational commitments and standards. As such, it is irrelevant whether certain practices are legal or customary in the country of origin of workforce members or in their duty station. They are still considered prohibited actions under the WHO internal framework.

¹⁴ Convention on the Rights of the Child (General Assembly resolution 44/25 of 20 November 1989). This excludes situations of consensual sexual relations 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.

action that may suggest or imply that a sexual act may be demanded as a condition for protection, material assistance, or service.

3.1.6 [No violence, weapons, drugs, or alcohol abuse in the workplace, and a smoke free environment](#)

42. WHO condemns any form of violence or threat of violence, whether committed on office premises or elsewhere. Such behaviour shall be cause for disciplinary or other action.
43. Carrying weapons or fake weapons on WHO premises, in WHO vehicles, or any place where WHO conducts business is strictly prohibited.¹⁵ Anyone of us who is acting in contravention of this provision must be reported to Security Management or equivalent in our duty station, immediately.
44. The use of illegal drugs and harmful use of alcohol is also prohibited by WHO. Substance abuse is incompatible with the health and safety of our workplace. We are all expected to exercise good judgement and not engage in any behaviour that may adversely affect our performance, may be harmful to ourselves or to fellow colleagues. For any further concerns or questions about drug or alcohol abuse, Staff Health and Wellbeing, or regional staff physicians can provide confidential advice.
45. WHO is a smoke free environment and does not recruit smokers or other tobacco users who do not indicate a willingness to stop smoking in line with the Policy on non-recruitment of Smokers or other Tobacco Users.¹⁶

3.1.7 [Fair and respectful provision of feedback on performance](#)

46. Supervisors are responsible for delivering results and for managing personnel they supervise. This includes creating and enabling an open and respectful environment where we are able to express our opinions and concerns and promote good performance. It also includes taking responsibility for assessing the performance of the staff members under our supervision in a timely manner, which involves addressing issues and making comments indicating areas in need of improvement. In this regard, the provision of timely and constructive feedback, the reasonable 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 harassment, abuse of authority, or discrimination.
47. WHO is committed to a performance assessment mechanism that is objective and fair. Disagreements with work-related matters or administrative decisions, such as transfers, reassignments, distribution of tasks, promotions, or contract extensions, can be addressed by established mechanisms under the WHO Staff Regulations and Staff Rules, such as the Performance Management and Development Framework.

¹⁵ This prohibition does not extend to host government law enforcement officials or authorized professional security staff at duty stations.

¹⁶ And any successor thereto.

3.1.8 [No unauthorised recording](#)

48. The unauthorised recording of supervisors, colleagues, meetings, stakeholders, or the public we serve is strictly prohibited and may be subject to disciplinary sanctions. Not obtaining informed consent and violations of privacy and trust are not tolerated by WHO.

3.2 [Promoting diversity](#)

49. WHO respects and values the diverse background and cultures of its personnel. Because we operate in a multicultural environment, we must remain mindful and loyal to WHO, and ensure that we adhere to WHO ethical principles and core values above our own personal beliefs, opinions, preferences, or habits. We must consider how our behaviours and/or actions may be perceived by others and be accountable for our own actions. We must consider and address operational barriers and challenges to ensure accessibility and inclusiveness.

3.3 [Child protection](#)

50. WHO has a fundamental obligation to ensure the safety and well-being of children. 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 sexual misconduct under the PASM. 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.

51. In this respect, WHO complies with the UNCRC and with relevant laws in the countries in which it operates.

3.4 [Gender equity and gender equality](#)

52. WHO is committed to gender equity and gender equality. We drive positive change to build a respectful workplace culture underpinned by trust, dignity, and fair treatment of all colleagues at every level.

53. Gender equity means fairness of treatment for every individual, regardless of their self-reported gender identity, according to their respective needs. This may include equal treatment or treatment that is different but considered necessary to enable their equal participation in terms of rights, benefits, obligations, and opportunities in their professional life.

54. Gender equality means that the different behaviours, aspirations, and needs of every individual, regardless of their self-reported gender identity are considered, valued, and favoured equally and that they will be treated equally in respect of their rights, responsibilities, and opportunities.

55. WHO recognizes that supporting gender equity and gender equality is of paramount importance to ensuring a technically strong WHO and a workplace free from discrimination and harassment including discrimination and harassment based on sexual orientation, gender identity, gender expression, and sex characteristics. The Gender Parity Policy sets accountability targets for gender equality throughout the Organization, reinforces gender response recruitment practices,

and a supportive organizational culture with flexible work arrangements and information tools, learning and development, spouse employment, and mentoring programmes.

3.5 Work-life balance

56. Work life balance is the positive relationship between work and other equally important activities in life, such as family, leisure, or other activities.
57. In light of the importance and benefits of an appropriate work-life-balance 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 a Flexible Working Arrangements Policy¹⁷ for a modern and productive workforce, which are intended to help us deliver results in an accountable and efficient way.

3.6 Environmental responsibility

58. WHO is committed to demonstrating that it is an environmentally responsible Organization by actively considering the consequences of decisions, policies, and actions on ecosystems and the people who depend on them and striving where possible to enhance the wellbeing of people and ecosystems and to minimize negative consequences.
59. In this regard, we must strive to minimize the environmental impact of all aspects of our operations through:
- a. Efficient and effective use of resources, and, as much as possible through the sustainable use of renewable resources (e.g., proper disposal of materials or equipment).
 - b. Ensuring that business decisions, particularly those including procurement and transport, reflect the need to minimize the ecological footprint of the Organization, in particular:
 - (i) Giving attention to environmental standards of companies when buying their products and emphasize this in the applicable procurement policies.
 - (ii) Aiming to limit the number of travels to those really needed, avoid multiplying the number of events, and reduce the size of delegations to events.
 - (iii) Promoting the use of teleconference as an alternative to physical meetings.
 - (iv) Working with partners and suppliers whose practices abide by environmentally sound standards and criteria and with those who actively strive towards the adoption of such practices or where WHO sees an opportunity for change, in line with programmatic engagement and delivery.
 - (v) Ensuring sustainable waste management practices in all WHO offices.
60. Any environmental concerns (e.g., incorrect disposal of medicines that WHO procures in accordance with the national law of the country and in light with environment considerations) should be reported to Internal Oversight through the Integrity Hotline.

¹⁷ And any successor thereto.

Section 4 - Ethical conduct

61. Our private life is generally our own concern. However, there may be situations where our personal conduct and activities outside the workplace, even if unrelated to official duties, may reflect upon the Organization. We should accordingly be aware of the potential impact of our private behaviour upon the image and interests of WHO.

4.1 Respect for the law

62. We are required to observe local laws and to honour our private legal obligations at all times. This includes, for example, obeying local traffic laws, paying our debts and family support obligations, and avoiding activities that are illegal in the country of our duty station. Where there is a conflict between national laws and UN standards, guidance should be sought from Legal.

63. Moreover, we must avoid any action that could be perceived as an abuse of the privileges and immunities conferred on WHO. Privileges and immunities for actions taken in the name of WHO can be waived by the Director-General in certain situations. If the Organization is made aware that you have violated local laws, the Organization will normally refer the matter to national authorities.

4.2 Personal conduct in private life

4.2.1 Conduct outside of work

64. While WHO respects our privacy and does not aim to interfere in our personal lives and behaviour outside the workplace, instances may arise where our behaviour outside of work and the behaviour of our family/household members may have an adverse impact on the reputation and interest of the Organization.

4.2.2 Domestic abuse (including child abuse) and intimate partner violence

65. Domestic abuse and violence are not private concerns. Such actions are contrary to the Organization's ethical principles and values that adversely affect the image and interest of WHO and undermine WHO commitment to doing no harm. WHO views domestic abuse and intimate partner violence as a serious transgression of expected standards of conduct and will not tolerate such conduct by its personnel.

66. If you are, or suspect that you may be, a victim of domestic abuse or violence, you are strongly encouraged to report it to the police in the location where you live. Legal, Human Resources, or Staff Health and Wellbeing, may be contacted for advice in this respect.

67. If concerns about the possible involvement of WHO personnel in domestic abuse and violence or child abuse are brought to the attention of WHO by local or national authorities, WHO will cooperate with these authorities. Anyone who is found to have committed acts of domestic abuse, violence, or child abuse may also be subject to disciplinary proceedings, including summary dismissal, where appropriate.

4.2.3 [Domestic workers](#)

68. When hiring private service providers, such as domestic workers, we need to be aware that there may be a risk of a perception of abuse of power if we do not exercise the necessary caution and comply with relevant labour laws of the country we are in. The economic gap existing in some duty stations between international civil servants and the local populations can make any association between them appear as a privilege and a position of advantage. In this respect, we are strongly encouraged to ensure that we hire domestic workers through reputable local agencies. If this is not possible, before hiring an individual directly, we must ensure that all the correct paperwork is in place (including immigration paperwork, as appropriate), that the worker is paid in accordance with the local laws and at least the minimum wages of the relevant duty station, and that all the necessary tax regulations, local, and employee insurance requirements have been complied with.
69. When hiring domestic workers while working at WHO, we must ensure that their conditions of employment are in line with the locally accepted norms governed by local law or custom. We are encouraged to discuss the existence of such an employment relationship with Human Resources and/or Ethics in order to establish clarity in what could otherwise become an ethically ambiguous situation.
70. Any violence or abuse towards/of domestic workers will not be tolerated and be dealt with in accordance with the applicable WHO regulatory and policy frameworks, and/or local and national laws, where necessary.

4.3 [Managing conflict of interest](#)

71. Conflicts of interest may arise when our personal interests interfere with the performance of our official duties or call into question our integrity, independence, and impartiality.

4.3.1 [Definitions](#)

72. A conflict of interest occurs when private interests (financial, personal, or other non-WHO interest or commitment) interfere, or appear to interfere, with our ability to act impartially, to discharge our functions, and to regulate our conduct with the interests of WHO only in view. It does not mean that we are 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.
73. A conflict of interest represents high-risk situations that need to be addressed. Ethics provides confidential advice to address possible and identified conflicts of interest in order to maintain the expected principles of integrity, independence, and impartiality.

4.3.2 [Declarations of interest](#)

74. While working for the Organization, we are subject to the authority of the Director General only. This means that we shall neither seek nor accept instructions from any government or other authority external to the Organization. We must always base our actions and decisions, and

regulate our conduct, with the interest of WHO only in view. The Organization's priorities must always be placed ahead of our personnel interests, the interests of family or friends, or those of a government, Member State, donor, or partner.

75. Staff members grade P5 and above, as well as those in certain departments and functions, i.e., anyone with procurement requestor and approval rights, are required to take part in an annual exercise to submit a Declaration of Interest (DOI) form. All new WHO personnel are also requested to submit a DOI form upon recruitment with the Organization.
76. We are expected to make prompt and full disclosure of any potential conflict of interest by seeking advice from Ethics on a confidential basis, and/or consulting our supervisors as to the appropriate action, including whether we should recuse ourselves from the situation that is creating the conflict or the appearance of a conflict.
77. The contribution of external experts is also essential to the work of WHO. When working with external experts, we 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 ensuring they have completed a DOI form. The interests disclosed must be assessed by WHO before the expert can be engaged. Advice and guidance are available from Ethics to decide whether a disclosed interest constitutes a conflict of interest, and to determine if and under what conditions the expert can be retained. Failure to ensure adherence to the declaration of interest process by experts can reflect negatively on WHO, whose independence and impartiality may be overshadowed by engaging with external individuals who have conflicts of interest. If you are working with external parties, you are expected to familiarize yourself with the Guidelines for Declaration of Interests (WHO Experts)¹⁸ and Information Note 22/2014.¹⁹
78. Regarding financial interests, we should also not have any financial interests that may profit, or appear to benefit, from our work at WHO. The annual declaration of interest exercise, conducted by Ethics, helps to maintain and enhance trust in the integrity of the Organization by identifying, managing, and mitigating the risk of personal conflicts of interest. When a conflict of interest is identified, Ethics will provide guidance on how it must be addressed. This may include the need to cease certain outside activities or divesting ourselves of certain financial holdings.

4.3.3 [Family and personal relationships in the workplace](#)

79. Family ties or personal relationships may affect or appear to affect our impartiality and job performance. We must avoid situations where our professional judgment could be affected in this manner (e.g., contracting a company owned by a family member, recruiting, and selecting new staff members, etc.).
80. For these reasons, no appointment shall be granted to a person who has any of the following relationships with us: father, mother, son, daughter, brother, or sister. Spouses of staff members, however, may be employed by WHO provided they are fully qualified for the position, and they are not given any preference for appointment by virtue of the relationship to us. However,

¹⁸ [Declaration of Interests \(WHO Experts\)](#).

¹⁹ And any successor thereto.

spouses cannot be in a supervisory or subordinate position to staff members in accordance with Staff Rule 410.3.

81. Similarly, staff members cannot participate in any activity that involves the hiring, dismissal or other disciplinary measure, advancement, promotion, demotion, evaluation, or supervision of our spouse, ex-spouse, or anyone who is closely related to us by blood or marriage, including a previous marriage, or with whom we are, or were previously, involved in a significant personal relationship or close friendship.
82. If we become aware that a person closely related to us by blood or marriage, has applied for a position with the Organization, we should advise Ethics or Human Resources in HQ, and the HR managers and DAFs in the regional and country offices, as appropriate.
83. We are also expected to remove ourselves from selection or procurement activities involving individuals who are well known to us on a personal level, to avoid claims of favouritism or bias in the hiring process.
84. Intimate relationships among colleagues in the workplace must not impact our professional responsibilities or the work environment. Such relationships must remain entirely consensual, without any form of coercion, exploitation, or abuse of power. If we become involved in an intimate relationship that involves a hierarchical or supervisory relationship, it should be disclosed to our supervisor, if appropriate. In any event, we are required to disclose it to Ethics and to the Senior Human Resources Officer to ensure such relationships can be addressed in accordance with the relevant WHO regulatory and policy frameworks. Within WHO, intimate relationships with interns or volunteers of WHO or the UN are strongly discouraged, whenever there is a power differential.

4.3.4 Outside employment, external activities, and board positions

85. While working for WHO, we are expected to devote our full time and attention to our work duties and responsibilities. We cannot undertake any outside work or activities that may interfere with our ability to carry out our role at WHO, either in terms of time and energy or by being incompatible (or perceived as incompatible) with our status as a WHO personnel. WHO does, however, generally support, and approve activities that contribute to our professional development and further the Organization's mission.
86. If we are seeking to pursue an outside activity in addition to our employment with WHO, we are normally required to obtain prior written authorization from Ethics.
87. As a general rule, we may not accept financial remuneration from external sources, engage in fundraising for external entities, or purchase or start our own business. However, when remuneration is offered that is compatible with our status as an international civil servant, for example, fees and honoraria for lectures or academic papers, and provided we obtain prior permission from Ethics, we may accept such remuneration.
88. If permission for an outside employment, external activity, or board position is granted, we may be required to act in our private capacity and on our own time. We must make it clear to the

organizers and participants in such activities, including employers, that we are acting in our personal capacity and not as a representative of WHO.

89. WHO does not allow us to carry out managerial or executive functions in a private capacity in an outside entity. Any exception, such as board memberships, would require approval by the Director-General.
90. We should all be familiar with Information Note 14/2015 on Outside Activities (engagement in outside employment or occupation).²⁰

4.3.5 [Political activity](#)

91. WHO supports our right to vote in our national systems. While membership in a political party is permitted, the membership cannot require us to take part in any action that is inconsistent with or would reflect adversely upon the independence and impartiality required by our WHO status (e.g., racist parties or groups that advocate violence).
92. This means that we may not take part in political demonstrations, publicly criticize governments, or run for or hold a political office at any level while working for WHO. The 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. If a spouse is involved in politics, we may be restricted from taking part in certain activities to preserve our independence and impartiality.
93. We may not participate in political activities, including, but not limited to, running for or holding local or national political office, while employed by WHO. While we may vote and belong to political parties, we must exercise discretion at all times in our 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 candidates for WHO elections. The Office of the Legal Counsel should be contacted for further information or queries in this subject area.

4.3.6 [Right of association](#)

94. In line with Article VIII of the Staff Regulations and Section 9 of the Staff Rules, staff members have the right to associate 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.

4.3.7 [Social or charitable activities](#)

95. Private, non-remunerated activities for social or charitable purposes which have no relation to our official functions or to WHO and take place outside working hours or during periods of authorized leave, may be engaged in at our discretion. We shall in every instance, however, ensure that the activity is and remains compatible with our status as international civil servants.

²⁰ And any successor thereto.

4.3.8 [Educational pursuits](#)

96. Enhancing education outside of working hours or while we are on authorized leave may be engaged in at our discretion.

4.3.9 [Acceptance of gifts, decorations, and honours](#)

97. Receiving gifts, awards, entertainment, hospitality, or honours in connection with our work can appear to create an obligation to the benefactor that can damage WHO reputation by calling into question its independence, integrity, and impartiality.

98. We should never solicit gifts or favours in connection with our official duties. 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.

99. Gifts received in connection with our work that are valued at less than US\$ 100 may be kept without a need to inform Ethics. However, if the value of the gift could or does exceed US\$ 100, authorization must be sought from the Director-General or Regional Director, through Ethics. Ethics will provide advice as to whether the gift may be kept or returned.

100. Before accepting any honour or decoration in relation to our work, we must inform and seek authorization from the Director-General or Regional Director, through Ethics. If authorization is given, we must acknowledge, when receiving the award, that it is being conferred in recognition of our work for WHO. In cases where the honour or decoration is in recognition of services unrelated to our official duties or terms of reference with WHO, the Organization may permit us to accept such recognition in our personal capacity, subject to the prior agreement of Ethics.

101. Similarly, in situations where we are involved in organizing an event or function that will be attended by external stakeholders, we must exercise restraint in the allocation of WHO resources for such purposes. The provision of gifts for attendees should normally be avoided to prevent any questions of intent.

4.3.10 [Donations](#)

102. Financial donations to WHO and donations-in-kind are gratefully received but must always be directed and received through the proper channels within Finance. If you are approached by an external party wishing to make a donation to WHO, you must refer them to Awards and Accounts unit, to ensure that the donation can be properly recorded and received through the appropriate accounting channels.

103. As the source of funds must always be verifiable, donations in cash cannot be accepted.

4.4 [Protecting WHO resources](#)

104. We have access to WHO assets and resources, such as funds, computer systems, telephones, supplies, vehicles, etc. We are responsible to use them appropriately and to protect WHO

property from loss, misuse, and waste, in accordance with the Acceptable Use of Information and Communication Systems Policy.²¹ Along with physical items, WHO assets also include intangible resources such as time, information, and technology.

4.4.1 [Use of official time](#)

105. To the extent possible, personal tasks and commitments should not be undertaken during working hours, either by ourselves, or by other colleagues on our behalf or at our request. Similarly, we must not allow outside activities to affect our ability to perform our functions for WHO, even when the outside activity has been approved.

106. In order to demonstrate professional and ethical conduct, we must identify any private telephone calls made from an office or a WHO mobile telephone or similar equipment, in accordance with the Acceptable Use of Information and Communication Systems Policy.²²

4.4.2 [Use and protection of information](#)

107. We are obliged to use and protect the security of any confidential information provided to, or generated by, the Organization. To avoid any unauthorized disclosure, we must exercise caution in our handling of confidential information.

108. Unless the receipt or disclosure of confidential information to external parties is the subject of an agreement or Protocol approved by Legal, we must not share WHO confidential information or accept confidential information from another party unless such action is duly authorized and approved, and the other party has signed a confidentiality undertaking. The Privacy Officer or Legal should be contacted for guidance and assistance.

109. In addition, we must not use information known to us because of our official duties for our private advantage, for example, in our personal dealings. This requirement applies even after we cease employment with WHO. If we become aware of other staff members' personal information due to our functions, we have a duty to respect their privacy and handle personal data with care and discretion.

110. Unauthorised sharing of WHO confidential information or improper acceptance of confidential information from another party may be subject to disciplinary action.

111. Throughout our work, including for norms setting purposes, WHO may acquire proprietary information about other organizations and entities, as well as individuals. This information is privileged and must be treated with sensitivity and discretion. We must use such information only in the context and for the purpose it was provided, and we must share it only with those who have a legitimate need to know.

4.4.3 [Office technology](#)

112. Professional conduct requires that we devote our time during working hours to the official activities of WHO. It requires that any personal use of office equipment, in particular internet,

²¹ And any successor thereto.

²² And any successor thereto.

e-mail and telephone usage, be kept to a minimum, not conflict with the interests of WHO, and be in line with expected conduct. Moreover, any such use must not disrupt the work of colleagues, or over-burden internal networks.

4.4.4 [Data and records](#)

113. WHO relies on us to record and report accurate, honest, and complete information. Misrepresentation and inaccurate records can lead to an erosion of trust in WHO across a number of fronts, from our internal justice system to how we report to our Member States and partners. If we are unsure about the accuracy and completeness of any information, we should never guess, but do our due diligence or ask for assistance instead. If we believe that any information we have recorded or reported to WHO or others is incorrect or can lead to misrepresentation, we must inform our supervisor as soon as possible and Ethics, who will determine the next best steps.
114. All record keeping must be accurate regardless of the format. It is important to follow WHO guidance on proper record keeping, as well as the appropriate way to dispose of records. Submission of fraudulent records is a cause for disciplinary action.

4.4.5 [Funding and procurement](#)

115. WHO relies on funding provided by Member States and donors. These funds are subject to the WHO Financial Regulations and Rules, financial, procurement, and accounting policies and procedures. WHO financial framework ensures that all funds are spent most effectively and efficiently, for the purposes they are intended for.
116. Any claims for any personal benefits, entitlements, or work-related expenses including Staff Health Insurance, travel, or benefits such as sick leave, must be truthful, reasonable, and supported by the necessary documentation.
117. WHO procurement activities are guided by internationally agreed core principles of value for money, effective competition based on equal treatment, and transparency and accountability. Therefore, when deciding among competing suppliers, we must be neutral and objective in order to choose the best supplier. We must not exert, or attempt to exert, influence to obtain special treatment for a particular supplier. Even the perception of influence can undermine the trust placed in WHO.
118. 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. WHO personnel, in particular individuals associated with procurement functions, are expected to conduct themselves in line with the principles and requirement established in Part VI of the WHO eManual.

4.4.6 [Physical assets and vehicles](#)

119. The property and assets of the Organization are intended for official WHO purposes only. We are all responsible for ensuring that the resources of WHO, including office supplies and materials, computers, telephone equipment and vehicles, are used with reasonable care and for official purposes. In order to demonstrate professional and ethical conduct, we must identify any private telephone calls made from an office or a WHO mobile telephone or similar equipment, following the instructions on the WHO intranet or in accordance with the Acceptable Use of Information and Communication Systems Policy.²³

120. WHO vehicles are only to be used for WHO official business purposes. We are not allowed to use WHO vehicles for personal use without express authorization from the Director General or Regional General. Authorization for trips unrelated to WHO work is conditional on recovery of full costs, including fuel, insurance, and mileage for vehicle wear and tear. Requesting that a colleague or subordinate use a WHO vehicle for our personal benefit is not permitted. When travelling in a WHO vehicle, we must always wear our seatbelt, obey local traffic rules, including speed limits and parking restrictions.

4.4.7 Fraud

121. WHO takes a zero-tolerance approach to fraudulent and corrupt practices, meaning that there are no acceptable excuses for us to engage in fraud, corruption, bribery, collusion, coercive, or other such similar behaviours.

122. Incidents of fraud and corruption may seriously damage WHO reputation and erode public trust in WHO, which could ultimately cause suspension or loss of donor funding, thereby negatively impacting the delivery of the Organization's mission. Fraudulent and corrupt behaviour impacts our effectiveness, motivation, and morale as well as our ability to attract and retain a talented workforce.

123. As defined in the Policy on Prevention, Detection and Response to Fraud and Corruption,²⁴ fraud or fraudulent practice is any act or omission, including any misrepresentation, that knowingly misleads, or attempts to mislead, a party to obtain any financial or other benefit or to avoid an obligation whether for oneself or for others. Corruption or corrupt practice is the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party. Corruption may reflect an abuse of power and/or improper use of resources for private gain.

124. All incidents of suspected fraud or corruption must be reported to Internal Oversight. Subject to an initial review by Internal Oversight, such reports will be investigated in accordance with the Internal Oversight Investigation Process. Disciplinary measures and other actions will be pursued by WHO against perpetrators of fraud, including recovery of funds, termination, referral to local or national authorities, administrative and judicial authorities at national level, as deemed necessary and applicable by the Organization.

²³ And any successor thereto.

²⁴ Unless otherwise defined in any successor thereto.

4.4.8 [Enterprise risks](#)

125. WHO is exposed to a variety of external and internal influencing factors that create uncertainty regarding the realization of organizational goals. The effect of this uncertainty on organizational objectives is also referred to as “risk”. Some of these risks may be ethical in nature, such as the risk of bribery, corruption, fraud, embezzlement, kickbacks, misuse of confidential, or proprietary information etc.
126. We each have an obligation to mitigate risks facing WHO by reporting concerns we have (by following procedures in the WHO regulatory and policy frameworks), and by following controls and other mandated steps to lessen the Organization’s exposure to these risks.

4.5 [Protecting WHO interests and reputation](#)

4.5.1 [Intellectual property, publications](#)

127. All rights, including title, copyright, and patent rights, in any work or invention produced or developed by us as part of our official duties, is the property of WHO.
128. 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 us for external publication, must comply with the established clearance procedures, copyright, and patent rights, as well as WHO publishing policies. A contribution to an external publication is defined as:
- a) A text prepared in the normal course of duty and attributed to WHO personnel and published externally; or
 - b) A text prepared outside the normal course of duty but related to the work of WHO and attributed to WHO personnel and published externally.

[Texts prepared as WHO personnel](#)

129. All information products published externally should be scientifically sound and published in accordance with the Policy on Open-access 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 personnel and identify them as employees of WHO. We are also required to follow the applicable eManual provisions on Publications concerning theses and dissertations, with particular focus on projects that relate to the work of WHO personnel or that reflect the Organization's work.

[Texts written in a personal capacity](#)

130. Texts we write in our personal capacity and in our 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, we should give full weight to the implications of our publication in line with the provisions regarding outside activities. Such texts should bear no indication that the author is or was a WHO personnel. Any remuneration received for such publications will need to be approved by Ethics prior to producing the written material.

4.5.2 [Media relations and public statements](#)

131. Authorization to speak to the media can only be granted on subjects within our area of responsibility and expertise. That being said, we should bear in mind that we speak for WHO and not as an individual, an academic, or an independent expert in our field.
132. Before speaking, we must seek advice from our supervisor, Communications, or Ethics, as appropriate. We should take part in communications training offered by WHO through Communications if speaking to the media is a possibility. In addition, we should bear in mind that, if authorized, remarks made to journalists might be important to colleagues elsewhere in the Organization. Therefore, we must keep relevant colleagues, including Legal, informed about the work we do with the media, scientific media, and journals.
133. WHO collaborators are not permitted to speak to the media on behalf of WHO at any time.

4.5.3 [E-mails and social media](#)

134. WHO encourages the use of official and individual social media accounts to promote the objectives and work of the Organization. However, inappropriate use of e-mail or social media both privately and professionally may expose the Organization to risks including but not limited to spreading harmful misinformation, infringing on the copyrights of others, or compromising WHO reputation, independence, and credibility.
135. WHO has developed a Global Social Media Policy²⁵ to promote the consistent use of and ethical conduct on social media in accordance with the WHO regulatory and policy frameworks.
136. We are all expected to anticipate the manner in which our e-mails or social media activities may be viewed, and the potential and actual impact of these activities. We should never engage in social media activities that can serve to embarrass ourselves, our colleagues, or WHO. We are required to exercise good judgement prior to sending information by way of e-mail or posting information on the social media. If in doubt, we should report any perceived risks to Communications or Ethics, as appropriate.

4.5.4 [Scientific conduct and research](#)

137. As detailed in WHO Code of Conduct for Responsible Research and the Policy on Misconduct in Research,²⁶ WHO is committed to research integrity, and promotes high quality research that is ethical, expertly reviewed, efficient, accessible, transparent, carefully monitored, and rigorously evaluated.
138. 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

²⁵ And any successor thereto.

²⁶ WHO Information Note 49/2017 or any successor thereto.

subjects must undergo a formal ethics 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.

139. We are expected to demonstrate exemplary behaviour in research, reflecting personal commitment through responsible action. We also must apply the highest standards of scientific integrity as detailed in the WHO Code of Conduct for Responsible Research and the Policy on Misconduct in Research and are responsible for ensuring adherence to WHO standards.

140. Scientific and/or research misconduct is considered as professional misconduct in WHO and is liable to disciplinary measures. As such, we must report it according to the WHO procedures for dealing with allegations of misconduct in research.²⁷ Scientific and/or research misconduct damages science, amounts to a misuse of the Organization's funds, and undermines the trust of the public in WHO.

4.5.5 [Relations with non-State actors](#)

141. WHO also engages with non-State actors, i.e., nongovernmental organizations (including civil society groups), private sector entities (including business associations), philanthropic foundations, and academic institutions. In developing relationships with such non-State actors, WHO integrity, independence, credibility, and reputation must be ensured and the scientific and evidence-based approach that underpins WHO work must not be compromised.

142. When we interact with non-State actors, we must comply with the WHO Framework on Engagement with non-State Actors (FENSA) and relevant procedures.²⁸ This Policy provides a set of rules and procedures to facilitate our engagement with non-State actors. It represents a firm basis for strengthening engagement and it helps balancing risks against expected benefits while protecting and preserving WHO integrity, reputation, and public health mandate.

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

4.5.6 [Relations with third parties, external partners, contractors, NGOs, vendors](#)

144. Third parties, including vendors and suppliers, NGOs, partners, or private sector organizations are often engaged by WHO. The formal procurement process, which generally includes a competitive bidding and approval process, must be followed and only those of us with the appropriate authority can bind the Organization to a contract with a third party.

²⁷ WHO Information Note 49/2017 or any successor thereto.

²⁸ WHA Resolution 69/2016 and Section XVIII.1 of the WHO eManual.

145. All vendors and suppliers are expected to meet or exceed WHO expectations with regard to ethical behaviour and business practices. They must agree to abide by the provisions of this Code and other WHO policies addressing standards of conduct, and to adhere to the principles and meet the standards set forth in the UN Supplier Code of Conduct.²⁹

4.5.7 [Relations with governments and other UN agencies](#)

146. While we are expected to maintain courteous relations with the governments of WHO Member States, we should not interfere with the internal affairs of these governments. In order to maintain the impartiality required of international civil servants, we must remain independent of any authority outside of the Organization and our conduct must reflect our independence. For this reason, we 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:

- a) Interfere with the internal deliberations or policy direction of the Organization.
- b) 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,
- c) Obtain a promotion, benefit, or any other type of employment advantage.

147. We must exercise caution and refrain from expressing our opinions and beliefs, including religious beliefs, publicly or engaging in political actions that might interfere with 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.

148. WHO regularly collaborates with other UN agencies and state entities. Working with others can present a risk for WHO. WHO therefore requires other parties with whom we engage with to comply with many of our guidelines and meet our high standards. If you are aware that another party is acting unethically or not in accordance with the standards set by WHO, you should report the matter to your supervisor and Ethics, who will provide guidance on next steps.

149. It is important to remember that before you engage with any entity, whether a UN agency or a government entity, you have to ensure that you have determined that the party you are dealing with is in fact a UN agency or a government entity or a government official.

4.6 [Post-employment obligations](#)

150. Conflicts of interest can relate either to current work but also to past or possible future employment. For example, when applying or discussing prospective employment outside WHO, we must refrain from discussing or revealing WHO information that is not in the public domain. WHO personnel should consult with Ethics or Human Resources to design mitigation measures (such as recusing ourselves 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 our own and/or WHO reputation. Similarly, individuals on secondment to WHO should not be performing duties that could benefit, or be perceived to

²⁹ [UN Supplier Code of Conduct | UN Procurement Division](#).

benefit, their releasing institution or government, and respect the confidentiality of WHO information.

151. Upon separating from service with WHO, our obligation of discretion and confidentiality with regard to official matters does not cease. In particular, we shall not communicate to any person any information known by us by reason of our former position; nor shall we in any way use such information to our 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, upon leaving service, we 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 Ethics for a period of two years. Similarly, if our functions included the provision of legal, procurement, policy services, advice, or representation of WHO personnel within the Organization, we may not engage in the provision of such services, advice, or representation in a private or commercial capacity without the express authorization of Ethics for a period of two years.
152. Former WHO personnel who make public statements about WHO in the media or publish as former WHO personnel need to seek authorization from Ethics for a period of two years after separating from the Organization.

Section 5 - Obligations and Consequences

5.1 Duty to Comply

153. Our failure to fulfil our 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 this Code and the applicable WHO regulatory and policy frameworks will be investigated. Where misconduct is established following an investigation, disciplinary proceedings will be initiated against us in accordance with our terms and status of engagement.
154. Supervisors have an additional responsibility to (i) always set an example by behaving in accordance with this Code, ensure that their teams are familiar with this Code and to act accordingly; (ii) prevent and respond to transgressions of the Code; and (iii) create and maintain working environments where such transgressions are prevented, minimized, and mitigated according to the regulatory and policy frameworks of the Organization.
155. WHO, through Ethics and other officials responsible for accountability functions (e.g., Procurement), shall provide individual support to WHO personnel and supervisors on the implementation of this Code and other ethical issues, as appropriate.

5.2 Duty to Report

156. We all have a duty to report wrongdoing, including abusive conduct, sexual misconduct, fraud and corruption, in accordance with the appropriate policies and procedures. There is *#NoExcuse* not to report.

157. Complaints can be submitted by e-mail to (i) investigation@who.int, (ii) through the WHO Integrity Hotline, or (iii) as otherwise addressed in WHO policies and procedures. All complaints will be reviewed and investigated by Internal Oversight, as may be necessary. We are not permitted to investigate allegations of wrongdoing ourselves. The investigators of Internal Oversight are specially trained and mandated to deal with all reports and complaints of alleged misconduct.

158. WHO is committed to ensuring compliance with WHO regulatory and policy frameworks. When wrongdoing is suspected, or where we may need guidance or may fear retaliation, we can reach out to Ethics, an Ombuds, Prevention of and Response to Sexual Misconduct, Human Resources, Staff Health and Wellbeing, or the Staff Association, as appropriate, for advice and support. These resources will help us to understand whether or not information should be reported, the applicable processes, our options, and the resources that are available.

159. The Organization is committed to support all of us to speak up, to facilitate the reporting of wrongdoing, to ensure a prompt and effective response to reports of wrongdoing, not retaliating, and to protecting staff, and others, who honour their duty and obligation by coming forward. By reporting suspected wrongdoing in good faith, we are entitled to protection against retaliation in accordance with the provisions of the Policy on Preventing and Addressing Retaliation.³⁰ Retaliation itself constitutes misconduct and any member of WHO personnel who engages in retaliation may be subject to disciplinary measures or other applicable sanctions.

5.3 Consequences for non-compliance

160. Integrity is doing the right thing even if no one is watching.

161. This principle is valued and expected of all WHO personnel. WHO expects each of us to act honestly and professionally, with integrity, at all times. If we fail to uphold WHO regulatory and policy frameworks, standards of conduct, local laws and/or our personal legal obligations, we are likely to face an Internal Oversight investigation and we may be subject to disciplinary measures. This includes demotion, financial recovery, (summary) dismissal, or termination, and even referral to local authorities for possible criminal prosecution, where appropriate.

³⁰ And any successor thereto.

Annex – Contact information

We are recommended to consult the following services and entities for advice or support, where appropriate:

- **Ethics Unit, Department of Compliance, Risk Management and Ethics (CRE)**
E-mail: ethicsoffice@who.int
Intranet: [About CRE \(who.int\)](#)
- **Internal Oversight Services (IOS)**
E-mail: investigation@who.int
Intranet: [Office of Internal Oversight Services \(who.int\)](#)
- **WHO Integrity Hotline (managed by IOS)**
Intranet: [WHO Integrity Hotline](#)
- **Office of the Ombudsman and Mediation Services (Ombuds)**
E-mail: ombudsman@who.int
Intranet: [Office of the Ombudsman \(who.int\)](#)
- **Staff Health and Wellbeing (SHW)**
E-mail: shws@who.int
Intranet: [Staff Health & Wellbeing Services \(who.int\)](#)
- **Prevention of and Response to Sexual Misconduct (PRS)**
Intranet: [Preventing and Responding to Sexual Exploitation \(who.int\)](#) and extranet: [Preventing and Responding to Sexual Exploitation, Abuse and Harassment \(who.int\)](#)
E-mail: PRSEAH@who.int
- **Human Resources and Talent Management (HRT)**
Intranet: [Human Resources and Talent Management \(who.int\)](#)
- **Office of the Legal Counsel (LEG)**
Intranet: [Office of the Legal Counsel \(who.int\)](#)
- **Department of Finance**
Intranet: [Department of Finance \(who.int\)](#)
- **Department of Communications**
Intranet: [Department of Communications \(who.int\)](#)
- **Staff Association**
Intranet: [HQ Staff Association \(who.int\)](#)