STRATEGIC RELOCATIONS OF HQ TECHNICAL FUNCTIONS

Final Report

AUGUST 2025

World Health Organization

Business Cases
August 2025
Strategic relocation of HQ functions

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1 Relocation narrative & methodology

1.1 Narrative

As funding environments evolve and the broader global health architecture shifts, WHO must make internal adjustments **to become more agile and more efficient**. Therefore, beyond the ongoing consolidation and simplification of WHO's structure, the Organization is considering the strategic relocation of functions.

Relocation projects entail the **deconcentration of selected headquarters functions** by transferring the operations and the teams to other geographic locations, while being maintained as HQ functions. These projects are distinct from decentralization initiatives, as they do not involve an expansion of the mandate or scope of Regional or Country Offices.

WHO will focus on **sustainable relocation projects of departments or programmes** (over the medium/long-term). These projects will be guided by several **project design principles**, grounded in best practices adapted to WHO specific context:

- Selected relocation projects will be designed to bring a **significant advantage to WHO**, improving the delivery of its core mandate
- Avoid fragmentation of divisions locations and make sure they can be easily coordinated
- Design significant but manageable relocation projects: relocate a sufficient number of "eligible" positions to justify the effort & investment; while keeping projects within a reasonable scale
- Exclude all departments requiring frequent in-person interactions with Geneva (HQ or local global health ecosystem)
- Select locations that would generate staff, donors, partners & countries' buy-in (i.e., favorable ecosystem & environment)
- Prioritize locations that facilitate access to relevant infrastructure for the activities of the relocated department/ programme (i.e., satisfying connectivity to key locations & operational partners)
- Avoid Regional Offices and prioritize where possible existing HQ outposted offices to leverage teams' consolidation and help preserve the relocated functions as "HQ" ones

For technical programmes*:* WHO's objective is to locate its staff where their presence most effectively supports programme delivery—i.e. closer to areas of disease burden and to operational settings, including where key partners are active. This strategic approach aims to enhance organizational effectiveness and maximize public health impact.

1.2 Methodology

Relevant relocation projects for HQ have been identified on the basis of a twofold methodology:

- **Departmental assessment** – All headquarters departments, based on the target organizational structure as of May 2025, were systematically reviewed to identify those with a high potential for relocation based on the design principles.
- **Location assessment** – Potential destination sites were evaluated against six key criteria: alignment with the global health ecosystem, cost differentials, quality of life, connectivity, stakeholder support, and office status (with a preference to avoid Regional Offices in order to preserve the integrity of headquarters functions). *Please see the dedicated Appendix on the assessment of locations.*

As a result of this process, four priority programmtic projects have been selected for relocation (see Figure below). The present document outlines the corresponding business cases for each.

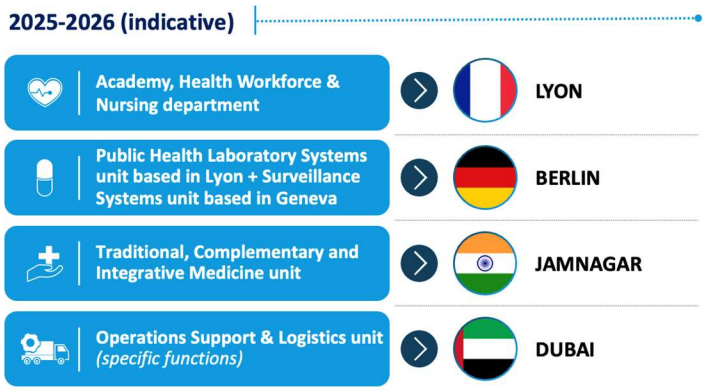

Figure 1. HQ technical functions relocating

2 Business cases for the 4 prioritized projects of HQ functions' relocations

2.1 Relocation of Health Emergencies functions to Berlin in January 2026

Overview of the prioritized relocation project to Berlin for January 2026

The relocation of functions within **Public Health Laboratory Systems**, from the former Country Readiness & Strengthening department, and within **Surveillance Systems (SRV) to Berlin** have been prioritized, and have been included in the ongoing restructuring.

These two units contribute to WHO's global health emergency and surveillance architecture by advancing integrated, collaborative approaches to pandemic and epidemic intelligence. Their work supports data-driven decision-making, laboratory systems strengthening, and early detection capabilities, in alignment with the WHO Hub for Pandemic and Epidemic Intelligence in Berlin.

As of July 2025, **the Surveillance Systems Unit is composed of 9 occupied positions**, currently based in Geneva, and the **Public Health Laboratory Systems Unit is composed of 9 occupied positions**, currently based in Lyon. The two units are already heavily involved in projects led by the Berlin Hub and will operate under its umbrella as part of the broader surveillance consolidation.

Within the two units, relevant sub-functions have been selected to be relocated as part of the ongoing restructuring (amounting to 17 positions in total), see on the table below.

Grade	# HC relocated from GVA	# HC relocated from Lyon	Final # HC relocated
P5	0	1	1
P4	4	4	8
P3	2	2	4
G5	2	2	4
TOTAL	**8**	**9**	**17**

Table 1.1: Headcount per grade and location to be relocated for Health Emergencies relocations to Berlin

Strategic rationale for the relocation of functions within Public Health Laboratory Systems based in Lyon

The WHO Hub for Pandemic and Epidemic Intelligence in Berlin was established to strengthen collaborative global surveillance through data sharing, innovation, and interdisciplinary collaboration, as part of WHO's broader framework to enhance the global architecture for health emergency prevention, preparedness, response and resilience (HEPR).

The **Public Health Laboratory Systems Unit in Lyon** plays a key role in strengthening laboratory systems, biosafety, and diagnostics, which are critical pillars of collaborative surveillance. Its contributions to laboratory preparedness, capacity building, and early detection directly support the WHO's vision for integrated surveillance systems.

As collaborative surveillance continues to evolve and increasingly emphasizes interoperability, data sharing, and rapid threat detection to strengthen decision-making, the Unit's technical expertise remains essential. As of July 2025, the Unit is composed of nine staff members. **Integrating the Lyon Unit with the WHO Hub for Pandemic and Epidemic Intelligence in Berlin would strengthen coordination, accelerate**

the translation of laboratory data into actionable intelligence, and contribute to a more unified global surveillance architecture.

Strategic rationale for the relocation of functions within Surveillance Systems based in Geneva

Since the Hub's inception, the Surveillance Systems Unit, originally functioning as a department, has been fully embedded in the Hub's strategy and has driven key initiatives within its portfolio of work. As of July 2025, the Unit comprises nine occupied positions and will operate without a Unit Head, and Staff are mostly working on projects led from the Hub in Berlin. **This relocation presents a timely opportunity to consolidate leadership, improve operational efficiency, and support strategic repositioning by reducing the geographic fragmentation of surveillance functions within WHE**. This move is aligned with WHO's Prioritization and Realignment Process, aiming to foster greater coherence, collaboration, and cost-effectiveness.

Additionally, Berlin has emerged as the most relevant location for this relocation due to a **combination of strategic advantages**. Its positioning as a leading European center for global health intelligence and innovation offers a strong foundation for collaboration in pandemic and epidemic surveillance (WHO Hub, Robert Koch Institute and Charité University Hospital) and potential partnerships. The city also benefits from direct proximity to Geneva, excellent connectivity with other WHO regions and access to a qualified talent pool.These factors make Berlin an optimal base to strengthen WHO's leadership in integrated global surveillance and reinforce its ability to respond rapidly and effectively to health threats.

Preliminary Financial Impact

Initial estimates indicate that the relocation of these selected Health Emergencies functions to Berlin could generate **annual run-rate savings of up to $0.6 million**, primarily through labor cost arbitrage (based on Post Cost Averages difference) compared to Geneva.

The **one-off implementation costs** to be around **$0.4 million**, covering relocation packages and settle-in grants for staff in the Professional Category-Staff, the potential subsidies of the German Government, temporary double-running costs and recruitment costs for local G-Staff. It excludes any separation costs at this stage, that will be accounted for in the restructuring exercise.

Based on these preliminary assumptions, the **return on investment (ROI) is expected within approximately one year.**

RUN - Detailed impact of relocation on PEOPLE cost for WHE dpts

	Current (in Geneva and in Lyon)						Simulation (Berlin)	
Grade	# HC relocated from GVA	# HC relocated from Lyon	Final # HC relocated	Avg PCA cost by HC in GVA ($k, ann.)	Avg PCA cost by HC in Lyon ($k, ann.)	Total PCA cost ($m, annual)	Avg PCA cost by HC[1] ($k, annual)	Total PCA cost ($m, annual)
P5	0	1	1	360500	279000	0,3	280000	0,3
P4	4	4	8	298000	250000	2,2	242500	1,9
P3	2	2	4	248500	203500	0,9	196000	0,8
G5	2	2	4	191000	100500	0,6	103000	0,4
TOTAL	**8**	**9**	**17**			**4,0**		**3,4**

Annual Run Rate savings **$0.6m**

Table 1.2: Preliminary high-level financial impact of the relocation of 17 headcounts (13 P-Staff, 4 G-Staff) from Lyon & Geneva to Berlin (note – based on 2026/27 PCA for both Geneva & Berlin)

As of now, the following hypotheses have been taken for the implementation costs ($0.4m in total):

- Relocation package for each P-Staff: **$0.3m in total** (relocation grant, settle-in grant, transportation costs to new location, potential support provided by national authorities)
- Local recruitment cost for G-Staff: 10% of annual PCA cost for G-Staff, leading to **$40k**
- 1 month of double run for G-Staff: leading to **$50k**

Conclusion and next steps

This relocation will reinforce WHO's long-term capacity to lead on global health surveillance, by consolidating critical expertise and anchoring it within a high-performing, partner-rich environment.
Next, the focus will be on confirming the operational timeline, engaging with selected teams, and coordinating with local counterparts in Berlin. **Practical enablers such as office space, HR processes, and legal requirements will need to be addressed to ensure readiness by January 2026**. The project will be integrated into the new organizational charts for inclusion in staff consultations and aligned with other ongoing transformation efforts.

2.2 Relocation of Operations Support & Logistics (Unit from Health Emergencies Alert & Response Operations) to Dubai in January 2026

Overview of the prioritized relocation project to Dubai for January 2026

The relocation of functions within the unit of "Operations Support & Logistics" (in the new Department of Health Emergencies Alert & Response Operations) **to Dubai** has been prioritized, and included in the ongoing restructuring.

This unit is part of the **Health Emergencies Alert & Response Operations department**, which results from the merger of three departments, including HQ/SHO Strategic Health Operations (former Department of OSL). The unit is responsible **for coordinating operational logistics in emergency settings**, ensuring timely deployment of supplies, personnel, and support services in alignment with WHO's emergency response protocols. It comprises **22 headcounts** as of July 2025, based in Geneva.

Out of these 22 positions, **one position relocated and is already present in Dubai**, **another ten positions will be relocated by 1 January 2026 and the remaining 11 positions by 1 January 2027. An additional 10 position functions have been identified to be relocated by Q4 2027, this is in preliminary stages of discussion and needs to be confirmed with agreements with host country.**

Grade	Current # HC	Positions to be relocated in 2026	Positions to be relocated in 2027
P6	1	0	1
P4	12	7	4
P3	4	3	1
G6	1	0	1
G5	2	0	2
G4	2	0	2
TOTAL	**22**	**10**	**11**

Table 2.1: Headcount per grade of Operations Support & Logistics (based in Geneva)

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Strategic rationale

Relocating the OSL team to Dubai would **position WHO at the heart of a highly strategic logistics hub.** With direct access to both global air and sea networks (e.g., Al Maktoum Airport, Jebel Ali Port), Dubai enables rapid deployment of supplies to Africa, the Middle East, and Asia.

WHO has been operating its logistics hub since 2016 without a host agreement in place with the UAE government, based on a lease agreement with the International Humanitarian City. **This host agreement for WHO has recently been signed, offering us an opportunity to consolidate WHO's staff in a location that represents one of the most exciting growth prospects for the Organization.**

The city is also home to a humanitarian & health ecosystem (e.g., within the International Humanitarian City), creating a conducive space for real-time collaboration and joint response planning. Other agencies in the IHC compound include WFP, IFRC, UNHCR and are exploring strengthening staff presence. UNICEF has been based in Jebel Ali Freezone under a commercial agreement with no staff presence, but is considering a move and a shift of staff from Copenhagen.

Strengthening the WHO presence in the UAE offers the Organization an opportunity to **collaborate closer with key response partners while reinforcing the WHO role as the lead coordinator in health logistics and supply chain**. This would allow WHO to respond faster and work more closely with partners, reinforcing its role in global emergency coordination.

Preliminary Financial Impact

Initial estimates indicate that the relocation of the Operations Support & Logistics (OSL) unit to Dubai would mean operating approximately **at the same level of people costs as Geneva** (estimated 0.7m annual cost savings).

The one-off implementation costs are estimated at approximately **$1.2m**, covering relocation packages and settle-in grants for staff in the Professional Category.

RUN - Detailed impact of relocation on PEOPLE cost for OSL unit

Grade	Current # HC in Geneva	Current (Geneva) Avg PCA cost by HC ($k, annual)	Current (Geneva) Total PCA cost ($m, annual)	Simulation (Dubai) Avg PCA cost by HC ($k, annual)	Simulation (Dubai) Total PCA cost ($m, annual)
P6	1	410,500	0,4	403,500	0,4
P4	12	298,000	3,6	267,500	3,2
P3	4	248,500	1,0	259,000	1,0
G6	1	218,000	0,2	120,500	0,1
G5	2	191,000	0,4	115,500	0,2
G4	2	178,000	0,4	113,500	0,2
TOTAL	**22**		**5,9**		**5,2**

Annual Run Rate Savings **$0.7m**

Table 2.2: Preliminary high-level financial impact of the relocation of 22 positions (P and G-Staff only) from Geneva to Dubai (note – based on 2026/27 PCA for both Geneva & Dubai)

As of now, the following hypotheses have been taken for the implementation costs ($1.2m in total):

- Relocation package for P-Staff: **$1m in total** (relocation grant, settle-in grant, transportation costs to new location, potential support provided by national authorities)
- Local recruitment cost for G-Staff: 10% of annual PCA cost for G-Staff, leading to $60k
- 1 month of double run for G-Staff: leading to $90k

Conclusion and next steps

The relocation to Dubai is a concrete step toward a more agile and field-oriented setup for emergency operations. It builds on existing global logistics infrastructure, aligns with the broader restructuring of WHO, and brings operational advantages.

Next, the focus will be on confirming the operational timeline, engaging with affected teams, and coordinating with local counterparts in Dubai. Practical enablers such as office space, HR processes, and legal requirements will need to be addressed to ensure **readiness by January 2026**. The project has been integrated into the new organizational charts for inclusion in staff consultations and aligned with other ongoing transformation efforts.

2.3 Relocation of WHO Academy, Health Workforce & Nursing to Lyon in January 2026

Overview of the prioritized relocation project to Lyon for January 2026

The relocation of the Department of "**WHO Academy, Health Workforce and Nursing**" to Lyon has been prioritized, and included in the ongoing restructuring.

As a reminder, this department is the merger of WHO Academy, Chief Nursing Office and Health Workforce. It aims at enhancing the impact and coherence of WHO's global health workforce initiatives by consolidating training, policy development, and country support. **The Department comprises 68 headcounts as of July 2025, of which 35 are already based in Lyon as part of the Academy, and the remaining Staff (HC = 33) are located in Geneva.**

Grade	# of Headcounts	Of which based in GENEVA	Of which based in LYON
D2	2	1	1
D1	2	1	1
P5	12	7	5
P4	20	6	14
P3	15	8	7
P2	4	4	0
G6	2	0	2
G5	11	6	5
Total	**68**	**33**	**35**

Table 3.1: Headcount per grade and location of WHO Academy, Health Workforce and Nursing

Strategic rationale

The decision to centralize the Academy, Health Workforce, and Nursing teams in Lyon aligns with a broader strategic effort to consolidate activities within a single department as part of an organizational realignment. This co-location is intended to strengthen the integration between programmatic and local needs, curriculum development, and certification processes.

Achieving the GPW 14 objective of saving an additional 40 million lives is not possible without strengthening and expanding a well-trained health and care workforce. However, recent estimates indicate a projected shortfall of 11 million health workers by 2030. At the same time, the rapid pace of medical and scientific advancements underscores the need to keep the workforce continuously up to date. In response, the WHO Academy has set an ambitious target: to train 3 million healthcare workers by 2028. Nursing and Midwifery is one of the priority programs.

This relocation will enable the implementation of a more integrated approach across all core functions related to the health and care workforce. These include: research and evidence generation; norms and standards; policy guidance and tools; leadership, advocacy, and convening; partnership engagement; knowledge development, learning and capacitation; technical support to countries; and data and monitoring. Each of the departments involved currently contributes to these functions from different vantage points, and this consolidation will enhance coordination and coherence across the continuum.

In particular, the co-location of the Health Workforce and Nursing teams with the WHO Academy will strengthen the Academy's role as a responsive, unified, and globally recognized hub for health workforce development. It will ensure greater cohesion across the entire learning cycle—from training design to certification, delivery, and contextual adaptation—thereby aligning more closely with national priorities and the evolving realities of health and care workers on the ground.

Additionally, Lyon has emerged as the most relevant location for this relocation due to a combination of strategic advantages:

- Its proximity to Geneva enables continued interaction with HQ while allowing for operational decentralization.
- It already hosts the WHO Academy, providing a strong anchor and existing infrastructure.
- The city also offers a favorable environment for collaboration, with robust health and academic ecosystems, high-quality public services, cost advantages compared to Geneva (-20% on average), and connectivity to key global regions.

This move will position **Lyon as a core hub for health workforce development**. It will make WHO's response more agile, focused, and connected to operational realities.

Preliminary Financial Impact

Initial estimates indicate that the relocation of the *Academy, Health Workforce & Nursing* department to Lyon (with 33 positions considered for the project) could generate **annual run-rate savings of up to $2.1 million**, primarily through labor cost arbitrage (based on Post Cost Averages difference) compared to Geneva.

The **one-off implementation costs** are expected to be around **$1.5 million**, covering relocation packages and settle-in grants for staff in the Professional Category, temporary double-running costs and recruitment costs for local G-Staff. It excludes any separation costs at this stage, that will be accounted for in the restructuring exercise.

Based on these preliminary assumptions, the **return on investment (ROI) is expected within approximately one year.**

RUN - Impact of relocation on PEOPLE cost for Academy, HWF, Chief Nurse

Grade	Current (Geneva) # HC in Geneva	Current (Geneva) Avg PCA cost by HC ($k, annual)	Current (Geneva) Total PCA cost ($m, annual)	Simulation (Lyon) Avg PCA cost by HC ($k, annual)	Simulation (Lyon) Total PCA cost ($m, annual)
D2	1	449,000	0,4	362,500	0,4
D1	1	410,500	0,4	325,000	0,3
P5	7	360,500	2,5	279,000	2,0
P4	6	298,000	1,8	250,000	1,5
P3	8	248,500	2,0	203,500	1,6
P2	4	198,500	0,8	147,000	0,6
G5	6	191,000	1,1	100,500	0,6
TOTAL	**33**		**9,1**		**7,0**

Assuming relocation of all positions

Annual Run Rate savings **-$2.1m**

Table 3.2: Preliminary high-level financial impact of the relocation of 33 positions (25 P-Staff, 6 G-Staff and 2 Directors) from Geneva to Lyon (note – based on 2026/27 PCA for both Geneva & Lyon)

As of now, the following hypotheses have been taken for the implementation costs ($1.5m in total):

- Relocation package for each P-Staff: **$1.3m in total** (relocation grant, settle-in grant, transportation costs to new location, potential support provided by national authorities)
- Local recruitment cost for G-Staff: 10% of annual PCA cost for G-Staff, leading to **$0.1m**
- 1 month of double run for G-Staff: leading to **$0.1m**

Conclusion and next steps

The relocation to Lyon is a **concrete step toward a more integrated and efficient setup for health workforce development**. It builds on existing assets, fits within the broader restructuring, while leveraging an existing HQ-outposted office close to the Geneva ecosystem.

Next, the focus will be on confirming the operational timeline, engaging with affected teams, and coordinating with local counterparts in Lyon. Practical enablers such as office space, HR processes, and legal requirements will need to be addressed to ensure readiness by January 2026[1]. The project have been integrated into the future organigrams as part of the ongoing structure definition phase, and aligned with other ongoing transformation efforts.

[1] Indicative, based on current headcounts, prior to consultations and restructuring

2.4 Relocation of Traditional Medicine functions to Jamnagar in July 2026

Overview of the prioritized relocation project to Jamnagar for July 2026

The relocation of **Traditional Medicine functions** (within the unit of "Traditional, Complementary and Integrative Medicine") **to Jamnagar** has been prioritized, and should included in the ongoing restructuring.

This unit is part of the new **"HQ/Governance, Financing, Economics, integrated Service delivery, PHC, UHC-hub" department**, which results from the merger of five departments, including HQ/IHS Integrated Health Services (i.e., the former Department of TCI).

The unit is responsible for strengthening WHO's leadership in Traditional, Complementary and Integrative Medicine (TCI), through global coordination, policy development, and engagement with national institutions. Its activities focus on advancing evidence, research, and cooperation in the field of traditional medicine, in alignment with WHO's broader health systems strengthening agenda. As of July 2025, it comprises **9 headcounts,** based in Geneva, of which one G-Staff and eight P-Staff.

Grade	# HC today	Percentage %
P5	5	56%
P4	2	22%
P3	1	11%
G5	1	11%
TOTAL	**9**	

Table 4.1: Headcount per grade of Traditional, Complementary and Integrative Medicine

The relocation of these Traditional Medicine functions would involve the 9 positions currently based in Geneva (5 P5, 2 P4, 1 P3, 1 G5). This means 8 P-Staff to be relocated, and 1 G-Staff to be locally recruited *(see business case below)*.

Strategic rationale

Positioning WHO's Traditional Medicine functions in Jamnagar situates them at the intersection of a rich heritage of traditional medical knowledge and a dynamic landscape of scientific and institutional innovation. This strategic relocation supports WHO's ambition to reinforce its global leadership in traditional medicine by fostering greater coherence between normative work, technical capacity, and operational delivery.

The proximity of the Traditional, Complementary and Integrative (TCI) functions to the existing WHO Global Centre for Traditional Medicine (GCTM) will create synergies. While each entity retains its distinct mandate - TCI focusing on global policy and standards, and GCTM on implementation, research, and data - co-location will foster better alignment across workstreams such as health systems integration, quality assurance, and capacity building. Going forward, the center will be organized in 3 units: (i) Traditional Medicine Research & Innovation, (ii) Traditional Medicine Health Systems Integration & Quality, (iii) Traditional Medicine cross-sectoral partnerships, equity & sustainability. The TCI functions would primarily bring their expertise to the second unit (health systems integration & quality), while bringing support to the two others, together with the currently Jamnagar-based team.

By consolidating traditional medicine-related functions in a single location, WHO advances from a fragmented to a more integrated programmatic model. This evolution enhances organizational efficiency, reduces operational costs, and reflects WHO's broader commitment to strengthening leadership from the Global South and low- and middle-income countries (LMICs). Embedding these functions within a regionally significant and technically vibrant setting enables WHO to shape emerging health and well-being ecosystems that promote traditional medicine values, with a particular focus on reaching underserved and fragile populations.

Furthermore, the establishment of a dedicated global infrastructure in Jamnagar significantly boosts WHO's capacity to implement integrated, context-sensitive traditional medicine programming. This relocation constitutes a key enabler for the successful rollout of the **WHO Traditional Medicine Strategy 2025–2034**, and for advancing equitable, people-centred health systems that reflect diverse medical traditions and address the evolving needs of communities worldwide.

Preliminary Financial Impact

Initial estimates indicate that the relocation of these Traditional Medicine functions to Jamnagar could generate annual run-rate savings of up to **$0.6 million**, primarily through labor cost arbitrage (based on Post Cost Averages difference) compared to Geneva.

The one-off implementation costs are estimated at approximately **$0.3 million**, covering relocation packages and settle-in grants for staff in the Professional Category, temporary double-running costs and recruitment costs for local G-Staff. It excludes any separation costs at this stage, that will be accounted for in the restructuring exercise.

These projections are based on the assumption that all 9 headcounts currently based in Geneva would be relocated, with no staff reduction.

RUN - Detailed impact of relocation on PEOPLE cost for Traditional Medicine

Grade	Current (Geneva) # HC in Geneva	Current (Geneva) Avg PCA cost by HC ($k, annual)	Current (Geneva) Total PCA cost ($m, annual)	Simulation (Jamnagar) Avg PCA cost by HC ($k, annual)	Simulation (Jamnagar) Total PCA cost ($m, annual)
P5	5	360,500	1,8	288,500	1,5
P4	2	298,000	0,6	243,500	0,5
P3	1	248,500	0,2	196,500	0,2
G5	1	191,000	0,2	29,000	0,0
TOTAL	**9**		**2,8**		**2,2**

Assuming relocation of 9 positions in Traditional Medicine functions

Annual Run Rate savings **-$0.6m**

Table 4.2: Preliminary high-level financial impact of the relocation of 9 positions (8 P-Category, 1 G-Category) from Geneva to Jamnagar (note – based on 2026/27 PCA for both Geneva & Jamnagar)

As of now, the following hypotheses have been taken for the implementation costs ($0.3m in total):

- Relocation package for each P-Staff: **$0.3m in total** (relocation grant, settle-in grant, transportation costs to new location, potential support provided by national authorities)
- Local recruitment cost for G-Staff: 10% of annual PCA cost for G-Staff, leading to **$3k**
- 1 month of double run for G-Staff: leading to **$15k**

Conclusion and next steps

The relocation to Jamnagar is a concrete step toward strengthening WHO's presence in the field of Traditional Medicine. It leverages existing national infrastructure and institutions, aligns with the broader restructuring of WHO, and offers both programmatic and financial advantages.

Next, the focus will be on confirming the operational timeline, engaging with affected teams, and coordinating with local counterparts in Jamnagar. Practical enablers such as office space, HR processes, and legal requirements will need to be addressed to ensure **readiness by July 2026**. The new building that will host the center is currently under construction, therefore, the coming months will be used to make sure it is fully operational when the functions are relocated. This will also give the necessary time for internationally-recruited Staff to organize themselves and prepare for their relocation.
The project has been integrated into the new organizational charts for inclusion in staff consultations and aligned with other ongoing transformation efforts.

3 Appendix: Detailed methodology on the selection of suitable Departments & locations

The development of relocation projects is guided by the following overarching modalities:

- Each identified project must ensure that the Organization remains efficient, coherent, and operationally robust, strengthening the programmatic aspects through consolidation and ensuring cohesiveness of the programme, while maintaining its visibility and the confidence of both staff and external partners.
- Senior leadership (ADGs, ExM members, RDs and GPG) should be informed and supportive
- The relocation exercise should be embedded within the broader prioritization process and its translation into organizational impact. Projects must be grounded in realistic implementation timelines and appropriately sequenced to avoid jeopardizing the achievement of short- and medium-term savings targets.

To identify the most relevant "hubs" to be created, a twofold methodology should be implemented:

- Departments assessment: all HQ departments (based on the target organization defined as of July 2025) will be reviewed, to identify the ones with a “high” relocation potential. For instance, this implies the exclusion (i.e., limited relevance for relocation) of all departments that
    - Require proximity networking with Geneva stakeholders (except for relocations to Lyon)
    - Need to be "in-situ" to support front office / HQ / RO
    - Require skills more easily sourced in Geneva
    - Carry a risk of losing critical skills or donor support if relocated
    - Carry an economic/ political risk if relocated

  Once a Department has been identified as “highly relevant” for relocation, the precise functions to relocate will be identified, based on implemented tasks and activities.

- Location assessment: an extensive list of duty stations should be analyzed in order to prioritize the most “strategic” ones to relocate HQ functions, based on the four following dimensions:
    - Favorable environment:
        - For the diversity of WHO staff: e.g., Location is a family duty station with proximity to facilities for schooling (e.g. IB, French Baccalauréat) and security for a family living; an environment that fosters an inclusive and respectful community and that values diversity, providing a welcoming environment for staff, in line with WHO’s commitment to equity, integrity, and respect for all.
        - Regarding country support: e.g., existence of Host Country Agreements with favorable visa policies (including for meetings’ participants, experts, interns, consultants, etc.) and recognition of other privileges and immunities for staff.
        - Regarding global health ecosystem like partners, donors: presence of other UN agencies, of major global health partners, etc.
    - Office characteristics (existing WHO HQ outposted offices, number of available seats, not a Regional Office, etc.)
    - Labor cost arbitrage

- Connectivity to relevant geographies depending on programme/department activities

- Finally, the most relevant "combinations" of a department / functions with a location will be identified, and carefully analyzed thanks to a costs vs. benefits analysis (including cost savings, implementation costs, benefits for activities & delivery of core mandate, and feasibility). This will enable to derive the best candidates for the foreseen "hubs" to be created outside of Geneva

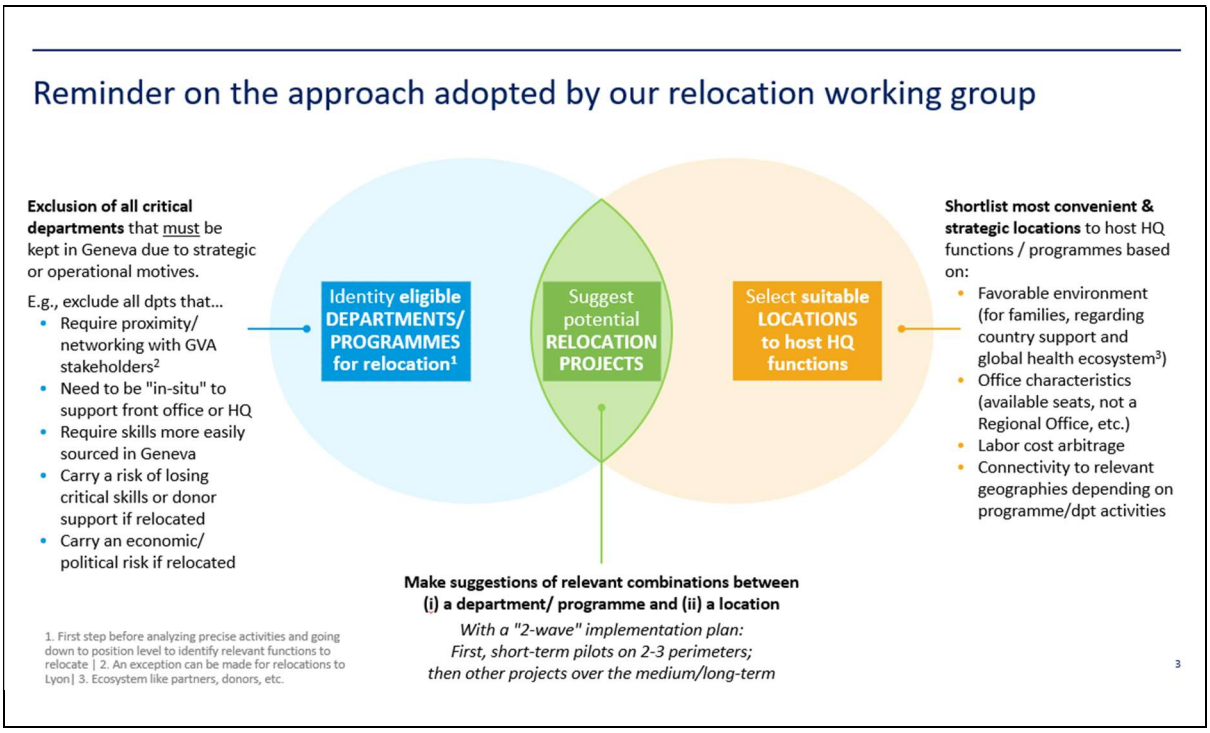

Figure 2. Description of WHO approach

Backup | Proposed "shortlist" of suitable locations

At least 5 green criteria for HIGH & No regional off.

				Office characteristics		Environment (ecosystem, hardship)			Costs		Connect.	
Office	Country	Region	Is a Regional Office?	# HQ FTE located in this duty station	# of available seats in office	Condu-cive eco-system[1]?	Illustrative examples of UN or global health actors in this city *(non-exhaustive)*	Hardship classif. of ICSC (H or A to E)[3]	Average PCA[4] diff. vs GVA for G5/G6	Average PCA[4] diff. vs GVA for P4/P5	# direct flights to GVA per day[5]	Relevance to host HQ functions
Addis Ababa	Ethiopia	AFRO	No	0	50	Yes	*E.g.,UNECA, AF CDC, AU HQ*	B	-78%	-2%	1	HIGH
Berlin	Germany	EURO	No	46	N/A	Yes	*E.g., Charité university/research center*	H (E.U.)	-45%	-22%	2-3	HIGH
Brussels	Belgium	EURO	No	1	11	Yes	*E.g. International Diabetes Federation (IDF)*	H (E.U.)	-27%	-15%	Train	HIGH
Budapest	Hungary	EURO	No	52	30-80	-	-	H (E.U.)	-81%	-25%	1	HIGH
Dakar	Senegal	AFRO	No	0	N/A	Yes	*E.g., BMGF*	A	-74%	-1%	0	MED
New Delhi	India	SEARO	Yes	1	15	Yes	*E.g., BMGF*	B	-83%	-19%	0	LOW (RO)
Doha	Qatar	EMRO	No	0	N/A	-	-	A	-27%	23%	1	LOW
Dubai	UAE	EMRO	No	2	N/A	-	-	A	-39%	0%	3	LOW
Istanbul	Türkiye	EURO	No	0	250	-	-	A	-78%	-17%	3	HIGH
Kuala L.	Malaysia	WPRO	No	277	128	Yes	*E.g., UNDP serv. center, UNU-IIGH[2]*	A	-83%	-13%	0	HIGH
Lyon	France	EURO	No	52	92	Yes	*E.g., UNESCO*	H (E.U.)	-45%	-17%	Train	HIGH
Manila	Philipp.	WPRO	Yes	0	60-70	Yes	*Eg, Asian dev. bank, UN IOM serv center*	A	-82%	-12%	0	LOW (RO)
Nairobi	Kenya	AFRO	No	0	N/A	Yes	*UNEP, UN-Habitat*	B	-78%	-6%	0	MED
Pretoria	South Af.	AFRO	No	0	N/A	Yes	*E.g., Unfpa Esaro*	A	-76%	-22%	0	HIGH
Rome	Italy	EURO	No	2	N/A	Yes	*Eg, FAO, IFAD, WFP*	H (E.U.)	-40%	-15%	3	HIGH
Stockholm	Sweden	EURO	No	1	N/A	-	-	H (E.U.)	-56%	-29%	2	HIGH
Tunis	Tunisia	EMRO	No	53	100	-	-	A	-88%	-26%	2	HIGH
Bangkok	Thailand	SEARO	No	2	N/A	-	-	A	-62%	-16%	0	MED
Copenhagen	Denmark	EURO	Yes	1	N/A	Yes	*Eg,Unicef Supply Div*	H (E.U.)	N/A	N/A	3	LOW (RO)
Gaborone	Botswana	AFRO	No	0	N/A	-	-	A	N/A	N/A	0	LOW
Harare	Zimbabwe	AFRO	No	0	N/A	-	-	C	N/A	N/A	0	LOW
Suva	Fiji	WPRO	No	0	N/A	-	-	B	N/A	N/A	0	LOW
Vientiane	Lao	WPRO	No	0	N/A	-	-	B	-85%	-22%	0	MED
Valencia	Spain	EURO	No	0	N/A	Yes	*Eg,UN IT hub (UN GSC Base)*	H (E.U.)	-43%	-23%	1-2	HIGH
Jamnagar	India	SEARO	No	6	N/A	-	-	B	-83%	-19%	0	MED
New Windhoek	Namibia	AFRO	No	0	N/A	Yes	*Eg,ARASA, SADC Parliamentary forum*	A	-78%	-7%	0	MED

1. Presence of donors, partners and/or supportive country | 2. UN University International Institute for Global Health (think-tank) | 3. H locations are either at headquarters or in member countries of the European Union. A to E duty stations are rated on a scale that assesses the difficulty of working and living conditions from A to E, with A being the least and E, the most difficult | 4. Source of PCA is 2024-25 biennium budget ; Attractive when more than 40% reduction vs. GVA for G-staff, and 15% for P-staff | 5. Based on scheduled flights from designated city to Geneva in Q2 2025 | BMGF : Bill & Melinda Gates Foundation

[x] Attractive [x] Less attractive vs. others

Figure 2. Assessment of shortlisted suitable locations.