

Human resources: update

Report by the Director-General

INTRODUCTION

1. The following sections provide an update to the human resources annual report for 2020, submitted to the Seventy-fourth World Health Assembly in May 2021.¹ The human resources annual report for 2021 will be submitted to the Seventy-fifth World Health Assembly in May 2022.

2. In addition to the workforce data as at 31 July 2021 made available on the WHO website on 10 November 2021,² this report provides a summary of the trends in the workforce and of related activities with respect to the three pillars of the human resources strategy: attracting talent, retaining talent, and fostering an enabling working environment. Major initiatives in human resources are an integral part of the WHO transformation agenda, and are described in reports on the WHO transformation process. The human resources strategy aligns with the major transformation workstreams in the following areas: (1) an impact-focused, data-driven strategy addressing the alignment of the day-to-day work of all staff with the Thirteenth General Programme of Work, 2019–2023 through the performance management process; (2) “best in class” processes, which include recruitment and performance management; (3) a new, aligned, three-level operating model, with new service delivery models for human resources; and (4) measures to ensure a motivated and fit-for-purpose workforce, covering multiple initiatives across all three pillars, particularly in the areas of retaining talent and fostering an enabling working environment. In addition, 2021 was dedicated as the Year of the WHO Workforce, with a focus on activities and initiatives linked to the culture change objectives of the Transformation.

TRENDS IN THE WORKFORCE

3. As at 31 July 2021, the total number of WHO staff members³ was 8539 (see Fig. 1 in this report and Table 1 in the workforce data available online), a 1.1% increase compared with the total as at 31 December 2020 (8447). Of the total, the percentage of staff members employed at each of the three levels of the Organization between December 2020 and July 2021 changed as follows: the percentage of staff employed at headquarters increased from 31.2% in December 2020 to 32% in July 2021; the percentage of staff employed at regional offices has remained the same between December 2020 and July 2021 (24.5%); and at country offices the percentage decreased to 43.5%, from 44.3% in

¹ Human resources: annual report (document A74/25).

² See <https://www.who.int/publications/m/item/workforce-data-as-at-31-july-2021> (accessed 18 November 2021).

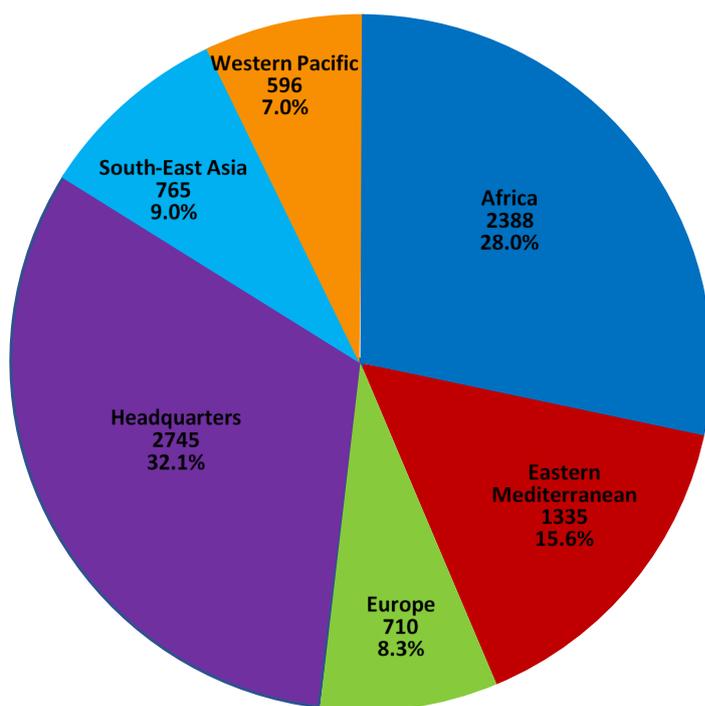
³ All figures include staff in special programmes and collaborative arrangements hosted by WHO. They do not include staff working with the Pan American Health Organization, the International Agency for Research on Cancer or any agencies administered by WHO.

December 2020 (Fig. 2). The proportion of staff members holding long-term appointments in the professional and higher categories increased at the headquarters level during the same period. The distribution as at July 2021 (and December 2020) was as follows: 49.1% (48.2%) at headquarters, 31.4% (32%) in regional offices and 19.5% (19.8%) in country offices.

4. For the period from 1 January to 31 July 2021, staff costs amounted to US\$ 565 million or 38% of the Organization’s total expenditure of US\$ 1485 million (39% for the period January–December 2020).

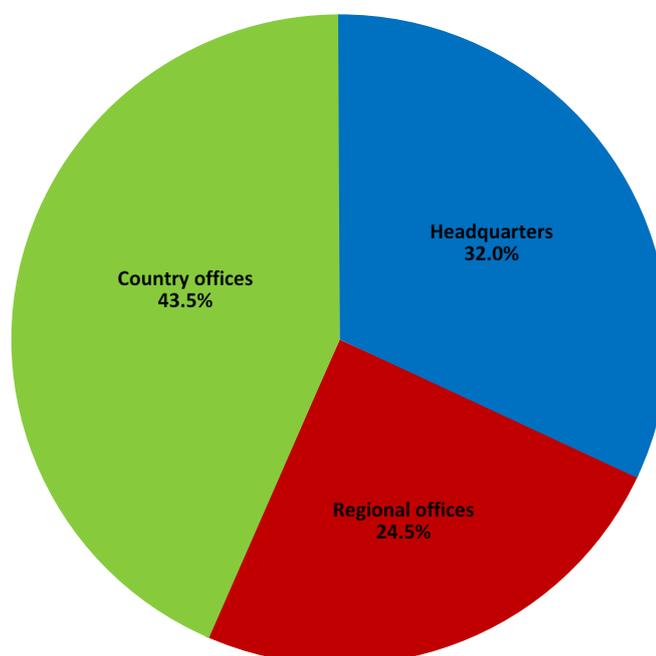
5. Regarding other contractual arrangements, the number of consultants and individuals on agreements for performance of work (see workforce data, Table 20) increased from 1834 full-time equivalents in January–July 2020 to 2613 in January–July 2021. At the same time, the number of individuals hired on special services agreements increased from 4073 in January–July 2020 to 4187 in January–July 2021.

Fig. 1. Distribution of WHO staff as at 31 July 2021, by major office

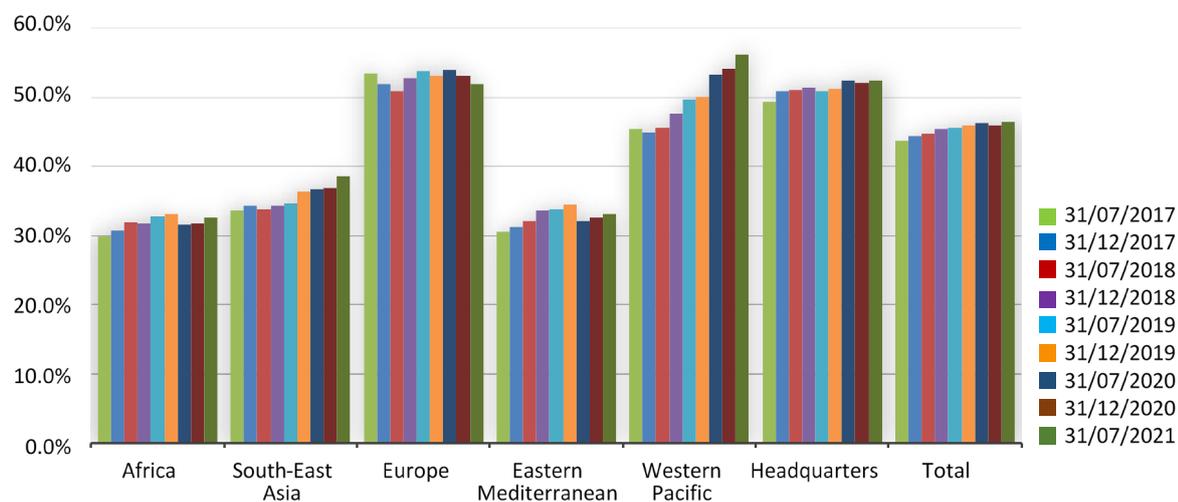


Total number of staff: 8539

Fig. 2. Distribution of WHO staff as at 31 July 2021, by level



6. As at 31 July 2021, women accounted for 46.4% of staff members in the professional and higher categories holding long-term appointments (see Fig. 3 and workforce data, Table 3), representing an increase since December 2020 (45.9%). During the same period, the number of women at the P4 grade and above across the Organization increased from 43.5% in December 2020 to 43.7% in July 2021. There has also been a notable increase since 2017 in the percentage of women at the P5 grade, from 40.3% as at July 2017 to 45.5% as at July 2021. As a result of the Director-General's commitment to the goal of gender parity, the Secretariat is continuing to take steps to increase the number of qualified women on the roster for heads of country offices. As at 31 July 2021, 38.7% of heads of country offices were women, representing an improvement against the situation in December 2020 (37.1%). Women accounted for 35.8% of staff at the P6, D1 and D2 grades as at 31 July 2021 – a slight increase compared with December 2020 (35.5%), while noting that there has been an increase of 4.4 percentage points since 2017 (see Fig. 4).

Fig. 3. Percentage of women in the professional and higher categories, by major office**Fig. 4. Gender parity – trends over time from July 2017 to July 2021**

Indicator	As at July 2017	As at December 2017	As at July 2018	As at December 2018	As at July 2019	As at December 2019	As at July 2020	As at December 2020	As at July 2021	Changes between July 2017 and July 2021
Percentage of women in the professional and higher categories holding long-term appointments	43.7%	44.4%	44.7%	45.4%	45.6%	45.8%	46.2%	45.9%	46.4%	Increase of 2.7 percentage points since July 2017
Percentage of women at the P4 grade and above	41.1%	41.9%	42.5%	43.4%	43.5%	43.5%	43.8%	43.5%	43.7%	Increase of 2.6 percentage points since July 2017
Percentage of women as heads of country offices	35%	33.3%	33.1%	35.8%	39.3%	37.4%	37.9%	37.1%	38.7%	Increase of 3.7 percentage points since July 2017
Percentage of women at the P6, D1 and D2 grades	31.4%	35.1%	37%	35.4%	37.5%	35.7%	36.1%	35.5%	35.8%	Increase of 4.4 percentage points since July 2017

7. As at 31 July 2021, 29.6% of Member States (or 58 of the 196 Member States) were either unrepresented or underrepresented (see Fig. 5 and workforce data, Table 4). This percentage shows an improvement compared with last year when 30.1% of Member States were either unrepresented or underrepresented (59 of the 196 Member States). Regarding changes in the composition, five Member States moved from or to the desirable range in terms of representation.

Fig. 5. Distribution of WHO Member States as at 31 July 2021, by geographical representation

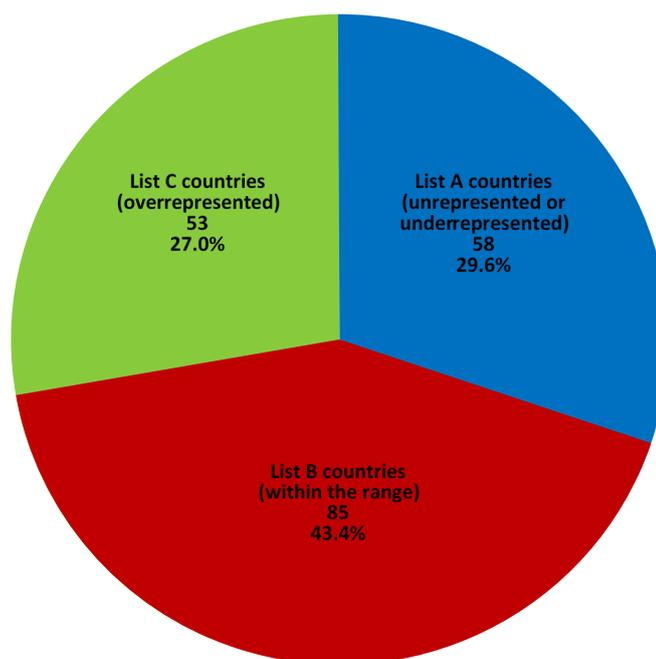


Fig. 6. Geographical representation – trends over time from July 2017 to July 2021

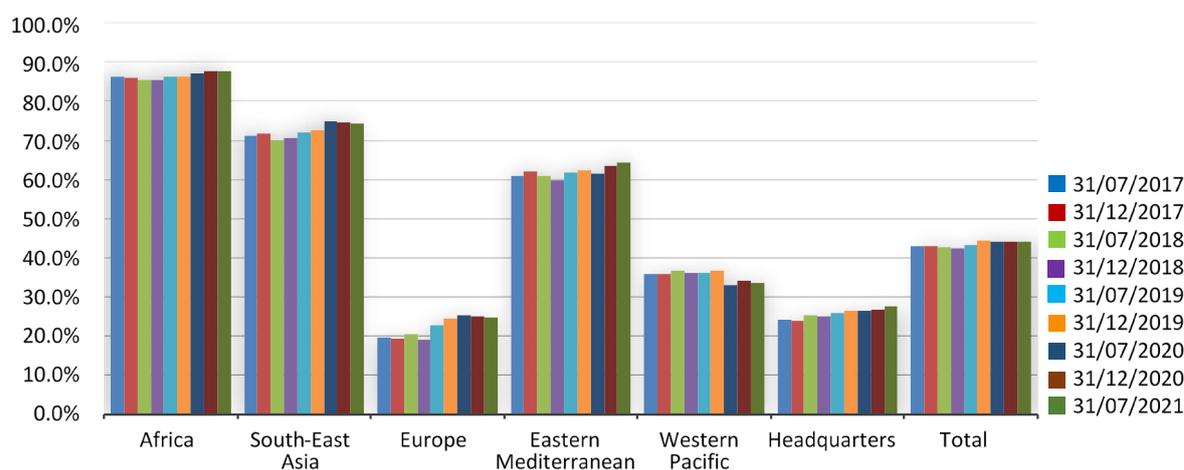
Indicator	As at July 2017	As at December 2017	As at July 2018	As at December 2018	As at July 2019	As at December 2019	As at July 2020	As at December 2020	As at July 2021	Changes between July 2017 and July 2021
Percentage of Member States either unrepresented or underrepresented	32.1%	32.1%	31.6%	32.1%	31.6%	31.6%	30.6%	30.1%	29.6%	Decrease of 2.5 percentage points since July 2017
Percentage of staff in the professional and higher categories (including staff on temporary contracts) from developing countries	43%	43%	42.8%	42.5%	43.4%	44.5%	44.1%	44.2%	44.1%	Increase of 1.1 percentage points since July 2017
Percentage of staff in the professional and higher categories holding long-term appointments from developing countries	40.8%	40.7%	41.1%	41.1%	41.7%	42.6%	43.3%	43.8%	44.3%	Increase of 3.5 percentage points since July 2017
Organization-wide, percentage of staff members at the D1 and D2 levels from developing countries	32.2%	31.7%	30.8%	33.5%	33.8%	34.6%	35.9%	37.3%	38%	Increase of 5.8 percentage points since July 2017
Headquarters, percentage of staff members at the D1 and D2 levels from developing countries	12.5%	10.9%	13.8%	16.4%	15.9%	15.6%	19.1%	21.1%	18.7%	Increase of 6.2 percentage points since July 2017

8. The proportion of staff in the professional and higher categories from developing countries has increased since July 2017, and specifically between December 2020 and July 2021 for long-term appointments (from 43.8% to 44.3%) (Fig. 6). Organization-wide, the percentage of staff members at the D1 and D2 levels from developing countries has increased from 37.3% in December 2020 to 38% in July 2021. Figure 7 provides a comparison of the percentage of international professional staff from developing countries between July 2017 and July 2021, broken down by major office.

9. Human resources workforce data Table 11 has been expanded, and Table 11b added, to allow for trend analysis of applications from female candidates in Table 11, and applications based upon the geographical representation category of candidates in Table 11b. These tables show that there has been an increase globally in the percentage of female applicants over the past four years, but little progress in increasing applications from nationals of countries that are unrepresented or underrepresented (bearing in mind that the categorization of countries themselves also changes over time). While significant efforts have been made across the Organization to bridge the gender gap, further expansion

is planned from 2021, including more investment in improving geographical representation (see paragraphs 11 to 16 below).

Fig. 7. Comparison of percentage of international professional staff from developing countries between July 2017 and July 2021, by major office



10. The number of senior management staff (P6 and above) has increased from 275 in July 2017 to 294 in July 2021 (+7%) (Fig. 8), reflecting the strategic direction of WHO's transformation.

Fig. 8. Comparison of numbers of senior management staff between July 2017 and July 2021, by major office

Major office	P6/D1			D2			Ungraded			Total		
	July 2017	July 2021	2021 vs 2017	July 2017	July 2021	2021 vs 2017	July 2017	July 2021	2021 vs 2017	July 2017	July 2021	2021 vs 2017
Africa	41	32	-22%	1	4	300%	1	1	0%	43	37	-14%
South-East Asia	23	22	-4%	2	2	0%	1	1	0%	26	25	-4%
Europe	25	28	12%	1	0	-100%	1	1	0%	27	29	7%
Eastern Mediterranean	28	29	4%	4	12	200%	1	1	0%	33	42	27%
Western Pacific	16	13	-19%	2	2	0%	1	1	0%	19	16	-16%
Headquarters	86	79	-8%	29	47	62%	12	19	58%	127	145	14%
Total	219	203	-7%	39	67	72%	17	24	41%	275	294	7%

ATTRACTING TALENT

Sourcing and outreach

11. To date, outreach initiatives have been implemented in collaboration with Member States to improve geographical representation and gender parity. Targeted efforts continue through career counselling, mentorship and leadership pathway programmes to build the capacities of female staff members at junior levels, to prepare them for higher-level managerial positions. Additional investments have been made in new agreements with external service providers to conduct targeted outreach and recruitment campaigns, in order to improve performance against diversity targets, in particular with respect to gender parity and improving geographical representation.

12. Starting in late 2020, the WHO Secretariat expanded its work with Member States and external service providers to participate in virtual career fairs, with the aim of reaching out to female candidates, candidates from underrepresented and unrepresented countries, as well as young professionals.

13. In the first half of 2021, the Secretariat participated in five virtual global career events specifically targeting women, young professionals and nationals from underrepresented countries. More events are planned for the autumn of 2021.

14. In April 2021, a new global WHO careers website was launched to provide an engaging narrative outlining WHO's working environment, categories of work and contracts, talent programmes and career development opportunities. The site (<https://www.who.int/careers>) features inspirational testimonials by WHO staff from all levels of the Organization and a wide variety of countries, and will be further expanded in the coming months. The website is multilingual, accessible on all devices and is both diverse and inclusive in its approach.

15. WHO vacancies continue to be shared widely by human resources and WHO technical staff, including on social media channels and platforms, and through regular information updates to United Nations missions in Geneva and technical networks. For selected positions, external service providers have supported targeted outreach. These activities and the career events have been evaluated in order to focus on measures that produce the best results.

16. In the second half of 2021, WHO launched the Young Professionals Programme to increase diversity in the workforce. The first cohort of these young professionals is expected to start with WHO in the first half of 2022.

17. WHO is updating its policy on the employment of persons with a disability, and has put in place interim measures to ensure reasonable accommodation in the recruitment process and the work environment.

Recruitment and selection

18. As part of the WHO transformation agenda, an analysis of the recruitment process was conducted to identify areas that could be streamlined and improved. A pilot recruitment initiative began in early 2019, with the aim of reducing overall time-to-hire from an average of 156 calendar days to 112 calendar days (or 80 working days), primarily through the improvement of candidate screening services. By 2020, improvements were seen, with an average time-to-hire reduction to 126 calendar days and a range of 36 to 216 calendar days. The lessons learned from the pilot initiative have been documented and the final report submitted to the Director-General, accompanied by recommendations for the next phase of

the pilot, which will explore additional new tools, including artificial intelligence and psychometric testing, as well as approaches to address bottlenecks.

19. The selection processes to fill positions on a newly-established sourcing and recruitment team were completed in the second half of 2021. The new team is currently undergoing training and is expected to be fully operational by the end of 2021.

GLOBAL INTERNSHIP PROGRAMME

20. As requested by the Health Assembly in resolution WHA71.13 (2018), the human resources annual report includes statistics on applicants' and accepted interns' demographic data, including gender and country of origin. Statistics on WHO interns are normally provided in Tables 16, 17 and 18 in the workforce data. In view of the global pandemic of coronavirus disease (COVID-19), the WHO internship programme was put on hold in 2020 and has remained so to date. In the absence of intern recruitment in 2021, Tables 16, 17 and 18 have been intentionally left blank in this report.

21. Nonetheless, it remains important to review the progress made in implementing resolution WHA71.13 between 2018 and September 2021. During the temporary suspension of the programme (from 2020 to date), work has continued to update procedures and processes to ensure that the programme is fit for purpose once it is able to resume, as well as to ensure improved alignment across all WHO regions. Areas to be reviewed and updated on an ongoing basis include: the WHO eManual; financial standard operating procedures for living allowances and daily lunch vouchers; legal considerations; medical insurance; recruitment and onboarding processes; recruitment information technology platforms; internal and external webpages; communications; training and induction; and occupational safety, health and well-being.

22. It is also important to recognize that the restructuring exercise that took place at the end of 2019 at WHO headquarters delayed planning and recruitment for 2020 internships at the headquarters level, pending the finalization of the new structure of WHO departments and units. While some interns arrived at their respective duty stations between January and March 2020 and completed their internships, the COVID-19-related lockdowns and restrictions to international travel, as well as the subsequent suspension of the programme, led to the cancellation of all other planned internships for 2020. In the first quarter of 2021, in the light of the global pandemic, the decision was made to suspend the internship programme until further notice, with continued monitoring of the situation. At the time of writing, the suspension remains in effect WHO is not, as a rule, recommending offering remote internships.

23. Once the internship programme is able to resume, all departments and units will take stock of the situation in their areas of work and plan for new internships, as required, taking into account any structural changes that occurred during the suspension period. Internship positions will be created in line with updated needs and capacities. All internship opportunities will be announced on the external website.

RETAINING TALENT

Performance management

24. Performance management is essential to building the workforce of excellence required to achieve the ambitious goals set out in the Thirteenth General Programme of Work, 2019–2023. Effective performance management is based on a strong performance culture and a healthy workplace ecosystem, supported by individual and management capabilities and accountability. An analytical review (with a

report issued in March 2019 as one of the process analyses conducted as part of the transformation process) of WHO's practice within key areas of performance management revealed a number of challenges when benchmarked against other organizations.

25. In 2021, the implementation of recommendations arising from the March 2019 report continued. The Team Objective in the Performance Management Development System has been made mandatory and is aligned with the Respectful Workplace theme. In addition, a "goals week" took place in March 2021 to allow staff members and supervisors to set objectives, linked to the Thirteenth General Programme of Work, 2019–2023. The Awards for Excellence Programme 2021 is being launched in October 2021 and the Director-General will announce the name of recipients (individuals and teams) in December 2021. The Leadership Pathways programme, led by the African Region, is being implemented, although the rollout to all major offices has been delayed in some areas due to the COVID-19 situation.

26. The Department of Human Resources and Talent Management launched a request for proposal for a performance management audit at the global level in August 2021. The objective is to review all related policies, systems and processes, through consultation at all three levels of the Organization, and to take corrective actions based on lessons learned. This review will also take into consideration the recommendations made to the Seventy-second World Health Assembly in 2019 by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme,¹ as well as those made in the report in 2021 of the thirty-first and thirty-second meetings of the Independent Expert Oversight Advisory Committee.² The audit is expected to be completed by June 2022.

27. The Business Management System project includes a module on performance management and working sessions in this area, with the new Enterprise Resource Planning service provider, are ongoing. This module will replace the existing tool (eWork) and will be informed by the global performance management audit.

Staff learning and development

28. During the biennium 2020–2021, in addition to the Leadership Pathways programme, WHO has offered the following leadership courses organized by the United Nations System Staff College to staff members at different levels worldwide:

- Executive Management Programme: 44 senior managers at P5 level and above;
- Leadership, Women and the United Nations: 71 female staff members at P4/P5 level;
- United Nations Emerging Leaders Experience: 33 staff members at the national professional officer, P2 and P3 levels; and
- Leadership Skills for Programme Support and Administrative Functions: 55 staff members at administrative support level.

29. For mandatory training, WHO's compliance rate remains as follows:

¹ See document A72/6.

² Document EBPBAC33/2.

- United Nations Prevention of Workplace Harassment, Sexual Harassment, and Abuse of Authority in the Workplace programme (90% compliance);
- United Nations online training entitled “To serve with pride – zero tolerance for sexual exploitation and abuse” (92.5% compliance);
- United Nations BSAFE security awareness training (completed by over 12 070 members of the workforce to date); and
- Cybersecurity Essentials programme (89% compliance).

30. Future mandatory training initiatives comprise the Prevention of Sexual Exploitation and Abuse mandatory training (during the fourth quarter of 2021), the WHO United to Respect mandatory training (during the fourth quarter of 2021) and the WHO Ethics Empowerment mandatory training (during the fourth quarter of 2021/the first quarter of 2022).

31. The Director-General’s Playlist Initiative was launched in 2021 to align curated content with the Organization-wide Year of the WHO Workforce. During 2021, there was an increase in the consumption of learning materials of more than 72% compared to 2020: WHO staff viewed over 32 000 courses and 250 000 videos. The most popular topics included: growth mindset, emotional intelligence, the Power Business Intelligence suite, building self-confidence and diversity and inclusion.

Mentoring

32. The WHO global mentoring programme is part of an organizational development approach to support staff in career development, learning on the job, knowledge-sharing and capacity-building. Since its formal global launch in December 2019 in the presence of the Director-General, the number of mentors has risen to more than 180, with staff of all grades and from all WHO regions participating in the programme. Training for mentors in support of “confident career conversations” with mentees have been introduced to facilitate career development discussions through a train-the-trainer approach. Sixty-four mentors and managers have taken part in this training, which involves a coaching approach and constitutes a useful toolkit for facilitating fruitful career and development conversations.

33. There has been a sharp rise in mentoring relationships since 2020, with 36 staff starting a mentoring relationship since January 2021, and 78 staff connecting since the beginning of 2020. Many of these mentor pairs receive training and guidance through online workshops offered by the Career Management and Development Team. In 2021, collaborative mentoring initiatives have also taken place: in February 2021, thanks to a collaboration with the United Nations Secretariat, an initial cohort of 25 WHO staff members were offered the opportunity to take part in the United Nations Together Mentoring programme, thus expanding the networking and development opportunities for our staff members throughout the world. In March 2021, WHO mentors and mentees joined the ITC Mentoring Programme for Women for the first time. This programme aims to increase gender parity and empower women at all stages of their careers through one-to-one mentoring, mentoring circles and various learning events and workshops offered to mentees.

34. In the African Region, complementary developmental programmes targeting staff in non-leadership positions were designed to strengthen organizational effectiveness, transform the organizational culture and establish a robust leadership programme. Two people-centred initiatives have since been developed. The first of these is the WHO Regional Office for Africa’s mentorship programme, under which senior or more experienced staff support junior colleagues’ professional

development and help to enhance their performance. The objectives of the programme are to strengthen collaboration among staff and to empower junior staff. The first cohort (July–December 2020) of 33 senior staff mentors was successfully trained and paired with 65 junior staff mentees. The mentorship initiative is a six-month programme conducted using a virtual platform. A second cohort joined the programme in February 2021. One hundred and fifteen mentors (including staff from other regions) and 249 mentees have been trained and paired on the basis of their selected individual and professional values. The second initiative is the Team Performance Programme. It is based on the WHO competencies framework and consists of 32 training modules and individual coaching sessions. The programme aims to develop high-performing teams and enhance collaboration within and across technical areas in the Regional Office and country offices in the African Region. To date, 58 staff members have benefited from this capacity-building initiative. Four workshops and 30 individual coaching sessions have been delivered to 21 technical and operational staff.

Career pathways and career development

35. A high-level career management framework has been established, focusing on two potential career streams in WHO: public health and operations. The input and feedback received through a global survey sent out to the entire WHO workforce in February/March 2021, has been used to map out illustrative examples of career paths in these two main career streams. An unprecedented number of staff members from across all major offices responded to the survey, and a report on its main outcomes was shared in July 2021 with the entire WHO workforce. Interviews with directors in the operational career stream are being carried out, followed by focus group discussions with staff representatives from the three levels of the Organization to confirm the information gathered from the survey with a view to mapping out the career paths in further detail. In order to keep all WHO staff updated on the progress made in this area, an online career pathways and development newsletter is being sent out to the entire workforce on a regular basis.

36. In 2021, career management activities, coaching, mentoring, emotional intelligence training and team-building sessions, as well as career counselling continued to be offered remotely, facilitating a truly global reach. Based on the recommendations of the 2019 task force on career pathways and capacity-building, a new career development programme called Advance was introduced and delivered twice in 2021 to promote women's leadership while addressing the specific career development needs and challenges of female national professional officers and general service staff. The programme is complemented by coaching services provided by a group of WHO internally qualified coaches.

37. A talent management platform, to be integrated into the new enterprise resource planning system, has been selected, with the capacity to meet the requirements of talent pool management. The business process optimization phase has started, during which key requirements, technical features and process steps will be defined.

Mobility

38. The number of staff members in the professional and higher categories holding long-term appointments who moved from one duty station to another for the period January–July 2021 stands at 168, already exceeding the total of 162 for the period January–December 2020 (see workforce data, Tables 14 and 15). Thus far, there has been a decrease in the percentage of moves from one major office to another: 44% of moves for the first half of 2021, compared with 47% of total moves for the whole of 2020. However, this percentage is expected to continue to evolve.

39. In April 2019, a task force on mobility, comprising staff members from all three levels of the Organization, was established by the Director-General. The goal of the task force was to develop guidelines on the mandatory mobility practices outlined in WHO's geographical mobility policy. The task force carried out extensive consultations with staff members, conducted a benchmarking exercise against the policies and practices of other United Nations agencies and partners, and prepared recommendations. The recommendations were reviewed by WHO's global human resources community and the Global Staff/Management Council, and served as a basis for updating the geographical mobility policy for the consideration of the Global Policy Group. A simulation exercise was launched in October 2020 to validate the accuracy of the data currently available on staff and positions, and to test implementation of the major components of the proposed policy and governance mechanisms. The conclusions drawn from the simulation exercise will be reported by the end of 2021.

40. Additional investments were made in improving the human resources dashboard tool for mobility, which provides up-to-date information on staff members and their mobility data. In early October 2020, a meeting for all staff on mobility was followed by an invitation to 1051 staff members around the world who had reached or exceeded the standard duration of their assignments, to participate in the simulation exercise. Of those, 128 staff members accepted the invitation and participated in the application and deferral processes between November 2020 and January 2021. The Mobility Advisory Board will meet in the fourth quarter of 2021 to formulate its feedback on the simulation exercise and draft recommendations to senior management. The extensive feedback received from the staff members participating in the simulation exercise will be used to inform the final implementation plan.

ENABLING WORKING ENVIRONMENT

Diversity, equity and inclusion

41. In 2020, the first draft of a diversity, equity and inclusion approach for the WHO workforce and an associated action plan were produced. The purpose of the approach is to lay the foundations for measures to attract and retain a diverse workforce and to create a work environment that is welcoming to all, where everyone feels valued and can perform at their best. The Organization has engaged diversity, equity and inclusion experts to advise WHO in this area. The approach and action plan are undergoing additional review, to align them with the advice provided by experts. Publication of the first version of the approach and action plan is planned for 2022.

Prevention of abusive conduct, including sexual harassment

42. In early 2021, the WHO policy on preventing and addressing abusive conduct was published, covering harassment, sexual harassment, discrimination and abuse of authority. The policy, which revises and updates the Organization's previous harassment policy, strengthens the coherence of the complaints process, while taking into account the need to pay particular attention to and escalate allegations relating to sexual harassment. The implementation plan is being rolled out and includes the dissemination of new communication materials and resources for the workforce, the development and delivery of new training sessions tailored to the needs of different audiences, and updates to related human resources instruments and processes. Particular emphasis is being placed on ensuring that the necessary training and other forms of support are in place across the Organization. Moreover, a system is being established to ensure the implementation of the policy's prevention measures in all offices. In addition, action is being taken in coordination with the new Sexual Exploitation and Abuse and Sexual Harassment Prevention and Response Task Team to build institutional capacity to ensure the effective prevention of and response to sexual harassment.

Internal justice system

43. The Secretariat continues to monitor the reform of the internal justice system launched in 2016; the resulting improvements have included a greater emphasis on the informal resolution of disputes, which has significantly reduced the number of appeals. The Secretariat looks forward to a review of the internal justice system reforms of 2016, with a view to achieving further improvements based on the lessons learned. The Secretariat has selected a consultant to review the relevance, efficiency, effectiveness and independence of the internal justice system. The review process is expected to start towards the end of 2021 and to take three months. In addition, the Joint Inspection Unit is planning a review of the internal justice systems of organizations within the United Nations system for the period September 2021–December 2022, with a view to mapping approaches to internal justice mechanisms and assessing the adequacy and capacity of such mechanisms to deliver on the objectives set out in the applicable regulatory frameworks.

Flexible working arrangements

44. The WHO task force established by the Director-General to review flexible working arrangements put forward a framework for options endorsed by the Global Policy Group in May 2021. Guided by that framework, the Department of Human Resources and Talent Management is developing a policy to introduce a holistic approach to implementing flexible working arrangements across all levels of the Organization, with corresponding system enhancements and accounting for major office specificities. Particular attention is being paid to ensure continued support for the well-being and the mental and physical health of our workforce through the application of flexible working arrangements.

Contractual modalities

45. In November 2020, a three-level global task force was established to review the use of WHO's existing contractual arrangements to: determine how these arrangements can be designed, adapted or used more effectively; establish how the related processes can be further improved to support the business needs of the Organization; support hiring managers in choosing the approach that best meets their needs; ensure WHO's working environment is supportive and enabling, while remaining productive and responsive to the needs of the workforce and key stakeholders. The task force is expected to complete its work and deliver recommendations by the fourth quarter of 2021.

Human Resources Global Operations

46. Several new administrative services were introduced by Human Resources Global Operations, the human resources department's service centre operating from the Global Service Centre in Kuala Lumpur. Human Resources Global Operations plays a significant role in the Secretariat's efforts to modernize and standardize WHO's human resources services. Improvements and new services introduced in 2021 included: measures to enhance WHO's recruitment portal, Stellis, to separate selection and onboarding services in order to ensure data security and the segregation of duties; onboarding and step determination services for headquarters operations, with potential for expansion to other major offices; and a dedicated service desk for UNAIDS, providing services related to appointments, separation and statutory travel. For Geneva-based WHO staff members, Human Resources Global Operations now provides Organization-assisted shipment services, and personalized entitlement induction services are scheduled to be introduced for new WHO staff. Moreover, Human Resources Global Operations now coordinates the updated online exit survey for all staff members leaving the Organization, and is accumulating important data for future decision-making and policy formulation.

Staff health and well-being

47. The health and well-being of the workforce underpins the Organization's ability to achieve its strategic goals and are essential components of organizational success. Recognizing that healthy organizations achieve more, WHO is aligning its health and well-being strategy with its new operating model at all levels of the Organization to ensure a healthy work environment for all.

48. To achieve a healthy working environment, WHO's Department of Staff Health and Well-being has contributed to various programmes and initiatives, including the United Nations System-wide forum on occupational health and safety, chaired by WHO, the revitalization and rebranding of the Organization's Health, Safety and Well-being Committee, and the implementation of the United Nations System Mental Health and Well-being Strategy.

49. The Department of Staff Health and Well-being plays an essential role in outbreak and emergency response activities by protecting and promoting the health and well-being of WHO's global workforce. During the current COVID-19 pandemic, the Department has contributed to business continuity planning at WHO headquarters; worked with technical experts to develop occupational safety and health measures and guidance; and offered ongoing medical and psychological support to personnel.

50. Additionally, as part of the global COVID-19 response, the Staff Health and Well-being Department has taken the lead within the United Nations System Task Force on Medical Evacuations to establish a MEDEVAC Medical Coordination Unit. Since May 2020, the Unit has operated around the clock, overseeing the clinical and operational management of evacuations. The Task Force has recently extended the COVID-19 MEDEVAC mechanism until December 2021.

51. The Department of Staff Health and Well-being continues to provide support prior to, during and after deployment.

ACTION BY THE EXECUTIVE BOARD

52. The Executive Board is invited to note the report.

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