

Human resources: annual report

Report by the Secretariat

INTRODUCTION

1. Alongside the workforce data for the period from 1 January to 31 December 2016, which were made available on the WHO website in March 2017,¹ this report provides an overview of the trends in the WHO workforce for the past three years. It also provides an update on the implementation of the Organization-wide human resources strategy.

THREE-YEAR TRENDS IN THE WHO WORKFORCE

2. The number of WHO staff members increased by 11% in the three-year period, from 7097 on 31 December 2013 to 7916 on 31 December 2016.² This staff increase was mainly brought about through increased numbers of temporary appointments, which represented 20% of WHO staff appointments in December 2016, whereas in December 2013 they represented only 12%. The increase in staff numbers was mainly in the area of health emergencies. While there were slightly more staff with continuing appointments in December 2016 (4309 compared with 4298 in December 2013), they represented 54% of the individuals holding staff appointments, (7% fewer than in December 2013). The number of staff members holding fixed-term appointments remained unchanged.

3. Concurrently, the number of persons hired on non-staff contracts (consultants and individuals on an agreement for performance of work) increased from 528 full-time equivalents for 1 January to 31 December 2014 (7% of the total workforce) to 970 full-time equivalents for 1 January to 31 December 2016 (12% of the total workforce).

4. On 31 December 2016, the yearly staff and other personnel costs amounted to US\$ 911 million (37% of the Organization's total expenditure of US\$ 2471 million),³ while on 31 December 2013, the yearly staff and other personnel costs amounted to US\$ 899 million (40% of the Organization's total expenditure of US\$ 2261 million).⁴ In other words, despite the increase in the workforce in the past three years, the staff and personnel costs were proportionately lower than three years ago.

¹ See http://www.who.int/about/finances-accountability/budget/EB140_HRTables_2016.pdf?ua=1 (accessed 10 April 2017).

² See http://www.who.int/about/finances-accountability/budget/EB140_HRTables_2016.pdf?ua=1, Table 1 (accessed 10 April 2017).

³ See http://www.who.int/about/finances-accountability/budget/EB140_HRTables_2016.pdf?ua=1, Tables 20 and 21 (accessed 10 April 2017).

⁴ In 2016, the Secretariat implemented a new standard in accounting (International Public Sector Accounting Standards 39) and therefore the 2013 numbers have been restated to allow the comparison with 2016.

5. Generally speaking, the trend reveals that the use of temporary appointments and of non-staff contracts has been the managerial response to the call for a flexible and agile workforce, without increasing the staff costs and the long-term liabilities of the Organization.

6. Regarding the distribution of staff across the Organization, the increase in the number of staff members mostly benefited country offices (44% of the total staff in December 2013 were in country offices, compared with 46% in December 2016), while the percentage of staff members at headquarters remained stable (29%) and the percentage of staff members at regional level decreased from 27% in December 2013 to 25% in December 2016.

7. The number of staff in the professional and higher categories on long-term appointments (excluding temporary appointments) slightly increased in the three years, from 2007 in December 2013 to 2077 in December 2016; however, the proportion of staff in these categories decreased from 28% to 25% of the total staff, with a 1% decrease at each of the three levels of the Organization.

8. Women accounted for 42.8% of the staff in the professional and higher categories holding long-term appointments in December 2016, representing a 2.4% increase in three years since December 2013 (when the respective percentage was 40.4%). The senior management commitment to gender balance coupled with proactive efforts in outreach, selection, policy and accountability have accelerated the progression towards gender equity in staffing: it took one year only to increase the number of women by 1% (in December 2015, women represented 41.8% of staff in the professional and higher categories holding long-term appointments). This trend should continue further, with the implementation of the new policy on gender equality in staffing promulgated in January 2017, which calls for an annual increase of 1.5% of female staff members at P4 level and above for the next five years.

9. The number of staff in the professional and higher categories holding long-term appointments who moved from one duty station to another increased from 146 in 2014 to 162 in 2016 (representing 7.3% of the total number of staff in that category in 2014 and 7.8% in 2016). In addition, moves from one major office to another represented 41.4% (67) of the total of 162 moves in 2016, while they represented 37.7% (55) of the total of 146 moves in 2014. This increase of moves among the regions, and between headquarters and the regions, shows that the discussions following the promulgation of the new geographical mobility policy have raised awareness of the benefits of mobility to improve cross-fertilization across the Organization and enhance staff performance. The implementation of the policy is still in its three-year voluntary phase and will become mandatory in 2019.¹

IMPLEMENTATION OF THE HUMAN RESOURCES STRATEGY

10. The Organization-wide human resources strategy, as one of the key enablers of WHO reform, received wide support by the Executive Board at its 134th session in January 2014.² This report takes stock of the implementation of the human resources strategy and recapitulates all the activities that have been undertaken for the period from January 2014 to December 2016 (see Annex). Implementation of the strategy is based on the three main pillars of the strategy (attracting talent, retaining talent and an enabling working environment) and the four cross-cutting principles (gender

¹ For the evaluation of the first year of implementation of the voluntary phase, see document EB141/7.

² See document EB134/INF./2.

balance, diversity, collaboration, and accountability). In addition, an update on the human resources performance metrics of WHO reform can be found in the implementation plan dashboard.¹

11. An independent third-stage evaluation of WHO reform concluded that the Organization has built a solid strategic foundation with the human resources strategy and that significant progress has been made in the implementation of the strategy across all its dimensions.²

12. Indeed, in the three-year time period, more than 20 policies were promulgated, including the following: the performance management framework and its policies on tackling underperformance and on recognizing and rewarding performance; the geographical mobility policy; the new internal justice system, including the mediation policy; the occasional teleworking policy; specific policies and standard operating procedures for human resources involved in emergency responses; and the whistle-blowing policy and protection against retaliation.

13. Concomitantly, significant amendments to the Staff Regulations and to the Staff Rules were submitted to the WHO governing bodies for approval, covering, among others, topics such as mobility, administration of justice, disciplinary procedures and incorporating all the changes to the various elements of the remuneration package applicable to staff in the professional and higher categories in accordance with the United Nations General Assembly resolution 70/244 (2015). In total, more than 80 Staff Rules were amended in the past three years, supporting the human resources reform agenda.

14. Simultaneously, new processes were put in place, fostering consistency of practices across the Organization and strengthening accountability and collaboration, such as: the harmonized selection process for international professional positions; the use of joint recruitments for similar positions in different major offices; global mobility exercises, which allow international professional positions located in different major offices to be simultaneously filled in a corporate manner; the annual succession planning exercises for retiring staff; the use of “onboarding” (entry) and exit questionnaires; the learning management system (iLearn) and the new recruitment platform (Stellis); the internal justice system reform resulting in the Global Board of Appeal, replacing the headquarters and regional boards of appeal.

15. These major reform efforts could not have been accomplished without the collaboration of the staff representatives and management representatives across the Organization who through their inputs contributed to the improvement of the policies and processes and operationalized the “one WHO” concept.

16. The Annex to this report shows the magnitude and variety of changes made in human resources management in the past three years, and their initial results. The reform agenda is ongoing: in the next few years the focus will be on, for example, the enhancement of managerial competencies, the improvement of the respectful and ethical workplace, the introduction of mandatory mobility, career management and staff development.

17. The success of the human resources reform is a shared responsibility of the human resources function, management and staff. Consistency in the efforts to reform is critical as it is a long-term

¹ See <http://spapps.who.int/WHOREform/SitePages/Reports/Dashboard.aspx> (accessed 10 April 2017).

² See document A70/50 Add.1.

undertaking, particularly when the aim is to bring about fundamental cultural changes, especially in the area of gender balance, diversity, mobility and performance. It requires good managers to enhance the potential of their staff, to let them leave to take on new responsibilities elsewhere in the Organization, to guide and coach underperforming staff. It requires staff to understand their responsibilities for improving their skills, for adapting to the new priorities of the Organization, for taking their careers in their hands, for behaving ethically and with tact and respect. It requires clarity and predictability in terms of the priorities and funding of the Organization in the next five to ten years, thus allowing the identification and development of the individuals needed for those priorities.

ACTION BY THE HEALTH ASSEMBLY

18. The Health Assembly is invited to note the report.

ANNEX

STATUS OF THE IMPLEMENTATION OF THE HUMAN RESOURCES STRATEGY (JANUARY 2014–DECEMBER 2016)

<input type="radio"/> Gender balance <input type="radio"/> Diversity <input type="radio"/> Collaboration <input checked="" type="radio"/> Accountability	What has been done so far	What still needs to be done
PILLAR ONE: ATTRACTING TALENT	<p>I.1. Sourcing talent and recruitment</p> <p>(a) ● A harmonized selection process for longer-term positions in the professional and higher-level categories has been in force across the Organization since March 2014. The percentage of selections completed within 15 weeks (from publication of the vacancy notice to the signature of the selection report), increased from 65% to 70%.</p> <p>(b) ● Joint recruitments to both expedite selection processes and ensure consistency in the selection of multiple positions have been conducted, e.g. joint panels for Health Cluster Coordinators positions in 24 countries and for the new internal justice system positions in the WHO Budapest Centre.</p> <p>(c) ● Fast-track selection procedures for emergencies has been developed to expedite the recruitment of international professional longer-term positions in case of a public health emergency of international concern, and/or a graded emergency.</p> <p>(d) ○ ● Weekly emails listing WHO vacancies for international positions (fixed-term and temporary), have been sent to 469 officials (Permanent Missions, health ministries, foreign affairs ministries) of 144 Member States for outreach purposes (since December 2013).</p> <p>(e) ○ ● In 2015, longer-term agreements were concluded with four executive search firms to assist major offices in the identification of highly qualified candidates for longer-term positions in the professional and higher-level categories, with a strong focus on female candidates and candidates from unrepresented and under-represented countries who were qualified for senior positions.</p>	<p>(m) ● ● A new state-of-the-art recruitment, onboarding and rostering system, Stellis, rolled out globally in February 2017, will allow the Organization to:</p> <ul style="list-style-type: none"> (i) expedite the recruitment and appointment process from selection to contract issuance for staff and non-staff; (ii) manage global and local rosters; (iii) search for profiles of applicants through a skills inventory using a customized taxonomy, which applicants can use to describe WHO-specific areas of experience in their profiles; (iv) consider the specific staffing needs of the WHO Health Emergencies Programme, with the provision of a portal through which WHO can communicate its staffing requirements for specific incidents to partner networks, including the Global Outbreak Alert and Response Network and Standby Partners. The relevant secretariats will disseminate the call for staff throughout their networks and channel profiles of suitably prequalified candidates to WHO through the portal. <p>(n) ● Emergency rosters (internal and external staff).</p> <p>(o) ● Harmonized selection process for locally recruited staff.</p> <p>(p) ● ● United Nations joint reference checking centre: the United Nations Human Resources Network is working on establishing a centre that will be available to all United Nations organizations for reference-checking activities, thus allowing consistency in workforce management within the United Nations system and cost-effectiveness.</p>

<input type="radio"/> Gender balance <input type="radio"/> Diversity <input type="radio"/> Collaboration <input type="radio"/> Accountability	What has been done so far	What still needs to be done
	<p>(f) <input type="radio"/> <input type="radio"/> Human resources specialists participated in 11 career fairs in seven countries over the past three years. WHO provided information on career opportunities to 10 student groups who visited headquarters in 2016.</p> <p>(g) <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> Gender balance (data as at 31 December 2016): women in the professional and higher categories accounted for 42.8%; female representation in this category increased by 6.4% in the past 10 years (a 2.4% increase between January 2014 and December 2016). Likewise, the percentage of female candidates steadily increased from 33.2% in 2013 to 33.7% in 2016. In addition, women accounted for 37.1% of the external candidates who were recruited to longer-term positions in the professional and higher categories in 2016.¹ A new policy on gender equality in staffing promulgated in early 2017 aims at an increase every year for the next five years of 1.5% female staff members at P4 level and above.</p> <p>(h) <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> Diversity: in December 2016, 32% of WHO Member States were unrepresented or under-represented in the international professional staff category² (versus 33% in January 2014). Between January 2014 and December 2016, the number of unrepresented countries increased (+1) but the number of under-represented countries decreased (-2).</p> <p>(i) <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> In 2014, following a decision of the Global Policy Group, a new internal assessment process for candidates for positions as heads of WHO offices was introduced. Suitable candidates are placed on a global roster of prequalified candidates. As at 31 December 2016, 288 candidates were included in the roster, of which one third were female. Heads and deputy heads of WHO offices are selected from the roster.</p>	<p>(q) <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> Improve gender balance and diversity: two of the output indicators of the Programme budget 2016–2017 are to:</p> <p>(i) improve the overall male/female ratio of staff from 58:42 (2015) to 55:45 (2017);</p> <p>(ii) decrease the percentage of unrepresented and under-represented countries in WHO's staffing from 33% to 28%.</p> <p>(r) <input type="radio"/> To operationalize the new policy on gender equality in staffing.</p> <p>(s) <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> Heads of WHO offices global roster: strengthen the skills and competencies of candidates on the roster with demonstrated skills on programme management and emergency response.</p>

¹ See http://www.who.int/about/finances-accountability/budget/EB140_HRTables_2016.pdf?ua=1, Table 12 (accessed 11 April 2017).

² See http://www.who.int/about/finances-accountability/budget/EB140_HRTables_2016.pdf?ua=1, Table 3 (accessed 11 April 2017).

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	<p>(j) ● General service roster in headquarters was reactivated in April 2016. As at December 2016, it contained 249 candidates in the general service fixed-term roster (G4 and G5), i.e. 219 internal and 30 external; and 197 in the general service short-term roster (G4 and G5), i.e. 116 internal and 81 external. Similar general service rosters exist in the regional offices.</p> <p>(k) ○●● In 2016, WHO received 927 interns, of whom 73% were female, and 23% from developing countries. The total number of interns increased by 8% in 2016 compared with 2015, and the number of nationalities represented from 82 in 2015 to 89 in 2016. WHO's website was updated to shift focus to regional and country internship opportunities.¹ In 2016, the regional offices received 247 interns, which represent 27% of the total number of interns. Country offices received 112 interns (12% of all interns).</p> <p>(l) ○● WHO had 49 junior professional officers from 13 countries in 2016. Women represented 71% of the total number of JPOs. Of the 49 junior professional officers, 10 separated during 2016. Of the 10 separated junior professional officers, seven stayed with WHO under different contracts (consultant, temporary or fixed-term appointment).</p>	

¹ In line with document EBPBAC23/2.

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	<p>I.2. Contracts</p> <p>(a) ● Continuing appointments: stricter criteria were applied for the eligibility for continuing appointment of staff holding a fixed-term appointment on 1 February 2013 and discontinuation of eligibility for continuing appointments for staff joining WHO on and after February 2013 (following resolution EB132.R10 (2013)). At the end of 2016, continuing appointments represented 68.2% of the long-term workforce (versus 68.8% in 2015).</p> <p>(b) ● Temporary appointments: since January 2015, changes have been made to the travel and related entitlements, aiming at a reduction of costs.</p> <p>(c) ● Revised remuneration of international staff: following United Nations General Assembly resolution 70/244, on the recommendations made by the International Civil Service Commission, amendments to the Staff Rules and upgrade of the Global Management System were undertaken, for an entry into force in 2017.¹</p> <p>(d) ● Non-staff as part as the WHO workforce:²</p> <ul style="list-style-type: none"> (i) since 2015, there has been a phased transfer of the management of non-staff contracts from procurement to human resources; (ii) human resources certification has been put in place to ensure compliance in the use of consultant contracts; (iii) a global review of all non-staff contracts has been conducted, with a view to improving compliance and streamlining. 	<p>(h) ● Non-staff:</p> <ul style="list-style-type: none"> (i) completion of the transfer of the management of non-staff contracts from procurement to human resources; (ii) review of the contractual framework, and of the policies, for consultants and other non-staff contracts, including special services agreements and temporary advisers; (iii) implementation through the new recruitment platform, Stellis.

¹ See documents EB140/48 and EB/140/48 Add.1.

² See http://www.who.int/about/finances-accountability/budget/EB140_HRTables_2016.pdf?ua=1, Table 19 (accessed 11 April 2017).

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		<p>(e) ●● Framework of Engagement with Non-State Actors: following adoption of the Framework by the Sixty-ninth World Health Assembly, the Secretariat developed additional criteria and principles for secondments to WHO.¹ The report by the Secretariat on the criteria and principles was discussed during by the Executive Board at its 140th session in January 2017 and was noted by the Board.</p> <p>(f) ●● United Nations Volunteers: country offices can hire these volunteers on an ad hoc basis through their local UNDP office. Between 2013 and 2015, 84 of these volunteers worked for WHO, mainly in specialized technical functions, and in sub-Saharan Africa. In 2015, 54% of the these volunteers were female.</p> <p>(g) ●● An umbrella Memorandum of Understanding was signed with United Nations Office for Project Services for the provision of services to WHO. Regional and country offices may outsource activities to the United Nations Office for Project Services through individual Memorandums of Understanding to reduce their workload and the Organization's long-term liabilities.</p>	<p>(i) ●● United Nations Volunteers: WHO is in the process of concluding an umbrella agreement for a consistent use of these volunteers across the Organization.</p>
PILLAR TWO: RETAINING TALENT	II.1. Human resources planning and organizational design	<p>(a) ●● Generic job descriptions: WHO developed a set of 75 generic, pre-classified position descriptions that cover frequently used mainstream activities in WHO (from public health to epidemiology to administration, human resources, finance and other support areas).</p> <p>(b) ●● Generic job descriptions for heads and deputy heads of country offices. About 20 positions for heads of country offices were updated in line with the generic position description.</p> <p>(c) ●● Generic post descriptions have been prepared for emergencies-related functions, including for emergencies rosters.</p>	<p>(g) ●● Global policy for the restructuring of offices to describe the process of organizational change during times of restructuring, downsizing and abolition of posts, and to be applied consistently across the Organization.</p> <p>(h) ●● United Nations joint classification centre: the United Nations Human Resources Network is working on establishing a centre that will be available to all United Nations organizations for classification activities, thus allowing consistency in workforce management within the United Nations and cost-effectiveness.</p>

¹ See document EB140/47.

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	<p>(d) <input checked="" type="radio"/> <input checked="" type="radio"/> Human resources funded by the Global Polio Eradication Initiative represent a potential significant liability for the Organization with the foreseen closure of the programme in 2019. To this end, A WHO-wide global polio transition human resources working group, reporting to WHO's Post-Polio Transition Planning Steering Committee, has been established to plan for, and proactively manage, the eradication programme's human resources in order to reduce indemnity exposure, and support where feasible the reassignment of polio-funded staff to other programme areas, without jeopardizing the timely achievement of polio eradication. The Executive Board has requested regular updates be submitted to it at each session of the Board.</p> <p>(e) <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> Succession planning for retirees:¹ an annual Organization-wide exercise for retirees has been conducted since 2014. It allows for a better alignment of the staffing structure with WHO's evolving needs as some positions vacated by retirees were proposed for abolition and others advertised with different post descriptions.</p> <p>(f) <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> The Mandatory age of separation was raised to 65 years for staff recruited since 1 January 2014; following the United Nations General Assembly resolution 70/244, the Secretariat is submitting amendments to the Staff Rules to apply the extension of the mandatory age of separation to 65 years to staff recruited prior to 1 January 2014, taking into account their acquired rights.²</p>	<p>(i) <input checked="" type="radio"/> <input checked="" type="radio"/> the WHO-wide global polio transition human resources working group is taking the lead on developing measures to closely oversee and review staffing decisions in the following areas and will report on a regular basis to the WHO Post-Polio Transition Planning Steering Committee:</p> <ul style="list-style-type: none"> (i) a review and approval process for all new longer-term and temporary contracts – under discussion with the regions; (ii) monthly dashboard for review by the Director of the Polio Eradication Department and Director of the Human Resources Management Department, highlighting key issues for succession planning (the dashboard is being built); (iii) proactive management of vacancies to eliminate unnecessary positions and limit the increase in staff costs; (iv) introduction of tools for oversight and tracking of non-staff contracts (this is a priority now for the working group); (v) engagement with the programme area network to identify critical polio-funded functions that could be integrated into other programmes; (vi) review functions in high-cost locations and consider relocating to lower-cost locations. <p>(j) <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> Succession planning of international professional positions will be enhanced when geographical mobility becomes mandatory (in 2019), when the need for positions vacated by staff reaching their standard duration of assignment will be reassessed.</p>

¹ For retiring staff data projections, see http://www.who.int/about/finances-accountability/budget/EB140_HRTables_2016.pdf?ua=1, Tables 8 and 9 (accessed 11 April 2017).

² See documents EB140/48 and EB140/48 Add.1.

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	<p>II.2. Performance management</p> <p>(a) ● A Performance Management and Development Framework supported by two policies on recognizing and rewarding excellence and on managing underperformance, and by a tool, the enhanced electronic Performance Management and Development System, entered into force in February 2015. Promulgation of the Framework was accompanied by capacity-building activities.</p> <p>(b) ● The policy on managing underperformance put an emphasis on the assessment of the probationary period and performance improvement plans: as a result, in 2015, across WHO, at the end of 61 probationary periods, 27 appointments were extended, 12 were not confirmed, and 22 performance improvement plans were established. In 2016, at the end of 40 probationary periods, four appointments were extended, four were not confirmed and 32 performance improvement plans were established.</p> <p>(c) ●● The policy on recognizing and rewarding excellence includes a simplified approach to publicly recognizing outstanding performance by staff members. In the first exercise, in December 2015, all staff members were invited to nominate staff members or teams for the four types of rewards: Director-General's, Deputy Director-General's, Regional Director's or health emergency team rewards. A total of 176 staff across WHO voted: six teams (in headquarters, the Regional Office for Europe and the Regional Office for the Eastern Mediterranean) and six individuals (from headquarters, the Regional Office for Africa, the Regional Office for South-East Asia, the Regional Office for the Eastern Mediterranean, and the Regional Office for the Western Pacific) received awards and opted for either special leave or learning activities. For the second exercise for 2016, 234 nominations were received: 140 for individual staff members, 60 for teams and 34 for health emergency teams. The rewards committees met in March 2017 and the announcement of the rewards was made by the Director-General on World Health Day.</p>	<p>(f) ●● Capacity-building:</p> <p>(i) train managers in designing specific, measurable, achievable, relevant and time-bound objectives, using a performance improvement plan and providing constructive feedback to staff;</p> <p>(ii) help staff in accepting supervisor's feedback and improving their performance.</p> <p>(g) ●● Exploration of a more systematic use of 360° feedback.</p>

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	<p>(d) ●● The enhanced electronic Performance Management and Development System, which was designed to establish a link between performance assessment and consequences by emphasizing accountability and results-based work planning, through which performance management and development becomes a shared responsibility between staff members and their supervisors, based on collaboration. The compliance rate has steadily increased (currently above 90%).</p> <p>(e) ●● An enhanced WHO global competency model was launched across the Organization in March 2015, aimed at defining the required behaviour at the level of staff roles and responsibilities and at harmonizing standards in recruitment and selection, performance management and learning activities.</p>	
II.3. Career management	<p>(a) ●● The Corporate Framework for Learning and Development 2014–2020, introduced in August 2014, represents WHO's commitment to promoting a culture of learning and staff development, to maintain WHO as a knowledge-based organization.</p> <p>(b) ●● New governance has been set up for the Global Learning Development Committee, allowing strategic disbursement of funding for learning activities across WHO, based on priorities and expected return on investment.</p> <p>(c) ● Career paths are the foundation of career management and mobility. A pilot road map of the possible career moves of staff members was designed for those with tuberculosis-related functions.</p> <p>(d) ● Career management and counselling</p> <p>(i) As at September 2016, eight human resources professionals have been certified for career counselling.</p> <p>(ii) Train-the-trainer sessions have been conducted for human resources managers in most of the major offices.</p>	<p>(j) ● Career paths: further develop road maps for WHO career paths.</p> <p>(k) ● Build a career development culture in which: staff take ownership of their career; career conversations are part of the Performance Management and Development System dialogues between supervisors and staff members; functional and geographical mobility are seen as opportunities to acquire or enhance new skills and competencies; and temporary assignments (including in different duty stations) are offered to staff to enable them to take on higher-level responsibilities or be exposed to different work environments.</p>

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	<p>(iii) Career management workshops and individual career counselling sessions are being provided at headquarters (including a targeted approach for specific programmes undergoing reorganization, e.g. the WHO Health Emergencies Programme) and in the regional offices (including in the Regional Office for the Americas). In total, as at February 2017, 269 staff members have availed themselves of this initiative, of whom 135 were from country offices.</p> <p>(iv) Staff who have participated in the annual mobility exercise have received specific support for their career move (e.g. language training).</p> <p>(v) A mentorship programme has been put in place (more than 45 senior staff have volunteered as mentors and 11 have been matched with mentees).</p> <p>(e) <input checked="" type="radio"/> <input checked="" type="radio"/> iLearn, the WHO learning platform for online on-demand training and for registering and monitoring learning activities, was rolled out in headquarters in 2013, in regional and country offices in 2014 (in the in the Region of the Americas in 2016). Globally, over 60 learning administrators are using the platform to create and advertise learning activities. The platform currently hosts over 334 learning activities covering budget and finance, communications, human resources, public health, information technology training, compliance and orientation training.</p> <p>(f) <input checked="" type="radio"/> <input checked="" type="radio"/> Development of managerial skills: the management development programme was piloted at headquarters with 60 managers at P4 and P5 level trained in two cohorts (in 2013 and 2014). It was discontinued because of a funding sustainability issue. Ad hoc management development initiatives will be offered by trained professionals in the Human Resources Management Department (e.g. developmental conversations for managers and coaching sessions).</p>	<p>(l) <input checked="" type="radio"/> <input checked="" type="radio"/> Develop a culture of online training through a redesigned eLearning platform and an increased level of collaboration that:</p> <ul style="list-style-type: none"> (i) provides systematic reporting to business owners and return on investment; (ii) provides support to staff in improving their performance and adherence to WHO culture and in developing their skills and competencies for career development purposes; (iii) builds partnership with the United Nations to share training content, avoid duplication and increase cost-effectiveness; (iv) provides mandatory training and certification to ensure common standards of conduct and performance across WHO.

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	<p>(g) ●● The in-house managerial trainings have been replaced by less expensive programmes already developed in the United Nations system (“one United Nations” approach), engaging with the United Nations System Staff College and the United Nations System Staff College Knowledge Centre for Sustainable Development.</p> <p>(i) The programme “Leadership, women and the UN” will offer state-of-the-art learning on leadership to 42 female staff members at the P4/P5 level from across the Organization in 2016 and 2017.</p> <p>(ii) Among the range of United Nations System Staff College programmes available online, “Supervisory management skills – coaching” has been offered to WHO managers since July 2016.</p> <p>(h) ●● Strengthening of country offices: the United Nations Country Team Programme, a corporate priority approved by the Global Learning Development Committee, has been mandatory since January 2014 for candidates who join the WHO global roster for heads of WHO country offices. A total of 11 candidates have participated since January 2014.</p> <p>(i) ●● Standards of higher education for jobs in WHO: while staff members are encouraged to engage in continuous learning and study leave may be granted for that purpose, their attention has been drawn to the importance of seeking out accredited institutions for higher education, which can be checked from the UNESCO World Higher Education Database. Similarly, the verification of the education credentials of candidates has been strengthened.</p>	

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	<p>II.4. Mobility</p> <p>(a) ● The geographical mobility policy was promulgated in January 2016, with a three-year voluntary phase until 2019.</p> <p>(b) ● All the major offices subject to the policy offered positions to the first compendium of international positions issued in January 2016. It was the first time that international professional positions located in different major offices had been simultaneously filled in a corporate manner. It resulted in a higher number of moves from one major office to another. A total of 44 positions were advertised: 71 eligible candidates applied and 12 placements were endorsed by the Director-General following recommendations from the Global Mobility Committee. In the second compendium issued in January 2017, 51 positions were advertised and 58 eligible candidates applied.</p> <p>(c) ● The number of moves of international professional staff members increased, from 146 in 2014 (which represents 7.4% of the total number of staff members in the professional and higher categories) to 162 in 2016 (which represents 7.9% of the total number of staff members in the professional and higher categories). One objective of the managed mobility scheme is to improve cross-fertilization among the regions and between headquarters and the regions: current data show an increase from 55 moves between the regions in 2014 (i.e. 2.8% of staff members in the professional and higher categories) to 67 moves between the regions in 2016 (i.e. 3.3% of staff members in the professional and higher categories).¹</p>	<p>(g) ●● Implementation of the three-year voluntary phase (2016–2018) of the geographical mobility policy is being evaluated annually² and the lessons learned from the voluntary phase will inform the Organization on how to implement the policy effectively on a mandatory basis, with the policy and processes being adjusted accordingly.</p> <p>(h) ● Ad hoc vacancies will make the experience acquired in other levels of the Organization and different duty stations a requirement for the advertised positions in the professional and higher categories.</p>

¹ See http://www.who.int/about/finances-accountability/budget/EB140_HRTables_2016.pdf?ua=1, Tables 14 and 15 (accessed 11 April 2017).

² The WHO Evaluation Office will undertake the evaluation of the voluntary phase of the geographical mobility policy. As a first step, an evaluation framework was developed, and the evaluation of the first compendium exercise will be undertaken during the fourth quarter of 2016. The findings and recommendations of this evaluation exercise will inform the second compendium exercise planned for early 2017. The findings and recommendations will be presented in the annual report of the Evaluation Office to the Executive Board at its 141st session in May 2017.

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	<p>(d) ● In 2016, a voluntary mobility database was established to facilitate geographical mobility between the annual compendiums. As at January 2017, 98 staff members had posted their profiles and 126 reviews for staffing international positions had been conducted.</p> <p>(e) ● Functional mobility of locally recruited staff members is encouraged, in particular to move from a local to international career stream: between January 2014 and December 2016, 82 general service or national professional staff were promoted to international longer-term positions through a competitive process (19 in 2014, 34 in 2015 and 29 in 2016).</p> <p>(f) ● Interagency mobility: between January 2014 and December 2016, 61 staff moved from WHO to another United Nations entity (of whom nine went to PAHO) and 77 joined WHO from another United Nations entity (of whom 12 came from PAHO).</p>	<p>(i) ● A more systematic approach for temporary assignments in other duty stations, to allow staff members to be exposed to different work environments: this mechanism will further enhance the competency of staff involved in emergency response and in emergency rosters.</p> <p>(j) ● Interagency mobility: WHO is working with other United Nations organizations to further enhance interagency mobility.</p>
PILLAR THREE: ENABLING WORK ENVIRONMENT	<p>III.1. Ethical work environment</p> <p>(a) ● Annual circulars informing all staff members of concluded disciplinary proceedings were published to raise awareness of standards of conduct and action taken by the Management to tackle violations of such standards (44 disciplinary actions were taken between January 2012 and December 2016).</p> <p>(b) ● Staff Rules were amended in January 2015 to expand the range of disciplinary measures and ensure proportionality and consistency, and to reinforce staff financial responsibility.</p> <p>(c) ○ ● ● ● A global survey on a respectful workplace in the context of the Respectful Workplace Initiative was conducted jointly by the Staff Association and the Management in December 2015, and its results were shared with all staff in May 2016. Key action points have been developed. To launch the Initiative and to raise awareness, a video with the Director-General and Regional Directors was created.</p>	<p>(f) ● Improvements in the management of harassment cases through emphasis on informal resolution, revised policy and timely investigating process.</p> <p>(g) ○ ● ● ● Respectful Workplace Initiative: the action points planned for implementation in 2017 include the development of a quarterly staff bulletin, a Respectful Workplace Day (13 December) for the implementation of related activities globally, the development of guidance on etiquette at work, and training on values in action, which was launched in headquarters and the Regional Office for Europe in February 2017. It will subsequently be launched in other regional offices over the rest of the year. A follow-up staff survey is planned for the third or fourth quarter of 2017.</p>

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	<p>(d) ● Verification of dependency status exercises are conducted on a yearly basis, to improve compliance and limit the Organization's liabilities for undue payment of dependency allowances. A total of US\$ 384 800 were recovered from 104 staff members through the exercises conducted for 2013 and 2014, and US\$ 109 848 were recovered through the exercises conducted for 2015.</p> <p>(e) ● The separation procedures have been revised to avoid any unrecoverable amounts owed to WHO by ex-staff.</p>	
III.2. Modern staff management	<p>(a) ● The Management is maintaining an ongoing consultative partnership with staff representatives, through:</p> <ul style="list-style-type: none"> (i) consultation on all policies and processes related to the conditions of service (93 communications were sent to the members of the Global Staff Management Committee between November 2013 and September 2016); (ii) annual meetings of the Global Staff Management Committee, with management and staff representatives from all major offices, making recommendations to the Director-General on human resources policies; (iii) regular meetings between the Management and staff representatives in all major offices (weekly in headquarters); (iv) Joint Management and Staff Association initiatives: reform of the internal justice system; Respectful workplace initiative; health, safety and well-being committees; gender think-tank. <p>(b) ○●● Occasional teleworking policy was promulgated in 2014.</p> <p>(c) ○ Maternity leave was extended to six months (from 16 or 20 weeks to 24 weeks) to align human resources policies with WHO recommendations on maternal health and exclusive breastfeeding.</p> <p>(d) ○● WHO policy on personal status of staff members has been aligned with the changes in the United Nations with respect to marriage and domestic partnerships.</p> <p>(e) ● WHO has been part of two global occupational health activities: "Walk the talk" and "Global corporate challenge", which</p>	<p>(j) ○●● Development of an Organization-wide policy on flexible working arrangements, including long-standing teleworking, in response to modern staff management and current operational demands.</p> <p>(k) ○●● Development of further policies on parental leave, more adapted to modern parenting.</p>

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	<p>are aimed at improving the physical and mental well-being of WHO staff, and to help them embody WHO's recommendations on nutrition and physical activity.</p> <p>(f) <input checked="" type="radio"/> <input checked="" type="radio"/> An induction programme for staff members was introduced in headquarters in October 2014 for new staff members, as a way both to facilitate their onboarding and to strengthen WHO's internal control framework. Between October 2014 and December 2016, 16 induction sessions took place, in which there were 447 attendees. Permanent Missions are invited to send new delegates interacting with WHO.</p> <p>(g) <input checked="" type="radio"/> Detailed onboarding (entry) and exit questionnaires, aiming at understanding why staff members join and leave WHO and gaining insight into their experience with the Organization, were introduced across the Organization in July 2015. Between August 2015 and December 2016, about 297 onboarding questionnaires and 908 exit questionnaires were completed.</p> <p>These responses inform the Management on areas for improvement.</p> <p>(h) <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> Global staff health and well-being initiatives were put in place:</p> <ul style="list-style-type: none"> (i) streamlining of medical examinations policies; (ii) strengthening of psychosocial support in major offices through the development of the standard description of the position of staff counsellor; (iii) delivery of 30 stress management/mindfulness training programmes for a total of 469 staff members in headquarters in English or in French. 	<p>(l) <input checked="" type="radio"/> <input checked="" type="radio"/> Induction programmes will be rolled out across the Organization, with more online training to increase newcomers' knowledge of WHO and its procedures.</p> <p>(m) <input checked="" type="radio"/> Developing and implementing a return to work policy, providing guidance to both staff and managers to help to ensure a smooth return to work after a long period of sick leave.</p> <p>(n) <input checked="" type="radio"/> Reinforcing the staff health and well-being services network (in headquarters and the regional offices), to be better equipped in case of deployment of WHO staff members in response to emergencies.</p>

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	<p>(i) ● In the context of the response to the outbreak of Ebola virus disease, in addition to providing a significantly increased number of medical clearances following recruitment and vaccinations, WHO provided pre-mission briefings and conducted individual pre- and post-mission psychosocial interviews of staff members deployed to the affected countries. WHO played a key role in the United Nations Medical Doctors Working Group and in the medical evacuation of staff in the United Nations system involved in the response.</p>	<p>(o) ● Emergencies: the lessons learned from the response to the outbreak of Ebola virus disease will be used to inform the medical support procedures to be put in place in response to emergencies.</p>
III.3. Administration of justice	<p>(a) ● A review of the internal justice system was conducted in 2014 by an external panel of experts jointly commissioned by the Management and staff representatives. In line with the experts' recommendations, the Management has reformed its internal justice system, with effect from 1 November 2016, to include the following key features:</p> <ul style="list-style-type: none"> (i) an emphasis on informal resolution of disputes, including through a new policy on mediation and enhanced ombudsman function; (ii) institutionalization of an administrative review process as a first step in the appeals process; (iii) centralization of the appeals mechanism under a Global Board of Appeal. <p>(b) ● A new WHO Centre was opened on 13 December 2016 in the lower-cost location of Budapest to ensure there are sufficient additional resources needed to implement the internal justice system reform, including the appointment of a full-time Chair and Deputy Chair of the Global Board of Appeal.</p>	<p>(c) ● Greater awareness and access to informal resolutions across the Organization.</p> <p>(d) ● Building a culture of trust through speedy resolution of disputes, timely investigation of allegations and responsive Internal Justice System.</p>

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HR ACCOUNTABILITY	III.4. Audits (a) ● The Human Resources Management Department has managed to close 124 audit recommendations since October 2013, of which 92 were raised by external auditors. At the time of writing, there were no outstanding recommendations with the Office of Internal Oversight Services.	(b) ● Only one recommendation from the external auditors is to be dealt with.