
Human resources: annual report

Report by the Director-General

INTRODUCTION

1. In addition to the workforce data for the period from 1 January to 31 December 2017 which were made available on the WHO website in March 2018,¹ this report provides an overview of the latest developments with regard to the WHO workforce, talent sourcing and human resources policies.

TRENDS IN THE WHO WORKFORCE

2. As at 31 December 2017, the total number of WHO staff members was 8027 (see Table 1 in the workforce data), which is a slight increase compared with the figure for 31 December 2016 (7916). Of that number, 30% are employed at headquarters, 25% in regional offices and 45% in country offices. Staff members holding long-term appointments in the professional and higher categories² are distributed as follows: 51% at headquarters, 32% in regional offices and 17% in country offices.

3. The number of individuals hired on non-staff contracts (consultants and individuals on agreements for performance of work, see Table 18 in the workforce data) has decreased from 970 full-time equivalents for the period January–December 2016 (12.2% of the total workforce) to 936 for the period January–December 2017 (11.7% of the total workforce).

4. For the period from 1 January to 31 December 2017, staff and other personnel costs amounted to US\$ 966 million or 36% of the Organization's total expenditure of US\$ 2676 million (compared with 37% for the period January–December 2016).

5. As at 31 December 2017, women accounted for 44.4% of staff members in the professional and higher categories holding long-term appointments (see Table 2 in the workforce data), representing an increase of 1.6% since December 2016 (42.8%). The commitment of senior management to gender balance, coupled with proactive efforts in outreach, selection, policy and accountability, have accelerated progress towards gender equity in staffing, so that it took only 12 months to increase the number of women by 1.6%. The trend towards gender parity is also visible when considering the distribution of senior positions, where the improvement is even more manifest than the annual target fixed in the policy on gender equality in staffing promulgated in January 2017, which calls for an annual increase of 1.5% in female staff members at the P4 level and above over the next five years. In

¹ Human resources: workforce data (as of 31 December 2017). In: About WHO: budget [website]. Geneva: World Health Organization; 2018 (<http://www.who.int/about/finances-accountability/budget/en/>, accessed 18 March 2018).

² Including continuing and fixed-term appointments but excluding temporary appointments.

fact, in 12 months, the number of women at the P4 grade and above has increased by 2.2%. The new Director-General has further demonstrated his commitment to gender parity by appointing women to 60% of the ungraded positions in his cabinet. Further efforts will be required to improve gender parity among heads of country offices (as at 31 December 2017, women accounted for 33% of the staff concerned) and among staff at the D1 and D2 levels (as at 31 December 2017, women accounted for 31% of this group).

6. In geographical representation, less progress has been made than in gender parity: as at 31 December 2017, 32% of WHO Member States were either unrepresented or underrepresented (see Table 3 in the workforce data). Some 43% of staff in the professional and higher categories (including staff on temporary contracts) are from developing countries (41% for long-term appointments only). Organization-wide, 32% of staff members at the D1 and D2 levels, come from developing countries; at headquarters, representation at these levels is only 10.9%. The new Director-General has made one of his priorities the appointment of nationals of developing countries to senior positions. The draft thirteenth general programme of work, 2019–2023 sets a diversity target of at least one third of directors at headquarters being nationals of developing countries.

TALENT SOURCING

7. New outreach efforts have been made in order to increase interest and elicit more applications from qualified candidates worldwide. In addition to sending out weekly updates of vacancies across WHO to the permanent missions in Geneva, WHO uses a number of specialized recruitment outreach platforms on a regular basis, such as LinkedIn, Devex and ImpactPool, and social media platforms such as Facebook and Twitter. The websites of reputed medical and other relevant journals are also used for senior positions. WHO jobs are posted on an automated or manual basis to provide enhanced visibility for users who are targeted through specific outreach algorithms. Furthermore, WHO collaborating centres, specialized technical networks and professional associations, nongovernmental organizations, gender diversity pools and United Nations and development agencies are also targeted for job postings and the distribution of vacancies through their networks. Finally, the Secretariat's new recruitment platform, Stellis, allows alerts on relevant vacancies to be sent to candidates who have indicated their preferred job areas.

8. In addition to the efforts to attract more candidates, the selection process for international professional positions has been revised with a view to improving gender balance and geographical representation. A five-minute video on unconscious biases in selection designed by the International Organization for Migration is shown at the first meeting of selection panels. The assessment conducted during the selection process no longer leads to a numerical evaluation of the candidates, but indicates for each candidate whether he/she is in the range: "not suitable", "only suitable with improvements", "suitable" or "strong". All candidates in the same range are considered of equal merit. The final choice among candidates of equal merit can therefore take into account the possible gender and geographical underrepresentation of the Regional Office or headquarters cluster and address it.

9. The Secretariat will report to a future meeting of the governing bodies on whether the additional outreach efforts and the revised approach to selection have prompted an improvement in gender balance and geographical representation at all levels of the Organization.

10. After several years of negotiations, WHO and the United Nations Volunteers programme have come to an agreement to sign a memorandum of understanding that determines the conditions under which WHO will be able to deploy United Nations volunteers across all its offices in order to enhance its professional workforce. WHO currently has about 40 United Nations volunteers in its country offices. The intention is to double or treble this number over the next two to three years, with the objective of strengthening country capacity with adequate expertise and providing surge capacity during emergencies. In addition, in line with the United Nations General Assembly, which has formally engaged the United Nations Volunteers programme for the inclusion of youth in development and peace building through volunteerism, the Strategic Framework 2014–2017 of the programme places an emphasis on youth and channels efforts towards the United Nations Youth Volunteers programme as a means of making consistent and tangible progress. By collaborating with the United Nations Volunteers programme on the Youth Volunteers programme, WHO would demonstrate its recognition of youth as a driving force for longer-term development. It would essentially be doing capacity building for future leaders in the health sector by ensuring sustained succession planning.

11. The WHO internship programme, a high priority of the Director-General, is being revamped. The overall objective is to expand WHO's outreach in order to better equip the Organization for achieving its mission and to provide an opportunity for interns to contribute to this. The programme has been developed in order to ensure that it satisfies three specific criteria, namely that it: (i) provides fair and equitable access; (ii) offers an experience of high quality; and (iii) creates a pool of potential WHO champions. A phased approach is being implemented. During the first phase (January–May 2018), emphasis was placed on setting up a global system for recruitment, increasing knowledge of and interest in the WHO internship programme both within WHO and externally, and exploring possibilities for reducing the financial burden placed on interns. On 15 March 2018, a global call of application was launched through the WHO common recruitment system. All internships (whether at headquarters, regional offices or country offices) can now be offered by choosing from this global pool of candidates. The system offers the possibility of easy real-time monitoring and reporting on the diversity of interns, thus permitting targeted outreach if required. Standard terms of reference are provided for hiring managers to guide them in providing a high-quality environment for interns and appropriate tasks for them. In parallel, efforts are being made to alleviate the financial burden on interns. In Geneva, at headquarters, where more than 500 interns work per year and where the cost of living is particularly high, interns will receive a voucher worth 10 Swiss francs per day to cover their lunch costs. Discussions have also started with partners to explore the possibility of providing stipends for interns from developing countries in order to increase diversity, bearing in mind the fact that some interns from developed countries already benefit from stipends from their universities. This objective will be further elaborated in the second phase. Additional ongoing work by the Secretariat includes the development of a standard induction package, the identification of common training activities beneficial for interns and the provision of internship completion certificates.

UPDATE ON HUMAN RESOURCES POLICIES

12. The number of staff in the professional and higher categories holding long-term appointments who have moved from one duty station to another has increased from 162 for the period January–December 2016 to 200 for the period January–December 2017 (see Tables 13 and 14 in the workforce data). In other words, 9.3% of all staff members in those categories have been geographically mobile in 2017. In addition, moves from one major office to another represented 36% (72) of a total of 200 moves during the period January–December 2017.

13. The Director-General has repeatedly expressed his unwavering commitment to full implementation of WHO's geographical mobility policy, particularly as a means of allocating resources (e.g. technical expertise) closer to the beneficiaries of WHO's work, enhancing diversity within the Organization and sharing staff assignments equitably among staff. Along with planning for WHO's fit-for-purpose staffing structure, which is intended to ensure that countries are right at the centre of the WHO operating model, work is under way to prepare for the implementation of the mandatory phase of the mobility policy in 2019. Management and staff will be consulted to explore adjustments to the geographical mobility policy promulgated in 2016,¹ in order to ensure that mobility is implemented strategically and is beneficial to both the Organization and its staff. In doing so, recommendations made by the second annual evaluation of the Geographical Mobility Policy will be considered. The Secretariat will provide an update at the governing body meetings in May 2018.

14. The high importance that the Director-General attaches to staff issues is reflected in WHO transformation and the culture change action plan. Through listening to staff at his open-door sessions and to the staff representatives, whom he regularly meets, and by analysing the findings and recommendations of the Office of the Ombudsman and Mediation Services and the results of the cultural survey conducted in the autumn of 2017, the Director-General has identified a series of priorities that will ensure that the WHO workforce is fit for purpose, highly competent and cutting-edge, motivated, high-performing and empowered, and therefore fully equipped to deliver on the thirteenth general programme of work.

15. Among these priorities, a special focus will be placed on staff performance management: beyond the policy and tools available, the culture of consequences and accountability will be enhanced, by which opportunities for high performers and the use of professional development and learning tools will be increased. Career counselling and mapping of career paths supported by learning pathways will be offered. Training will be provided for managers to develop their coaching skills and help them to give constructive feedback, develop their staff's potential and resolve workplace conflicts. The use of 360-degree feedback is also being considered. A mentoring programme, career development workshops and coaching sessions for staff and managers have already been made available, but these will now be scaled up in order to expand the target audience across the Organization. Furthermore, a new policy on short-term developmental assignments has been promulgated, which provides job enrichment and career development opportunities for staff at all grades within the Organization, particularly for general service staff and national professional officers. In addition to enhancing the staff member's competencies and skills, the receiving unit can deal with its temporary needs, including those associated with emergency response, as an alternative to recruiting external candidates for short-term needs. Both the receiving unit and, upon return of the staff member, the releasing unit can benefit from the improvement of processes, the development of networks and the enhancement of consistency across WHO resulting from this exchange of experiences, knowledge and skills between offices.

16. It is fully recognized that progress towards a culture of high performance, accountability, collaboration and innovation can only be achieved if respect within WHO is a core value. In the context of the joint staff-management Respectful Workplace Initiative, which promotes a respectful workplace that encourages trust, responsibility, accountability, mutual respect and open communication and embraces the dignity and diversity of individuals, "values in action" training has been offered to aid decision-making based on shared values and transparent communication.

¹ WHO geographical mobility policy. Geneva: World Health Organization; 2016 (<http://www.who.int/employment/WHO-mobility-policy.pdf>, accessed 27 October 2017).

Furthermore, to accompany the launch of the mandatory training policy, two training courses have been made mandatory for all staff: the United Nations training on the prevention of harassment, sexual harassment and abuse of authority and the United Nations training “To serve with pride – zero tolerance for sexual exploitation and abuse by our own staff”. This will soon be followed by the mandatory training, currently being designed, on the WHO code of ethics and professional conduct.

17. Finally, the 2010 policy on prevention of harassment and sexual harassment is being revised with the involvement of all stakeholders, including the staff representatives and the Office of the Ombudsman and Mediation Services. The new features include: the application of the policy to anyone belonging to the WHO workforce, regardless of the type or duration of their contract; the introduction of more options to support the prevention of harassment and informal resolution, in particular through the Office of the Ombudsman and Mediation Services, and to report concerns and allegations, in particular through the integrity hotline; and the establishment of a body with staff representatives and the Office of the Ombudsman and Mediation Services, in order to identify and address systemic and policy issues related to harassment.

18. In order to form a workforce of excellence, WHO staff members must not only be fit for purpose and ethical; they must also be healthy, mentally and physically. This is precisely the aim of the Staff Health and Wellbeing Services’ Strategy 2018–2023, and of the network of regional staff physicians. Prevention, staff access to care and psychosocial support, emergency preparedness and support for staff deployed on emergency and outbreak response are key elements of this strategy. In addition, the Staff Health and Wellbeing Services at headquarters and in the regions and the Staff Health, Safety and Well-being Committee will work on recommendations based on the findings of the first Staff Health Risk Survey, conducted in 2017, which is being benchmarked against other United Nations agencies that have conducted the same survey.

19. The new internal justice system entered into force on 1 November 2016. Formal and informal mechanisms for resolving employment-related disputes have long been in existence at WHO. However, it was recognized that greater emphasis needed to be placed on: preventing disputes at all organizational levels; sharing responsibility for maintaining a respectful workplace; and resolving grievances informally. With regard to the formal resolution process, the new internal justice system provides for the institutionalization of an administrative review process. The completion of such a process is a prerequisite for filing an appeal to the Global Board of Appeal. Both the administrative review and the appeal process are managed at the global level, ensuring that all staff members, regardless of where they are working, have equal access to justice. Additional human resources have been engaged and centralized at the WHO Budapest Centre in order to ensure that the formal process is more effective and more expeditious.

20. In its first year of implementation, the new internal justice system has already shown that it is working as expected. Between 1 November 2016 and 30 September 2017 about 50 requests for administrative review were filed, including one that was submitted individually by 27 WHO staff members¹ affected by the Executive Board decision to postpone the entry into force of the extension of the mandatory age of separation to 65 until 1 January 2019. All the administrative review decisions were delivered within the 60-day prescribed time frame, thus ensuring a more expeditious, and therefore fairer, justice system. For 61% of these decisions, there has been no further appeal. The new Global Board of Appeal dealt with 27 appeals from WHO staff members, 16 being new cases resulting

¹ They account for 15% of the 169 WHO staff members who will reach the age of retirement in 2018.

from administrative review decisions and the rest being either left over from the Headquarters Board of Appeal and Regional Boards of Appeal, or referred to WHO's internal justice system by the ILO Administrative Tribunal. All the recommendations of the Global Board of Appeal were delivered to the Director-General within the 90-day prescribed time frame, thus demonstrating that a panel of three members instead of the five required under the previous system, and with a professional full-time chair, is easier to convene and works more efficiently.

ACTION BY THE HEALTH ASSEMBLY

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

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