Human resources: update

Report by the Director-General

INTRODUCTION

1. Alongside the workforce data for the period 1 January to 31 July 2017, which were made available on the WHO website on 13 October 2017, this report provides an update on overall WHO workforce trends and human resources management in 2017. A separate detailed report is provided in respect of the human resources funded by the Global Polio Eradication Initiative. The statement of the WHO staff associations and the report of the ombudsman are available in separate documents.

2. As at 31 July 2017, the total number of WHO staff members was 8029 (see Table 1 in the workforce data), which constitutes a slight increase compared with 31 December 2016 (7908). Of that figure 29% are at headquarters, 25% in regional offices and 46% in country offices. Of the total number of staff members in the professional and higher categories, 50% are at headquarters, 28% in regional offices and 22% in country offices. Where long-term contracts only are considered, staff members holding long-term appointments in the professional and higher categories are distributed as follows: 17% in country offices, 32% in regional offices and 51% at headquarters.

3. The number of individuals hired on non-staff contractual modalities (consultants and individuals on agreements for performance of work, see Table 19 in the workforce data) has increased from 1104 full-time equivalents for the period January to July 2016 (13.9% of the total workforce) to 1173 for the period January to July 2017 (14.6% of the total workforce).

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2 Document EB142/11.
3 Documents EB142/INF./1 and EB142/INF./2.
4 That is, including all staff appointments.
5 That is, if continuing and fixed-term appointments are retained for the calculation and temporary appointments are excluded.
4. For the period 1 January to 31 July 2017, staff and other personnel costs amounted to US$ 507 million, or 38% of the Organization’s total expenditure, representing an increase of 2.6% compared with the period 1 January to 31 July 2016.

5. On 31 July 2017, women accounted for 43.7% of staff members in the professional and higher categories holding long-term appointments (see Table 2 in the workforce data), representing a 0.9% increase 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 seven months to increase the number of women by 0.9%. The trend towards gender parity is also visible when considering the distribution of senior positions, where the improvement is in line with 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. Already, in seven months, the number of women at the P4 grade and above has increased by 5.4%. The new Director-General has further demonstrated his commitment to gender parity by appointing women to 60% of the ungraded positions in his cabinet.

6. WHO’s efforts in implementing the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP) have been commended by UN WOMEN, which notes that relative to the overall United Nations system, WHO’s progress towards meeting the requirements of the System-wide Action Plan continues to be above average: WHO “meets” or “exceeds” requirements for 80% of the performance indicators, whereas, overall, the United Nations on average only reaches 64%.

7. Further efforts will be required to improve gender parity among heads of country offices (on 31 July 2017 women accounted for 35%) and staff at the D1 and D2 levels (on 31 July 2017 women accounted for 30%). The draft thirteenth general programme of work 2019–2023 proposes to achieve gender parity among directors by 2023.

8. In geographical representation, less progress has been made than in gender parity: on 31 July, 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 temporary contracts) is from developing countries (41% for long-term appointments only). Among staff at D1 and D2 levels, 32% comes from developing countries, of whom only 11.7% are at headquarters. The new Director-General has made the appointment of nationals of developing countries to senior positions one of his priorities. The draft thirteenth general programme of work 2019–2023 sets a diversity target of 35% of directors at headquarters.

9. The number of staff in the professional and higher categories holding long-term appointments and who have moved from one duty station to another has increased from 129 for the period January to July 2016 to 165 for the period January to July 2017.1 In other words, 7.9% of the total number of staff members in those categories have been geographically mobile. In addition, moves from one major office to another represented 37% (61) of a total of 165 moves during the period January to July 2017.

HUMAN RESOURCES MANAGEMENT

10. On taking up his functions, the Director-General engaged staff at all levels of the Organization and invited them to make proposals for improvement. The large number of inputs received indicates the extent of staff commitment to WHO’s success and vision. Some of the contributions were related to human resources management, which led to the designing of a workforce of excellence transformation path. The key focus areas are:

Fit-for-purpose workforce

1. Strategic implementation of mobility.
2. Strengthening diversity through gender parity and geographical representation across all levels of the Organization.
3. Workforce rejuvenation and forward-looking succession planning, supported by strategic and timely recruitment and enhanced opportunities for young professionals.

Highly competent and cutting-edge workforce

4. Professional development and empowerment through career pathways and fostering of a learning culture.
5. Enhancement of managerial capabilities, increased autonomy and related accountability and reorientation towards a country-centred Organization.
6. Rewarding innovation and collaboration.

Motivated, high-performing and empowered workforce

7. Fit-for-purpose staff performance management with enhanced opportunities for high-performers and increased use of improvement tools.
8. Moving towards a culture of collaboration.
9. Enhancing respect as a core value within WHO.

11. The Director-General has reiterated his commitment to mandatory mobility, particularly as a means of enhancing diversity within the Organization, strengthening technical expertise at country level, and sharing staff assignments equitably among staff in more or less difficult duty stations. Geographical mobility has been introduced in a phased manner, starting with a three-year voluntary phase covering the period January 2016 to December 2018. During the voluntary phase, staff members could apply if they so wished for positions listed by managers, also on a voluntary basis, in the annual mobility compendium.
12. With the three-year voluntary phase ending in 2018, a new approach to mobility will be tried as an alternative to the annual compendium which, in its 2016 and 2017 versions, failed to achieve the results expected of a global and holistic way to reassigning international staff positions across the Organization. At the same time, extensive work will be carried out to prepare for implementation of the mandatory phase in 2019. Consultations among management and staff representatives are taking place to explore adjustments to the geographical mobility policy promulgated in 2016, in order to ensure that mobility is implemented strategically and is beneficial to both the Organization and its staff. The Secretariat will provide an update at the governing bodies meetings in January and May 2018.

13. 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.

14. The first year of implementation of the new internal justice system has already shown that the system 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 members 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 from administrative review decisions and the rest being either left over from the Headquarters Appeals Board and Regional Appeals Boards, or referred to WHO’s internal justice system by the ILO Administrative Tribunal. Again, the Global Board of Appeal’s recommendations to the Director-General were delivered 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.

15. Between 1 January and 31 July 2017, WHO hosted 585 interns, of whom 76% were women and 24% came from developing countries, compared with 74% and 22%, respectively, as at 31 July 2016. During the same period, the total number of interns decreased by 11% compared with 2016 (585 interns as at 31 July 2017 versus 659 as at 31 July 2016). The number of nationalities represented widened from 82 to 86 during the same period. Continuous efforts are being made to reduce the number of interns at headquarters and increase their opportunities at regional and country level.

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

16. A working group composed of interns and representatives from the technical units and the department of human resources management was recently established by the new Director-General to improve the quality of the programme, including enhancing the recruitment and entry processes. WHO is also considering expanding opportunities for diversity, for example, by creating a catalogue of universities and private donors that could sponsor internships, and exploring the establishment of an interns’ self-financing scheme.

**ACTION BY THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE**

17. The Committee is invited to note the report.

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