



# WORLD HEALTH ORGANIZATION

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## Human resources: annual report

### Report by the Secretariat

1. This report provides an overview of current priorities and activities in the management of human resources. A **preview** of the Secretariat's staffing profile as at 30 September 2004 is being issued separately.<sup>1</sup>
2. Priorities and activities during 2004 reflected a shift in emphasis rather than a change of direction. The priorities were to map and match staffing needs; to attract and retain staff; to manage and develop staff; to provide a supportive work environment; and to improve delivery of human resources services.

#### MAPPING AND MATCHING STAFF NEEDS

3. A concerted effort is being made to ensure that planning of human resources is fully integrated, consolidated and simplified, in accordance with established priorities. This process will make it easier for WHO's Secretariat to identify the number and type of staff it will need both in the immediate future and in the coming years.
4. To this end a tool has been developed involving key metrics that make it possible to identify trends in various areas, including staff turnover (both voluntary and mandatory), levels of recruitment, mobility and diversity. The tool will enable comparisons to be made between current and future resource needs; it will also make it possible to identify shortfalls and facilitate planning for action, where required.
5. Recent experience in the Africa Region (where three WHO Representatives' offices were reviewed) and in the HIV/AIDS programme at headquarters was taken into account in developing an approach that has facilitated the task of managers. Managers have thus received assistance in reviewing their organizational structure, striking the right balance between short- and longer-term positions, adjusting the skills and competencies required for each function, and identifying the consequent matches and shortfalls in staffing.

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<sup>1</sup> Document EB115/25 Add.1.

## ATTRACTING AND RETAINING STAFF

6. A number of activities have been undertaken in order to comply with the recruitment strategy noted by the Executive Board at its 113th session in January 2004.<sup>1</sup> The activities concerned are described below.

7. Several initiatives have been taken in order to increase the Organization's **outreach** efforts. The goal is to ensure wider distribution of information about the career opportunities that exist in WHO's Secretariat in order to attract potential candidates worldwide, particularly from unrepresented and underrepresented Member States and developing countries, to target specific areas of expertise, and to promote diversity.

8. Letters have also been sent to all permanent missions in Geneva requesting their assistance with the implementation of the strategy. In particular, missions have been requested to identify possible sources of candidates for employment within the Organization, including institutions, professional societies and organizations in health and related fields within the country in question. Professional associations in which women are well represented were to be given particular consideration. This initiative was taken so that those organizations could be informed about WHO's web site and its regularly updated list of vacancies. The aim was, where possible, to establish a direct hyperlink to the WHO Secretariat e-recruitment site. To date, six permanent missions have responded (see Annex 1). In addition, some of these missions have agreed to disseminate directly, within their country, information about WHO vacancies and the Secretariat's recruitment web site.

9. Over 1000 e-mails were sent to WHO collaborating centres, health-related associations and WHO Representatives in order to identify potential new sources of candidates. Internet platforms, such as ReliefWeb, OneWorld.net, the International Civil Service Commission, Partnerjob.com, the Association for Human Resources Management in International Organizations, together with other online employment sites were also explored (see Annexes 2 and 3).

10. Following these outreach efforts, the number of sites referring individuals to the Secretariat's employment web site increased from 966 in May to 1170 in August – an increase of over 20%. Efforts to identify other possible referral sites are continuing.

11. In order to contact **potential candidates** directly, a three-month trial contract was signed with a major international web-based online recruitment company, giving WHO's Secretariat access to its database of over 38 million curricula vitae worldwide. The Secretariat identified 500 potential candidates from unrepresented and underrepresented Member States whose profiles matched published vacancies. These candidates were invited to apply for vacant positions. Several responded, but declined the offer because they were not prepared to move to another country; were satisfied in their current employment; considered conditions of employment in WHO insufficiently competitive; or were not interested in working for an international organization.

12. Responding to comments that the Secretariat's recruitment system was very specific and quite unlike those used in some Member States, a team representing the Organization's technical programmes and human resources services carried out a training programme with Ministry of Health officials in China to **enhance understanding** of the Organization's recruitment and selection processes. Potential candidates were led through the various stages of the Secretariat's selection

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<sup>1</sup> See document EB113/2004/REC/2, summary record of the tenth meeting, section 4.

process from an online application to a competency-based interview, presentation to a panel and technical tests. Other countries have expressed an interest in hosting similar workshops.

13. WHO participated in international **career fairs** aimed at drawing the attention of postgraduates in various fields of specialization to the career opportunities that exist within the Secretariat. It is intended to take advantage of more such events in 2005.

14. Work was also undertaken to revitalize programmes designed to attract younger people to work in the Secretariat. A **Global Leadership Programme** has been established to offer a two-year training opportunity to public health graduates from developing and underrepresented countries. The vacancy notice was posted on WHO's web sites, advertised in several newspapers and circulated to relevant libraries and public health institutions. Some 2600 applications were received and the first 10 trainees will start in February 2005.

15. A survey of **interns** was conducted in order to obtain a clearer understanding of their experience at WHO's Secretariat and a better appreciation of their needs during their time in internship. Results are likely to reveal a need for interns to receive a better orientation on the Organization and for performance management tools to be developed for them. Although a wide range of nationalities are already represented among interns, additional information on the possibilities that exist at WHO is being added to the employment web site for the benefit of potential interns.

16. During the first nine months of 2004, 21 **associate professional officers** joined WHO; their countries of origin were Austria, Denmark, France, Germany, Italy, Japan, Republic of Korea and Sweden. Eight associate professional officers have been assigned to headquarters, and 13 are stationed in regional and country offices.

17. As of 30 September 2004, some 90 000 external candidates had submitted 190 635 applications for the vacancies advertised since the **e-recruitment system** was launched in December 2002. Annex 4 shows the geographical distribution of applicants. The number of female applicants has begun to increase slowly and now stands at approximately 45% of the total.

18. Rosters of candidates have been developed within the e-recruitment system, together with an inventory of the skills of serving staff. These make it possible to search for scarce skills and identify the right profiles for short-term vacancies and emergency needs. The rosters also permit more cost-effective candidate searches in relation to unrepresented and underrepresented Member States and to sex.

19. A WHO global competency model was established and it was decided that the model should be introduced into the selection process. Proposals were invited for a learning programme on techniques in **competency-based interviewing**. A company is currently being selected to provide the training, which will begin in 2005. In the meantime, human resources staff from all parts of the Secretariat received training in competency-based interviewing at WHO's global human resources meeting (Tunis, June 2004).

20. The project aims to introduce and formalize the use of competency-based interviews, which offer greater accuracy in predicting a candidate's job performance, using knowledge of how particular tasks have been performed in the past. The skills of staff involved in selection panels and in the selection process itself should also be improved. The project will focus on providing staff involved in selections with the tools and skills they need in order to be more effective interviewers. The tools, based on best practice, will include curricula for several types of workshops, learning materials

(including videos of case studies) and an interview reference guide. Selected WHO staff will be trained to facilitate the smooth running of those workshops so that the Secretariat can become self-sufficient in this area.

21. In March 2004, the Director-General advised his senior staff of the need to ensure compliance with resolutions WHA56.17 and WHA56.35, stressing that efforts to improve the representation of nationals of developing countries within the Organization needed to be strengthened.

22. With respect to fixed-term appointments, the Director-General confirmed that the targets were twofold; namely, a target of six out of every 10 consecutive selections at headquarters or regional offices to professional and higher posts to involve nationals of **unrepresented or underrepresented countries** and a target of no more than two candidates from any group of 10 selections to be from countries above the maximum of their range of representation. Between January and September 2004, of 144 selections to fixed-term professional posts, 61 (42.45%) were from unrepresented or underrepresented countries or countries within their range of representation but below the midpoint; the remaining 83 (57.6%) were nationals either of countries at or above the midpoint of their range or of those above the maximum of their range. A total of 61 nationals of developing countries were selected during this period (see Annex 5). A “scorecard” is being prepared to measure the success of the Secretariat in meeting the objectives set out in resolutions WHA56.17 and WHA56.35.

23. In the first phase of the Secretariat’s **mobility and rotation** programme, volunteers were solicited from among fixed-term professional staff. Staff profiles will now be matched to positions that are likely to be vacant up to 1 March 2005.

## MANAGING AND DEVELOPING STAFF

24. Following the orientations set by the Director-General regarding appraisal and development of staff,<sup>1</sup> the Secretariat’s **performance management and development system** is being reviewed. The paper-based system suffered from problems with the filing of copies and with confidentiality; monitoring compliance was also difficult. Finalization of the competency model referred to above meant that a more behavioural approach to managing performance could be integrated into the system. Change to the overall approach to staff development means that individual development plans for staff, an option in the current system, might become a requirement.

25. Advice was sought from several organizations of the United Nations system that had recently received integrated change in their performance management systems, particularly those with web-based systems. On the basis of the information gathered, it was decided to introduce an electronic version of the system in order:

- to include a behavioural dimension to performance development by integrating competencies into the system
- to make the forms “smart” by converting the existing paper forms to an electronic format, thus making them more user-friendly, and making possible electronic signatures and better tracking, monitoring and reporting
- to strengthen the staff development and learning component of the system.

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<sup>1</sup> See document WHA56/2003/REC/2, verbatim record of the fifth plenary meeting.

26. The basic characteristics of the system will remain unchanged and it will continue to rely on effective dialogue between supervisors and supervised staff. Although the supervisor is ultimately responsible for guiding the process, those supervised should play an active role in setting objectives, identifying development needs and reviewing their own performance. The appraisal period will continue to be based on the calendar year.

27. The new system will be implemented in stages, starting in January 2005 with staff at headquarters, in one regional office, and in a limited number of country offices. After a review, further locations will be involved in 2006.

28. A global learning committee, whose membership reflects all levels of the Secretariat, has been established to provide guidance and advice on promoting **staff development and learning**. The committee is currently devising a global framework for learning, which will be sufficiently flexible to ensure that needs at the regional and country levels can be met. Staff development and learning will therefore become increasingly *systematic*, ensuring that the necessary skills, knowledge and competencies are built across all levels of the Organization, while taking into account the specific needs of all target groups; *strategic*, ensuring that the outcomes of the increased investment in learning make a significant and demonstrable contribution to meeting the strategic goals of WHO; and *sustainable*, building a system of learning that is integrated as much as possible into methods of work.

29. The global learning committee has recommended a shift in emphasis away from training towards learning and has stressed the need to broaden the definition of what constitutes staff development. An approach is being determined in keeping with the decentralized nature of the Organization. Thus, similar learning committees are being established at regional level. A series of generic learning programmes will be provided that will meet the common needs of staff, while encouraging consistency of quality and economies of scale.

30. A major investment has been made in the area of leadership and management development. Following extensive consultations, a Global Leadership Programme has been developed and is being implemented. The Programme is a key initiative that aims to increase efficiency and accountability among senior staff, and which will, in turn, improve technical performance. Its key objectives are to develop the core managerial and leadership competencies of senior staff in identified priority areas; to improve the effectiveness of managers and leaders using key management processes; and to increase the capability of managers and leaders for improved collaboration, team work and knowledge sharing.

31. Three strategic priorities were selected as themes to provide the Programme with a clear orientation: *a country focus* to support the process of decentralization of WHO country offices; *partnerships and coordination* to change the way WHO staff work in order to be more collaborative in solving problems, thus producing better results; and *results-based management* so that resources can be mobilized and used in a more outcome-oriented and accountable manner.

32. The Programme is designed to be flexible in order to fit distinct needs whether in relation to individual staff members, specific management roles or particular regions. The Programme targets staff with managerial responsibilities at P.5 level and above. Participants follow a learning programme that is customized to suit their needs, in addition to more generic activities.

## PROVIDING A SUPPORTIVE WORK ENVIRONMENT

33. The work of the Task Force on Human Resources Management Reform resulted in a series of work-life proposals for staff, including the following topics: leave in relation to personal or family emergencies, compassionate leave, the provision of breastfeeding facilities, teleworking, and promotion of physical and psychological well-being including stress management, spouse employment opportunities, staff ethics, and information on HIV/AIDS in the workplace.

34. As WHO's emergency and humanitarian operations have expanded, so the need to improve the situation of staff at non-family duty stations has grown. The difficult living and working conditions in such duty stations – particularly with regard to problems of security, health and infrastructure – oblige internationally recruited staff members to maintain double households, thus incurring additional expenses.

35. The special operations approach was designed by the country-oriented funds and programmes of the United Nations system to respond to the needs of internationally recruited staff assigned to non-family duty stations. It comprises a special operations allowance and designation of an administrative place of assignment (normally the closest family-duty station), together with an ad hoc subsistence rate, where applicable, hazard pay and/or malicious acts insurance, and rest and recuperation travel.

36. With a view to developing options for application in WHO, modalities developed by the various field-oriented agencies were analysed. The special operations approach for WHO staff in non-family duty stations should be implemented during 2005.

## IMPROVING DELIVERY OF HUMAN RESOURCES SERVICES

37. A number of initiatives have been taken to strengthen delivery of human resources services.

38. To ensure that managers and other staff have accurate, up-to-date information on human resources, an **electronic guide** is in preparation. This web-based tool will concentrate in a single, easily accessible searchable database information that is currently found in a number of different sources. This is expected to lead to improved and streamlined processes, a better understanding of provisions and entitlements, and greater transparency.

39. In order to ensure a consistent level of knowledge and application of **human resources management** throughout the Organization, a one-week workshop was organized with the participation of human resources officers from headquarters and regional offices. It focused on the sharing of best practice and implementation of a number of new initiatives. Regular videoconference meetings were held to follow up on a number of issues related to management of human resources.

## ANNEX 1

**TARGETED RECRUITMENT: INSTITUTIONS IDENTIFIED BY  
MEMBER STATES**

<b>Member State</b>	<b>Number of national institutions contacted</b>	<b>Number of international institutions</b>
Germany	14	2
Sweden	37	0
Switzerland	13	0
Turkey	31	0
United Kingdom of Great Britain and Northern Ireland	34	0
Zambia	6	0

## ANNEX 2

## TARGETED RECRUITMENT: WHO COLLABORATING CENTRES CONTACTED

Africa	Number of centres contacted	The Americas	Number of centres contacted	South-East Asia	Number of centres contacted	Europe	Number of centres contacted	Eastern Mediterranean	Number of centres contacted	Western Pacific	Number of centres contacted
Algeria	1	Argentina	11	Bangladesh	2	Armenia	2	Bahrain	1	Australia	40
Benin	1	Brazil	18	Democratic		Austria	2	Egypt	8	China	29
Botswana	1	Canada	29	People's		Belarus	1	Iran (Islamic		Japan	25
Burkina Faso	1	Chile	24	Republic of		Belgium	11	Republic of)	7	Malaysia	6
Central African		Colombia	6	Korea	27	Bulgaria	3	Iraq	3	Mongolia	1
Republic	1	Cuba	8	India	19	Croatia	1	Jordan	3	New Zealand	3
Kenya	2	El Salvador	1	Indonesia	5	Cyprus	2	Kuwait	1	Papua New	
Madagascar	1	Guatemala	1	Myanmar	1	Czech Republic	6	Morocco	1	Guinea	1
Malawi	1	Mexico	6	Sri Lanka	3	Denmark	17	Oman	1	Philippines	4
Mali	1	Peru	2	Thailand	20	Finland	10	Pakistan	7	Republic of Korea	18
Nigeria	2	United States of				France	35	Saudi Arabia	2	Singapore	8
Senegal	2	America	120			Georgia	1	Syrian Arab		Viet Nam	2
South Africa	10	Venezuela	4			Germany	29	Republic	1		
United Republic		(Bolivarian				Greece	4	Tunisia	6		
of Tanzania	3	Republic of)				Hungary	4				
Zambia	1					Ireland	2				
Zimbabwe	2					Israel	5				
						Italy	32				
						Kazakhstan	1				
						Lithuania	2				
						Luxembourg	1				
						Netherlands	14				
						Norway	6				
						Poland	4				
						Russian					
						Federation	33				
						Serbia and					
						Montenegro	1				
						Slovakia	1				
						Slovenia	4				
						Spain	8				
						Sweden	20				
						Switzerland	15				
						The former Yugoslav					
						Republic of					
						Macedonia	1				
						Turkmenistan	1				
						United Kingdom of					
						Great Britain and					
						Northern Ireland	50				



## ANNEX 3

**TARGETED RECRUITMENT:  
1. COUNTRY-SPECIFIC INSTITUTIONS CONTACTED<sup>1</sup>**

Member State	Number of institutions contacted
Armenia	1
Azerbaijan	31
Belarus	1
Bosnia and Herzegovina	1
Bulgaria	5
Croatia	2
Cyprus	6
Czech Republic	1
Estonia	3
Georgia	1
Germany	3
Greece	1
Hungary	4
Iceland	1
Israel	2
Kazakhstan	6
Kyrgyzstan	1
Latvia	8
Lithuania	3
Malta	1
Poland	31
Romania	1
Russian Federation	26
Slovakia	6
Slovenia	4
Spain	2
Uzbekistan	4

<sup>1</sup> Contacts provided by the WHO European Region and the WHO Representative, Russian Federation.

**TARGETED RCRUITMENT:  
2. NON-COUNTRY SPECIFIC INSTITUTIONS CONTACTED**

**International nongovernmental organizations**

AfriHealth

African and Middle Eastern Nursing Organisation (31 members contacted)

American Psychological Association

American Public Health Association

Asociación Latinoamericana y del Caribe de Educación en Salud Pública (40 members contacted)

Health and Human Development Programs (25 members contacted)

International Association of Medical Regulatory Authorities

International Council of Nurses (almost 100 members contacted)

International Hospital Federation

International Pharmaceutical Federation (56 members contacted)

Public Services International

The Association of Schools of Public Health of the European Region

The Network: Towards Unity for Health (113 members contacted)

tropEd (24 members contacted)

World Medical Association (89 members contacted)

Women's Health Project

World Federation for Medical Education (28 members contacted)

Copenhagen-Lund University Centre for International Medical Education (22 members contacted)

World Federation of Public Health Associations

**Internet platforms**

DevNetJobs.org

OneWorld.net

The Development Executive Group

International Job Centre

## ANNEX 4

**EXTERNAL APPLICANTS CATEGORIZED BY COUNTRY AND  
GEOGRAPHICAL DISTRIBUTION**

- A = unrepresented and underrepresented countries  
 B1 = countries within their range but below midpoint  
 B2 = countries at or above midpoint of range, including those at the maximum of their range  
 C = countries above the maximum of their range

Country	Geographical grouping	Number of applicants
Afghanistan	B1	225
Albania	B1	321
Algeria	B2	428
Andorra	A	1
Angola	B2	45
Antigua and Barbuda	A	4
Argentina	A	579
Armenia	B1	472
Australia	C	1 506
Austria	B1	515
Azerbaijan	A	214
Bahamas	B1	21
Bahrain	B1	17
Bangladesh	B1	2 139
Barbados	A	34
Belarus	B1	120
Belgium	C	1 181
Belize	A	24
Benin	B2	437
Bhutan	B1	51
Bolivia	B2	106
Bosnia and Herzegovina	A	292
Botswana	B2	107
Brazil	C	1 154
Brunei Darussalam	A	4
Bulgaria	B1	512
Burkina Faso	C	417
Burundi	B1	180
Cambodia	A	37

Country	Geographical grouping	Number of applicants
Cameroon	C	1 248
Canada	C	5 489
Cape Verde	B1	27
Central African Republic	B1	85
Chad	B1	97
Chile	B2	135
China	A	1 011
Colombia	B2	599
Comoros	A	41
Congo	C	1 000
Cook Islands	A	10
Costa Rica	B1	136
Côte d'Ivoire	B2	868
Croatia	B1	245
Cuba	B1	217
Cyprus	B1	79
Czech Republic	B1	206
Democratic People's Republic of Korea	B1	2
Democratic Republic of the Congo	B2	788
Denmark	C	774
Djibouti	B1	20
Dominica	A	33
Dominican Republic	B2	46
Ecuador	B2	129
Egypt	B2	3 102
El Salvador	B2	100
Equatorial Guinea	B1	8
Eritrea	B1	91
Estonia	B1	112
Ethiopia	B2	910
Fiji	B1	76
Finland	B2	345
France	C	5 951
Gabon	B1	38
Gambia	B2	234
Georgia	B1	309
Germany	A	2 008

Country	Geographical grouping	Number of applicants
Ghana	C	1 405
Greece	B1	388
Grenada	A	16
Guatemala	B1	97
Guinea	B2	257
Guinea-Bissau	B1	20
Guyana	B2	69
Haiti	B1	209
Honduras	B1	69
Hungary	B1	211
Iceland	B1	66
India	B1	14 411
Indonesia	B1	441
Iran (Islamic Republic of)	B1	503
Iraq	B1	415
Ireland	C	615
Israel	A	252
Italy	B1	2 636
Jamaica	B1	227
Japan	A	806
Jordan	B2	571
Kazakhstan	B1	180
Kenya	C	2 683
Kiribati	A	5
Kuwait	B1	24
Kyrgyzstan	A	98
Lao People's Democratic Republic	B1	19
Latvia	B1	57
Lebanon	B2	630
Lesotho	B1	123
Liberia	B1	215
Libyan Arab Jamahiriya	B1	46
Lithuania	B1	103
Luxembourg	A	38
Madagascar	B1	214
Malawi	B2	275
Malaysia	B2	581

Country	Geographical grouping	Number of applicants
Maldives	B1	26
Mali	C	202
Malta	B1	174
Marshall Islands	A	36
Mauritania	B2	137
Mauritius	B2	236
Mexico	A	492
Micronesia (Federated States of)	A	1
Monaco	A	2
Mongolia	B1	179
Morocco	B1	554
Mozambique	B1	40
Myanmar	C	460
Namibia	B1	122
Nauru	A	0
Nepal	C	1 058
Netherlands	C	1 017
New Zealand	B2	352
Nicaragua	B1	83
Niger	B2	276
Nigeria	B2	4 787
Niue	A	0
Norway	B2	316
Oman	A	14
Pakistan	B1	3 258
Palau (Republic of)	A	3
Panama	B2	114
Papua New Guinea	A	43
Paraguay	B1	37
Peru	B1	581
Philippines	C	5 225
Poland	B1	434
Portugal	A	607
Puerto Rico*	A	12
Qatar	A	0
Republic of Korea	A	444
Republic of Moldova	A	216

Country	Geographical grouping	Number of applicants
Romania	B1	849
Russian Federation	B2	837
Rwanda	B2	357
Saint Kitts and Nevis	B1	2
Saint Lucia	A	66
Saint Vincent and the Grenadines	A	22
Samoa	A	7
San Marino	A	1
Sao Tome and Principe	A	31
Saudi Arabia	A	61
Senegal	C	722
Serbia and Montenegro	A	358
Seychelles	B1	40
Sierra Leone	B2	183
Singapore	A	212
Slovakia	B1	174
Slovenia	B1	139
Solomon Islands	B1	1
Somalia	B2	200
South Africa	B2	792
Spain	A	1 761
Sri Lanka	B2	823
Sudan	B2	955
Suriname	A	8
Swaziland	A	72
Sweden	B2	890
Switzerland	B1	2 291
Syrian Arab Republic	B2	133
Tajikistan	A	130
Thailand	B1	256
The former Yugoslav Republic of Macedonia	A	279
Timor-Leste	A	3
Togo	B2	338
Tokelau*	A	0
Tonga	A	26
Trinidad and Tobago	B1	219
Tunisia	C	486

Country	Geographical grouping	Number of applicants
Turkey	B1	526
Turkmenistan	A	83
Tuvalu	A	3
Uganda	B2	1 294
Ukraine	A	527
United Arab Emirates	A	23
United Kingdom of Great Britain and Northern Ireland	C	3 271
United Republic of Tanzania	B2	679
United States of America	B1	11 556
Uruguay	B2	161
Uzbekistan	A	214
Vanuatu	A	4
Vatican <sup>1</sup>		4
Venezuela (Bolivarian Republic of)	B1	422
Viet Nam	A	130
Yemen	B1	192
Zambia	B2	543
Zimbabwe	B2	1 030

\* Associate Member.

<sup>1</sup> Not a Member State.



## ANNEX 5

**SELECTIONS TO PROFESSIONAL POSTS SUBJECT TO GEOGRAPHICAL DISTRIBUTION<sup>a</sup>**  
**(1 JANUARY TO 30 SEPTEMBER 2004)**

	A	Developing countries	B1	Developing	B2	Developing countries	C	Developing countries	Total	M	F
<b>Regional offices</b>											
Africa	1	0	6	5	9	8	4	4	20	13	7
The Americas	7	1	7	4	7	4	3	2	24	13	11
South-East Asia	0	0	1	0	9	6	4	1	14	9	5
Europe	3	3	3	1	3	2	5	0	14	9	5
Eastern Mediterranean	1	0	1	1	5	3	3	1	10	7	3
Western Pacific	4	2	2	1	4	1	2	0	12	9	3
<b>Subtotal</b>	16		20		37		21		94	56	38
<b>Headquarters</b>											
Communicable Diseases	2	0	3	0	2	2	4	0	11	6	5
External Relations and Governing Bodies	0		0		0		1		1	1	0
Evidence and Information for Policy	1	0	0	0	1	0	0	0	2	1	1
Family and Community Health	2	1	5	1	0	0	1	0	8	3	5
General Management	2	0	3	0	3	1	1	0	9	2	7
HIV/AIDS, Tuberculosis and Malaria	0	0	0	0	2	1	5	1	7	2	5
Health Technology and Pharmaceuticals	0	0	0	0	1	0	0	0	1	1	0
Noncommunicable Diseases and Mental Health	0	0	1	0	0	0	2	1	3	0	3
Sustainable Development and Healthy Environments	4	3	2	0	0	0	2	0	8	5	3
<b>Subtotal</b>	11		14		9		16		50	21	29
<b>TOTAL</b>	27	10	34	13	46	28	37	10	144	77	67

M = male, F = female

A = unrepresented and underrepresented countries

B1 = countries within their range but below midpoint

B2 = countries at or above midpoint of range, including those at the maximum of their range

C = countries above the maximum of their range

<sup>a</sup> Excludes selection of staff previously geographically counted.