

Human resources: annual report

Report by the Secretariat

1. This report presents information relating to priorities and activities during 2009 in human resources management. Information on the staffing profile of the Secretariat is issued separately.¹ In 2009, at headquarters, a new Director of Human Resources Management was appointed and Health Medical Services was integrated into the existing human resources department. Working closely with the human resources teams in the regional offices, the aim of the department is to implement an integrated human resources strategy that serves all of the Organization's global needs.

TALENT MANAGEMENT

2. The human resources annual report submitted to the Executive Board at its 124th session gave an undertaking to present an analysis of the results for WHO of the Global Staff Survey on Recruitment and Retention in the United Nations Common System.² The Survey was carried out in 2007 by the International Civil Service Commission and collected responses from staff at all levels. The findings for WHO were broadly similar to those for other United Nations system organizations. The results showed that staff were attracted to work for WHO through a strong belief in the goals and objectives of the Organization, drawn by its reputation and the opportunity "to serve a good cause". The chance to use their skills and competencies was also rated as very important. Staff cited these factors as reasons for remaining with WHO. The aspects of salary and other financial conditions of employment were regarded as somewhat less important. It is clear that this presents a challenge to the Organization to ensure that staff have the ability to grow in their jobs and use their skills to the full. The need in particular to focus on early- and mid-career staff is evident when the information is disaggregated by age. Such staff have particularly high expectations in terms of training and learning opportunities and professional growth generally. Opportunities for promotion are also particularly important for this group.

3. The survey findings have supported a sharper focus on talent management and on how to incorporate the approach into WHO's policies and practices. Managing talent in WHO refers to all staff working in the Organization, with a view to providing an enabling environment to deliver expected results, to sustain excellence in performance, and to adapt to change. The goal is to have the right person in the right job at the right time, motivated to contribute through a range of incentives,

¹ Document EB126/33 Add.1.

² Document EB124/30.

including a shared vision, mission and values, as well as through recognition systems and learning linked to growth and career development.

4. The topic of talent management was central to discussions at the two recent global Human Resources Managers' meetings (Kuala Lumpur, December 2008 and Geneva, October 2009). It has been agreed that in WHO, talent management refers to an integrated strategy to forecast, attract, recruit, deploy, manage, develop, retain and when necessary, to separate staff. Talent management will be driven by the Organization's global health mandate, strategic directions and business priorities. It will be implemented through a comprehensive system of internally coherent human resource management policies and processes based on WHO governance and good practice harmonized with the United Nations Common System.

5. Talent management will be a core element of the new human resources strategy that is currently under discussion within WHO.

ASSESSMENT CENTRES¹

6. A decision has been taken by WHO's Global Policy Group, composed of the Director-General and Regional Directors, to apply a new standardized assessment procedure to the selection, recruitment and development of heads of WHO country offices. A total of over 450 persons were identified for possible consideration as heads from three sources: candidate response to a vacancy notice issued internally, from regional pre-rosters, and from serving heads whose retirement date is after 31 December 2012. A screening process was set up to review the candidates and decide who would be allowed to participate.

7. Fifteen assessment centres have been scheduled for the period July to December 2009. Each centre may include up to 12 participants and is designed to evaluate participants against the key competencies identified as essential for a head of a WHO country office. The process involves preparatory online work to complete a career review questionnaire for use in the competency-based interview, and the undertaking of three exercises: an occupational personality questionnaire and two ability tests, one addressing numerical critical reasoning, and one addressing verbal critical reasoning. These complement the interview and simulation exercises. The online tests are available in a wide variety of languages and the one-day assessment centre is conducted in English, French or Spanish. For serving heads the outcome of the assessment centre will assist the Secretariat in enabling participants to leverage their identified strengths and to work on areas that are less strong.

8. It is stressed that the results of the assessment centre are not the only determinant of placement on the newly established global roster for heads of WHO country offices. The final recommendations for inclusion in the global roster will be made by a review panel representing senior staff both from regional offices and from headquarters. It is intended that all heads of WHO country office positions will be filled from the global roster with effect from the end of 2009.

¹ An assessment centre consists of an on-site standardized evaluation of behaviour based on multiple evaluations including job-related simulations, interviews, and/or psychological tests.

MOBILITY AND ROTATION

9. Mobility of staff between duty stations was facilitated by changes to the Staff Regulations approved by the Sixty-second World Health Assembly.¹ Some 184 such geographical moves took place in the period 1 January to 30 September 2009. If this trend is maintained over a 12-month period, some 10% of serving staff will have changed location during 2009. About 50% of the relocations resulted from successful applications for opportunities offered through a vacancy notice. The other 50% were lateral transfers without advertising.

10. A prerequisite for a proactive response to changing business needs is an attractive, adaptable mobility scheme. The advantages must be clear to the staff. The scheme must directly serve the Organization's interests, and should also appeal to staff at all levels. A mechanistic system of movement for movement's sake is not appropriate. Lateral transfers will be strongly encouraged.

STREAMLINING OF RECRUITMENT

11. In order to gain efficiency and consistency in selections, there is a new team within the human resources department and the selection process at headquarters has been centralized. The harmonization of work methods and of the tools used is bringing further improvements. Selection procedures for long-term positions have been further streamlined and timelines have been set for the various stages of the selection process. This has led to a significant decrease in the time to complete a selection process (i.e. the time between the request for the vacancy notice and the completion of the selection). Furthermore, a common database on the positions to be filled, and tracking of the selection process have been established and the results are shared weekly with senior management. This has increased information-sharing throughout headquarters and improved activity planning.

OUTREACH EFFORTS

12. A Secretariat taskforce has been established to coordinate existing initiatives to identify and access new sources of talent, especially among women and nationals of developing countries. Work has involved contacting professional associations in the health sphere, academic institutions, specialized recruitment and networking web sites as well as alumni networks in the health field. Recruitment documentation has been revised. Best practices have been discussed with the regional offices, taking into account local specificities. A survey has been undertaken on the satisfaction level of visitors to the pages on the WHO web site. The site is being redesigned to reflect the feedback received.

13. The Secretariat has not yet been sufficiently active in attracting applications from qualified persons with disabilities. The vacancy notice template and the background information on the web site will be amended to address this. The online recruitment system also needs modification to facilitate application. Special attention is being paid to the way in which the interview and selection processes are being arranged and conducted so as to ensure fair treatment of candidates with disabilities.

¹ See resolution WHA62.7, Annex 3.

14. The Human Resources Network for Agencies in the United Nations Common System has formulated a policy for the employment of disabled persons. The elements in this policy are supported by the WHO Task Force on Disability and form part of WHO's diversity and inclusion management:

- protection of the rights of persons with disabilities;¹
- no discrimination against persons with disabilities;
- reasonable accommodation measures to eliminate barriers to recruitment and continued employment;²
- confidentiality of information relating to a staff member's disability or health status;³
- awareness raising to ensure full understanding by staff of the rights of persons with disabilities;⁴
- interagency collaboration, including sharing of knowledge and good practice;
- development of the policy and periodic reviews, involving persons with disabilities.

15. Approximately 300 interns study at WHO each year, working with both technical and administrative programmes in their area of choice and seeing the role of an international organization. This is an excellent source of talent for future employment. In view of this opportunity, interns were invited in late summer to attend a presentation on "How staff came to work at WHO" in line with WHO's efforts to be recognized as an employer of choice.

16. Ten junior professional officers (six women and four men) were recruited during the period 1 January 2009 to 30 September 2009. Three were sponsored by the Government of Spain, two by Norway and one each by Denmark, Finland, France, Germany and Japan. Two female junior professional officers from developing countries, sponsored by Spain, are currently under recruitment. An interagency junior professional officers' career development workshop was held (Geneva, September 2009) to help them with planning their future.

17. During the period under review, there have been 21 direct appointments; nine at grade P.5, 11 at grade P.4 and one at grade P.3. These direct appointments were secondments of staff from Member States (including seven from underrepresented countries).

HEALTH MEDICAL SERVICE ACTIVITY AND STAFF WELL-BEING

18. WHO is committed to occupational health and safety which is one of the leading factors for staff well-being and productivity. The goal is to ensure that all activities are accomplished in a safe

¹ Convention on the Rights of Persons with Disabilities, Article 27.1(b).

² Convention on the Rights of Persons with Disabilities, Article 27.1(a).

³ ILO Policy on the employment of persons with disabilities, 2005, Circular No. 655, Series 6, Para. 18.

⁴ See United Nations General Assembly Resolution 61/106, Para. 6, 24 January 2007; United Nations General Assembly Resolution 62/170, 18 March 2008, Para. 6; and Convention on the Rights of Persons with Disabilities, Article 8.

manner, minimizing operational risk and promoting good health. The Health Medical Service role is to promote and maintain the physical and mental health of staff, taking into account their medical status and working environment, in order to enable staff to carry out their duties. The aim is to provide the best possible continuing support to WHO's operations worldwide and to respond to emergencies. This is done through the supervision of a health network with regional staff physicians; the implementation of a global medical database for health surveillance; and through close coordination with counterparts in other United Nations agencies to harmonize policies and procedures.

19. The WHO LIVES: expanded programme on HIV and AIDS in the workplace continues to be implemented. Specifically, learning sessions were held for all staff on HIV/AIDS in the workplace designed to strengthen staff competence in this area in line with best practice in the United Nations Common System. Steps were also taken to prepare an initial draft of the WHO LIVES Manual for managers to support the implementation of the policy. In addition, human resources policy and procedures were elaborated to cover influenza pandemic preparedness, based on a framework developed by the Human Resources Network for the United Nations System Chief Executives Board for Coordination.

THE GLOBAL MANAGEMENT SYSTEM AND GLOBAL SERVICE CENTRE

20. Work over the past year has focused on enhancements to the human resources area in the Global Management System in order to stabilize the system in preparation for further regional implementation. Staff entitlements have been a particular priority and efforts have been made to strengthen data integrity, improve employee self-service functions and develop better reports for users. On the data-entry side, a backlog of personal data for a substantial number of fixed-term contracts in the African Region was resolved to facilitate inclusion of the contracts within the central payroll, rather than through local arrangements.

ACTION BY THE EXECUTIVE BOARD

21. The Board is invited to take note of this report.

= = =