

Human resources: update

Report by the Director-General

INTRODUCTION

1. In addition to the workforce data as at 31 July 2019 made available on the WHO website on 23 October 2019,¹ this report provides a summary of the trends in the workforce and related activities with respect to the three pillars of the human resources strategy: attracting talent, retaining talent and an enabling working environment.

TRENDS IN THE WORKFORCE

2. As at 31 July 2019, the total number of WHO staff members² was 8106 (see Fig. 1 in this report and Table 1 in the workforce data available online), a 2.2% increase compared with the total as at 31 July 2018 (7933). Of the total, the percentages of staff members employed at each of the three levels of the Organization has remained the same from July 2018 to July 2019, with 30.3% employed at headquarters, 24.8% in regional offices and 44.9% in country offices (Fig. 2). The proportion of staff members holding long-term appointments in the professional and higher categories has increased at the regional office and country office levels during the period. The distribution as at July 2019 (and July 2018) was as follows: 50.2% (51.1%) at headquarters, 32.1% (31.6%) in regional offices and 17.7% (17.3%) in country offices.

3. For the period 1 January to 31 July 2019, staff costs amounted to US\$ 645 million, or 35% of the Organization's total expenditure of US\$ 1846 million (compared with 37% for the period January–December 2018).

4. Regarding other contractual arrangements, the number of consultants and individuals on agreements for performance of work (see workforce data, Table 20) has increased from 1078 full-time equivalents in January–July 2018 to 1927 in January–July 2019. At the same time, the number of individuals hired on special services agreements has increased from 3062 in January–July 2018 to 3606 in January–July 2019.

¹ See <http://www.who.int/about/finances-accountability/budget/en/> (accessed 23 October 2019).

² All figures include staff in special programmes and collaborative arrangements hosted by WHO. They do not include staff working with PAHO, IARC or any agencies administered by WHO.

Fig. 1. Distribution of WHO staff as at 31 July 2019, by major office

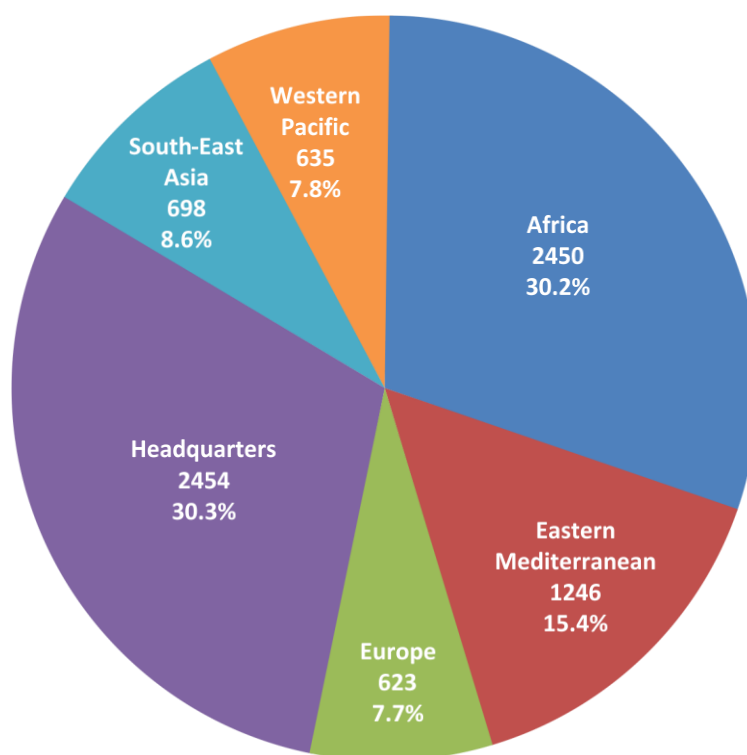
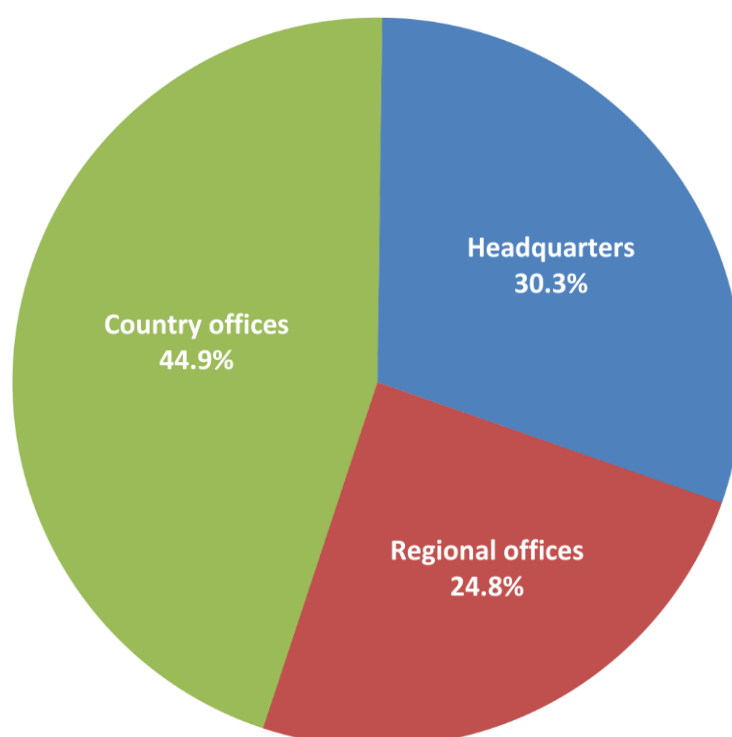
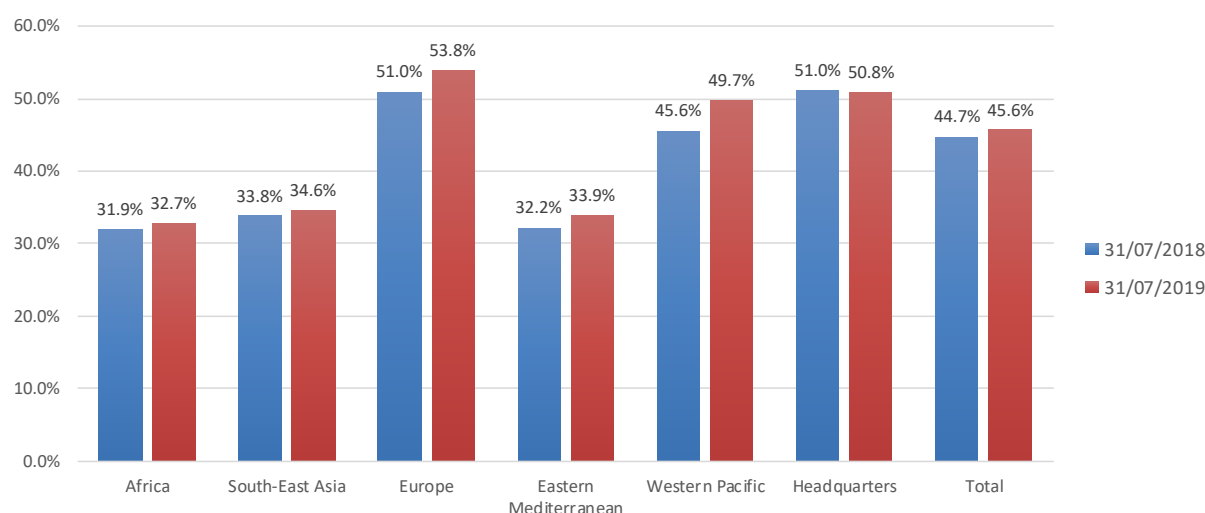


Fig. 2. Distribution of WHO staff as at 31 July 2019, by level



5. As at 31 July 2019, women accounted for 45.6% of staff members in the professional and higher categories holding long-term appointments (see Figure 3 and workforce data, Table 3), representing an increase of 0.9% since July 2018 (44.7%). During the same period, the number of women at the P4 grade and above increased by 1%. As a result of the Director-General's commitment to the goal of gender parity, the Secretariat is taking steps to increase the number of qualified women on the roster for heads of country offices. As at 31 July 2019, 39.3% of heads of country offices were women, representing an increase of 6.2% since July 2018 (33.1%). Women accounted for 36.1% of staff at the P6, D1 and D2 grades as at 31 July 2019 – an increase of 0.9% since 31 July 2018. Significant efforts are being deployed across the Organization to bridge the gender gap. For example, outreach initiatives have been implemented in collaboration with Member States, including in the African and the Western Pacific regions. Efforts are also being made through career counselling, mentorship and leadership pathway programmes to build the capacities of female staff members at junior levels so that they can aspire to higher managerial positions.

Fig. 3. Percentage of women in the professional and higher categories, by major office



6. As at 31 July 2019, 31.6% of Member States were either unrepresented or underrepresented (see Fig. 4 and workforce data, Table 4). This percentage has not changed since July 2018. The proportion of staff in the professional and higher categories (including staff on temporary contracts) from developing countries has increased slightly over the past 12 months, from 42.8% to 43.4% (and from 41.1% to 41.7% for long-term appointments) (Fig. 5).

7. Organization-wide, the percentage of staff members at the D1 and D2 levels from developing countries has increased from 31% in July 2018 to 33.8% in July 2019. At headquarters, representation from developing countries at these levels is 15.9%, an increase of 2.1% since 31 July 2018. The Director-General has made one of his aims the increased representation of nationals of developing countries in senior positions. The 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.

Fig. 4. Distribution of WHO Member States as at 31 July 2019, by geographical representation

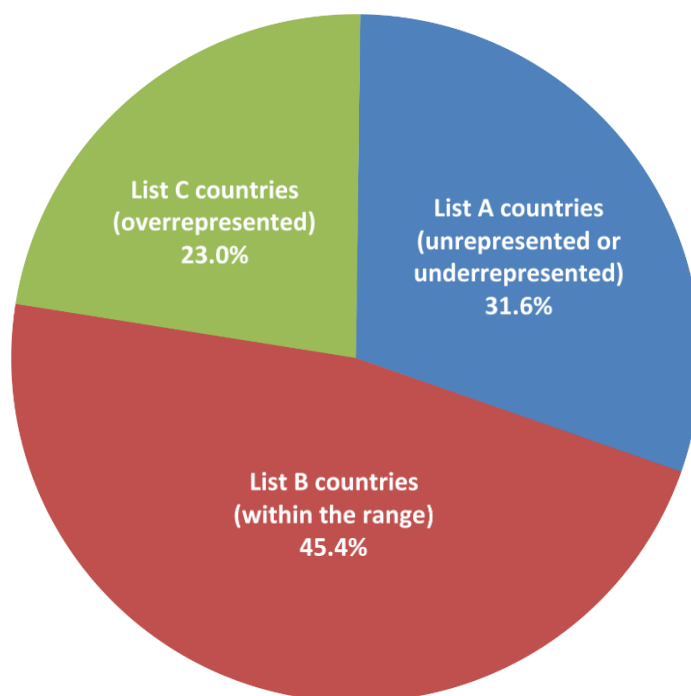
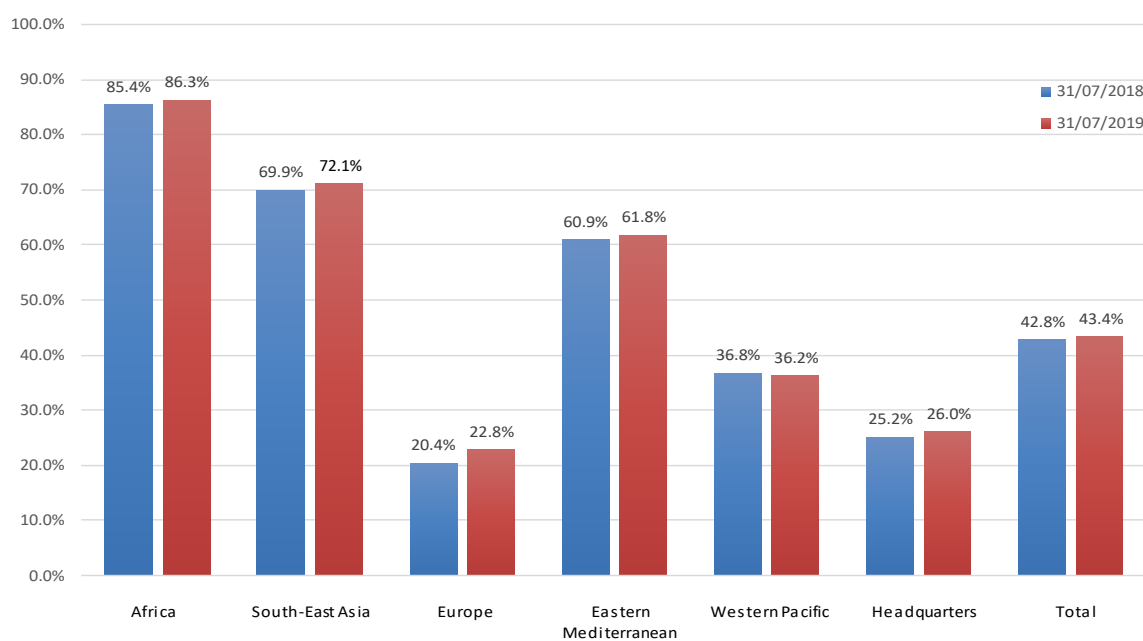


Fig. 5. Comparison of percentage of international professional staff from developing countries between July 2018 and July 2019, by major office



ORGANIZATIONAL DESIGN

8. On 6 March 2019, the Director-General and Regional Directors announced a new operating model for WHO that aligns the three levels of the Organization around four common pillars: programmes, emergencies, business operations, and external relations and governance. The operating model clarifies roles across the three levels and places emphasis on strengthening country-level capacity. The process for human resources planning is designed to help managers across the Organization to develop a fit-for-purpose workforce that matches the needs and priorities of Member States.

ATTRACTING TALENT

Recruitment and selection

9. In recognition of the ambitious strategic and organizational shifts demanded by WHO's Thirteenth General Programme of Work, 2019–2023, the Director-General initiated a review of WHO's core processes to determine their effectiveness. An analysis of the recruitment process identified several areas that could be streamlined and improved.

10. Further to the analysis, a recruitment pilot initiative was established with the following main goals: reducing the time to hire from an average of five and a half months to 80 days for fixed-term positions; reducing the administrative workload experienced by hiring managers in the review and rating of applications; and providing innovative tools and software to facilitate the overall selection process. Currently, all fixed-term positions are part of this initiative.

11. Although the pilot initiative has thus far been met with positive feedback, the concurrent transformation process at headquarters has delayed the advertisement of positions pending the finalization of the new headquarters organigram. A complete report to the Director-General will be prepared and presented in the first quarter of 2020.

GLOBAL INTERNSHIP PROGRAMME

12. As requested by the Health Assembly in resolution WHA71.13 (2018), the human resources annual report includes statistics on applicants' and accepted interns' demographic data, including gender and country of origin. Statistics on WHO interns are provided in Tables 16, 17 and 18 in the workforce data.

13. As of January 2020, WHO will be providing stipends to interns who do not receive much or any external assistance. Following a merit-based selection process, interns are asked to complete a disclosure form indicating whether they will receive a grant, scholarship, bursary or other form of support. WHO calculates the amount that it will allocate to the intern ensuring that the total amount received (external support and WHO support) does not exceed 20% of the reduced daily subsistence allowance. As an illustration, 20% of the reduced daily subsistence allowance amounts to US\$ 1728 per month in Geneva and US\$ 984 per month in New Delhi. In addition, medical insurance is provided to all interns across the Organization and lunch vouchers continue to be provided in some duty stations to all interns, irrespective of their financial needs. Each technical unit that hosts an intern provides the Department of Human Resources Management with a sum equivalent to the full amount. In this way, no advantage is given to students who receive external assistance, thus ensuring an unbiased selection process. The Wellcome Trust also provides funds to the global internship programme and has committed to support 50 interns from low- and middle-income countries per year for three years. The programme's financial

situation and the number of interns hosted will be closely monitored in 2020 so that the model can be adjusted if necessary.

RETAINING TALENT

Performance management

14. As part of its transformation activities, the Organization is further improving performance management. Adjustments were made to the performance evaluation tool (ePMDS) in January 2019 to enable staff members to link their own objectives directly to the relevant outputs of the Thirteenth General Programme of Work, 2019–2023. In addition, two units in headquarters are piloting a continuous feedback process. More regular feedback will help to identify problems as they arise and resolve them more quickly, and to make six-monthly reviews more complete and objective.

15. The African Region’s leadership development programme “Pathways to Leadership for the Transformation of Health in Africa” is still being implemented. By the end of 2019, eight cohorts will have completed the programme. Three hundred staff are participating, including all WHO Representatives in the African Region and 130 senior managers. Among the participants, there have also been staff from the South East Asia, Eastern Mediterranean and Western Pacific regions. Plans are being developed for delivering the programme to a cohort comprising all cluster Directors. The programme has been rolled out in English, French and Portuguese. Work is under way to determine how the programme will be implemented beyond the African Region.

Staff learning and development

16. iLearn is currently the corporate tool for learning and development. Accessed by the entire workforce, the tool had more than 12 500 users in 2018, compared with 5000 users in 2017. By the end of 2018, training course registrations had peaked with more than 47 000 registrations globally. Registrations in the first half of 2019 were almost equivalent to the total number of registrations in 2017. At the same growth rate, around 72 000 registrations were expected by the end of 2019.

17. A coherent and global approach to mandatory trainings was implemented via iLearn in May 2018, allowing managers and programme owners to track compliance with mandatory training requirements. WHO’s compliance rate remains above 90% for both the United Nations training course on the prevention of harassment, sexual harassment and abuse of authority, and the United Nations training course “To serve with pride – zero tolerance for sexual exploitation and abuse by our own staff”. Additional mandatory trainings on various topics are being introduced in iLearn to improve the quality of services and enhance staff members’ performance.

18. Since 2016, more than 6000 participants from WHO (mainly headquarters and the Regional Office for Africa) have benefited from the distance-learning language programme. In 2018 alone, there were more than 1800 enrolments, and since January 2019, more than 1500 WHO staff members have requested to participate in the programme.

Career pathways

19. Career management activities, coaching, mentoring, team building and career counselling continued to be offered in 2019, both face-to-face and remotely. These initiatives focused on developing competencies, enhancing self-awareness, preparing staff members to undertake higher-level responsibilities and ensuring the right attitudes and mindsets needed to face organizational change. Forty-nine short-term developmental assignments were created and processed across duty stations and regions, offering staff members opportunities for professional development and learning by taking on responsibilities at the same grade or one grade below or above their current grade. As part of a pilot project on career paths for administrative officers, information and guidance were provided to staff members to help them make informed career decisions.

20. A task force on career pathways and capacity-building was established by the Director-General in April 2019 with the goal of making recommendations on systematic approaches for improving WHO's workforce. The task force has produced a comprehensive report that outlines WHO's current situation and provides a short comparative analysis with career development approaches employed by other institutions (other United Nations agencies, public and private institutions) and the views, suggestions and expectations of WHO staff members. Based on the input and information gathered, the report sets out principles, values and short-, medium- and long-term actions for consideration by the Director-General.

Mobility

21. The number of staff in the professional and higher categories holding long-term appointments who have moved from one duty station to another for the period January–July 2019 (see workforce data, Tables 14 and 15) is 153 (6.9% of all the staff members in those categories), a slight increase compared with the period January–July 2018 (140). However, there has been a decrease in moves from one major office to another: 35% compared with 49% for the same period in 2018.

22. A task force on mobility comprising staff members from all three levels of the Organization was established by the Director-General in April 2019. The goal of the task force was to develop guidelines on the mandatory mobility practices outlined in WHO's geographical mobility policy. It carried out extensive consultations with staff members and a benchmarking exercise against the policies and practices of other United Nations agencies and partners, and prepared recommendations. The recommendations will be reviewed by WHO's global human resources community and the Global Staff/Management Council, and will serve as a basis for updating the geographical mobility policy.

ENABLING WORKING ENVIRONMENT

Prevention of sexual harassment and sexual violence

23. The Secretariat is revising its 2010 policy on prevention of harassment and sexual harassment based on the model reference policy developed by the United Nations System Chief Executives Board for Coordination and on the International Labour Organization's Convention No. 190 concerning the elimination of violence and harassment in the world of work. The policy drafting process, led by the Secretariat's Office of Compliance, Risk Management and Ethics, follows a broadly consultative approach involving all stakeholders, including WHO technical subject matter experts, staff representatives, the Office of the Ombudsman and Mediation Services, the Office of Internal Oversight Services and the Department of Human Resources Management. All Secretariat staff will have an opportunity to provide confidential comments on the final draft.

Internal justice system

24. The Secretariat has continued to pay attention to the reform of the internal justice system launched in 2016; the resulting improvements include a greater emphasis placed on the informal resolution of disputes. The Office of the Ombudsman has collaborated in the development and delivery of new dispute management workshops aimed at improving working relationships and promoting a more conducive and respectful workplace.

Flexible working arrangements

25. The Organization is currently developing a comprehensive global policy on flexible working arrangements in line with the United Nations Secretary-General's Bulletin of 18 April 2019 on the same subject.¹ As an interim measure, the Organization has extended the maximum number of occasional teleworking days from three to four working days per month.

Staff health and well-being

26. The health and well-being of the workforce directly underpin the Organization's ability to achieve its strategic goals and are essential components of organizational success. Recognizing that healthy organizations achieve more, WHO is aligning its health and well-being strategy with its new operating model at all levels of the Organization to ensure a healthy work environment for all.

27. WHO's staff health and well-being services are currently reviewing and analysing aggregate data and trends related to WHO's overall workforce to identify meaningful baselines and indicators that can be used to monitor specific health topics at the global level and within specific geographies. WHO's staff health and well-being strategy will also be reviewed in the context of the new United Nations system-wide occupational health and safety forum that will be chaired by WHO.

28. During the continuing response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo, staff health and well-being personnel from headquarters and from the African Region have been deployed to provide technical advice, guidance and training for protecting occupational health and safety in WHO workplaces, field missions and facilities. The courses provided include infection prevention and control, first-aid, safe and secure approaches in field environments (SSAFE) and training for pre-deployment teams. The Organization's staff health and well-being services have also: provided ongoing medical, psychosocial and psychological support; established a vaccination clinic; conducted health risk assessments; and evaluated local health care facilities. Additionally, the health and well-being services, in collaboration with internal and external partners, have led the development of, and training in emergency response plans, including those for responding to mass casualty incidents.

ACTION BY THE EXECUTIVE BOARD

29. The Board is invited to note the report.

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¹ Document ST/SGB/2019/3.