World Health Organization

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Provisional agenda item 21.3

Human resources: update

Report by the Director-General

INTRODUCTION

1. In addition to the workforce data as at 31 July 2020 made available on the WHO website on 16 November 2020,[1] this report provides a summary of the trends in the workforce and of related activities with respect to the three pillars of the human resources strategy: attracting talent, retaining talent, and fostering an enabling working environment.

TRENDS IN THE WORKFORCE

2. As at 31 July 2020, the total number of WHO staff members[2] was 8343 (see Fig. 1 in this report and Table 1 in the workforce data available online), a 2.9% increase compared with the total as at 31 July 2019 (8106). Of the total, the percentage of staff members employed at each of the three levels of the Organization between July 2019 and July 2020 changed as follows: the percentage of staff employed at headquarters increased from 30.3% in July 2019 to 30.5% in July 2020; the percentage of staff employed at regional offices remained the same at 24.8%; and at country offices the percentage decreased slightly to 44.7%, from 44.9% in July 2019 (Fig. 2). The proportion of staff members holding long-term appointments in the professional and higher categories increased at the regional office and country office levels during the same period. The distribution as at July 2020 (and July 2019) was as follows: 48.8% (50.2%) at headquarters, 32.2% (32.1%) in regional offices and 19% (17.7%) in country offices.

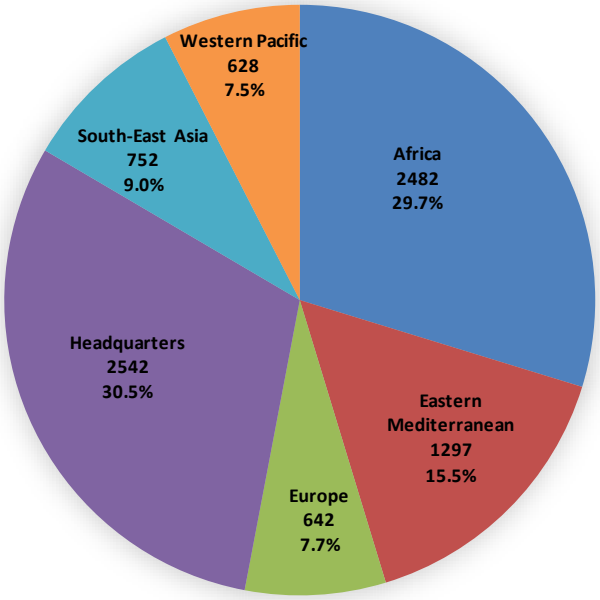
3. For the period from 1 January to 31 July 2020, staff costs amounted to US$ 567 million or 34% of the Organization's total expenditure of US$ 1645 million (35% for the period January–June 2019).

4. Regarding other contractual arrangements, the number of consultants and individuals on agreements for performance of work (see workforce data, Table 20) decreased from 1927 full-time equivalents in January–July 2019 to 1834 in January–July 2020. At the same time, the number of individuals hired on special services agreements increased from 3606 in January–July 2019 to 4073 in January–July 2020.

[1] See https://www.who.int/publications/m/item/workforce-data-as-at-31-july-2020 (accessed 14 December 2020).

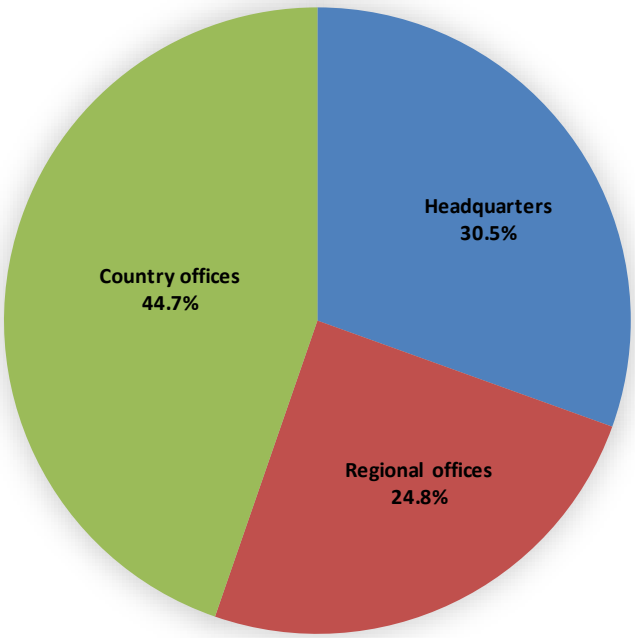
[2] All figures include staff in special programmes and collaborative arrangements hosted by WHO. They do not include staff working with the Pan American Health Organization, the International Agency for Research on Cancer or any agencies administered by WHO.

Fig. 1. Distribution of WHO staff as at 31 July 2020, by major office



Total number of staff: 8343

Fig. 2. Distribution of WHO staff as at 31 July 2020, by level



5. As at 31 July 2020, women accounted for 46.2% of staff members in the professional and higher categories holding long-term appointments (see Fig. 3 and workforce data, Table 3), representing an increase since July 2019 (45.6%). During the same period, the number of women at the P4 grade and above across the Organization increased by 0.3 percentage points. The number of women holding positions graded P5, D1 and D2 at headquarters also increased, as compared with July 2019. As a result of the Director-General's commitment to the goal of gender parity, the Secretariat continues taking steps to increase the number of qualified women on the roster for heads of country offices. As at 31 July 2020, 37.9% of heads of country offices were women, representing a decrease since July 2019 (39.3%). Women accounted for 36.1% of staff at the P6, D1 and D2 grades as at 31 July 2020 – the same compared to July 2019. 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

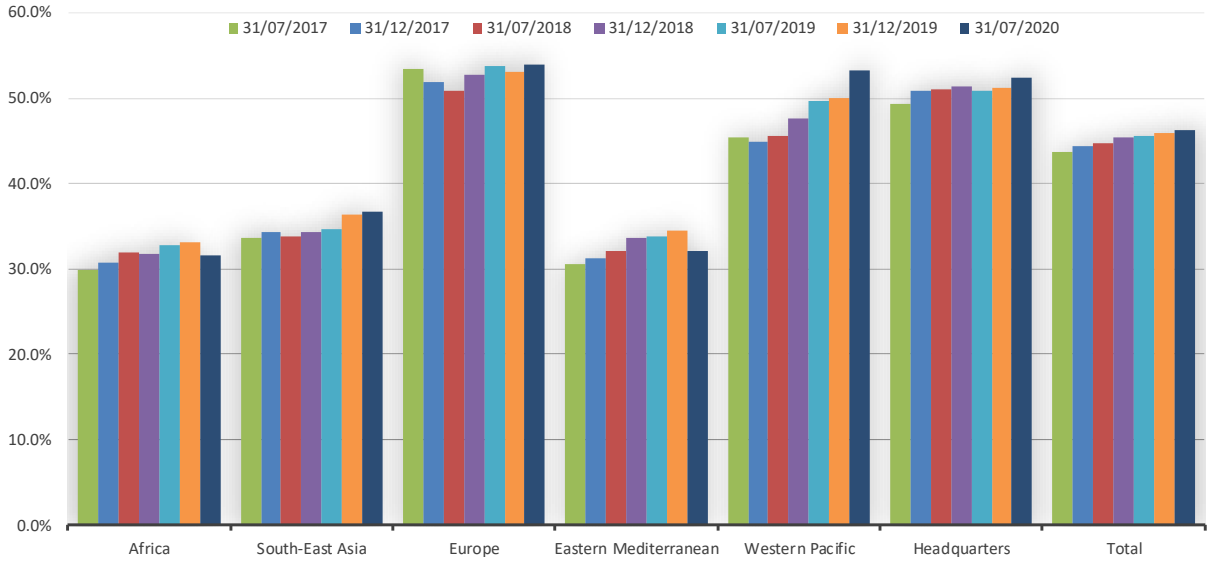


Fig. 4. Gender parity – trends over time from July 2017 to July 2020

Indicator	As atJuly 2017	As at December 2017	As at July 2018	As at December 2018	As at July 2019	As at December 2019	As at July 2020	Changes between July 2017 and July 2020
Percentage of women in the professional and higher categories holding long-term appointments	43.7%	44.4%	44.7%	45.4%	45.6%	45.8%	46.2%	Increase of 2.5 percentage points since July 2017
Percentage of women at the P4 grade and above	41.1%	41.9%	42.5%	43.4%	43.5%	43.5%	43.8%	Increase of 2.7 percentage points since July 2017
Percentage of women as heads of country offices	35%	33.3%	33.1%	35.8%	39.3%	35.4%	37.9%	Increase of 2.9 percentage points since July 2017
Percentage of women at the P6, D1 and D2 grades	31.4%	35.1%	37%	35.4%	37.5%	35.7%	36.1%	Increase of 4.7 percentage points since July 2017

6. As at 31 July 2020, 30.6% of Member States (or 60 of the 194 Member States) were either unrepresented or underrepresented (see Fig. 5 and workforce data, Table 4). This percentage shows an improvement compared to last year when 31.6% of Member States were either unrepresented or underrepresented (62 of the 194 Member States). Regarding changes in the composition, five Member States moved from or to the desirable range in terms of representation.

Fig. 5. Distribution of WHO Member States as at 31 July 2020, by geographical representation

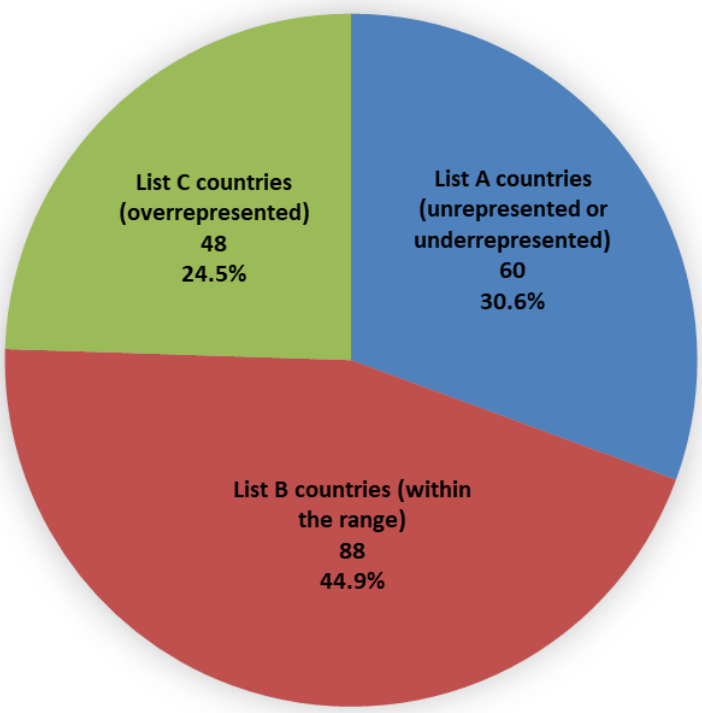
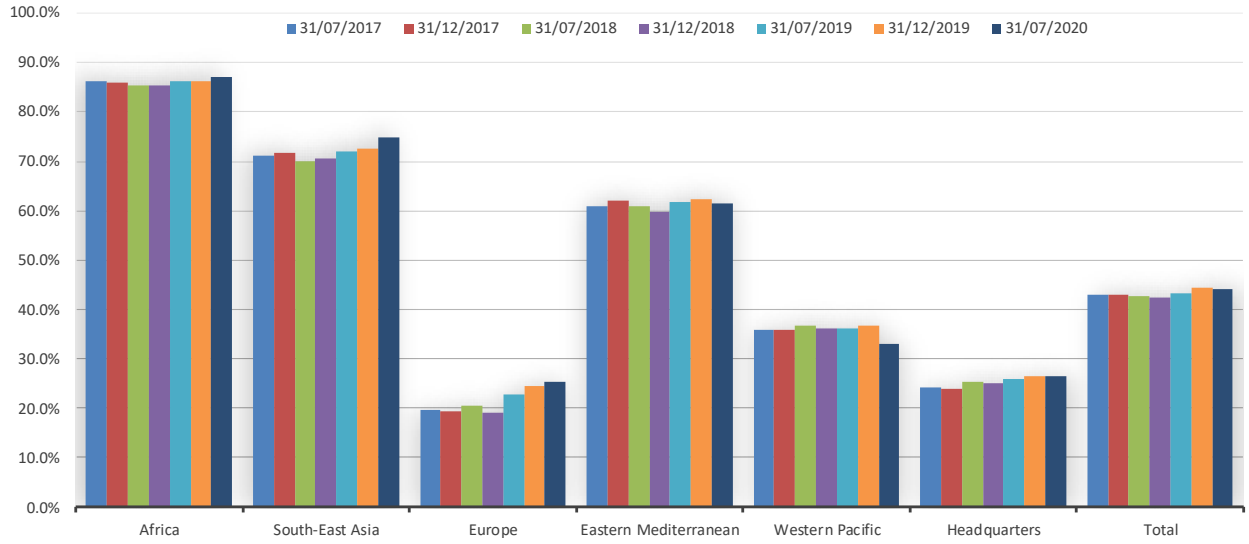


Fig. 6. Geographic representation – trends over time from July 2017 to July 2020

Indicator	As of July 2017	As of December 2017	As of July 2018	As of December 2018	As of July 2019	As of December 2019	As of July 2020	Changes between July 2017 and July 2020
Percentage of Member States either unrepresented or underrepresented	32.1%	32.1%	31.6%	32.1%	31.6%	31.6%	30.6%	Decrease of 1.5 percentage points since July 2017
Percentage of staff in the professional and higher categories (including staff on temporary contracts) from developing countries	43%	43%	42.8%	42.5%	43.4%	44.5%	44.1%	Increase of 1.1 percentage points since July 2017
Percentage of staff in the professional and higher categories holding long-term appointments from developing countries	40.8%	40.7%	41.1%	41.1%	41.7%	42.6%	43.3%	Increase of 2.5 percentage points since July 2017
Organization-wide, percentage of staff members at the D1 and D2 levels from developing countries	32.2%	31.7%	30.8%	33.5%	33.8%	34.6%	35.9%	Increase of 3.7 percentage points since July 2017
Headquarters, percentage of staff members at the D1 and D2 levels from developing countries	12.5%	10.9%	13.8%	16.4%	15.9%	15.6%	19.1%	Increase of 6.6 percentage points since July 2017

7. The proportion of staff in the professional and higher categories (including staff on temporary contracts) from developing countries has increased since July 2017, and specifically over the last 12-month period from 43.4% to 44.1% (and from 41.7% to 43.3% for long-term appointments) (Fig. 6). Organization-wide, the percentage of staff members at the D1 and D2 levels from developing countries has increased from 33.8% in July 2019 to 35.9% in July 2020. Fig. 7 provides a comparison of the percentage of international professional staff from developing countries between July 2017 and July 2020, broken down by major office.

Fig. 7. Comparison of percentage of international professional staff from developing countries between July 2017 and July 2020, by major office



8. The number of senior management staff (P6 and above) has increased from 275 in July 2017 to 282 in July 2020 (+3%) (Fig. 8), reflecting the strategic direction of WHO's transformation.

Fig. 8. Comparison of numbers of senior management staff between July 2017 and July 2020, by major office

	P6/D1			D2			Ungraded			Total		
Major office	**July 2017**	**July 2020**	**2020 vs 2017**	**July 2017**	**July 2020**	**2020 vs 2017**	**July 2017**	**July 2020**	**2020 vs 2017**	**July 2017**	**July 2020**	**2020 vs 2017**
Africa	41	33	-20%	1	2	100%	1	1	0%	43	36	-16%
South-East Asia	23	19	-17%	2	2	0%	1	1	0%	26	22	-15%
Europe	25	26	4%	1	0	-100%	1	1	0%	27	27	0%
Eastern Mediterranean	28	28	0%	4	10	150%	1	1	0%	33	39	18%
Western Pacific	16	17	6%	2	2	0%	1	1	0%	19	20	5%
Headquarters	86	79	-8%	29	40	38%	12	19	58%	127	138	9%
Total	**219**	**202**	**-8%**	**39**	**56**	**44%**	**17**	**24**	**41%**	**275**	**282**	**3%**

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. A pilot recruitment initiative began in early 2019 with the aim of reducing overall time-to-recruit from 156 days on average to 80 days. The main focus was to reduce the administrative burden on hiring managers and selection panels by providing candidate screening services for long-listing and through asynchronous interviewing. The pilot initiative coincided with the organizational changes implemented through the transformation, thus time-to-recruit remained on average 160 days in 2019 with a range of 64 to 376 days. However, in 2020 we have seen improvements, with an average time-to-recruit of 126 days and a range of 36 to 216 days. In both time periods, staff for senior positions have taken longer to recruit, while rostered positions have taken the least time to fill.

11. The lessons learned from the pilot initiative are currently being documented and will be presented to the Director-General with recommendations for the next phase of the pilot, which will explore additional new tools, including artificial intelligence and psychometric testing, as well as approaches to address bottlenecks.

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. It is important to review this update within the larger overview of changes to the internship programme and progress in the implementation of resolution WHA71.13 from 2018 to July 2020. It should be noted that the total number of interns decreased from 511 in 2019 to 91 in 2020. In 2020, 18.7% of the interns were based in a country office, 26.4% in a regional office and 54.9% worked at headquarters, compared with 16.4%, 29.4% and 54.2%, respectively, in 2019. The overall decrease in the number of interns in 2020 is mostly due to the impact of the global pandemic of coronavirus disease (COVID-19) across headquarters, regional and country offices. Additional factors contributing to the decrease at headquarters, from 277 interns in 2019 to 50 in 2020, include the changes made to the application and recruitment process for all 2020 internships (with the exceptional completion of 2019 internships in December 2019 and no carry-over of interns into January 2020). Account must also be taken of the restructuring exercise in headquarters that took place at the end of 2019, and which resulted in delayed planning and recruitment for 2020 internships pending the finalization of the new structure of departments and units.

14. The global COVID-19 pandemic context in 2020 has impacted operations in the internship programme. The situation in March regarding lockdowns in many countries and associated sudden closures of international borders and restrictions to travel, necessitated a temporary suspension of the arrival of some interns who had already been recruited, and of any new internship recruitments. During the small window of time before border closures and travel restrictions were implemented, some interns already in duty stations chose to return rapidly to their respective countries, while others chose to remain in the duty station, continuing their internships, where possible, from their local accommodation.

15. The global situation was closely monitored by the programme throughout the subsequent months. International borders and travel restrictions began slowly to open from June to September. During this period, internship programme resources were focused on facilitating and supporting interns for their return to their respective countries. For some situations, exceptional measures were provided as part of this facilitation and support. A formal decision was taken in July to suspend the programme for the remainder of 2020 and to continue to monitor the situation to determine how the programme would approach internships in 2021.

16. Bearing in mind that resolution WHA71.13 requests that by 2022 at least 50% of accepted interns originate from least developed and middle-income countries, the increase of nearly four percentage points in the percentage of interns coming from these countries in 2019 was very encouraging (29.6% compared with 25.7% in 2018). In 2020, the percentage increased to 35.2%. Additionally, it is very encouraging to see that the percentage at headquarters has increased substantially with a new record high of 48% in July 2020, up almost 19 percentage points from the previous high of 29.6% reached in December 2019. Table 17 in the workforce data shows the geographical distribution of interns by nationality for the period January–July 2020. A total of 44 nationalities were represented in 2020, a decrease of 38 compared with 82 nationalities in 2019 due to the current context. However, of the 44 intern nationalities represented in 2020, almost half (48%) came from least developed and middle-income countries. Women accounted for 80.2% of all interns (compared with 75.1% in 2019).

17. In January 2020, WHO began providing living allowances to interns who receive little or no external assistance. 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 and Talent Management with an equivalent sum per intern, and payments of living allowances are managed centrally. In this way, no advantage is given to candidates who receive external assistance, thus promoting an unbiased selection process. From March to September, financial and in-kind support continued to be provided to interns that had remained in the duty station through the period of lockdown and subsequent travel restrictions. In situations where continued travel restrictions prevented an intern from exiting the duty station and returning to their country at the end of their internship, WHO intervened with the host country authorities, and facilitated extended exceptional authorization for the individual to stay on the territory. During these extended periods, living and/or meal allowances continued to be provided until the intern was able to exit the duty station.

RETAINING TALENT

Performance management

18. Performance management is essential to building the workforce of excellence required to achieve the ambitious goals set out under the Thirteenth General Programme of Work, 2019–2023. Effective performance management is based on a strong performance culture and healthy workplace ecosystem, supported by individual and management capabilities and accountabilities. An analytical review (with a report issued in March 2019 as one of the process analyses conducted in the context of the transformation) of WHO's practice within the key areas of performance management revealed a number of challenges when benchmarked against other organizations.

19. Several recommendations from the report have been implemented, such as: Goals Week, new awards for service, and the expansion of the Regional Office for Africa's Pathway to Leadership for Health Transformation Programme, which includes 360 degree feedback as a developmental tool, combined with emotional intelligence and strength-finder tests. The recommendations to modernize and enhance the performance management tool and to define an alternate rating approach are yet to be implemented and will be assessed in the context of the project to replace the enterprise resource planning system.

20. Starting in 2019, WHO used the performance management process to align each individual staff member's objectives with the triple billion goals during Goals Week. This was achieved by linking each objective in the Electronic Performance Management and Development System (ePMDS) with an output from the Programme budget. Staff and managers were asked to discuss and agree on team and individual goals in the context of the Thirteenth General Programme of Work, 2019–2023, and Programme budget outputs, and in 2019, staff entered the relevant output number which corresponded to the description of their own objectives in their ePMDS form.

21. WHO introduced changes to the ePMDS tool for 2020 to allow outputs to be selected from a drop-down menu, and to enable staff to estimate the percentage of time that would be spent on each SMART objective throughout the year. This can be benchmarked at the year-end review against actual time spent on each objective. By early 2021, it will be possible to generate reports on the performance of staff by organizational unit and major office based on the ePMDS assessments, linking individual performance to the organization-wide outputs and goals.

22. More recently, the rapid implementation of extensive, large-scale teleworking in the context of COVID-19 has given rise to new challenges for managers and members of the workforce alike, bringing new requirements under flexible working arrangements that WHO will need to take into account in the future approach to management performance.

Staff learning and development

23. For the 2020–2021 biennium, 12 global and 40 regional learning initiatives have been approved for implementation. The global initiatives include the Leadership, Women and the United Nations course organized by the United Nations System Staff College and targeting female staff at P4/P5 level globally. Fifty-five seats have been allocated for this course in 2020. From 2015 to 2019, it had been taken by 81 female staff members. There is also the Pathway to Leadership for Health Transformation Programme which is being led and coordinated by the Regional Office for Africa (see paragraph 29).

24. WHO's corporate tool for learning and development, iLearn, is accessible by the entire WHO workforce, and had more than 18 000 users in 2020. By the end of 2020, training course registrations for that year only had peaked with more than 115 000 registrations globally (excluding registrations for mandatory training). iLearn is also being used to provide access to WHO mandatory training to external users such as emergency and polio personnel.

25. A coherent and global approach to mandatory training courses was implemented via iLearn in May 2018, allowing managers and programme owners to track compliance with mandatory training requirements. WHO's compliance rate for staff remains above 90% for both the United Nations training course on the prevention of harassment, sexual harassment and abuse of authority (93.3% compliance), and the United Nations training course "To serve with pride – zero tolerance for sexual exploitation and abuse by our own staff" (96.5% compliance). These courses have been extended to the entire WHO workforce. Additional mandatory training courses on various topics are being introduced in iLearn to improve the quality of services and enhance staff members' performance. These include United Nations Department of Safety and Security BSAFE (completed by over 7000 staff to date), Cybersecurity Essentials (88% compliance), Global Procurement, Risk Management, and Finance and Accountability.

26. WHO entered into a new contract with LinkedIn Learning in 2019 under a United Nations system-wide umbrella agreement. The LinkedIn Learning content is fully integrated into iLearn and may thus be accessed by the entire WHO workforce, with courses available in 7 languages (English, Chinese, French, German, Japanese, Portuguese and Spanish) and 70 new courses added each week, of which about 50% are in English, with the remaining 50% divided between the other languages. During 2020, 20 000 courses and 180 000 videos were viewed by WHO staff, key areas of interest being: working remotely, work-life balance, Microsoft Teams, Power BI, interpersonal communication, emotional intelligence and time management.

27. In order to provide learning support to the WHO workforce during the COVID-19 restrictions, the Human Resources and Talent Management Department collaborated with LinkedIn Learning to create new playlists, in English and in French, available to staff and non-staff via both desktop and mobile devices. Topics include work-life balance, working remotely, resilience, change management, mindful meditation for work and life, creating a healthy working environment/ergonomics, workplace from Facebook, United Nations leadership in times of uncertainty, and WHO information technology systems (Jabber, OneDrive, OneNote, Microsoft Teams, vConnect, WebEx).

28. The Department of Human Resources and Talent Management is working closely with the WHO Academy, taking part in the WHO Academy Learning Technologies Internal Coordination Group and the WHO Learning Strategy Advisory Group and United Nations Learning Group:

- The WHO Academy Learning Technologies Internal Coordination Group brings current WHO digital learning and learning technologies management system leads, focal points and managers together to support the WHO Academy learning experience platform and learning technologies development.

- The WHO Learning Strategy Advisory Group and United Nations Learning Group. The scope of the WHO Learning Strategy is to address, through the lens of learning and training, future challenges to the health of the world's population. It will propose a framework and approach by WHO on learning and training for its own workforce, and on how the Organization will support learning externally, across diverse sectors, for the achievement of global, national and individual health goals, to ensure people achieve the best levels of health possible.

29. Through the Regional Office for Africa's Pathway to Leadership for Health Transformation Programme, launched in November 2018, over 180 staff members at different levels were trained. The programme has improved staff skills in the areas of organizational, team and personal leadership, and analytical and strategic thinking skills. A women's leadership programme was also launched, which focused on overcoming barriers to career progression among female staff in the Regional Office. The Pathway to Leadership Programme has now been adopted Organization-wide. The programme for the Eastern Mediterranean and European Regional Offices will be launched at the beginning of 2021.

30. The Regional Office for Africa's Pathway to Leadership Programme has led to a notable increase in overall staff engagement at the unit level, as a result of changes adopted in leadership practice and improved managerial skills and abilities among participants. The Programme is also part of the strategy to nurture future WHO leaders through an approach that combines the right skill sets and qualities with customized training. The evaluation of the global transformation will provide more detailed information on the impact of the Programme across the three levels of the Organization.

31. The WHO global mentorship programme is part of an organizational development approach that aims to support staff in learning on the job, knowledge-sharing and capacity-building. Since its formal global launch in December 2019, with the presence of the Director-General, more than 180 mentors have been trained and 22 new mentors' pairs have been coached and supported along their mentoring path. Confident career conversations for mentors and mentees have been introduced to facilitate career development discussions through a train-the-trainer approach.

32. In the African Region, to strengthen organizational effectiveness, transform organizational culture and establish a robust leadership programme, complementary developmental programmes targeting staff in non-leadership positions were designed. Two people-centred initiatives have since been developed. The first initiative is the WHO Regional Office for Africa's mentorship programme, under which senior or more experienced staff support junior staff to develop professionally and enhance their performance. The objective of the programme is both to strengthen collaboration among staff and to empower junior staff. To date, the first cohort (July–December 2020) consisted of 33 senior staff mentors who were successfully trained, and paired with 65 junior staff mentees. The mentorship initiative is a six-month programme conducted using a virtual platform. A second cohort of mentors and mentees has been trained and is in the process of being paired on the basis of their selected individual and professional values. The second initiative is the Team Performance Programme. Based on WHO competencies framework, this Programme aims to develop high-performing teams and enhance collaboration within and across technical areas in the Regional Office and country offices. To date, 45 staff members have benefited from this capacity-building initiative.

Career pathways

33. Career management activities, coaching, mentoring, team building and career counselling continued to be offered in 2020 and, as of April 2020, all activities were offered remotely due to the COVID-19 pandemic, hence allowing a truly global reach. These initiatives focused on developing competencies, enhancing self-awareness, preparing staff members to undertake higher-level responsibilities and ensuring the right attitudes and mindsets for facing organizational change. Between January and October 2020, 30 short-term developmental assignments were carried out at headquarters, in Geneva and Kuala Lumpur, and one at the International Agency for Research on Cancer, in Lyon, allowing staff members from various duty stations and regions to benefit from professional development and learning by taking on responsibilities at the same grade or one grade below or above their current grade.

34. The recommendations of the task force on career pathways and capacity-building were presented to the Director-General and to all staff in December 2019. A core group was formed to implement those recommendations through an action plan with timelines for short-, medium- and long-term activities, to be carried out in 2020–2022. The Director-General was consulted in June and September 2020 by the core group and gave his full support to the recommendations. High-level career-management architecture has been developed, which presents two main career streams (operational and public health/technical), career paths and sample job roles. Staff engagement will be sought to further elaborate specific career paths in each of the identified career streams. The five pillars of WHO's Career management and development framework (principles, architecture, learning, performance and support) will be further developed in 2021.

Mobility

35. The number of staff members in the professional and higher categories holding long-term appointments who moved from one duty station to another for the period January–July 2020 (see workforce data, Tables 14 and 15) is 119 (5.1% of all the staff members in those categories), a significant decrease compared with the period January–July 2019 (153 staff members). However, there has been an increase in the percentage of moves from one major office to another: 43% of total moves compared with 35% in 2019.

36. 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, conducted a benchmarking exercise against the policies and practices of other United Nations agencies and partners, and prepared recommendations. The recommendations were reviewed by WHO's global human resources community and the Global Staff/Management Council and served as a basis for updating the geographical mobility policy for the consideration of the Global Policy Group. A simulation exercise was launched in October 2020 to validate the accuracy of the data currently available on staff and positions and to test implementation of the major components of the proposed policy and governance mechanisms. The conclusions from the simulation exercise will be reported in May 2021.

ENABLING WORKING ENVIRONMENT

Diversity and inclusion strategy

37. In 2020 the first draft of a diversity and inclusion strategy for the WHO workforce and accompanying action plan were produced. The purpose of the strategy is to lay the foundation of the policies, processes and action plans (i) to attract and retain a diverse workforce and (ii) to create a work environment welcoming to all, where everyone feels valued and can perform at their best. The strategy will focus on improving diversity and inclusion with respect to the following five areas: gender equality; gender identity and sexual orientation; geographical representation; persons with disabilities; and age and education diversity. Publication of the strategy and first version of the action plan are planned for early 2021.

Prevention of abusive conduct, including sexual harassment

38. Further to the previous recommendations from governing bodies, including the report of the Programme, Budget and Administration Committee to the 146th session of the Executive Board in February 2020,[1] in close coordination with the Office of Compliance, Risk Management and Ethics, the current harassment policy has been revised and updated to include all forms of abusive conduct, covering harassment, sexual harassment, discrimination and abuse of authority. The revised policy provides coherence to the intake process for complaints, while recognizing the attention and escalation necessary for sexual harassment. The provisions on sexual harassment are in line with the United Nations System Model Policy on Sexual Harassment. The policy and initial implementation plan will be finalized by the end of 2020. Particular emphasis is being placed on the implementation plan to ensure that the necessary training and other forms of support are in place across the Organization.

Internal justice system

39. The Secretariat continues to monitor the reform of the internal justice system launched in 2016; the resulting improvements include a greater emphasis on the informal resolution of disputes, which has significantly reduced the number of appeals. The Secretariat looks forward to an evaluation of the internal justice system reforms of 2016 for further improvements based upon lessons learned. The Office of the Ombudsman continues to collaborate in the development and delivery of informal resolution mechanisms aimed at improving working relationships and promoting a more respectful workplace.

Flexible working arrangements

40. Starting in mid-March 2020, WHO implemented teleworking under special conditions related to the COVID-19 situation and the measures implemented by national authorities. In 2020, WHO offices conducted staff surveys and internal reviews of the impact of COVID measures on the workforce. While most of the workforce has had a generally positive experience, there are specific areas where concerns need to be addressed. WHO is both reflecting on the lessons learned in real time, while discussing fundamental issues on the nature of the workplace, how we work in the evolving environment, how we take care of our workforce, and how these experiences will be taken into account moving forward. Specifically, WHO is using task forces to focus on issues such as the return to the premises including on-site safety and security, flexible working arrangements, contractual modalities and the mental health of the workforce. These task forces will guide both the immediate next steps and inform longer-term thinking on the future of work.

Human Resources Global Operations

41. Over the past year a number of innovations have been made in Human Resources Global Operations conducted by the Global Service Centre in Kuala Lumpur. This includes the introduction of a second shift to support emergency programmes, process simplification in areas such as rest and recuperation, process- and function-consolidation from headquarters initially to Kuala Lumpur, improved monitoring and transparency, and overall enhancements to the quality and value of service delivery.

[1] Document EB146/3.

Staff health and well-being

42. 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.

43. To achieve a healthy working environment, WHO's staff health and well-being services have contributed to various programmes and initiatives, including the United Nations system-wide occupational health and safety forum chaired by WHO, and to revitalizing and rebranding the Organization's Health, Safety and Well-being Committee and the implementation of the United Nations System Mental Health and Well-being Strategy.

44. WHO's staff health and well-being services play an essential enabling role during outbreak and emergency response activities by protecting and promoting the health and well-being of WHO's global workforce. During the current response to the COVID-19 pandemic, the services have contributed to business continuity planning at headquarters and occupational safety and health measures including: the drafting of communications to staff; the development of standard operating procedures for medical and security staff; the implementation of infection prevention and control measures within WHO premises; and the holding of psychosocial and psychological counselling sessions and webinars. With the support of WHO experts, the Organization's staff health and well-being services have also developed guidance and standard operating procedures for COVID-19 risk assessments, prevention measures and contact tracing. In the current context, the staff health and well-being services are actively monitoring the health status of all business continuity staff on a daily basis and responding to thousands of queries by staff.

45. Additionally, as part of the global COVID-19 response, the staff health and well-being services have taken a lead within the global United Nations System-wide Task Force on Medical Evacuations in response to COVID-19 to establish a MEDEVAC Medical Coordination Unit. The Unit operates 24 hours a day, 7 days a week, and is responsible for overseeing the clinical and operational management of evacuations, including identifying the receiving hospital and coordinating air ambulances with the United Nations Strategic Air Operations Centre and the World Food Programme. The Unit has coordinated with United Nations colleagues to establish a dedicated United Nations COVID-19 treatment facility in Accra, Ghana, and in Nairobi, Kenya. The Unit also communicates and interacts with Resident Coordinators, WHO Representatives and country focal points, to develop new agreements with countries to accept MEDEVAC patients.

46. At the same time, the WHO staff health and well-being services continue to support the response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo, where they have provided ongoing medical, psychosocial and psychological support; established a vaccination clinic; conducted health risk assessments; provided medical evacuation training; and evaluated local health care facilities. The services, in collaboration with internal and external partners, have moreover led the development of, and training in, emergency response plans, including those for responding to mass casualty incidents.

ACTION BY THE EXECUTIVE BOARD

47. The Board is invited to note the report.

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