

Human resources: update

Report by the Director-General

INTRODUCTION

1. In addition to the WHO workforce data as at 31 July 2023 made available on the WHO website,¹ this report provides an update as of July 2023 on the trends in the workforce and related activities with respect to the three pillars of the WHO human resources strategy: attracting talent, retaining talent and fostering an enabling working environment. Major strategic initiatives in human resources are an integral part of the WHO transformation agenda and are described in reports on the WHO transformation process, where applicable.

TRENDS IN THE WORKFORCE

2. As at 31 July 2023, the total number of WHO staff members² was 9261 (see Fig. 1 of this report and workforce data, Table 1), a 3.1% increase compared with the total as at 31 December 2022 (8983). Out of the total, the percentage of staff members employed at each of the three levels of the Organization between December 2022 and July 2023 changed as follows: the percentage of staff employed at headquarters increased from 29.3% in December 2022 to 29.7% in July 2023; the percentage of staff employed in Global Shared Services decreased from 3.2% in December 2022 to 3.1% in July 2023; the percentage of staff employed at regional offices decreased from 23.7% in December 2022 to 23.6% in July 2023; and at country offices the percentage increased from 43.2% in December 2022 to 43.6% in July 2023 (Fig. 2). The proportion of staff members holding long-term appointments decreased from 77.6% in December 2022 to 77.2% in July 2023. The percentage of long-term appointments out of the total staff working in the major offices as at July 2023 (and December 2022) was as follows: 73.1% (72.9%) at headquarters, 87.8% (87.3%) in the African Region, 80.5% (80.7%) in the South-East Asia Region, 63.2% (67.4%) in the European Region, 67.7% (68%) in the Eastern Mediterranean Region, and 94.7% (96.1%) in the Western Pacific Region.

3. For the period from 1 January to 31 July 2023, staff costs amounted to US\$ 754 million and decreased as a percentage of the Organization's total expenditure: 36% of US\$ 2107 million (compared to 41% for the period from January to July 2022).

4. Regarding other contractual arrangements, when comparing the period from January to July 2022 to the same period in 2023, the number of individuals on consultant arrangements or under agreements

¹ Available at <https://www.who.int/publications/m/item/workforce-data> (accessed 4 December 2023).

² All figures include staff in special programmes and collaborative arrangements hosted by WHO and exclude the International Agency for Research on Cancer or other United Nations agencies that are administered by WHO. They do not include staff working with the Pan American Health Organization, and its workforce data is available at: <https://www.paho.org/en/documents/ce17225-human-resources-management-pan-american-sanitary-bureau> (accessed 4 December 2023).

for performance of work increased in terms of full-time equivalents: from 2730 to 3353 for consultants and from 1052 to 1077 for holders of agreements for performance of work (see workforce data, Table 20). In addition, the number of individuals hired on special services agreements increased from 4601 between January and July 2022 to 5169 between January and July 2023. The reasons for the significant increases in consultant and special services agreements include increased capacity for WHO's work in emergencies and the polio transition process.

Fig. 1. Distribution of WHO staff as at 31 July 2023, by major office

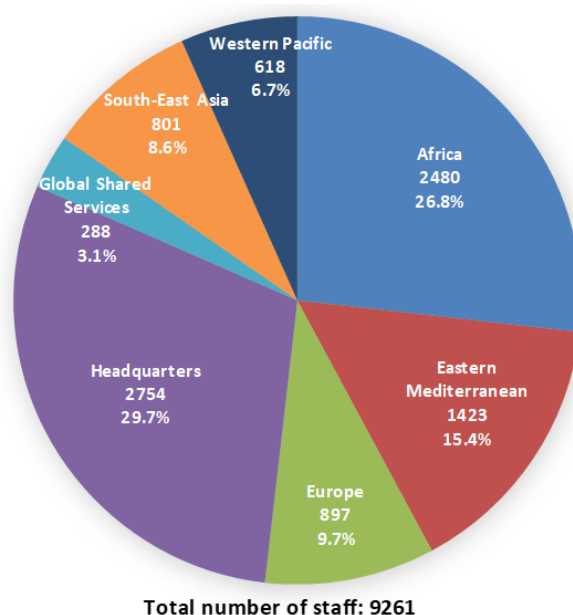
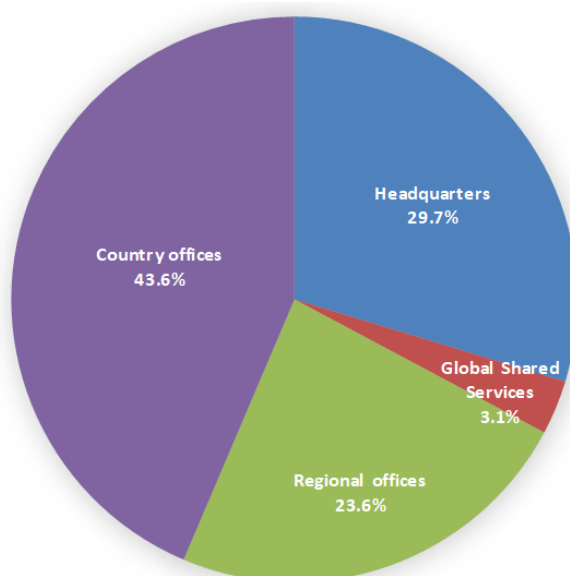


Fig. 2. Distribution of WHO staff as at 31 July 2023, by level



5. Effective as of 1 March 2023, the new WHO Gender Parity Policy (2023–2026) replaced the WHO Gender Equality in Staffing Policy issued in January 2017. The key changes introduced by the new policy include: the establishment of new targets per professional level; an intersectional approach to highlight diversity factors; temporary measures to be applied by hiring managers; regular reporting on the compact for executive managers to strengthen accountability; higher reliance on disaggregated data for gender; nationalities and disability reporting supported by human resources systems at each stage of selection; and a corresponding implementation plan for the next two years. Reporting against the new targets and implementation plan will begin with reports including data as of December 2023 onwards. The workforce data tables referenced in the report have already been updated in 2022 to include additional information on the gender balance in the Organization: the present report provides a further level of disaggregation of that data by major office.

6. From 2017 to July 2023, there was a general improvement towards achieving gender parity, as measured against all indicators. However, additional efforts and dedicated attention remain required to ensure advancement at individual grade levels and sustain the achievements to date.

7. As at July 2023, WHO continues to maintain gender parity for longer-term appointments, with 50.3% women and 49.7% men holding such appointments, noting that the proportion of female staff in the general service category is above 50%, while in the national professional officer and international professional categories it is below 50%, although the percentage of female staff in both categories has increased since December 2022 (see workforce data, Table 3a). When taking all staff contract types into consideration, as at 31 July 2023, the Organization has achieved overall gender parity, with 50% women and 50% men. A further breakdown by grade across all categories of staff positions and all major offices is provided in the workforce data (see Table 3b).

8. The number of women at the P4 grade and above across the Organization increased from 44.1% in December 2022 to 44.5% in July 2023, while it is also noted that there was an increase of 3.4 percentage points during the six-year period since 2017.

9. Women accounted for 34.4% of staff at the D1 and D2 grades as at 31 July 2023, a decrease compared with December 2022 (35.3%). However, it should be noted that there was an increase of 4.6 percentage points since 2017 (see Fig. 3d). There was also a notable increase since 2017 in the percentage of women at the P5 grade, from 40.3% as at July 2017 to 46% as at July 2023. Reporting on gender parity for individual grade levels from P4 level and above will be included in the next human resources report in line with the targets established through the WHO Gender Parity Policy (2023–2026).

10. The Secretariat is continuing to take steps to increase the number of qualified women on the roster for heads of country offices. As at 31 July 2023, 36.8% of heads of country offices were women, representing an increase compared with December 2022 (36.3%). This figure remains higher than the 35% recorded in 2017.

11. The results of efforts to increase the number of female candidates on the roster for heads of country offices were demonstrated during the selection processes in 2022 and continue in 2023. As at July 2023, 36.8% of the candidates on the WHO Representative roster are female. For the 2023 selection process, additional outreach was conducted to high-potential female staff, who were encouraged to attend targeted briefing sessions held with each regional office to explain the roles and responsibilities and the essential requirements of the WHO Representative position. As a result, the current shortlist for the 2023 selection process is at gender parity with approximately 50% female candidates identified to proceed to the video interview stage, representing an increase when compared with 2022 (33%) and 2021 (28%), respectively.

12. The call for proposals to select a new partner to design and manage the WHO Representative assessment centres has recently closed and a provider has been selected from the proposals received. Following completion of the requisite contractual arrangements, the assessment centre timelines will be communicated to the successful candidates. Assessment centres are tentatively planned for the end of 2023 and early 2024.

Fig. 3a. Gender parity – percentage of women in the professional and higher categories (long-term appointments), by major office

Major office	As at July 2017	As at Dec 2017	As at July 2018	As at Dec 2018	As at July 2019	As at Dec 2019	As at July 2020	As at Dec 2020	As at July 2021	As at Dec 2021	As at July 2022	As at Dec 2022	As at July 2023	Changes between July 2017 and July 2023
Africa	29.9%	30.7%	31.9%	31.8%	32.7%	33.1%	31.6%	31.8%	32.7%	33.8%	33.7%	34.6%	35.0%	Increase of 5.1 percentage points since July 2017
South-East Asia	33.6%	34.3%	33.8%	34.4%	34.6%	36.3%	36.7%	36.8%	38.5%	38.1%	37.4%	36.3%	38.6%	Increase of 5 percentage points since July 2017
Europe	53.1%	51.8%	50.4%	52.1%	53.4%	52.7%	53.8%	53.1%	52.2%	51.6%	51.8%	51.2%	51.2%	Decrease of 1.9 percentage points since July 2017
Eastern Mediterranean	30.6%	31.2%	32.2%	33.7%	33.9%	34.6%	32.2%	32.6%	33.2%	35.6%	37.2%	37.1%	37.7%	Increase of 7.1 percentage points since July 2017
Western Pacific	45.3%	44.9%	45.6%	47.7%	49.7%	50.0%	53.2%	54.1%	56.2%	56.6%	58.1%	58.9%	60.7%	Increase of 15.4 percentage points since July 2017
Headquarters	49.4%	50.9%	51.1%	51.6%	50.9%	51.3%	52.4%	52.0%	52.3%	52.6%	52.5%	52.1%	52.4%	Increase of 3 percentage points since July 2017
Total	43.7%	44.4%	44.7%	45.4%	45.6%	45.8%	46.2%	45.9%	46.4%	46.8%	47.0%	46.8%	47.4%	Increase of 3.7 percentage points since July 2017

Fig. 3b. Gender parity – percentage of women at the P4 grade and above (long-term appointments), by major office

Major office	As at July 2017	As at Dec 2017	As at July 2018	As at Dec 2018	As at July 2019	As at Dec 2019	As at July 2020	As at Dec 2020	As at July 2021	As at Dec 2021	As at July 2022	As at Dec 2022	As at July 2023	Changes between July 2017 and July 2023
Africa	28.8%	29.5%	29.9%	29.7%	30.8%	30.7%	28.9%	28.2%	28.7%	29.0%	29.1%	29.4%	29.9%	Increase of 1.1 percentage points since July 2017
South-East Asia	34.4%	35.7%	35.0%	35.5%	35.3%	36.5%	37.5%	37.4%	38.9%	37.7%	38.3%	37.0%	38.5%	Increase of 4.1 percentage points since July 2017
Europe	51.4%	50.3%	50.3%	51.9%	51.5%	50.6%	51.7%	50.8%	48.9%	48.4%	48.7%	47.6%	48.2%	Decrease of 3.2 percentage points since July 2017
Eastern Mediterranean	29.9%	30.1%	31.1%	31.7%	32.6%	33.1%	30.8%	31.7%	31.6%	34.3%	36.7%	36.5%	35.7%	Increase of 5.8 percentage points since July 2017
Western Pacific	39.9%	39.4%	41.3%	42.3%	44.9%	45.1%	49.6%	50.0%	53.7%	55.4%	54.3%	55.4%	55.8%	Increase of 15.9 percentage points since July 2017
Headquarters	46.3%	47.9%	48.4%	49.4%	48.9%	49.1%	50.1%	49.7%	49.7%	50.1%	50.1%	49.6%	49.9%	Increase of 3.6 percentage points since July 2017
Total	41.1%	41.9%	42.5%	43.4%	43.5%	43.5%	43.8%	43.5%	43.7%	44.2%	44.5%	44.1%	44.5%	Increase of 3.4 percentage points since July 2017

Fig. 3c. Gender parity – percentage of women as heads of country offices, by major office

Major office	As at July 2017	As at Dec 2017	As at July 2018	As at Dec 2018	As at July 2019	As at Dec 2019	As at July 2020	As at Dec 2020	As at July 2021	As at Dec 2021	As at July 2022	As at Dec 2022	As at July 2023	Changes between July 2017 and July 2023
Africa	26.1%	23.9%	23.4%	28.9%	34.8%	31.9%	31.9%	29.8%	29.8%	27.7%	21.3%	21.3%	25.5%	Decrease of 0.6 percentage points since July 2017
South-East Asia	18.2%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	16.7%	18.2%	18.2%	18.2%	18.2%	18.2%	Remains stable since July 2017
Europe	63.3%	58.6%	55.2%	60.0%	58.1%	54.8%	58.1%	58.1%	53.3%	50.0%	50.0%	50.0%	53.3%	Decrease of 10 percentage points since July 2017
Eastern Mediterranean	27.8%	31.6%	36.8%	36.8%	36.8%	36.8%	35.0%	35.0%	42.9%	47.6%	42.9%	42.9%	36.4%	Increase of 8.6 percentage points since July 2017
Western Pacific	26.7%	33.3%	33.3%	26.7%	40.0%	40.0%	40.0%	35.7%	46.7%	50.0%	60.0%	60.0%	53.3%	Increase of 26.6 percentage points since July 2017
Total	35%	33.3%	33.1%	35.8%	39.3%	37.4%	37.9%	37.1%	38.7%	38.2%	36.3%	36.3%	36.8%	Increase of 1.8 percentage points since July 2017

Fig. 3d. Gender parity – percentage of women at the D1 and D2 grades (long-term appointments), by major office

Major office	As at July 2017	As at Dec 2017	As at July 2018	As at Dec 2018	As at July 2019	As at Dec 2019	As at July 2020	As at Dec 2020	As at July 2021	As at Dec 2021	As at July 2022	As at Dec 2022	As at July 2023	Changes between July 2017 and July 2023
Africa	31.6%	31.6%	25.0%	25.0%	27.3%	25.0%	23.1%	23.1%	30.0%	29.0%	23.3%	20.0%	13.8%	Decrease of 17.8 percentage points since July 2017
South-East Asia	14.3%	12.5%	11.1%	7.1%	7.7%	6.7%	7.7%	7.1%	13.3%	14.3%	14.3%	17.6%	13.3%	Decrease of 1 percentage points since July 2017
Europe	50.0%	45.5%	64.3%	60.0%	60.0%	56.3%	66.7%	58.8%	50.0%	44.4%	41.2%	38.9%	38.1%	Decrease of 11.9 percentage points since July 2017
Eastern Mediterranean	25.0%	23.1%	26.3%	32.0%	32.0%	30.8%	25.8%	25.8%	34.4%	37.5%	41.2%	40.6%	39.4%	Increase of 14.4 percentage points since July 2017
Western Pacific	44.4%	36.4%	46.7%	35.7%	43.8%	41.2%	41.2%	38.9%	42.9%	42.9%	43.8%	43.8%	43.8%	Decrease of 0.6 percentage points since July 2017
Headquarters	26.6%	31.3%	35.4%	37.3%	38.1%	40.6%	45.6%	42.3%	38.7%	41.3%	41.7%	40.5%	41.0%	Increase of 14.4 percentage points since July 2017
Total	29.8%	31.0%	34.9%	34.0%	35.7%	35.2%	37.1%	35.0%	35.9%	37.0%	36.6%	35.3%	34.4%	Increase of 4.6 percentage points since July 2017

13. The information presented on geographical representation (see Fig. 4) is based on updated calculations of the ranges of representation. The updated calculations take into account the latest scale of assessments, updated population data and an updated number of total positions subject to geographic distribution. As a result, the changes in representation reported in July 2023 are largely due to the updated calculations and not uniquely recruitment outcomes. As at 31 July 2023, 30.5% of Member States (or 60 of the 197 Member States)¹ were either unrepresented or underrepresented (see Fig. 4 and workforce data, Table 4). As at December 2022, 28.4% of Member States were either unrepresented or underrepresented (56 of 197 Member States). The updated calculations have also resulted in changes to distribution across the ranges of representation. While the number of countries either unrepresented or underrepresented has increased and those countries above the maximum of their desirable range have decreased, the overall number of countries in the desirable range of representation has increased. The updated calculations will serve as a new baseline for reviewing progress and trends over time.

¹ Including the three Associate Members.

Fig. 4. Distribution of WHO Member States as at 31 July 2023, by geographical representation

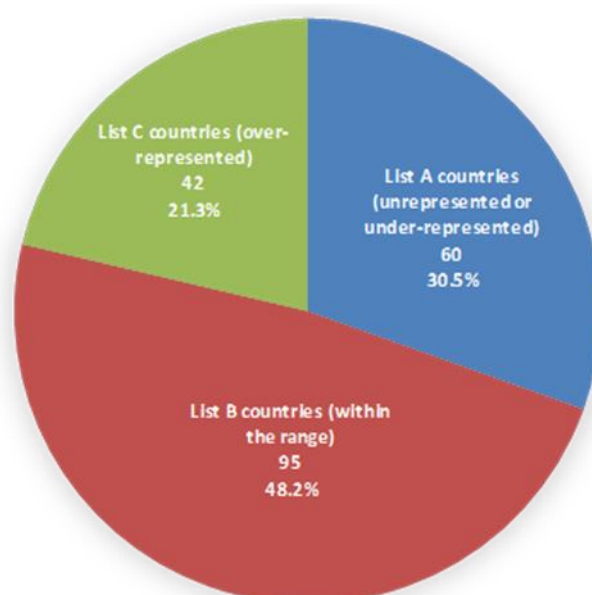


Fig. 5. Geographical representation – trends over time from July 2017 to July 2023

Indicator	As at July 2017	As at Dec 2017	As at July 2018	As at Dec 2018	As at July 2019	As at Dec 2019	As at July 2020	As at Dec 2020	As at July 2021	As at Dec 2021	As at July 2022	As at Dec 2022	As at July 2023*	Changes between July 2017 and July 2023
Percentage of Member States either unrepresented or underrepresented	32.1%	32.1%	31.6%	32.1%	31.6%	31.6%	30.6%	30.1%	29.6%	29.9%	28.9%	28.4%	30.5%	Decrease of 1.6 percentage points since July 2017
Percentage of staff in the professional and higher categories (including staff on temporary contracts) from low- and middle-income countries*	43.0%	43.0%	42.8%	42.5%	43.4%	44.5%	44.1%	44.2%	44.1%	44.1%	44.4%	45.4%	52.9%	Increase of 9.9 percentage points since July 2017
Percentage of staff in the professional and higher categories holding long-term appointments from low- and middle-income countries*	40.8%	40.7%	41.1%	41.1%	41.7%	42.6%	43.3%	43.8%	44.3%	44.9%	45.5%	46.0%	53.1%	Increase of 12.3 percentage points since July 2017
Organization-wide, percentage of staff members at the D1 and D2 levels from low- and middle-income countries*	32.2%	31.7%	30.8%	33.5%	33.8%	34.6%	35.9%	37.3%	38.0%	39.1%	38.8%	39.6%	48.4%	Increase of 16.2 percentage points since July 2017
Headquarters, percentage of staff members at the D1 and D2 levels from low- and middle-income countries*	12.5%	10.9%	13.8%	16.4%	15.9%	15.6%	19.1%	21.1%	18.7%	18.7%	18.1%	17.6%	32.1%	Increase of 19.6 percentage points since July 2017

* The classification has been updated from developing countries to low- and middle-income countries as of July 2023.

14. Noting that the proportion of staff in the professional and higher categories from developing countries at the D1 and D2 levels has been increasing since July 2017, the categorization has been updated from “developing countries” to “low- and middle-income countries” as at July 2023. The values as of July 2023 will provide a new baseline for reporting on progress and trends over time. Specifically, the proportion of staff in the professional and higher categories on long-term appointments from low- and middle-income countries was 53.1% in July 2023 (see Fig. 5). Organization-wide, the percentage of staff members at the D1 and D2 levels from low- and middle-income countries was 48.4% as at July 2023. At the headquarters level, the percentage of staff members at the D1 and D2 levels from low- and middle-income countries was 32.1% as at July 2023.

15. Human resources workforce data Table 11a shows the trends in applications from female candidates, while Table 11b shows the trends in the geographical representation category of candidates. These tables show that there has been a general increase in absolute numbers but not in percentage terms of female applicants over the past four years. Nonetheless, the numbers and percentage of female applicants as at July 2023 surpassed the levels as at July 2022. As at July 2023, applications from nationals of countries that are unrepresented or underrepresented have increased. Although, it should be noted that this is due, in part, to the updated calculations of the ranges of geographical representation. While significant efforts have been made and results achieved across the Organization to bridge the gender gap, additional investments in sourcing and outreach efforts must be made, with a particular focus on improving geographical representation. Lessons learned in the past year on how best to reach female candidates through specific programmes, such as the Young Professionals Programme and the Global Roster of WHO Representatives, will continue to be applied to broader recruitment efforts.

16. The number of senior management staff (P6 and above) on longer-term and temporary appointments has increased from 275 in July 2017 to 302 in July 2023 (+10%) (see Fig. 6), in line with the strategic direction of WHO’s transformation.

Fig. 6. Comparison of numbers of senior management staff between July 2017 and July 2023, by major office

Major Office	P6/D1			D2			Ungraded			Total		
	Jul-17	Jul-23	2023 vs 2017	Jul-17	Jul-23	2023 vs 2017	Jul-17	Jul-23	2023 vs 2017	Jul-17	Jul-23	2023 vs 2017
Africa	41	35	-15%	1	5	400%	1	1	0%	43	41	-5%
South-East Asia	23	19	-17%	2	3	50%	1	1	0%	26	23	-12%
Europe	25	30	20%	1	2	100%	1	1	0%	27	33	22%
Eastern Mediterranean	28	28	0%	4	13	225%	1	1	0%	33	42	27%
Western Pacific	16	19	19%	2	1	-50%	1	0	-100%	19	20	5%
Headquarters	86	83	-3%	29	46	59%	12	14	17%	127	143	13%
Total	219	214	-2%	39	70	79%	17	18	6%	275	302	10%

ATTRACTING TALENT

Sourcing and outreach

17. Outreach initiatives continue to be implemented in collaboration with Member States to improve geographical representation and gender parity. Agreements with external service providers are used to conduct targeted outreach and recruitment campaigns in order to improve performance against diversity targets, in particular with respect to gender parity¹ and improving geographical representation. Targeted efforts continue through career counselling, mentorship and leadership pathway programmes to build

¹ See the WHO Gender Parity Policy (2023–2026) (<https://open.who.int/2022-23/home>, accessed 21 November 2023).

the capacities of female staff members at junior and mid-levels and to prepare them for higher-level managerial positions.

18. WHO vacancies continue to be shared widely by human resources and WHO technical staff, including on social media channels and platforms and through regular information updates to United Nations missions in Geneva and technical networks.

19. As reported to the Seventy-fifth World Health Assembly in 2022,¹ WHO launched the Young Professionals Programme in the second half of 2021, which targets candidates from least developed countries. The 14 candidates selected under the Programme began their respective assignments in November 2022 and the Programme was officially inaugurated in February 2023. Further training components for the first cohort will be implemented in 2024. Steps are currently being taken to plan for and select the second cohort.

Recruitment and selection

20. As part of the WHO transformation agenda, a target of 112 calendar days (or 80 working days) was set for the completion of the recruitment process for fixed-term and temporary appointments (as defined in Staff Rules 420.3 and 420.4, respectively), with action being taken to improve candidate screening services and strengthen the efficiency of selection processes in order to achieve that target.

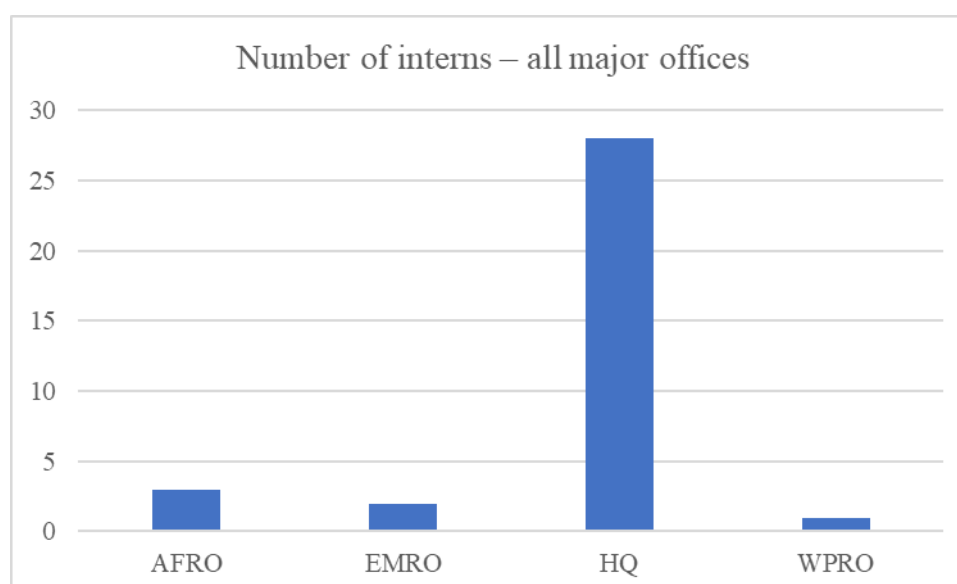
21. In the first half of 2023, the average time to recruit across all major offices significantly improved and stood at 114 calendar days, with a range of 17 to 245 days.

22. The experiences and lessons learned to date, as well as the functionality of the new business management system, are being taken into account to improve the process going forward.

GLOBAL INTERNSHIP PROGRAMME

23. The Global Internship Programme was relaunched in October 2022 following the Programme's suspension from July 2020 owing to the pandemic of coronavirus disease (COVID-19). Following its relaunch, 102 internship opportunities have been identified and 34 interns were selected from 1 January to 31 July 2023, of whom over 67% were female. The bar chart below provides a breakdown of interns recruited by major office: 28 interns at headquarters, three in the Regional Office for Africa, two in the Regional Office for the Eastern Mediterranean, and one in the Regional Office for the Western Pacific. Over 9500 candidates applied to these internship opportunities.

¹ See document A75/31.

Fig. 7. Interns by major office from 1 January to 31 July 2023

24. The Seventy-sixth World Health Assembly approved a revised target date of 31 December 2025 for achieving 50% of interns from low- and middle-income countries.

25. Of the 34 interns selected between 1 January and 31 July 2023 over 65% originated from low- and middle-income countries. Low- and middle-income country candidates represented 61% of all interns based in headquarters and 66% in the Regional Office for Africa. In the Regional Office for the Eastern Mediterranean and the Regional Office for the Western Pacific, all candidates originated from low- and middle-income countries. The average duration of internships across all regions was four months. The Secretariat will continue to implement the three key reforms aimed at making internships more accessible and monitor the trends and progress against the target in resolution WHA71.13 (2018) of at least 50% of selected interns coming from low- and middle-income countries. It should be noted that that target has been exceeded for 2023.

RETAINING TALENT

Performance management

26. In line with the recommendations from the assessment conducted from May 2022 to January 2023 of WHO's performance management system, a performance management module will be developed in 2024 and launched in 2025 in Workday, the new business management system that will replace the existing tool (eWork). WHO is also reviewing the Recognizing Excellence Programme to make it more impactful and integrated with performance management. In addition, steps are being taken to introduce a 360-degree feedback option that will be aligned with the introduction of the planned performance management module in the new business management system. The introduction of a calibration system is similarly being explored following consultation with other United Nations agencies: a suitable model will be considered on the basis of WHO specificities.

27. One modification concerning the involvement of second-level supervisors has already been incorporated into the current system. As of 2023, first-level supervisors have the option to involve second-level supervisors in the electronic performance management and development system (ePMDS)

cycle at the mid-year review stage if required. In such cases, if the performance of the staff member concerned is rated “fully satisfactory” at the end-of-year evaluation stage, the involvement of the second-level supervisor at that point becomes optional. However, if the first-level supervisor wishes to award an “outstanding” rating, the first-level supervisor must first consult the second-level supervisor before providing or committing to this rating with the staff member.

28. The Regional Office for Africa continues to implement the Team Performance Feedback system designed to gather and evaluate stakeholders’ feedback on how a team is performing in six key domains: WHO values; team effectiveness; quality of deliverables; cost-consciousness and management; collaboration and integration; and agility and change management. The data collected serve as a valuable tool for enhancing relationships with technical partners, Member States and WHO colleagues. The data are also used to identify training needs at the team level. The Team Performance Feedback system has been successfully employed by more than 30 units, clusters and WHO country offices. These diverse applications of the system underscore its instrumental role as a management tool in consolidating transformation and change achievements at the unit level.

Staff learning and development

29. The biennium 2022–2023 has seen an increased collaboration with the United Nations System Staff College on numerous projects catering to a broader spectrum of internal audiences. Projects have targeted specifically senior leaders, women senior leaders, junior leaders, middle management and administrative staff. More recently, such offerings have also been made available more broadly to the entire workforce.

30. The Pathways to Leadership Programme, led by the Regional Office for Africa, has continued to be implemented across major offices throughout the biennium as shown in the following examples.

- In 2023, 20 participants from the Regional Office for Europe and 27 women from francophone countries in the African Region benefited from the Pathways to Leadership Programme. A joint Regional Office for Africa/Regional Office for Europe cohort of 25 participants was launched in September 2022. A second joint cohort targeted 30 Regional Office for Africa and Regional Office for Europe WHO Representatives or staff on the WHO Representatives’ roster. A joint Regional Office for Africa/Regional Office for Europe/Regional Office for the Eastern Mediterranean cohort for unit managers was launched in October 2023. Based on the five main characteristics most demanded by staff, the Regional Office for Africa piloted an initiative that helped leaders to develop coaching skills. The initiative also contributed to developing internal coaching capacity.
- The Regional Office for Africa conducted the second round of 360-degree feedback for 52 participants in the Pathways to Leadership Programme (47 WHO Representatives and five operations officers), enhancing their awareness of their personal development. The 360-degree feedback process used in the Programme informed the headquarters 360-feedback exercise launched in 2022.
- Leveraging the WHO experience of the Pathways to Leadership Programme, the United Nations System Staff College was also engaged to support delivery. Two cohorts were launched with the support of the Staff College in the third quarter of 2023: one in the Regional Office for the Eastern Mediterranean and one in headquarters, each including between 30 and 35 participants.

31. WHO's successful collaboration with the United Nations System Staff College continued in the biennium 2022–2023. Following a competitive expression of interest process in May 2022 leading to 1051 expressions of interest, 245 members of staff were enrolled for individual Staff College courses in the first half of the biennium.

32. As evidenced by the large number of expressions of interest received in May 2022, the interest in individual United Nations System Staff College courses was considerably larger than the funding available, with many members of staff unable to enrol. This coincided with the roll-out of the United Nations System Staff College Blue Line platform that provides access for the entire WHO workforce to over 50 self-led individual courses through one single corporate subscription. Given the considerably lower costs associated with the Blue Line platform and the absence of a cap on the number of people who can enrol, a corporate subscription was established offering free enrolment for the entire WHO workforce at the start of 2023. As at the third quarter of 2023, over 500 unique enrolments have been recorded by the platform.

33. The 23 global and 35 regional learning initiatives approved by the Global Learning and Development Committee for the biennium 2022–2023 are reaching full implementation. The global learning initiatives include courses for human resources professionals by the Chartered Institute of Personnel and Development; project management courses; access to more than 5000 short courses on the LinkedIn Learning platform; global procurement courses; performance management courses; coaching for managers; and disability awareness and inclusion courses. Regional initiatives covered areas such as capacity-building for WHO Representatives; resource mobilization and donor engagement; country strategic planning; and conflict management.

34. For current WHO mandatory training, the completion rates per course are indicated below. Regular reminders are issued to staff to complete mandatory training as part of efforts to increase completion rates. New revisions to the mandatory training policy have been proposed to link compliance to the overall performance assessment rating.

- **Prevention of sexual exploitation and abuse training:** assigned on and effective as of November 2021 to all members of the WHO workforce. Current completion rate: 93%.
- **United to respect – preventing sexual harassment and other prohibited conduct (general and managers version):** assigned on and effective as of March 2022 to all members of the WHO workforce: general version (for staff with no supervisory role); managers version (for staff with a supervisory role). Current completion rates: 93% for general version, 92% for managers version.
- **WHO Ethics Empowerment:** assigned on and effective as of May 2023 to all members of the WHO workforce: Current completion rate: 83%.
- **United Nations BSAFE security awareness training course:** assigned on and effective as of October/November 2022. Current completion rate: 93%.
- **Cybersecurity essentials and preventing phishing training course:** 93% completion.
- **Cybersecurity refresher training course:** 93.5% completion.

35. Future mandatory training initiatives include updates to the prevention of sexual exploitation and abuse training and the United to respect training to reflect the new WHO Policy on Preventing and Addressing Sexual Misconduct.

36. In 2023, around 2200 staff members participated in Arabic, Chinese, English, French, German, Portuguese, Russian and Spanish language courses: 22% of participants were based in the African Region, 12% in the South-East Asia Region, 8% in the European Region, 16% in the Eastern Mediterranean Region, 5% in the Western Pacific Region, and 36% at headquarters. The language course catalogue has been expanded to include new topics and delivery formats. About 372 staff members have been selected to take part in special training courses focusing on writing and communication-related soft skills.

37. The global language programme has financially endorsed 146 candidates for the 2023 United Nations Language Proficiency Examination and other external language proficiency exams recognized by WHO. As of 2021, WHO has served as a screening centre of the United Nations Language Proficiency Examination for all WHO, United Nations International Computing Centre, Unitaidd, Joint United Nations Programme on HIV/AIDS and International Agency for Research on Cancer candidates in headquarters and the six regional offices. As a screening centre, WHO manages the process from the initial communication with applicants to the thorough verification of their eligibility in terms of contract and language proficiency, applying both United Nations policy and the relevant criteria of the WHO Global Language Programme when performing the assessment. Such a process has ensured coherence when processing requests from WHO candidates and has reduced the overall cost to the Organization of language proficiency testing since administrative fees are no longer charged.

38. By the end of 2023, approximately 650 staff members will have been invited to participate in the online headquarters induction programme. With the programme adjusted to a virtual environment, there is no limit on the number of invitees and participants can easily access the recordings of the sessions if they are unable to participate live.

39. A new global induction programme is currently being developed in partnership with the United Nations System Staff College as a modular e-learning pathway to be implemented globally in addition to the existing induction programmes in each major office. It has been designed to ensure that all newly recruited staff members at any WHO location receive the same information about working for the Organization. The programme will be launched in 2024.

40. The WHO Academy will play a key role in building the capacity of health workers globally, as well as WHO's own staff. It will contribute not only to building an even more experienced, qualified and talented WHO workforce but also to creating a workplace that allows WHO staff to be and do their best. The Academy will be WHO's main learning centre, bringing together all WHO learning products and services. In addition to internally produced courses, the Academy learning offer will incorporate a curated selection of high-quality external programmes. The catalogue of courses will respond to major global health challenges and to the needs of health workers. The gateway, hosting and co-production of courses with partners, which will include the international academic community and WHO collaborating centres, will accelerate the pace of production, while attracting "brands" that ensure high quality, credibility and international visibility. The curation of training products produced by partner organizations will be subject to quality control processes put in place by the Academy, under the guidance of its Quality Committee and WHO's Quality Assurance of Norms and Standards Department.

Mentoring

41. Since January 2022, staff have continued to benefit from mentoring while also receiving training and guidance through online and face-to-face workshops offered by the Career Management and Development team. A new online training programme on coaching skills for managers and mentors has been developed and was launched in February 2023. It saw the participation of 40 mentors and managers from across the three levels of the Organization. A newly-created structured mentoring initiative was launched on 17 January 2023 for a duration of six months. This brought together 127 staff members, including some retirees, from all levels and regions. The high level of interest generated by the initiative across the three levels of the Organization resulted in 52 newly-formed mentor–mentee pairs. Three global sessions including a celebratory closing event were organized for mentoring pairs, which provided information on how to best start a mentoring relationship and how to sustain momentum over time. Other support made available included coaching skills training for mentors and group coaching sessions and complementary workshops for mentees to encourage them to define their purpose, direction and goals in the mentoring context and enhance their skills and careers in general. To keep staff updated, a mentoring newsletter was created with key information and tools made available to all staff through the online career portal. Finally, mentors' fora were offered on a monthly basis in order for mentors to connect and share skills and lessons learned. Nine ad hoc mentor pairs (18 staff) also connected via the global mentoring platform. An evaluation mechanism was prepared in September 2023 in order for the Career Management and Development team to gather information, resources and feedback to build on the experience of the 2023 structured mentoring programme and to improve future mentoring at WHO.

Career pathways and career development

42. Progress continues in the development of the job profiles associated with WHO's career management framework and architecture, focusing on the harmonization of position descriptions and in alignment with the core predictable country presence approach. The revision and harmonization of position descriptions across the three levels of the Organization started in April 2023 and focused on the core predictable country presence positions. That approach enabled the harmonization of various definitions pertaining to key skill, education, technical and development requirements, so as to facilitate career development and mobility. An online career development booklet bringing together learning opportunities and tools, career development offerings and mobility has been developed and was shared with the entire workforce through a newsletter sent out in the fourth quarter of 2023.

43. In 2023, career management activities, coaching, mentoring, career counselling, emotional intelligence training and team-building sessions continued to be offered both virtually and face to face.

Mobility

44. 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 from January to July 2023 stands at 105, compared with 142 at the same time in 2022 (see workforce data, Tables 14 and 15). At the same time, the percentage of moves from one major office to another remains constant between the period from January to July 2023 and the period from January to December 2022 (41.3%).

45. WHO's Global Geographical Mobility Policy was finalized based on the outcome of the mobility simulation exercise, as well as additional inputs from senior leadership, management and staff. It came into effect in June 2023.

46. The first phase of implementation of the Policy was launched in 2023 and comprised a voluntary mobility round. Several information sessions were organized for all staff as well as a call for volunteers from the group of eligible staff members. Out of a total of 443 volunteers, 259 were eligible. The compendium for the voluntary mobility exercise comprised 205 positions at different levels of the Organization from P2 to D2 level. A total of 183 eligible applicants applied to the positions in the compendium. For this voluntary phase, special measures were applied that enabled volunteers to apply for up to five positions, of which a maximum of two could be at a higher grade provided that volunteers also applied to the same number of positions at their current grade. During August and September 2023, placement panels, including the respective hiring managers, reviewed the applications received and prepared reports with recommendations. This initial phase is expected to be completed in the fourth quarter of 2023.

ENABLING WORKING ENVIRONMENT

Human resources agenda for diversity, equity and inclusion for the workforce

47. In addition to the launch of the newly developed WHO Gender Parity Policy described in paragraph 5 of this report, the human resources agenda for diversity, equity and inclusion for the workforce also provides for inclusive employment measures for people with disabilities. Newly-introduced reasonable accommodation services assist employees and job applicants with disabilities to access requested resources. The first formal selection of UN-GLOBE coordinators resulted in the selection of six UN-GLOBE coordinators for the benefit of the WHO LGBTIQ+ community. In addition to those efforts, the Organization-wide culture survey and exit survey templates were updated to reflect the human resources agenda for diversity, equity and inclusion and a process was launched to select a service provider to administer regular Organization-wide surveys.

Human resources analytics

48. The human resources business intelligence dashboard was launched in early 2023, providing users with workforce data, new human resources data analysis tools and human resources performance measurement services. The first version of the external human resources portal for Member States was rolled out in May 2023.

49. The business management system will be used as an opportunity to: introduce diversity, equity and inclusion features; adopt disaggregated disability, gender identity and sex terminology; indicate pronouns and whether sign language is used; and introduce voluntary disclosures for additional demographics and sexual orientation. Further leveraging of such technology will reduce the time spent on collecting workforce data and replace certain manual knowledge-sharing processes.

Prevention of abusive conduct excluding sexual harassment

50. Following the adoption on 8 March 2023 of the WHO Policy on Preventing and Addressing Sexual Misconduct, sexual harassment, which was previously covered by the WHO Policy on Preventing and Addressing Abusive Conduct now falls under the WHO Policy on Preventing and Addressing Sexual Misconduct. As a result, the WHO Policy on Preventing and Addressing Abusive Conduct was revised and a new version of the Policy covering harassment (excluding sexual harassment), discrimination and abuse of authority (collectively, “abusive conduct”) was issued on 20 June 2023. The implementation plan for the WHO Policy on Preventing and Addressing Abusive Conduct continues to be rolled out.

Internal justice system

51. Following the review of the internal justice system in 2022, the Human Resources and Talent Management Department prepared an implementation plan to address the recommendations covering the period from 2023 to 2024 in close coordination with all stakeholders. In line with the implementation plan, an internal justice system outreach mission was conducted in the Regional Office for the Western Pacific in Manila between 1 and 5 May 2023, where personnel were made aware of the recourse mechanisms available to them. In June 2023, induction training on the internal justice system was provided to newly recruited personnel from the Regional Office for the Eastern Mediterranean. The internal justice system outreach mission was extended to other regional offices, starting with the Regional Office for South-East Asia between 27 November and 1 December 2023. Furthermore, various stakeholders, including the staff association, have been consulted and indicated their support for the external consultant's recommendation that the Organization either: (a) sets up an office of specialized lawyers to support staff members in their grievances before the internal justice system; or (b) creates a dedicated staff legal advisor position, not only at headquarters but also at the regional and country office levels, to assist staff members before the internal justice system.

52. In addition, the Joint Inspection Unit has conducted a review of the internal justice systems of organizations within the United Nations system for the period from July 2021 to December 2022, with a view to mapping approaches to internal justice mechanisms and assessing the adequacy and capacity of such mechanisms to deliver on the objectives set out in the applicable regulatory frameworks. The Joint Inspection Unit issued its report in October 2023.¹

Parental leave

53. As part of WHO's strategy to create an enabling environment and further to the approval of Staff Rule amendments,² WHO implemented unified parental leave effective as of 1 January 2023. The unified parental leave, which is available to all parents, promotes equality, contributes to equity and gender parity, recognizes the role of all parents, and enhances WHO as an employer of choice.

Flexible working arrangements

54. As previously reported, WHO introduced a holistic approach to flexible working arrangements across all levels of the Organization in September 2022 and continues to make enhancements based on lessons learned. In this regard, WHO is surveying best practices and innovation in the United Nations common system regarding remote assignments in order to determine what may be appropriate for the Organization. A pilot in this area was launched in 2023.

Contractual modalities

55. Implementation of the recommendations of the three-level global task force (that delivered its report in December 2022) began in 2023. In line with the recommendations, a new contractual landscape is under development that will take into account a new affiliate contract type, while recognizing the opportunities the Organization has to leverage the functionalities that will be available in the new business management system. This new contract type is being designed to function seamlessly within

¹ Available at: https://www.unjiu.org/sites/www.unjiu.org/files/jiu_rep_2023_2_english_0.pdf (accessed 4 December 2023).

² Document EB152/49.

the new proposed operating environment. Planning guidance will be provided on the full range of contract types available to ensure greater clarity on which one is appropriate for a given function and role.

56. Of note is the planned move away from the term “non-staff”, which has heretofore been used to identify the part of the workforce that does not hold staff appointments. Going forward, this terminology is being changed to “affiliates” and references to “non-staff” will be discontinued during the biennium 2024–2025. Respective policies, documents and templates will be updated accordingly.

Human Resources Global Operations

57. WHO’s Global Shared Services includes the Human Resources Global Operations team, which provides centralized services to the workforce and handles more than 130 types of human resources transactions. These transactions encompass staff contract management, statutory travel, self-service human resources, incident management, master data management, and annual compliance exercises. In 2023, the Human Resources Global Operations team expanded its services to include handling staff teleworking application administration and offering employee verification services to hosted United Nations agencies. The introduction of employment verification services has further enhanced the uniformity and accuracy of submitted employment details.

58. In 2023, the Human Resources Global Operations team took steps to decrease the transaction rejection rate and ensure complete transaction submissions. To achieve this, the team developed audiovisual aids for various human resources-related transactions and entitlements. These aids are proving beneficial for human resources transaction administrators and initiators, assisting them in making informed decisions, navigating the system, and initiating complete transactions with all the required supporting documents.

59. Conference staff appointments constituted the highest volume of transactions administered by the Human Resources Global Operations team in both 2021 and 2022. In order to enhance efficiency and accuracy for managing such a substantial volume of transactions, the team implemented several intermediate automation processes for data extraction, letter preparation and implementation verification in 2023. These measures significantly reduced processing times, achieving a nearly 50% improvement in delivery speed.

Staff health and well-being

60. Since January 2023, the Staff Health and Well-being Department has taken various health promotion measures, including signing up for a one-year subscription to a health and well-being platform for the workforce; launching a joint health promotion and screening campaign with the Noncommunicable Diseases Department for World Hearing Day; and holding regular first aid training sessions.

61. The Staff Health and Well-being Department continues to provide support prior to, during and after deployment to Grade 2 and Grade 3 emergencies with the regional staff physicians and staff counsellors.

62. The staff psychologist and staff counsellor at WHO headquarters continue to provide specialized support to promote mental health at work and offer ongoing individual and team support for the workforce. They also organize support groups and provide webinars and trainings to the workforce on topics such as psychological first aid, mindfulness, and mental health at work for staff and managers.

63. Globally, WHO has continued to increase its resources for staff counselling support to the workforce, with additional counselling support at the regional and country office levels (including in Türkiye, Uganda and Ukraine) in response to emergencies. The regional and country-level staff counsellors provide counselling services and are the key drivers/ambassadors of the WHO Workplace Mental Health and Well-being Strategy implementation plan.

64. As part of global prevention, promotion and protection of mental health at work, the Workforce Mental Health and Well-being Taskforce launched “Mental Health Mondays”, organizing a series of webinars on selected mental health topics by experts. The Taskforce continues its efforts to develop a mental health website/app that makes information on mental health services and contact information available to the workforce and provides useful information and tips, including self-assessments on selected mental health topics.

65. In addition to in-house mental health support services, external counselling options have been enhanced. Counselling services under the Employee Assistance Programme continue, making remote counselling support available to the entire workforce and eligible dependents. Furthermore, Staff Health Insurance Rules have been amended in relation to mental health, including changes to ensure that a prescription is no longer required to access up to 24 sessions of psychotherapy per year.

ACTION BY THE EXECUTIVE BOARD

66. The Executive Board is invited to note the report and provide guidance in respect of the questions set out below.

- What additional efforts should be taken to further improve geographical distribution and gender parity across the Organization, particularly for higher-level managerial positions?
- Which areas described in the report should be considered priorities for focused attention by the Secretariat?

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