

## **Human resources: annual report**

### **Report by the Secretariat**

1. This report presents the Organization's workforce as at 31 December 2013 covering the following areas: staff profile; cost of staff; non-staff profile; cost of non-staff; staff category by office type; distribution of staff by sex; geographical representation; age, grade, length of service and turnover of staff; recruitment; staff mobility across WHO regions; and the Global Polio Eradication Initiative.

2. Where relevant, the workforce profile is compared with the corresponding profile from 31 December 2012.<sup>1</sup> Unless otherwise specified, all data in this section relate to staff members holding a fixed-term or continuing appointment (for ease of reference, both are referred to as "long-term appointments" to distinguish them from temporary appointments).<sup>2</sup>

3. Information on the human resources management developments in 2013 can be found in the documents Programme budget 2012–2013: performance assessment (A67/42), and the Progress report on reform implementation (A67/4).

#### **Staff profile**

4. As at 31 December 2013, WHO had a total of 7296 staff members, comprising 6452 holding long-term appointments and 844 holding temporary appointments (see Table 1). Of those holding long-term appointments, 2143 (33.2%) were in the professional and higher categories, 905 (14.0%) were in the national professional officer category and 3404 (52.8%) were in the general service category. The number of staff members holding long-term appointments has decreased by 97 (1.5%) compared with the number reported in the staffing profile as at 31 December 2012.<sup>1</sup>

5. The 844 staff members holding temporary appointments as at 31 December 2013 represent an increase of 55 staff from the number as at 31 December 2012. Temporary staff members currently constitute 11.6% of the total workforce, compared with 10.8% as at 31 December 2012.

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<sup>1</sup> See document A66/36.

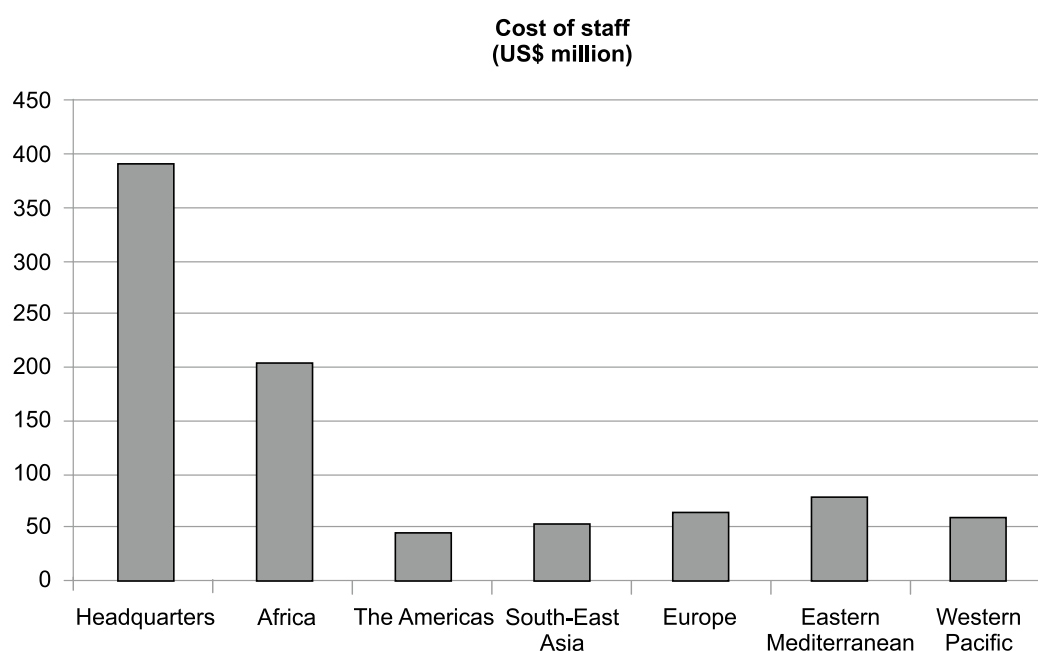
<sup>2</sup> Figures include staff in special programmes and collaborative arrangements hosted by WHO. They also include WHO-funded PAHO/AMRO staff but not PAHO-funded staff members in the Region of the Americas; nor do they include IARC or any agencies administered by WHO.

6. Table 2 sets out the distribution of staff members holding long-term appointments by major office,<sup>1</sup> grade and sex.

### Cost of staff

7. In 2013, staff and other personnel costs amounted to US\$ 890.5 million or 39.4% of the Organization's total expenditure of US\$ 2261 million.<sup>2</sup> By major office, staff costs amounted to: headquarters US\$ 390.5 million;<sup>3</sup> Regional Office for Africa US\$ 202.6 million; Regional Office for the Americas US\$ 43.7 million; Regional Office for South-East Asia US\$ 52.3 million; Regional Office for Europe US\$ 64.2 million; Regional Office for the Eastern Mediterranean US\$ 78.3 million; and Regional Office for the Western Pacific US\$ 58.9 million. Figure 1 shows the cost of staff by major office.

**Figure 1. Cost of staff by major office**



### Non-staff profile

8. As shown in Table 13,<sup>4</sup> the number of individuals holding non-staff contracts (with estimated full-time equivalents noted in parentheses) were, by type of contract: Agreements for Performance of Work 4501 (312); Consultants 1015 (168); and Special Services Agreements 3540 (3046).<sup>5</sup>

<sup>1</sup> In the Global Management System the WHO regions and headquarters are referred to as "major offices".

<sup>2</sup> See document A67/43.

<sup>3</sup> This figure should be compared with US\$ 428.5 million for 2012 which was erroneously reported as US\$ 301 million in document A66/36.

<sup>4</sup> Available at [http://www.who.int/about/resources\\_planning/Annex\\_A67\\_47-en.pdf?ua=1](http://www.who.int/about/resources_planning/Annex_A67_47-en.pdf?ua=1).

<sup>5</sup> In contrast to previous years, Table 13 now refers to the number of individuals holding non-staff contracts, rather than the total number of contracts issued.

9. An Agreement for Performance of Work is used to contract individuals or companies to provide services or prepare a specific product. In all cases, the individual concerned is paid a fixed-sum or maximum amount; does not normally work on WHO premises; does not perform work that requires close WHO technical guidance; and does not undertake travel for WHO (other than an occasional visit to WHO premises in order to present or discuss aspects of the work with WHO staff). An Agreement for Performance of Work may be for any period of time from one day upwards.

10. Consultants are recognized authorities or specialists in a specific field who are engaged in a technical, advisory or consultative capacity, often bringing unique expertise to the Organization. Such contracts should not duplicate staff work. A Consultant contract may be for any period of time from one day upwards.

11. A Special Services Agreement is a contract between the Organization and a national or resident of a host country for use of his or her services for either long or short assignments on a specific national project or activity. Special Services Agreements are typically of 12 months' duration.

12. Table 14<sup>1</sup> shows data on Junior Professional Officers, who hold contracts issued by the United Nations Development Programme (UNDP). The Junior Professional Officer Programme provides young professionals pursuing a career in development with hands-on experience in multilateral technical cooperation. Junior Professional Officers are primarily sponsored for an initial two-year period, which may be extended for part or all of a third year by their respective governments.

### **Cost of non-staff**

13. In 2013, individual non-staff contractual services amounted to US\$ 115.6 million or 5% of the total expenditure of the Organization. Of the cost of all individual non-staff contractual services, Agreements for Performance of Work represented 35%, Special Services Agreements 46.2% and Consultant contracts 18.8%. The total expenditures for contractual services by major office were: headquarters US\$ 29.0 million; Regional Office for Africa US\$ 19.6 million; Regional Office for South-East Asia US\$ 23.6 million; Regional Office for Europe US\$ 8.3 million; Regional Office for the Eastern Mediterranean US\$ 23.5 million; and Regional Office for the Western Pacific US\$ 11.6 million.<sup>2</sup>

### **Staff category by office type**

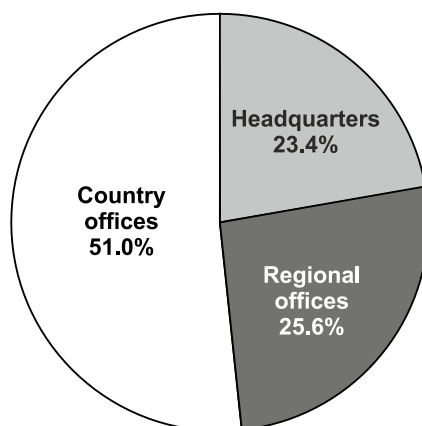
14. As at 31 December 2013, 23.4% of staff members holding long-term appointments were assigned to headquarters (including 2.5% of staff members working in the Special programmes and collaborative arrangements segment), 25.6% to regional offices and 51.0% to country offices (see Figure 2). The corresponding figures as at 31 December 2012 were 24.1% for headquarters, 24.3% for regional offices, and 51.6% for country offices.

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<sup>1</sup> Available at [http://www.who.int/about/resources\\_planning/Annex\\_A67\\_47-en.pdf?ua=1](http://www.who.int/about/resources_planning/Annex_A67_47-en.pdf?ua=1).

<sup>2</sup> Data for the Region of the Americas is not available.

**Figure 2. Distribution of staff holding long-term contracts as at 31 December 2013, by office type**

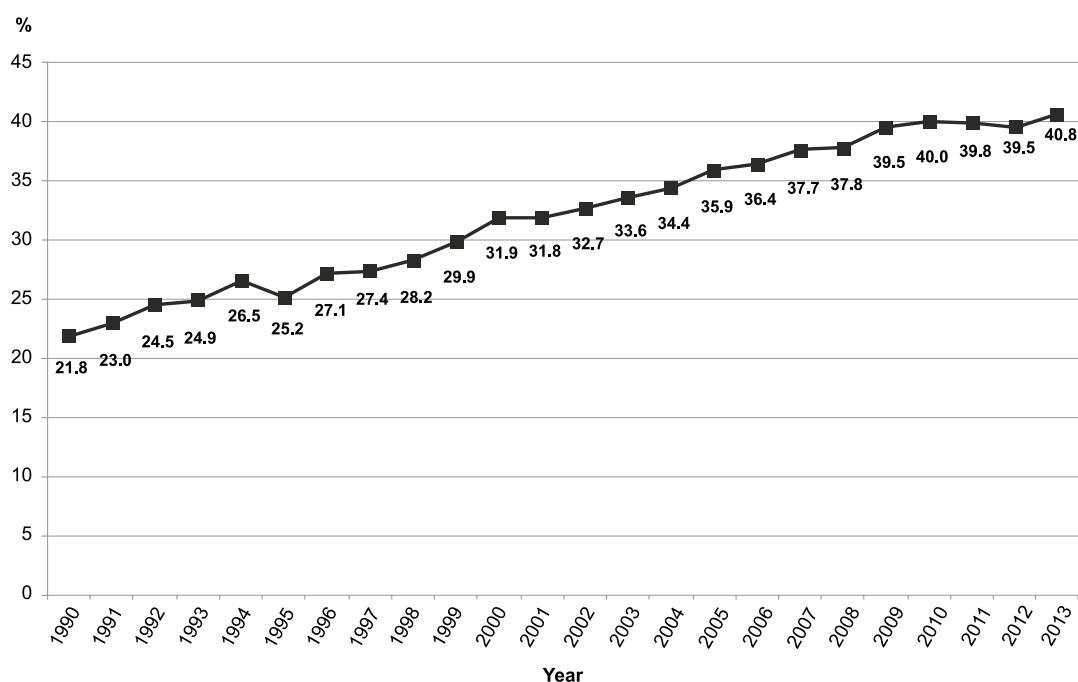


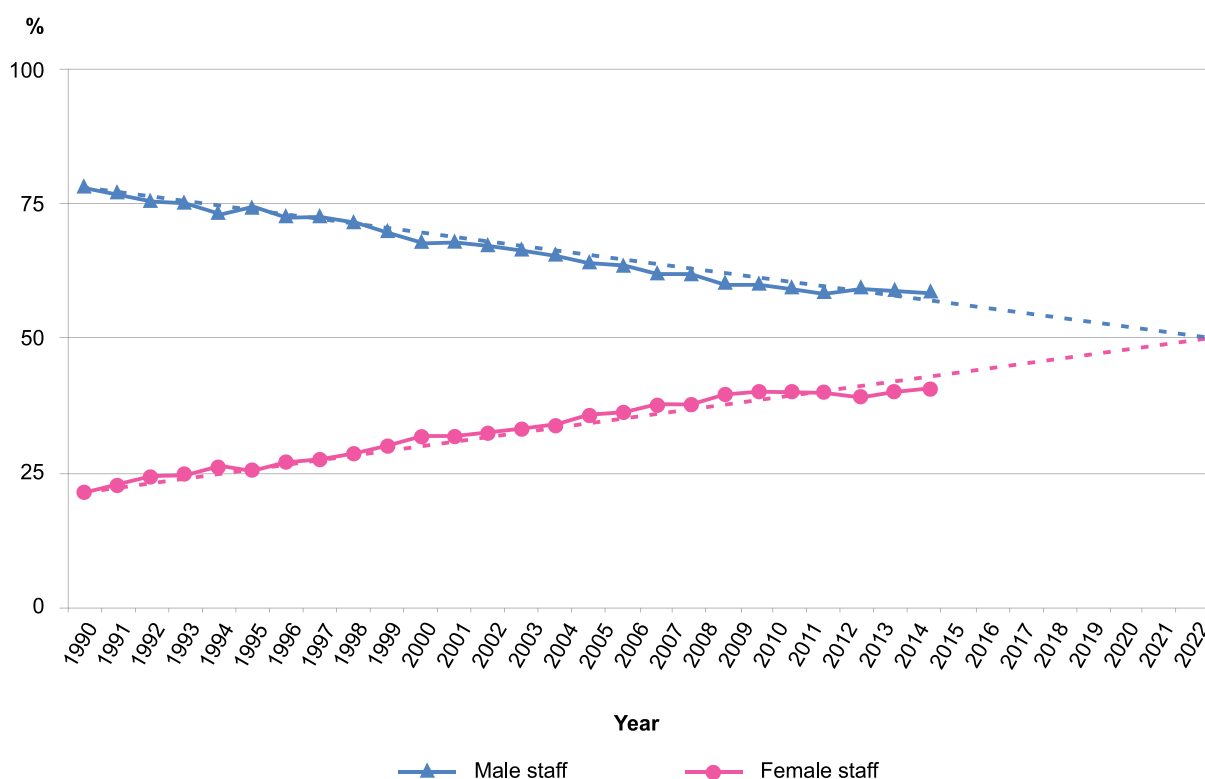
### Distribution of staff by sex

15. The representation of women in the professional and higher categories has increased steadily over the past 10 years, rising from 33.6% to 40.8%.

16. As at 31 December 2013, of the 2143 staff members holding long-term appointments in the professional and higher categories 875 (40.8%) were women and 1268 (59.2%) were men. This represents an improvement in the gender balance from the corresponding figures as at December 2012 of 39.5% women and 60.5% men. Figure 3 and Figure 4, respectively, depict the steady improvement in the gender balance over time and the projected movement towards gender parity in the professional and higher categories.

**Figure 3. Evolution of the percentage of women in the professional and higher categories, 1990–2013**



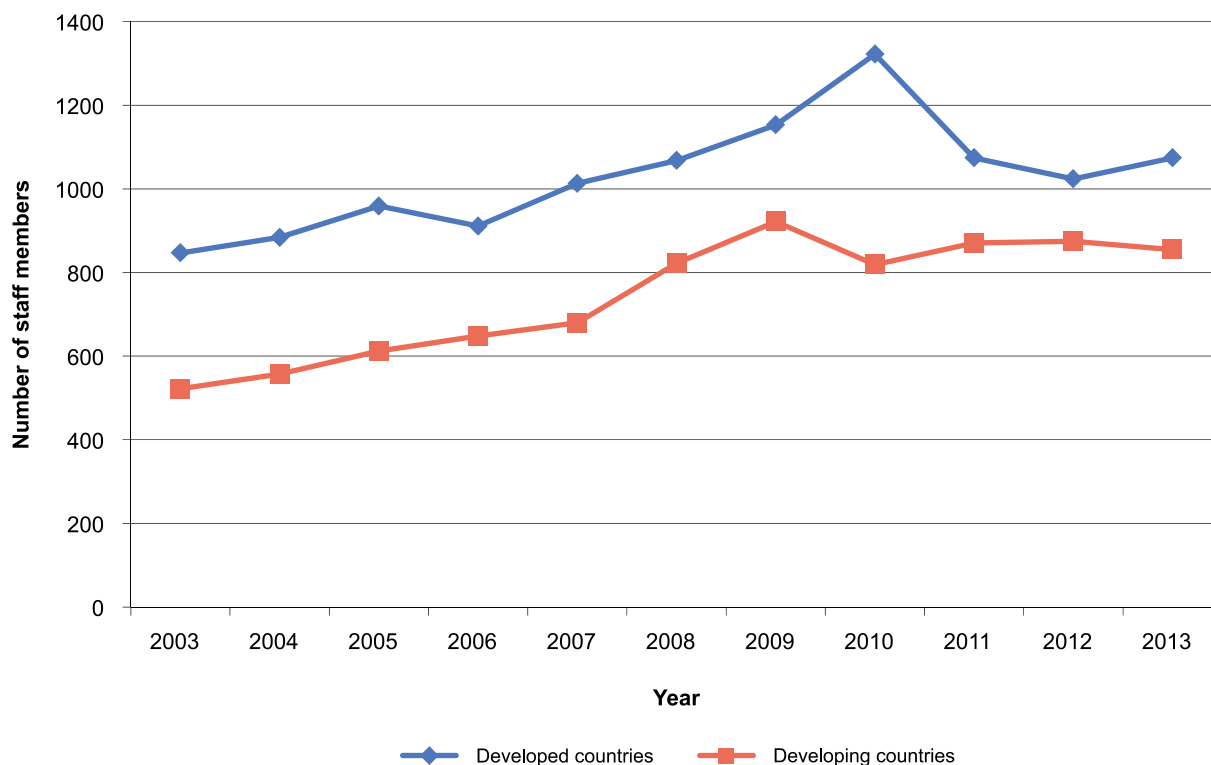
**Figure 4. Projected movement towards gender parity in the professional and higher categories**

17. In the national professional officer category, the percentage of women as at 31 December 2013 had also improved (36.5%, compared with 35.9% as at 31 December 2012). In the general service category, women accounted for 52.9% of staff members, or 0.5% more than the figure as at 31 December 2012.

### Geographical representation

18. As at 31 December 2013, 44.4% of positions that are counted for geographical representation in the professional and higher categories were held by staff members from developing countries and 55.6% by staff members from developed countries (Figure 5 shows the trend over time).

**Figure 5. Evolution of staff numbers in the professional and higher categories in positions counted for geographical distribution, 2003–2013**



19. While the formula for calculating geographical representation, approved by the Health Assembly in 2003,<sup>1</sup> remains the same, some of the variables have since changed.

20. Geographical representation is now calculated on the basis of 1800 positions representing 196 Member States (including two Associate Members), the new scale of assessments adopted by the Sixty-sixth World Health Assembly in May 2013,<sup>2</sup> and United Nations population projections as of January 2013.<sup>3</sup>

21. The Organization bases its calculation of geographical representation on all non-linguistic professional and higher graded posts regardless of their location or source of funding, except for the following: staff in IARC and PAHO, which have separate budgets; entities for which headquarters provides administrative services and whose staff hold WHO contracts, such as special programmes and collaborative arrangements (for example, alliances and partnerships), UNAIDS, the International Computing Centre, the International Drug Purchase Facility (UNITAID) and the African Programme for Onchocerciasis Control; and seconded staff paid by their government or institution.

<sup>1</sup> Resolution WHA56.35 in which the following formula for the appointment of Secretariat staff was approved: (1) contribution, 45%; (2) membership, 45%; (3) population, 10%.

<sup>2</sup> Resolution WHA66.15.

<sup>3</sup> See <http://www.un.org/en/development/desa/population/theme/trends/index.shtml> (accessed 20 March 2014).

22. As at 31 December 2013, of the 196 Member States (including two Associate Members), 96 were within their desirable range of representation; 34 (including the two Associate Members) were unrepresented; 17 were underrepresented and 49 were overrepresented (see Table 3).

23. Figure 6 shows the 20 Member States with the highest representation in the professional and higher categories. Taken together, they account for 53.9% of the staff members in that grouping. Overrepresented countries are found in all the WHO regions.

**Figure 6. Member States with the highest representation in the professional and higher categories**



24. Tables 4a–f<sup>1</sup> show the status of representation of Member States for each region (the data exclude staff members in positions funded by their country of nationality). The following changes have taken place since the last annual report as at 31 December 2012:

- six Member States that were previously unrepresented (Jamaica, Lesotho, Lithuania, Papua New Guinea, Suriname and Swaziland) are now within their desirable range of representation;
- nine Member States that were previously within their desirable range of representation (Brazil, Mexico, Norway, Poland, Republic of Korea, Russian Federation, Slovakia, Turkey and United States of America) are now underrepresented;

<sup>1</sup> Available at [http://www.who.int/about/resources\\_planning/Annex\\_A67\\_47-en.pdf?ua=1](http://www.who.int/about/resources_planning/Annex_A67_47-en.pdf?ua=1).

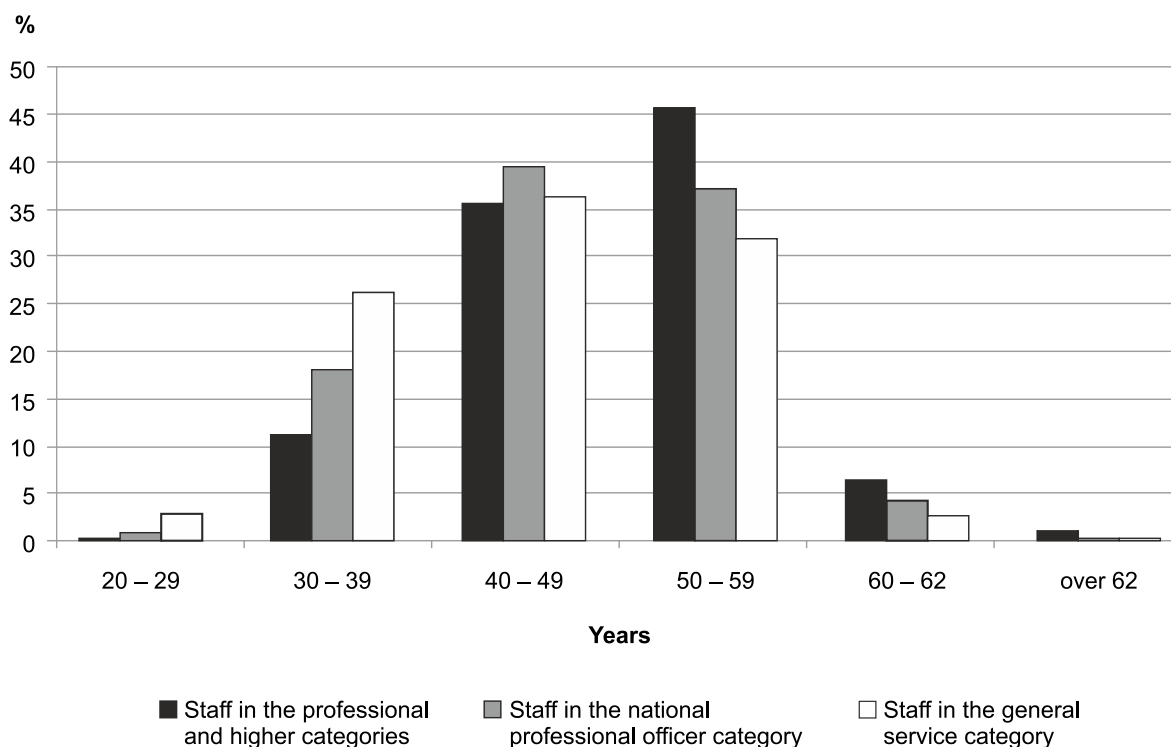
- one Member State that was previously within its desirable range of representation (Kyrgyzstan) is now unrepresented;
- two Member States that were previously underrepresented (Indonesia and Viet Nam) are now within their desirable range of representation;
- two Member States that were previously overrepresented (Malaysia and Spain) are now within their desirable range of representation;
- three Member States that were previously within their desirable range of representation (Argentina, Germany and Niger) are now overrepresented.

25. Table 5<sup>1</sup> shows the distribution of staff in positions not counted for geographical representation, namely staff working in special programmes or collaborative arrangements; staff on secondment from their country or institution; and language staff, such as translators and editors.

### Age, grade, length of service and turnover of staff

26. As at 31 December 2013, the percentages of staff under 50 years of age were: 46.9% in the professional and higher categories; 58.3% in the national professional officer category; and 65.3% in the general service category (see Tables 6 and 7<sup>1</sup> and Figure 7).

**Figure 7. Distribution of staff by age and category**

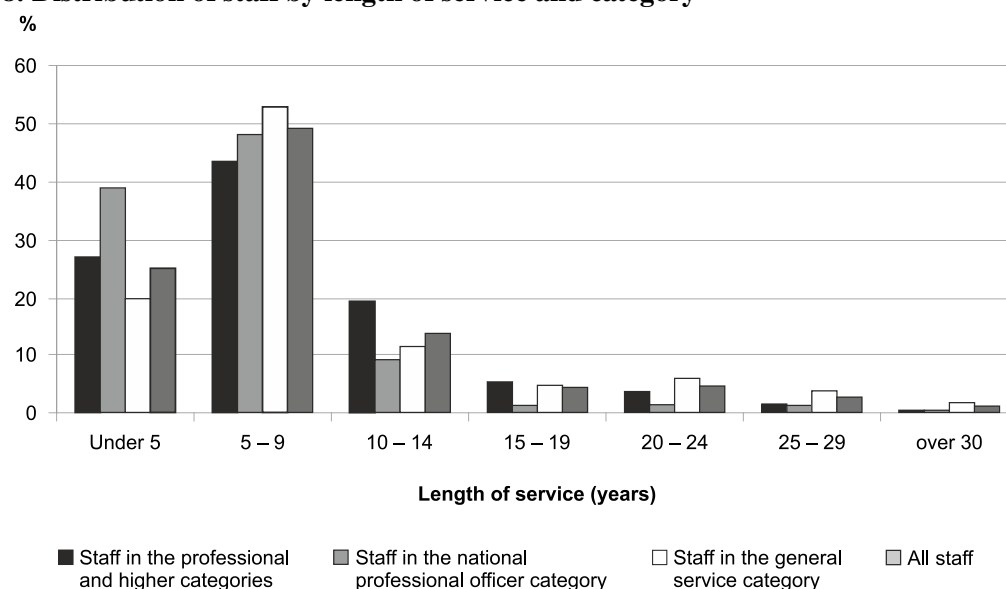


<sup>1</sup> Available at [http://www.who.int/about/resources\\_planning/Annex\\_A67\\_47-en.pdf?ua=1](http://www.who.int/about/resources_planning/Annex_A67_47-en.pdf?ua=1).



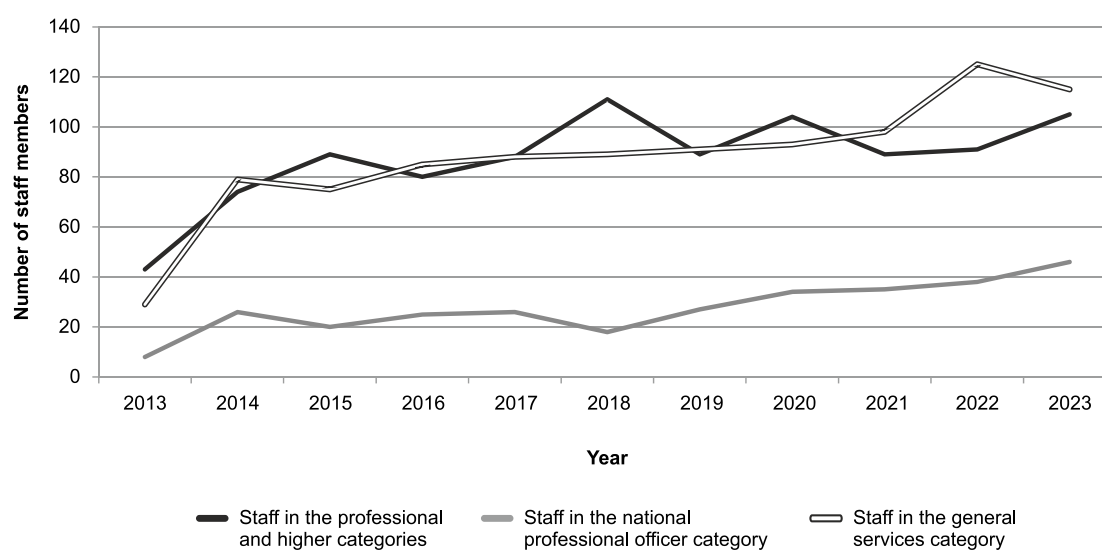
27. Figure 8 and Table 8 show the distribution of staff members by length of service and category as at 31 December 2013. The percentages of staff members by length of service were: less than 5 years' service 18.3%, 5–9 years 54.1%, 10–14 years 14.7%, and more than 15 years 12.8%.<sup>1</sup>

**Figure 8. Distribution of staff by length of service and category**



28. According to current projections (Table 10 and Figure 9), 973 staff members, representing 15.1% of the total workforce, are due to retire during the next five years (including 20.6% of staff members in the professional and higher categories). Over the next 10 years, 2153 staff members, or 33.4% of the total workforce, are due to retire (including 42.9% of staff members in the professional and higher categories). Figure 9 shows retirements occurring during each calendar year.

**Figure 9. Projection of the number of staff retiring over the next 10 years**



<sup>1</sup> Available at [http://www.who.int/about/resources\\_planning/Annex\\_A67\\_47-en.pdf?ua=1](http://www.who.int/about/resources_planning/Annex_A67_47-en.pdf?ua=1).

## Recruitment

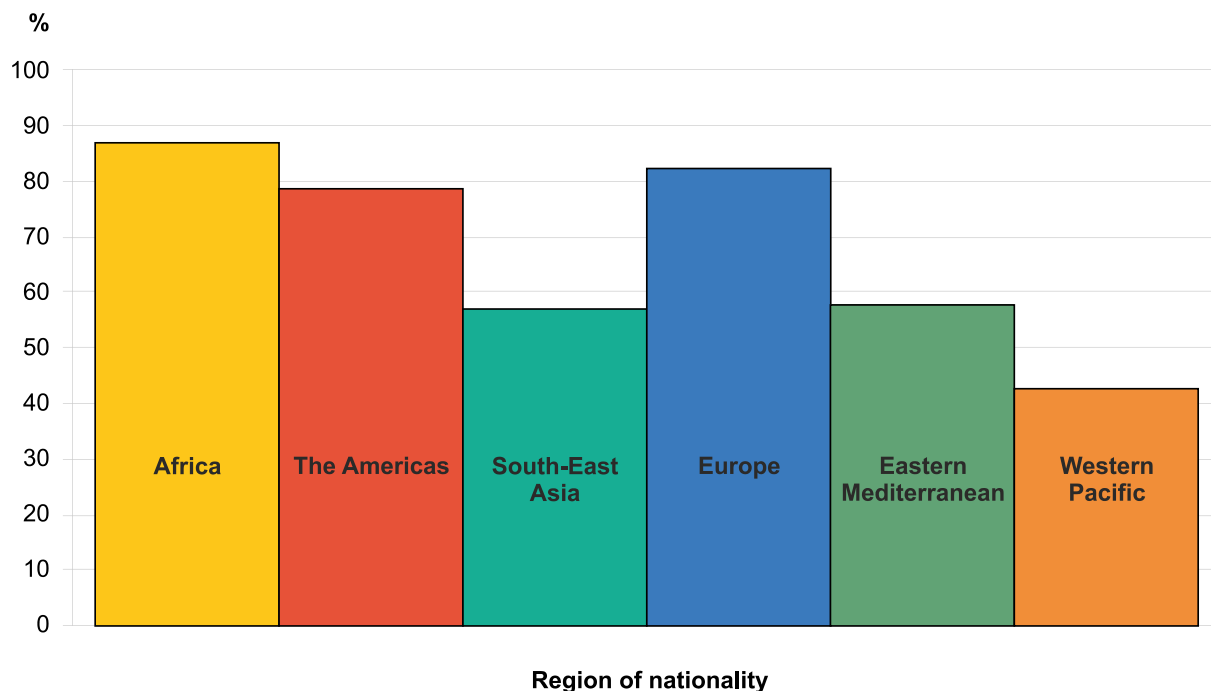
29. In 2013, 128 new staff members were appointed to the professional and higher categories, of which 79 (61.7%) were recruited externally (and 11 of which were appointed through interagency transfer), and 49 (38.3%) involved conversions of existing temporary contracts. Of these new appointments, 36.7% were from countries that were previously unrepresented or underrepresented. In 2013, across the Organization, the average time taken from initial advertisement of a post to a final decision was 3.8 months.

30. Table 9 provides data on appointments of staff.<sup>1</sup> Women represented 49.3% of the total number of new appointments in all categories in 2013; they represented 51.6% of newly recruited staff members in the professional and higher categories; 28.8% in the national professional officer category and 61.9% in the general service category.

## Staff mobility across WHO regions

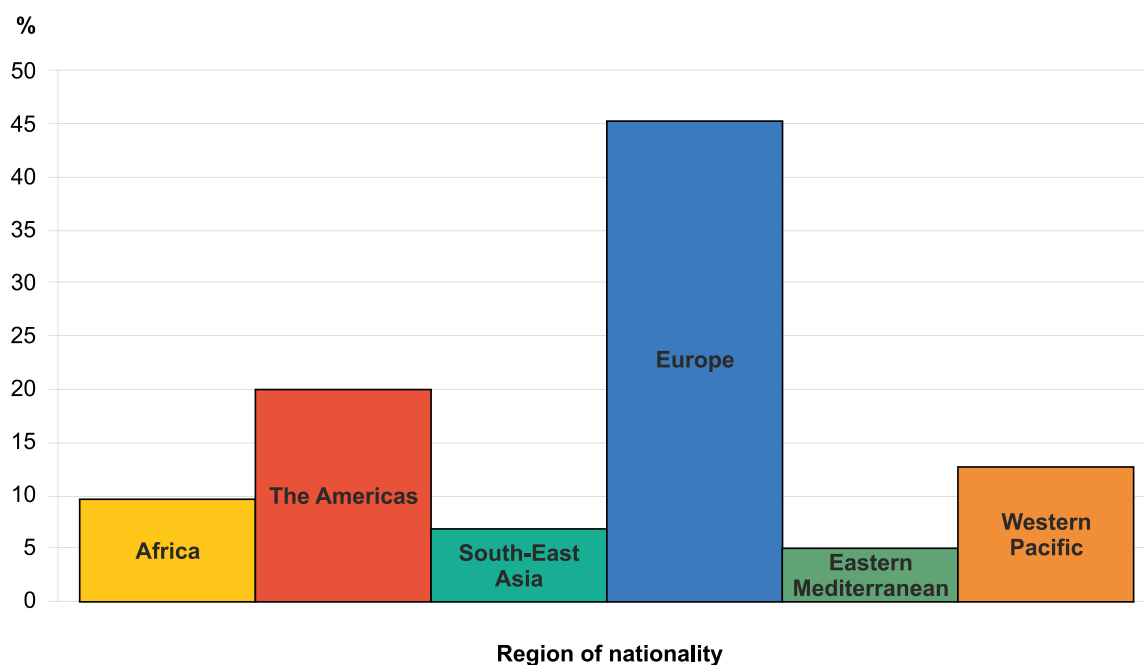
31. Table 11<sup>1</sup> gives an overview of staff in the professional and higher categories by major office and region of nationality. Staff members in each location of assignment are presented by their region of nationality, and staff members from each region are presented by their location of assignment. The tendency for staff to be employed in their region of origin remains (see also Figures 10 and 11).

**Figure 10. Percentage of staff in the regions working within their region of nationality (professional and higher categories)**

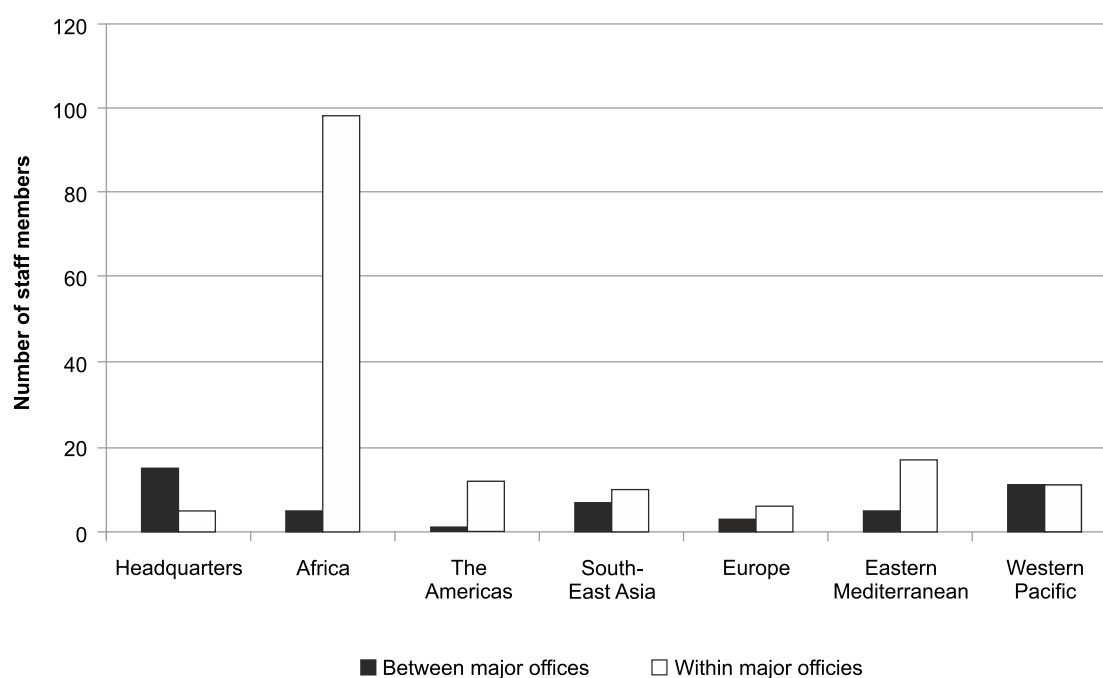


<sup>1</sup> Available at [http://www.who.int/about/resources\\_planning/Annex\\_A67\\_47-en.pdf?ua=1](http://www.who.int/about/resources_planning/Annex_A67_47-en.pdf?ua=1).

**Figure 11. Distribution by region of nationality of staff working at headquarters (professional and higher categories)**



**Figure 12. Change of duty station during the period 1 January to 31 December 2013 between major offices or within major offices<sup>1</sup>**

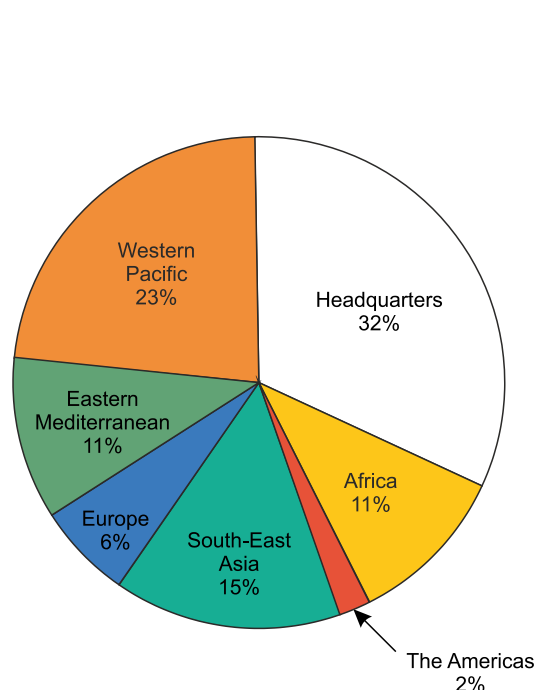


<sup>1</sup> In the case of headquarters, a change in duty station can refer to a move to one of the offices administered by headquarters.

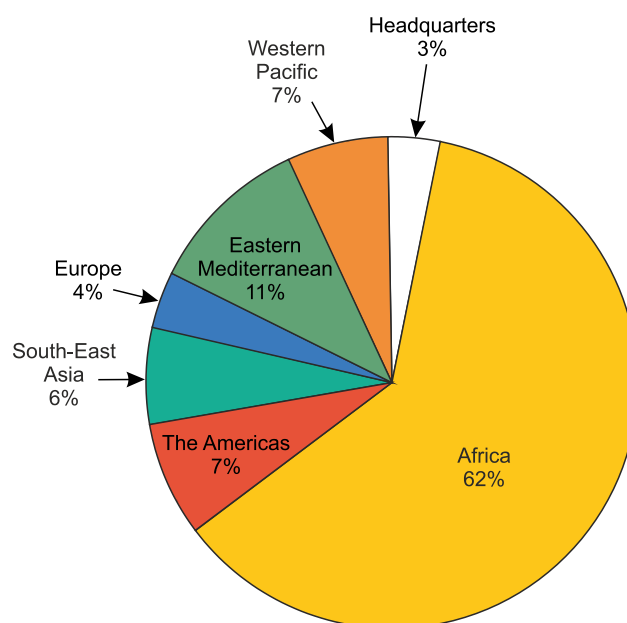
32. Table 12<sup>1</sup> and Figure 12 provide details of the movement of staff within the Organization during the period 1 January 2013 to 31 December 2013. The highest level of mobility was in the African Region (50%, of which 97.0% was within the Region).

33. As can be seen in Table 12, a total of 206 staff members were subject to a change in duty station, representing 9.6% of the total number of staff in the professional and higher categories. Of the 206 moves, 47 were between major offices, of which 17 were from headquarters to the regions, and 15 from the regions to headquarters. One hundred and fifty nine staff members moved within their own major office.

**Figure 13. Distribution of staff members in the professional and higher categories moving from one major office to another (47 movements)**



**Figure 14. Distribution of staff members in the professional and higher categories moving within major offices (159 movements)**



## Global Polio Eradication Initiative

34. A significant proportion of the Organization's workforce is deployed in the Global Polio Eradication Initiative. The polio eradication and endgame strategic plan 2013–2018 is a comprehensive approach to completing poliomyelitis eradication. The plan leverages the human resources infrastructure that has been built over the past 25 years in order to eradicate the disease and support other initiatives. In January 2013, during the consideration of amendments to the Staff Regulations and Staff Rules by the Executive Board at its 132nd session, the Secretariat was requested to conduct an independent study of the financial risks associated with the human resources component of the Global Polio Eradication Initiative, in the context of its planned completion in 2018. In May 2013, the Programme, Budget and Administration Committee of the Executive Board requested that,

<sup>1</sup> Available at [http://www.who.int/about/resources\\_planning/Annex\\_A67\\_47-en.pdf?ua=1](http://www.who.int/about/resources_planning/Annex_A67_47-en.pdf?ua=1).

in future, human resources reports should include an update on the situation, and looked forward to learning of the results of the study and the Secretariat's proposals on how such risks could be mitigated.<sup>1</sup> An independent report addressing the risks was conducted from July to October 2013 and is provided in the Annex to this report.

35. In January 2014, the Programme, Budget and Administration Committee recommended that the Executive Board note the interim human resources annual report for 2013 and requested the Secretariat to implement fully the plan of action developed to reduce and manage the financial liabilities associated with polio-funded human resources, including the establishment of a plan for the downscaling of these human resources in line with the milestones of the polio eradication and endgame strategic plan 2013–2018, and, on the basis of that plan, refine the estimates for a terminal indemnities fund and define the options for its financing.<sup>2</sup>

36. At its 134th session, in January 2014, the Executive Board noted the report and the Secretariat confirmed that it would report further to the Sixty-seventh World Health Assembly, in May 2014, and in particular on the plan to manage the financial liabilities.

37. Further details regarding the Global Polio Eradication Initiative are provided in the report by the Secretariat entitled Poliomylitis: intensification of the global eradication initiative (document A67/38).

## **ACTION BY THE HEALTH ASSEMBLY**

38. The Health Assembly is invited to take note of this report.

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<sup>1</sup> See document A66/60.

<sup>2</sup> See document EB134/3.

**NUMBERED TABLES**

39. Tables 1, 2, 3, 10 and 15 are provided in this report and listed below in **bold**. All the numbered tables, listed below for ease of reference, are provided on the WHO website, on the **About WHO – Resources and planning** webpage<sup>1</sup> (the information applies as at 31 December 2013, unless otherwise stated).

<b>Table 1</b>	<b>Number of staff holding long-term and temporary appointments</b>
<b>Table 2</b>	<b>Distribution of staff holding long-term appointments by major office, grade and sex</b>
<b>Table 3</b>	<b>Summary of countries not within range by region</b>
Tables 4a–f	Distribution of staff in positions counted for geographical representation, by country of origin
Table 5	Distribution of staff in positions not counted for geographical representation, by country of origin
Table 6	Staff by age, sex and major office
Table 7	Staff by grade and age, all locations
Table 8	Staff by length of service
Table 9	Appointments processed from 1 January to 31 December 2013
<b>Table 10</b>	<b>Staff retirement projections</b>
Table 11	Total staff in the professional and higher categories, by location of assignment and region of nationality
Table 12	Staff mobility: change in duty station
Table 13	Number of individuals holding non-staff contracts, by major office
Table 14	Number of Junior Professional Officers by major office and by donor countries
<b>Table 15</b>	<b>Applications for posts by sex of applicants and by major office</b>

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<sup>1</sup> See [http://http://www.who.int/about/resources\\_planning/Annex\\_A67\\_47-en.pdf?ua=1](http://http://www.who.int/about/resources_planning/Annex_A67_47-en.pdf?ua=1).

TABLE 1. NUMBER OF STAFF HOLDING LONG-TERM AND TEMPORARY APPOINTMENTS

Category	Headquarters	Special programmes and collaborative arrangements <sup>a</sup>	Africa	The Americas <sup>b</sup>	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Total
<b>Staff holding long-term appointments</b>									
<b>Fixed-term appointments</b>									
Professional and higher category staff	339	28	123	105	40	75	85	86	881
National professional officers	21	0	357	5	22	30	51	44	530
General service staff	194	6	554	43	102	56	144	150	1 249
<b>Total</b>	<b>554</b>	<b>34</b>	<b>1 034</b>	<b>153</b>	<b>164</b>	<b>161</b>	<b>280</b>	<b>280</b>	<b>2 660</b>
<b>Continuing appointments</b>									
Professional and higher category staff	618	25	223	16	88	116	90	86	1 262
National professional officers	30	0	226	1	20	44	29	25	375
General service staff	516	12	705	9	259	138	326	190	2 155
<b>Total</b>	<b>1 164</b>	<b>37</b>	<b>1 154</b>	<b>26</b>	<b>367</b>	<b>298</b>	<b>445</b>	<b>301</b>	<b>3 792</b>
<b>Total number of staff holding long-term appointments</b>	<b>1 718</b>	<b>71</b>	<b>2 188</b>	<b>179</b>	<b>531</b>	<b>459</b>	<b>725</b>	<b>581</b>	<b>6 452</b>
<b>Staff holding short-term appointments</b>									
<b>Temporary appointments under SR 420.4</b>									
Professional and higher category staff	146	26	59	7	41	18	83	23	403
National professional officers	1	0	30	0	65	1	14	10	121
General service staff	74	5	47	3	113	3	22	26	293
<b>Total</b>	<b>221</b>	<b>31</b>	<b>136</b>	<b>10</b>	<b>219</b>	<b>22</b>	<b>119</b>	<b>59</b>	<b>817</b>
<b>Temporary appointments of 60 days or less</b>									
Professional and higher category staff	3	1	0	0	0	0	0	0	4
National professional officers	0	0	0	0	0	0	0	1	1
General service staff	4	0	2	0	1	0	0	15	22
<b>Total</b>	<b>7</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>27</b>
<b>Total number of temporary appointments</b>	<b>228</b>	<b>32</b>	<b>138</b>	<b>10</b>	<b>220</b>	<b>22</b>	<b>119</b>	<b>75</b>	<b>844</b>
<b>Total number of staff</b>	<b>1 946</b>	<b>103</b>	<b>2 326</b>	<b>189</b>	<b>751</b>	<b>481</b>	<b>844</b>	<b>656</b>	<b>7 296</b>

<sup>a</sup> This column includes: the Secretariat of the Roll Back Malaria Partnership, the Secretariat of the Stop TB Partnership, the Partnership for Maternal, Newborn and Child Health, the Health Metrics Network, the Alliance for Health Policy and Systems Research, the Global Health Workforce Alliance and the United Nations System Standing Committee on Nutrition.

<sup>b</sup> A better reconciliation of the use of WHO funds by PAHO, showed an increase in the number of staff financed by WHO in the Region of the Americas.

TABLE 2. DISTRIBUTION OF STAFF HOLDING LONG-TERM APPOINTMENTS BY MAJOR OFFICE, GRADE AND SEX<sup>a</sup>

## Professional and higher category staff

Region	P1			P2			P3			P4			P5			P6/D1			D2			UG			Total			Percentage	
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Headquarters	0	0	0	8	27	35	65	105	170	152	181	333	201	111	312	53	19	72	21	4	25	7	3	10	507	450	957	53.0	47.0
<i>Special programmes and collaborative arrangements</i>	0	0	0	2	2	4	3	13	16	7	6	13	8	6	14	2	1	3	1	2	3	0	0	0	23	30	53	43.4	56.6
Africa	0	0	0	7	3	10	30	14	44	122	41	163	72	16	88	31	8	39	0	1	1	1	0	1	263	83	346	76.0	24.0
The Americas	0	1	1	4	5	9	6	7	13	45	38	83	8	5	13	1		1	0	0	0	0	1	1	64	57	121	52.9	47.1
South-East Asia	0	0	0		1	1	6	2	8	25	8	33	42	23	65	17	2	19	0	1	1	1		1	91	37	128	71.1	28.9
Europe	2	7	9	8	15	23	21	18	39	26	28	54	22	23	45	13	6	19	1		1	0	1	1	93	98	191	48.7	51.3
Eastern Mediterranean	2	1	3	3	7	10	13	10	23	37	16	53	33	19	52	23	5	28	4	1	5	1	0	1	116	59	175	66.3	33.7
Western Pacific	0	0	0	1	1	2	4	7	11	46	23	69	44	23	67	13	7	20	2	0	2	1	0	1	111	61	172	64.5	35.5
<b>Total</b>	<b>4</b>	<b>9</b>	<b>13</b>	<b>33</b>	<b>61</b>	<b>94</b>	<b>148</b>	<b>176</b>	<b>324</b>	<b>460</b>	<b>341</b>	<b>801</b>	<b>430</b>	<b>226</b>	<b>656</b>	<b>153</b>	<b>48</b>	<b>201</b>	<b>29</b>	<b>9</b>	<b>38</b>	<b>11</b>	<b>5</b>	<b>16</b>	<b>1 268</b>	<b>875</b>	<b>2 143</b>	<b>59.2</b>	<b>40.8</b>
<b>Percentage by grade</b>	30.8	69.2	100.0	35.1	64.9	100.0	45.7	54.3	100.0	57.4	42.6	100.0	65.5	34.5	100.0	76.1	23.9	100.0	76.3	23.7	100.0	68.8	31.3	100.0	59.2	40.8	100.0		
<b>Percentage of total</b>			0.6			4.4			15.1			37.4			30.6			9.4			1.8			0.7			100.0		

## National professional officers

Region	A			B			C			D			Total			Percentage	
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Headquarters <sup>b</sup>	1	2	3	16	15	31	9	8	17	0	0	0	26	25	51	51.0	49.0
<i>Special programmes and collaborative arrangements</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0
Africa	9	3	12	134	40	174	265	122	387	9	1	10	417	166	583	71.5	28.5
The Americas	0	1	1	1	1	2	1	0	1	1	1	2	3	3	6	50.0	50.0
South-East Asia	4	2	6	5	6	11	11	10	21	4	0	4	24	18	42	57.1	42.9
Europe	3	3	6	13	24	37	11	20	31	0	0	0	27	47	74	36.5	63.5
Eastern Mediterranean	3	2	5	29	18	47	15	8	23	4	1	5	51	29	80	63.8	36.3
Western Pacific	1	9	10	11	14	25	14	18	32	1	1	2	27	42	69	39.1	60.9
<b>Total</b>	<b>21</b>	<b>22</b>	<b>43</b>	<b>209</b>	<b>118</b>	<b>327</b>	<b>326</b>	<b>186</b>	<b>512</b>	<b>19</b>	<b>4</b>	<b>23</b>	<b>575</b>	<b>330</b>	<b>905</b>	<b>63.5</b>	<b>36.5</b>
<b>Percentage by grade</b>	48.8	51.2	100.0	63.9	36.1	100.0	63.7	36.3	100.0	82.6	17.4	100.0	63.5	36.5	100.0		
<b>Percentage of total</b>			4.8			36.1			56.6			2.5			100.0		

## General service staff

Region	G1			G2			G3			G4			G5			G6			G7			Total			Percentage	
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Headquarters	1		1	2		2	16	6	22	23	103	126	63	291	354	49	147	196	2	7	9	156	554	710	22.0	78.0
<i>Special programmes and collaborative arrangements</i>			0			0			0		7	7	2	5	7		4	4			0	2	16	18	11.1	88.9
Africa	20	8	28	437	8	445	98	16	114	51	81	132	52	119	171	76	125	201	90	78	168	824	435	1 259	65.4	34.6
The Americas			0			0			0	1	9	10	1	13	14	8	17	25	1	2	3	11	41	52	21.2	78.8
South-East Asia	4	1	5	58		58	32	9	41	27	30	57	41	65	106	33	18	51	32	12	44	227	135	362	62.7	37.3
Europe			0	10		10	15	1	16	1	19	20	25	91	116	10	20	30	1	1	2	62	132	194	32.0	68.0
Eastern Mediterranean	31	2	33	47	1	48	45	1	46	26	69	95	34	107	141	34	37	71	12	24	36	229	241	470	48.7	51.3
Western Pacific	2	5	7	19		19	23	8	31	5	62	67	10	94	104	27	56	83	7	22	29	93	247	340	27.4	72.6
<b>Total</b>	<b>58</b>	<b>16</b>	<b>74</b>	<b>573</b>	<b>9</b>	<b>582</b>	<b>229</b>	<b>41</b>	<b>270</b>	<b>134</b>	<b>380</b>	<b>514</b>	<b>228</b>	<b>785</b>	<b>1 013</b>	<b>237</b>	<b>424</b>	<b>661</b>	<b>145</b>	<b>146</b>	<b>291</b>	<b>1 604</b>	<b>1 801</b>	<b>3 405</b>	<b>47.1</b>	<b>52.9</b>
<b>Percentage by grade</b>	78.4	21.6	100.0	98.5	1.5	100.0	84.8	15.2	100.0	26.1	73.9	100.0	22.5	77.5	100.0	35.9	64.1	100.0	49.8	50.2	100.0	47.1	52.9	100.0		
<b>Percentage of total</b>			2.2			17.1			7.9			15.1			29.8			19.4			8.5			100.0		

M – male, F – female, T – total

<sup>a</sup> Includes all staff in all positions (including those not counted for geographical distribution purposes).<sup>b</sup> National professional officers appearing under Headquarters are located in offices outside Geneva (such as Addis Ababa, Kobe, and Kuala Lumpur).



**TABLE 3. SUMMARY OF COUNTRIES NOT WITHIN RANGE BY REGION**

Major office	Unrepresented countries	Underrepresented countries	Overrepresented countries
<b>Africa</b>			Benin Burkina Faso Burundi Cameroon Congo Côte d'Ivoire Democratic Republic of the Congo Ethiopia Ghana Kenya Malawi Mali Niger Nigeria Rwanda Senegal South Africa Togo Uganda United Republic of Tanzania Zambia Zimbabwe
<b>The Americas</b>	Antigua and Barbuda Bahamas Barbados Grenada Haiti Paraguay Puerto Rico* Saint Kitts and Nevis Saint Lucia Saint Vincent and the Grenadines	Brazil Mexico United States of America	Argentina Canada Peru
<b>South-East Asia</b>			Bangladesh India Nepal Sri Lanka

<b>Europe</b>	Andorra Cyprus Kyrgyzstan Luxembourg Monaco Montenegro San Marino	Austria Greece Israel Norway Poland Portugal Russian Federation Slovakia Turkey	Belgium Denmark France Germany Ireland Italy Netherlands Sweden Switzerland United Kingdom of Great Britain and Northern Ireland
<b>Eastern Mediterranean</b>	Kuwait Oman Qatar United Arab Emirates	Saudi Arabia	Egypt Iran (Islamic Republic of) Jordan Lebanon Pakistan Sudan Tunisia
<b>Western Pacific</b>	Brunei Darussalam Cook Islands Kiribati Lao People's Democratic Republic Marshall Islands Micronesia (Federated States of) Nauru Niue Palau Samoa Tokelau* Tuvalu Vanuatu	China Japan Republic of Korea Singapore	Australia New Zealand Philippines

\*Associate Member.

TABLE 10. STAFF RETIREMENT PROJECTIONS<sup>a</sup>

Region	Category	Total staff as at 31 December 2013	Staff due to retire							
			By 31 December 2014 (1 year)		By 31 December 2016 (3 years)		By 31 December 2018 (5 years)		By 31 December 2023 (10 years)	
			No.	%	No.	%	No.	%	No.	%
Headquarters	P	957	29	3.0	91	9.5	165	17.2	375	39.2
	NPO	51	0	0.0	1	2.0	1	2.0	2	3.9
	GS	710	14	2.0	60	8.5	106	14.9	212	29.9
<i>Special programmes and collaborative arrangements</i>	P	53	1	1.9	3	5.7	6	11.3	15	28.3
	NPO	0	0	0.0	0	0.0	0	0.0	0	0.0
	GS	18	1	5.6	3	16.7	5	27.8	10	55.6
Africa	P	346	17	4.9	54	15.6	97	28.0	187	54.0
	NPO	583	19	3.3	53	9.1	83	14.2	213	36.5
	GS	1 259	32	2.5	88	7.0	148	11.8	367	29.2
The Americas	P	121	5	4.1	18	14.9	32	26.4	56	46.3
	NPO	6	1	16.7	2	33.3	5	83.3	5	83.3
	GS	52	4	7.7	9	17.3	19	36.5	28	53.8
South-East Asia	P	128	7	5.5	24	18.8	39	30.5	73	57.0
	NPO	42	3	7.1	5	11.9	8	19.0	21	50.0
	GS	362	12	3.3	35	9.7	58	16.0	107	29.6
Europe	P	191	4	2.1	7	3.7	20	10.5	52	27.2
	NPO	74	0	0.0	1	1.4	2	2.7	15	20.3
	GS	232	3	1.3	8	3.4	12	5.2	34	14.7
Eastern Mediterranean	P	175	7	4.0	32	18.3	51	29.1	102	58.3
	NPO	80	2	2.5	6	7.5	11	13.8	24	30.0
	GS	470	5	1.1	18	3.8	37	7.9	100	21.3
Western Pacific	P	172	4	2.3	14	8.1	32	18.6	60	34.9
	NPO	69	1	1.4	3	4.3	5	7.2	15	21.7
	GS	340	6	1.8	18	5.3	31	9.1	80	23.5
Total	P	2 143	74	3.5	243	11.3	442	20.6	920	42.9
	NPO	905	26	2.9	71	7.8	115	12.7	295	32.6
	GS	3 405	77	2.3	239	7.0	416	12.2	938	27.5
	ALL	6 453	177	2.7	553	8.6	973	15.1	2 153	33.4

<sup>a</sup> Figures are cumulative. For example, the total number of staff in the professional and higher categories due to retire by 31 December 2016 includes those due to retire by 31 December 2014.

P – Professional and higher category staff, NPO – national professional officers, GS – general service staff.

**TABLE 15. APPLICATIONS FOR POSTS BY SEX OF APPLICANTS AND BY MAJOR OFFICE**

<b>Major office*</b>	<b>2012</b>				<b>2013</b>			
	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>% women</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>% women</b>
Headquarters	15 484	10 375	25 859	40.1	21 457	14 791	36 248	40.8
Africa	5 437	2 007	7 444	27.0	15 415	4 773	20 188	23.6
The Americas	7 978	6 530	14 508	45.0	5 263	4 272	9 535	44.8
Eastern Mediterranean	11 473	4 254	15 727	27.0	9 868	3 984	13 852	28.8
Europe	4 270	3 037	7 307	41.6	3 847	2 425	6 272	38.7
South-East Asia	4 769	1 982	6 751	29.4	7 614	3 214	10 828	29.7
Western Pacific	7 962	3 819	11 781	32.4	6 236	2 877	9 113	31.6
<b>Total</b>	<b>57 373</b>	<b>32 004</b>	<b>89 377</b>	<b>35.8</b>	<b>69 700</b>	<b>36 336</b>	<b>106 036</b>	<b>34.3</b>

\* Positions advertised in that major office.

## ANNEX

**HUMAN RESOURCES FOR THE GLOBAL POLIO ERADICATION INITIATIVE****Background**

1. In January 2013, the Executive Board at its 132nd session considered a report on amendments to Staff Regulations and Staff Rules.<sup>1</sup> During the discussions, in respect of concerns voiced over the conversion of contracts from fixed to continuing appointments, the Secretariat was requested to conduct an independent study of the financial risks associated with the human resources of the Global Polio Eradication Initiative so that they could be managed in the context of its planned completion in 2018.<sup>2</sup>

2. In May 2013, the Programme, Budget and Administration Committee of the Executive Board, in its report to the Sixty-sixth World Health Assembly in respect of the human resource annual report,<sup>3</sup> expressed concern about the long-term liabilities associated with the high levels of staffing in the polio programme, a time-limited project. The Committee asked that a specific section in future human resources reports be devoted to providing an update on this situation, including the results of the study and the Secretariat's proposals on how those risks might be mitigated.

**Outcomes of the long-term human resources study – summary and recommendations from the final report**

3. The *Polio eradication and endgame strategic plan 2013–2018*<sup>4</sup> is a comprehensive approach to completing polio eradication, leveraging the human resources infrastructure that has been built over the past 25 years to eradicate polio, and that also provides support to other initiatives. The interruption of poliovirus transmission and eventual certification of polio eradication will result in a change in workforce needs and a reduction in polio-specific funding, leading up to programme closure.

4. The implementing partners of the Global Polio Eradication Initiative commissioned an independent report from a major firm of management consultants in order to gain a complete understanding of the composition of the current Initiative-funded human resources infrastructure, the financial liabilities associated with WHO's workforce financed from polio-specific funds, and the opportunities and risks associated with the long-term options and alternative demand for the current human resources financed from polio-specific funds. From July to October 2013, the consultants' project team collected and analysed human resources data from the core Initiative partners, held three video-conference sessions and one in-person workshop with technical, managerial and administrative focal points from the Regional Office for Africa, the Regional Office for South-East Asia and the Regional Office for the Eastern Mediterranean, together with headquarters, and conducted interviews with country offices in countries in which polio is endemic and with over 30 senior-level representatives from donor agencies, health initiatives, core partner agencies for the Initiative and national governments (India and Nigeria). The main findings are set out below.

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<sup>1</sup> Document EB132/40.

<sup>2</sup> See the summary records of the Executive Board at its 132nd session, fifteenth meeting, section 1.

<sup>3</sup> Document A66/60.

<sup>4</sup> Global Polio Eradication Initiative. Polio eradication & endgame strategic plan 2013–2018. Geneva: World Health Organization; 2013 (document WHO/POLIO/13.02; <http://www.polioeradication.org/ResourceLibrary/Strategyandwork.aspx>, accessed 18 December 2013).

## **Mapping of human resources financed from polio-specific funds and review of current human resource plans**

WHO has a total of 7283 personnel financed from polio-specific funds, comprising 1014 holding staff contracts (14%) and 6269 holding non-staff contracts (86%), at a total annual cost of US\$ 145.7 million (Figure 1).

Among the major offices, the African Region has the highest number of staff financed from polio-specific funds (827 or 82% of staff contracts), the highest number of non-staff contracts (2449 or 39% of total non-staff contracts financed from polio-specific funds), as well as the highest total annual costs (US\$ 86.2 million or 59%) (Figure 1).

Current contractual arrangements and payment scales vary significantly across regions on metrics such as functions at country level, use of staff contracts and compensation practices relative to the local economy.

The level of human resources financed from polio-specific funds in polio-free countries has largely remained constant, suggesting lack of alignment with polio-free status and/or use of such “polio-funded” staff for additional health priorities.

The degree of reliance by other programme areas on human resources financed from polio-specific funds varies by region, and is particularly high in the African Region where there is a strong reliance on “polio-funded” staff to support national immunization activities.

Across regional offices and countries there are different approaches to planning for the future of activities not related to polio eradication currently being undertaken by the workforce financed from polio-specific funds beyond the biennium 2018–2019. Transition planning has been sporadic and limited.

## **Financial liabilities associated with WHO’s workforce financed from polio-specific funds**

Given the current contractual arrangements of positions funded by the Global Polio Eradication Initiative, there are significant indemnity costs that need to be managed through the biennium 2018–2019.

The separation costs upon programme closure in 2019 could be as high as US\$ 122 million in a worst-case scenario based on abrupt separation of contracts with no forward planning.

Seventy nine per cent of the indemnity costs are associated with continuing and fixed-term appointments (Figure 2), although these constitute only 12% of total positions funded from polio-specific resources. The largest share of the indemnity costs (70%) is found in the African Region.

A scenario based on partial synchronization of contract end dates with programme closure and using an optimistic forecast of the level of reassignments (25–30%) would reduce separation costs to US\$ 77 million (Figure 3). Full synchronization of end dates and a higher proportion of reassignments could further reduce the indemnity costs. If, in addition, the time horizon was extended into the post-certification period, total indemnity costs could be brought down to approximately US\$ 50 million.

A fund would need to be established to cover the unfunded terminal indemnity costs.

## **Long-term options and alternate demand for the current human resources financed from polio-specific funds**

External stakeholders viewed the Initiative's human resources arrangements as exceptional and warranted due to the nature of the eradication goal as a global public good; they stated that for core public health functions such as surveillance and immunization, national governments should fund the human resources infrastructure to the fullest extent possible.

The most valuable capacities of the Initiative's human resources infrastructure that were cited most often by external stakeholders in terms of other public health functions were those for surveillance (86%), laboratory networks (50%) and social mobilization (46%). The areas cited least often were communications (7%) and systems strengthening for routine immunization (10%).

Stakeholders said that while surveys to date of the Initiative-funded workforce's impact on routine immunization and broader immunization goals document to some degree the non-polio-related activities performed through the Initiative's human resources infrastructure, they do not answer questions regarding the impact on non-polio-related goals, or the gaps that the absence of polio-related funding would create.

## **WHO priorities to reduce liabilities and enhance polio-related human resources planning**

5. By mid-2014, the Secretariat will standardize and improve polio programme human resources management processes and practices across WHO offices in order to start reducing financial liabilities where possible, and ensuring that liabilities do not increase further:

- by aligning the workforce financed from polio-specific funds with the polio status of countries;
- by reviewing existing vacancies and limiting recruitment on longer-term contracts;
- by supporting a progressive transition to shorter contracts and more temporary arrangements, especially for national positions without reassignment opportunities;
- by planning for the synchronization of non-staff contracts and temporary appointments to the end date of the Initiative;
- by planning for the synchronization of existing fixed-term appointments to the end date of the Initiative and for the timely discontinuation of positions occupied by those on continuing appointments;
- by establishing a moratorium on new fixed-term positions, except for management and highly-specialized positions, if needed.

6. Recognizing the limited difference in the indemnity schedule of longer-term appointments after five years of service and continuing appointments, the Secretariat does not recommend the non-conversion of current staff from longer-term to continuing appointments, since potential savings are minimal while personnel and risks to programmatic objectives are high.

7. The Secretariat will work across the Global Polio Eradication Initiative partnership to detail the functions required and align plans for human resources financed from polio-specific funds at regional and country levels through three phases: through interruption of transmission and one year after the last expected case of wild poliovirus has been detected (end 2015), up to certification of eradication (2015–2018/19) and beyond certification for withdrawal of bivalent oral poliovirus vaccine (2019–2023). This planning process should maximize internal re-assignment opportunities for internationally recruited staff.

8. Options to establish a fund to cover terminal indemnities and separation costs of up to US\$ 77 million will be explored. The final value of the fund will be determined by the timescale and the outcome of human resource management planning.

9. By mid-2015, in the context of polio legacy planning, in the 10 countries that comprise 90% of the WHO human resource infrastructure financed from polio-specific funds, the Secretariat will initiate work with national governments and major development actors to discuss transition plans at the country level given the planned changes to the infrastructure financed from polio-specific funds.

**Figure 1. WHO finances for polio-specific funds**

		Headcount	Annual cost US\$ million	Observations
<b>Staff</b>	Headquarters	50	5.9	<ul style="list-style-type: none"> <li>The polio programme has personnel across several regions</li> <li>The majority are in the African, South-East Asia and Eastern Mediterranean regions</li> <li>Of these regions, the African Region has the largest proportion of staff personnel and non-staff personnel</li> <li>The bulk of the workforce are holding non-staff contracts</li> <li>Contract type (staff, non-staff) is a key determinant of overall salary cost and possible separation indemnities</li> </ul>
	Africa	827	56.4	
	South-East Asia	41	1.9	
	Eastern Mediterranean	86	11.4	
	Other	10	1.3	
	<b>Subtotal</b>	<b>1 014</b>	<b>76.8</b>	
<b>Non-staff</b>	Headquarters	1	0.1	
	Africa	2 449*	29.8	
	South-East Asia	2 311	22.3	
	Eastern Mediterranean	1 507	16.6	
	Other	1	0.1	
	<b>Subtotal</b>	<b>6 269</b>	<b>68.9</b>	
<b>Total</b>		<b>7 284</b>	<b>145.7</b>	

\* Non-staff only available for 328 employees. Remaining data sourced from WHO long-term human resource plans (2013) and Secretariat submission on anticipated surge capacity requirements for the polio programme.

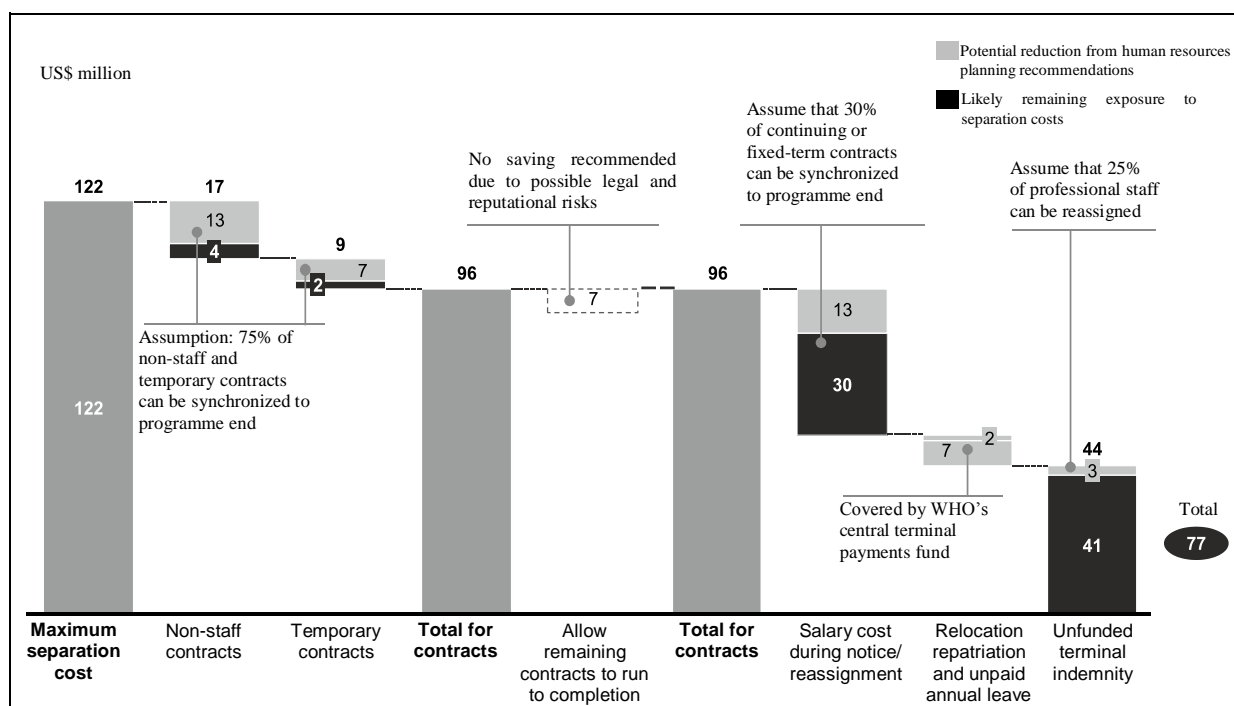
**Figure 2. Separation cost of current workforce finances from polio-specific funds: abrupt closure scenario**

Assumptions	Maximum indemnity scenario by 2013 contract type
	US\$ million
	122
<ul style="list-style-type: none"> <li>Programme brought to closure in December 2019</li> <li>No prior planning or management to reduce current workforce has occurred</li> <li>Agreement for Performance of Work, Special Service Agreements and temporary staff infrastructure is the same as it is today</li> <li>Non-staff indemnity payments as per sample contracts*</li> <li>Current fixed term and continuing appointments increase in tenure through December 2019 <ul style="list-style-type: none"> <li>Fixed term staff whose tenure exceeds five years during this period are converted to continuing appointments, provided they were hired before February 2013</li> </ul> </li> <li>Staff remain in current location through December 2019</li> <li>Staff Health Insurance (SHI) increases 4% per year</li> <li>United Nations salary scales remain as per latest information on International Civil Service Commission</li> </ul>	Special Service Agreement (9)
	Agreement for Performance of Work (8)
	Temporary (9)
	Fixed-term appointments (59)
	Continuing appointments (37)

\* In some regions there may be expectation from long-standing employees holding recurrent non-staff contracts that a larger separation payment should be made. If WHO agrees to pay above contractual requirement on Special Service Agreement contracts the cost could be higher.



Figure 3. A model scenario of potential separation cost reduction



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