

Human resources

Report by the Secretariat

INTRODUCTION

1. This report provides an update on two key aspects of human resources management in 2014: the response to the outbreak of Ebola virus disease and the new global mobility scheme. In addition, it provides a report on progress of the implementation of the WHO human resources strategy. Workforce data for 2014 are available on the WHO website.¹

HUMAN RESOURCES RESPONSE TO THE EBOLA VIRUS DISEASE OUTBREAK

2. WHO's capacity to adjust its staffing structure to meet redefined priorities has been an important component of the response to the Ebola outbreak. In addition to recruiting external personnel, WHO has reassigned many of its own staff members to supporting the response.² Many human resources challenges related to the Ebola crisis response were faced in the second half of 2014.³ It is vital to address such emergency response challenges in a more systematic fashion in future.

3. Significantly lacking at the outset was a clear understanding of the types and numbers of positions needed to support the outbreak response at all levels: country, region and headquarters. Plans focusing on human resources requirements at the country level were available only towards the end of October 2014. Since the establishment of these plans in late 2014, they have only ever been staffed at 70%–80% of full planning levels. In order to keep pace with rapidly evolving programmatic requirements, the plans have undergone regular reviews and numerous modifications. Initially, the human resources plans called for approximately 700 positions in the three main Ebola-affected countries, while the latest plans include over 1000 positions in the same countries.

4. The deployment of existing staff alone could not cover the massive need for resources in the three Ebola-affected countries. In order to boost its capacity, WHO tapped into technical networks and partnerships, in addition to hiring external candidates. The large-scale use of generic terms of reference for a wide variety of specializations enabled the Organization to advertise critical needs rapidly, and in that way, to attract many thousands of responses from potentially interested individuals with appropriate skill sets. The sheer number of people needed to support the emergency response at country level – approximately 1000 people were needed on a rolling basis every six to twelve weeks –

¹ See the document entitled "Human resources update, annex tables to document A68/44" on the WHO website at: <http://www.who.int/about/finances-accountability/budget/en/> (accessed on 7 May 2015).

² Document A68/27 focuses on workforce deployment.

³ Document EB136/45.

created a significant challenge in terms of internal capacity to screen and review applications at a fast enough rate.

5. Before undertaking travel to the affected countries, the many consultants and other individuals – who were external to, but screened, selected, and deployed by WHO – still required medical clearance, security clearance, training and briefing before travelling to the affected countries. In addition, given the nature of the disease, many of those individuals had serious and legitimate concerns about worst-case scenarios. All of these elements added to the complexity of the deployment process and thus the lead-time required.

6. A clear lesson learnt is that rapid deployments of a highly specialized workforce require adequate internal infrastructure, systems and tools. In the context of the outbreak response, the need for a skills inventory, which had already been identified as part of the human resources strategy and its second pillar “retaining talent: career management”, was confirmed. Such an inventory would have allowed the Organization to more easily identify staff who had the skill sets for immediate deployment. Also identified were both the crucial need for a roster of pre-assessed and cleared external candidates, and a database that was available rapidly, that was configured to support and track rapid deployments, and which provided meaningful reports against targets. Taking into account the lessons learnt, a new recruitment system is currently being developed in the context of the Global Management System transformation. The new system is designed to facilitate the reception and analysis of applications from candidates and the management of rosters; in addition, it will allow skills to be mapped, and will make profile matching and searching more rapid, in response to emerging staffing needs, and supports human resources planning. The new system is scheduled to be operational by the end of 2015.

7. Alongside a Global Health Emergency Workforce, the Secretariat is committed to making skilled staff available at the three levels of the Organization to respond to health emergencies, and to creating surge capacity of teams of trained and certified staff. These teams will constitute a reserve force in the event of an emergency.¹

UPDATE ON THE WHO GLOBAL MOBILITY SCHEME

8. In line with the second pillar of the human resources strategy, “retaining talent: career management”, a mobility framework is being developed. In order to ensure that skills and competencies are in the right place at the right time, this framework is fully integrated into the workforce planning process and supports a career management strategy. All staff members are expected to be mobile and to undertake a variety of assignments over the course of their long-term employment at WHO, in order to build their professional skills and enhance their career prospects. As a first step towards mobility across the Organization and the strengthening of country office capacity, a managed geographical mobility scheme is being designed. This mobility scheme applies to staff members on rotational posts in the professional and higher categories.

¹ Document A68/24.

9. Work has advanced towards the implementation of this new scheme, following the support given by the Executive Board at its 136th session in January 2015, and the subsequent adoption of amendments to the Staff Rules.¹ The new scheme is scheduled for early 2016, subject to the approval by the World Health Assembly of the amendments to the Staff Regulations, which is necessary in order to give a legal basis for the staffing of international posts through annual mobility exercises.² In particular, the process has been initiated of identifying international posts that are non-rotational and those that are rotational, the incumbents of which will have to rotate upon completion of the standard duration of assignment applicable to their duty station. The governance system where representatives from the regions and headquarters contribute in a transparent manner to the placement decisions in the annual mobility exercise is being designed and staff support measures are being developed.³ In line with the mobility scheme, placements will involve lateral moves, with promotions being granted only through ad hoc vacancies and the competitive process. Geographical mobility will be one of the eligibility criteria for such ad hoc vacancies, thus rewarding staff members who have gained experience in various duty stations and at different levels of the Organization.

10. The first annual compendium of posts is scheduled to be published in early 2016. It will list rotational posts for which staff members can apply voluntarily. Thereafter, based on the experience gained during the first two or three years of implementation and without prejudice to the transitional measures and possible waivers, those staff members in rotational posts whose current assignment has exceeded the standard duration will be required to move.

11. It is expected that the proposed managed mobility scheme will improve cross-fertilization and moves among regions and between headquarters and regions. Current data show that while there is already a significant number of moves each year (in 2014, 7.4% of the incumbents of longer term posts in the professional and higher categories changed duty stations), these moves mainly take place within the same major office (62% in 2014).⁴ Furthermore, the data show that while headquarters has 49.4% of the total of professional and higher category posts, only 1.8% of headquarters staff moved to another duty station in 2014. Using the current baselines, two of the indicators relating to human resources in the Proposed programme budget 2016–2017 are the doubling of the number of changes of duty station annually and the increase of moves outside the same major offices.

12. Ultimately, the implementation of the proposed geographical mobility policy should bring two significant benefits: firstly, improved staff performance, competence and efficiency resulting from the varied professional experience gained at the three levels of the Organization and, in consequence, strengthened support to Member States at country level; secondly, better alignment of the staffing structure with WHO's evolving priorities and funding capacity. After a few years of implementation, the policy will be evaluated.

¹ See document EB136/47.

² See document A68/46.

³ See document EB136/45.

⁴ See the document entitled "Human resources update, annex tables to document A68/44": **Table 12 on staff mobility: change of duty station** and **Table 13 on mobility ratio by major office** available on the WHO website at: <http://www.who.int/about/finances-accountability/budget/en/> (accessed on 7 May 2015).

UPDATE ON THE IMPLEMENTATION OF THE HUMAN RESOURCES STRATEGY

13. The structure of this section follows the three main pillars of the Organization's revised human resources strategy¹ considered by the Executive Board at its 134th session² in January 2014: (1) attracting talent; (2) retaining talent: career management; and (3) an enabling working environment.

ATTRACTING TALENT

Sourcing talent and recruitment

14. Since March 2014, a harmonized process has been in force for selection to international posts in the professional and higher-level categories at headquarters and regional offices. After a year in operation, the process is being evaluated to establish whether selection of talent across WHO has improved and whether 65% of selections have been completed within the prescribed 15-week time frame. A harmonized process for selection to local posts (in the general service and national professional officer categories) will be introduced throughout the Organization in 2015.

15. A new assessment process for candidates for positions as heads of WHO offices has been introduced. It involves senior WHO staff, retired heads of WHO offices and former senior managers from WHO who have an in-depth knowledge of WHO's work, organizational culture, country realities and context.

16. As part of the effort to reach more qualified candidates and improve gender balance and geographical diversity, a weekly communication is now sent to all permanent missions in Geneva, detailing vacancies for full-time internationally recruited staff throughout WHO. The outreach initiative is being pursued after permanent missions confirmed its usefulness. Umbrella agreements have been concluded with headhunting companies to assist hiring units across the Organization in identifying high-calibre candidates for senior positions or for very specific technical functions, with a particular focus on gender and geographical representation.

17. The cross-cutting principles apply in the establishment of selection panels and in performance management, enabling managers to assess their own performance in terms of achieving gender balance in their areas of responsibility. Furthermore, under the accountability compacts applicable since 2014, Assistant Directors-General assess the representation of women in professional and higher categories and of nationals of unrepresented and under-represented Member States in their respective clusters.

¹ The human resources strategy is available at http://www.who.int/about/who_reform/ebpbac-hr-strategy.pdf?ua=1 (accessed 1 May 2015).

² See document EB134/2014/REC/2, summary record of the eleventh meeting, section 3.

18. The number of women in the professional and higher categories has increased steadily over the past 10 years, rising from 544 to 836. As at 31 December 2014, of the 2005 staff members in the professional and higher categories, 836 (41.7%) were women. This represents a further step towards gender parity since December 2013, when 40.8% of staff members in these categories were women. Nevertheless, further efforts are required and the Organization is committed to improving gender balance and geographical representation when retiring staff members are replaced, as shown in the indicators relating to human resources in the Proposed programme budget 2016–2017, where the overall male to female ratio in the professional and higher categories has been set at 55:45.

Contractual modalities

19. Following the decision by the Executive Board at its 132nd session in January 2013¹ to no longer offer continuing appointments for staff recruited on a fixed-term appointment after 1 February 2013, a set of stricter eligibility criteria has been drawn up for staff members who had not completed five years of uninterrupted fixed-term and active service on 1 February 2013 and are still eligible for continuing appointments. By 31 December 2018, WHO will have ceased to award continuing appointments altogether.

20. Changes have been made to the travel and related entitlements of temporary staff members in order to reduce the costs incurred from multiple payments to individuals who return to WHO on subsequent temporary appointments after mandatory breaks in service. These changes are effective since January 2015.

21. As at 31 December 2014, WHO had a total of 7309 staff members, comprising 6233 long-term appointees² and 1076 staff on temporary appointment. Of the long-term staff, 2005 (32.2%) were in the professional and higher categories, 914 (14.7%) were in the national professional officer category and 3314 (53.1%) were in the general service category. The number of staff members holding long-term appointments has decreased by 219 (-3.4%) compared with the number reported in the staffing profile as at 31 December 2013.³ The 1076 temporary appointees as at 31 December 2014 represent an increase of 232 staff or +27.5% compared with the number shown in the staffing profile as at 31 December 2013.⁴ Temporary staff constitute 14.7% of the total workforce. From 1 January to 31 December 2014, staff and other personnel costs amounted to US\$ 867.5 million or 39%⁵ of the Organization's total expenditure of US\$ 2316.6 million.⁶

¹ See resolution EB132.R10 and document EB132/2013/REC/1, Annex 2.

² This figure includes staff in special programmes and collaborative arrangements hosted by WHO. It does not include staff working with PAHO or those working in the Region of the Americas, the International Agency for Research on Cancer or any agencies administered by WHO.

³ See document A67/47.

⁴ The increase of the number of temporary appointments in 2014 can mainly be explained by the need for a temporary staff workforce for the Ebola outbreak response and the preference given to temporary appointments over fixed-term appointments in view of the endgame of the Global Polio Eradication Initiative.

⁵ See document A68/38.

⁶ See the document entitled "Human resources update, annex tables to document A68/44": **Tables 17 and 18 on Payroll Costs by main Payroll element** available on the WHO website at: <http://www.who.int/about/finances-accountability/budget/en/> (accessed on 7 May 2015).

22. A review of the use of non-staff contracts (i.e. agreements for performance of work,¹ and consultants² and special services agreements)³ is being conducted in order to ensure that such contracts are used in a harmonized and proper manner across the Organization. The hiring of other non-staff personnel is also being explored: an umbrella agreement between WHO and the United Nations Volunteers secretariat, for instance, would ensure that outreach to and use of volunteers were harmonized across the Organization. The number of non-staff contracts represented, in terms of full-time equivalents: agreements for performance of work (298); consultants (230), and special services agreements (4200).⁴ From 1 January to 31 December 2014, individual non-staff contractual services amounted to nearly US\$ 124.2 million or 5.4% of the total expenditure of the Organization.

RETAINING TALENT

Workforce planning and alignment of the staffing structure with the evolving needs of the Organization⁵

23. An Organization-wide succession planning exercise for staff retiring in 2014–2015 was completed in July 2014. It resulted in a better alignment of the staffing structures with WHO's evolving priorities, as some positions vacated by retiring staff were proposed for abolition and others were advertised with different terms of reference. The same exercise is being conducted for the period 2016–2017. The Organization's planning capacity may be affected, however, if the extension of the mandatory retirement age of 65 years – already applicable to any new staff members joining after 1 January 2014 – is implemented for serving staff as recommended by the International Civil Service Commission.⁶

24. In order to simplify and streamline selection processes, ensure consistency across the Organization and provide support for the proposed global mobility scheme described below, generic job descriptions are being introduced, including for heads of WHO offices, whose profiles have also been revised.

¹ 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.

² 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 up to two years.

³ 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.

⁴ In 2013, figures were given based on the number of contracts granted. However, this figure may be misleading since the same individual may be granted several short contracts during one year, and non-staff contracts may be established for a very limited period – one or two days. The full-time equivalents give a better understanding of the weight of non-staff in the overall workforce.

⁵ On the Global Polio Eradication Initiative, see the update provided in document EB136/45, paragraphs 16 and 17.

⁶ See document A68/45.

Performance management

25. The new Performance Management and Development Framework, complemented by two new policies on recognizing and rewarding excellence and on managing underperformance, was issued in February 2015. The policy on recognizing and rewarding excellence includes a simplified approach to publicly recognizing outstanding performance by staff members. The policy on managing underperformance provides supervisors with clear guidance on the steps to be taken in addressing underperformance. Emphasis has been placed on the one-year probationary period, which enables the Organization to ensure that staff members adjust to their new working environment and meet ethical and performance standards.

26. The form for documenting the annual assessment of staff performance, known as the Performance Management and Development System (PMDS), has been redesigned in order to establish a link between the performance assessment and its consequences, by placing emphasis on results-based work planning and the identification of measurable performance indicators (including, in the case of managers, for gender and geographical balance). It was launched at headquarters in early 2015 and will be introduced across the regions in 2016.

Career development

27. The introduction of the Corporate Framework for Learning and Development 2014–2020 in August 2014 marked the first step in the career development process. The Corporate Framework represents the Organization's commitment to promoting a culture of learning and development among its staff members and to maintaining WHO as a knowledge-based Organization.

28. The Management Development Programme, piloted at headquarters with 60 managers trained in 2013 and 2014, is being redesigned in order to improve managerial competency and internal controls at regional and country level.

29. A new induction programme for staff members was introduced at headquarters in October 2014. Its purpose is to ensure that new staff members are equipped to collaborate, contribute and deliver as soon as possible after beginning work at WHO, and are accountable for their actions and decisions. It will be extended to the regions in 2015.

30. To support the implementation of the Corporate Framework for Learning and Development 2014–2020, and with the aim of improving country-level performance, the global learning and management system “iLearn” was rolled out in regional and country offices. This system hosts over 70 eLearning courses covering budget and finance, communications, human resources, public health, IT training, compliance training and working at WHO. Linking learning to performance will involve the mapping of learning pathways and performance management, tailoring content to suit specific target audiences, and certifying training.

31. In March 2015, an enhanced WHO global competency model was issued to provide guidance to staff and managers on expected standards of behaviour in recruitment, performance management and career development. This document is one of the three components of the initiative on enhancing career choices, along with career maps and learning pathways. In future, such tools will allow staff members to identify the skills and competencies they need to acquire in order to move to another level or job stream. Subject to funding, development opportunities should be offered to staff by means of short-term rotations in other regions or different types of field work. This would support mobility across the Organization.

AN ENABLING WORK ENVIRONMENT

Ethical work environment

32. WHO staff members are accountable for the mandates, resources and funds entrusted to the Organization by Member States. The highest standard of conduct, competence and performance is therefore expected of all staff members. For the second year, an annual information note detailing recent cases of misconduct and describing the actions taken to address them has been disseminated across the Organization. The Executive Board, at its 136th session in January 2015 approved amendments to the Staff Rules that expand the range of disciplinary measures, thus allowing better proportionality to the nature and gravity of the misconduct committed.¹

Modern staff management

33. Modern staff management in WHO has several components, which include: enhancement of managerial competency through the new Management Development Programme; a focus on a healthy life–work balance through family-friendly policies (including flexi-time and teleworking arrangements); and partnership with staff representatives. Occasional teleworking has been introduced as an interim measure. Detailed “onboarding” (entry) and exit questionnaires covering a wide range of subjects are being introduced across the Organization.

34. The terms of reference of the Committee for Health and Safety at Work have been revised with a view to making it a forum for active consultation with staff representatives on preventing and resolving occupational health and safety issues, educating both management and staff about health and safety matters, and monitoring staff well-being in the interests of promoting a healthy and safe working environment.

Administration of justice

35. Formal and informal mechanisms for resolving employment-related disputes have long been in existence at WHO. However, it has been recognized that more emphasis should be placed on preventing disputes at all organizational levels. A review was conducted in 2014 by an external panel of experts jointly commissioned by the administration and staff representatives. Arising from the review were recommendations that placed emphasis on preventing disputes and on the shared responsibility for maintaining a respectful workplace, and which were submitted to the Director-General. They included providing training in conflict management, supporting mediation, and strengthening the role of the Ombudsman. The institutionalization of an administrative review process is also recommended to help staff and management deal with contentious matters. Consultations are taking place across the Organization on the implementation of these recommendations, with a view to propose the necessary amendments to the Staff Rules to the Executive Board at its 138th session in January 2016.

¹ See document EB136/47.

IMPLEMENTATION

36. The human resources strategy was initially planned to be implemented in a staggered manner, with two phases: the design and construct phase was scheduled for 2013–2015; the implementation, monitoring and evaluation phase was scheduled for 2016–2020. A significant number of policies have already been promulgated and have started operationalizing the human resources strategy. The Ebola outbreak response has underscored the urgency of the need to have a more flexible and relevant workforce at the three levels of the Organization – as well as the need to have management and coordination strategies in place that ensure the full use of available capacities and resources. Efforts have been made and are being made, and measures are being taken to accelerate the reform of human resources management.

ACTION BY THE HEALTH ASSEMBLY

37. The Health Assembly is invited to note this report.

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