SEVENTY-SIXTH WORLD HEALTH ASSEMBLY Provisional agenda item 21.4

A76/28 3 May 2023

Staffing matters

Reform of the global internship programme

Report by the Director-General

1. In January 2023, the Executive Board at its 152nd session concurred with the guidance of the Programme, Budget and Administration Committee¹ and noted an earlier version² of this report.³ The Board had noted with concern that the global internship programme, which had been suspended during the pandemic of coronavirus disease (COVID-19), had not met the target of ensuring that at least 50% of accepted interns originated from low- and middle-income countries by 2022. Following the reopening of the programme, it is proposed that a revised deadline for meeting the target is adopted.

BACKGROUND

2. In May 2018, the Seventy-first World Health Assembly adopted resolution WHA71.13 on reform of the global internship programme. In the resolution, the Director-General was requested, inter alia, to submit a stand-alone report to the Seventy-sixth World Health Assembly through the Executive Board in 2023, outlining the progress made in achieving the targets set out in the resolution, and the future steps planned.

PROGRESS UP TO JULY 2020

- 3. Since the adoption of resolution WHA71.13, the global internship programme has implemented several reforms to make internships accessible through four key changes:
 - (a) the creation of an **application process** that allows candidates to review individual internship vacancies on the WHO website and apply directly for each separate vacancy;
 - (b) the creation of a process for increasing the accountability of technical units to recruit interns in line with the principles of **gender balance** and **geographical diversity**;
 - (c) the provision of **in-kind assistance** to all recruited interns in the form of medical/accident insurance and daily meal vouchers; and

¹ Document EB152/4.

² Document EB152/51.

³ See the summary records of the Executive Board at its 152nd session, seventeenth meeting, section 1.

(d) the provision of **financial assistance** for all interns in need (defined as any intern without receipt of formal financial support, such as a grant or scholarship, that is explicitly provided to support the undertaking of an internship).

Application process

- 4. From 2017 to 2019, the application process evolved from a decentralized to a centralized online application process through the Stellis recruitment platform. During the second half of 2019, the application process was further refined into a system that advertised individual internship positions, whereby candidates apply for each separate vacancy directly. The changes to the application process enabled the following achievements.
 - Transparency of available internships. All internships are advertised on the website and remain open to receive applications for a minimum period of three weeks. Postings include the terms of reference of the position and projected internship dates, which allows applicants to factor clear timelines into their application decisions.
 - **Definitive list of all applications submitted for each vacancy.** This significant change contrasts with the previous process in 2018–2019, whereby applications were submitted through one general vacancy and applicants indicated up to three areas of interest. The new system enables transparency and planning for both the technical units hosting the internship and the applicants.
 - Clear planning by the programme and technical units. This ensures that internships adhere to all planning and legal requirements and that the internship programmes are financially sustainable for the provision of financial and in-kind support to interns.

Gender balance, geographical diversity, at least 50% of accepted interns from low- and middle-income countries

5. The data provided at the Seventy-third World Health Assembly demonstrated an encouraging increase in the percentage of interns originating from low- and middle-income countries and the trend continued into 2020 at 34.0% (compared with 29.5% in 2019 and 25.7% in 2018). Also, the percentage of female interns increased from 72.3% in 2018 to 80.9% in 2020.

In-kind assistance

6. In 2018, the programme began to provide medical and accident insurance to interns free of charge. Lunch vouchers were provided in some duty stations to all interns, irrespective of their financial needs.

Financial assistance

7. Interns who received little or no external assistance began to receive a living allowance. Following a merit-based selection process, interns complete a financial disclosure form to indicate any grant, scholarship, bursary or other form of support of which they are beneficiaries. They receive a maximum of 20% of the reduced daily subsistence allowance and any external financial assistance declared is deducted from this amount in order to ensure equitable financial support. Each technical unit that hosts an intern provides the Department of Human Resources and Talent Management with a sum equivalent to the full amount of the intern's financial assistance. In this way, no advantage is given to students who receive external assistance, thereby ensuring an unbiased selection process. Funding for the programme

is provided by external donors to support travel costs for candidates from low- and middle-income countries. Consideration is being given to the further extension of this support. The programme's financial situation and the number of interns hosted were closely monitored in 2020 so that the model can be adjusted if necessary.

Semi-structured training curriculum

8. Regular induction briefings for new intern arrivals are conducted to provide interns with an introduction to WHO in the areas of governance, programme of work, communications, security and available internal support services, as well as other key information to help to orient them in the internship workplace environment.

Data

9. As requested by the Health Assembly, the human resources annual report includes statistics on applicants' and accepted interns' demographic data, including gender and country of origin. Statistics on WHO interns are provided in Tables 16, 17 and 18 in the workforce data, although no data are provided for the period when the programme was suspended (see paragraphs 10–13 below).

PROGRESS FROM JULY 2020 TO SEPTEMBER 2022

- 10. The programme was suspended in July 2020 owing to the global COVID-19 pandemic situation and associated restrictions on international travel, entry and exit requirements, and quarantine and lockdown measures. Urgent and unforeseen procedures were put in place to support interns who were already in place at the time of the suspension, including:
 - (a) contract extensions beyond the normal maximum period and the extended provision of financial and in-kind assistance;
 - (b) extensions to official host-country permissions and permits; and
 - (c) payment of any unforeseen financial burden for interns with regard to COVID-19 testing and any increased costs associated with returning to their home country under restricted circumstances.
- 11. During the period of suspension, the Secretariat continued to focus on updating the WHO eManual; financial standard operating procedures for the provision of living allowances and daily lunch vouchers; legal considerations; medical insurance; the provision of living allowances; recruitment and onboarding processes; IT recruitment platforms; internal and external webpages; communications; training and induction; and occupational safety, health and well-being.
- 12. Although progress was made in revising the conditions of internships, the suspension of the programme impacted the ability to achieve the target for at least 50% of accepted interns on the programme to originate from low- and middle-income countries by 2022.

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¹ Human resources: update – workforce data as at 31 December 2022 [webpage] (https://www.who.int/publications/m/item/workforce-data (accessed 19 April 2023).

13. Although the Programme, Budget and Administration Committee of the Executive Board recommended in October 2020 that the Secretariat consider alternative methods for the recruitment of interns during the COVID-19 pandemic, the equity of access, the management of such a process and the mental health of interns in those circumstances were all concerns. Accordingly, possible alternative methods were not further explored.

OCTOBER 2022

14. Following the decision of the Director-General to lift the suspension of the programme, it was relaunched globally in October 2022. In order to take into account the well-being of interns, a guiding principle for the relaunch was the requirement for accepted interns to work and be supervised in an office environment, with regular in-person contact with the team and supervisor.

FUTURE STEPS PLANNED

- 15. Following the relaunch, a renewed focus is planned on:
 - (a) encouraging the continued advanced planning for interns in all offices;
 - (b) providing a semi-structured training curriculum for interns to maximize their training experience and reinforce the learning objectives of the programme;
 - (c) ensuring close monitoring and operationalization of the target for at least 50% of accepted interns on the programme to originate from low- and middle-income countries in all WHO offices;
 - (d) finalizing discussions on the provision of support for interns' travel costs;
 - (e) encouraging country offices to increase the visibility of internship opportunities offered by WHO at country level;
 - (f) further mobilizing resources for the programme's financial sustainability; and
 - (g) steadily increasing the quality of the programme and target the diversity of the universities at which interns study in addition to the diversity of their countries of origin.

ACTION BY HEALTH ASSEMBLY

16. The Health Assembly is invited to note the report and to consider the following draft decision:

The Health Assembly, having considered the report by the Director-General on reform of the global internship programme, ¹

Decided to adopt a revised deadline of 31 December 2025 for the target of achieving at least 50% of accepted interns to originate from low- and middle-income countries.

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¹ Document A76/28.