

Human resources: update

INTRODUCTION

1. The Organization's revised human resources strategy¹ was developed to ensure alignment with the WHO reform programme. The strategy was considered by the Executive Board at its 134th session in January 2014.² The three main pillars of the strategy are attracting talent, retaining talent (career management) and an enabling working environment. The four cross-cutting principles, which apply to all three pillars, are gender balance, diversity, collaboration and accountability.

2. This document provides a progress report on implementation of the human resources strategy and describes the deliverables expected in 2015. Workforce data covering the whole of 2014 will be presented in a report to the Sixty-eighth World Health Assembly. In the meantime, data for the period 1 January to 31 July 2014 are available on the WHO website.³

ATTRACTING TALENT

Sourcing talent and recruitment

3. 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. At the end of its first year in operation, the process will be evaluated to establish whether, across WHO, 65% of selections have been completed within the 15-week time frame set. 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.

4. 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 was evaluated after being in operation for 10 months: the permanent missions who responded to the evaluation survey found it had resulted in an increase in the number of their nationals who had applied for WHO positions and asked for the initiative to be pursued.

¹ Available at http://www.who.int/about/who_reform/ebpbac-hr-strategy.pdf?ua=1 (accessed on 3 December 2014).

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

³ See WHO website <http://www.who.int> under About WHO, Resources and planning.

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

6. The number of women in the professional and higher categories has increased steadily over the past 10 years, rising from 639 to 826. As at 31 July 2014, of the 1993 staff members in the professional and higher categories, 826 (41.4%) were women and 1167 (58.6%) were men. This represents a further step towards gender parity since December 2013, when 40.8% of staff members in these categories were women and 59.2% were men. 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 human resources-related indicators in the Proposed programme budget 2016–2017.

7. A new assessment process for candidates for positions as heads of WHO offices has been introduced that involves senior WHO staff, retired heads of WHO offices and former senior managers from WHO or other organizations in the United Nations system who have an in-depth knowledge of WHO's work, Organizational culture, country realities and context.

Contractual modalities

8. 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.

9. 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.

10. As at 31 July 2014, WHO had a total of 7166 staff members, comprising 6229 long-term appointees² and 937 staff on temporary appointment. Of the long-term staff, 1993 (32.0%) were in the professional and higher categories, 910 (14.6%) were in the national professional officer category and 3326 (53.4%) were in the general service category. The number of staff members holding long-term appointments has decreased by 223 (3.6%) compared with the number reported in the staffing profile as at 31 December 2013.³ The 937 temporary appointees as at 31 July 2014 represent an increase of 93 staff or 9.9% compared with the number shown in the staffing profile as at 31 December 2013. Temporary staff constitute 13.1% of the total workforce. From 1 January to 31 July 2014, staff and other personnel costs amounted to US\$ 470 million or 39% of the Organization's total expenditure of US\$ 1 199 million.

¹ Contained in resolution EB132.R10.

² This figure includes staff in special programmes and collaborative arrangements hosted by WHO. It does not include staff working with PAHO, IARC or any agencies administered by WHO.

³ Document A66/36.

11. A review of the use of non-staff contracts (agreements for performance of work,¹ consultants² and special services agreements)³ is being conducted in order to ensure that they 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 individuals holding non-staff contracts were, by type of contract: agreements for performance of work 2 937; consultants 1 104; and special services agreements 3 005.

12. From 1 January to 31 July 2014, individual non-staff contractual services amounted to nearly US\$ 63 million or 5% of the total expenditure of the Organization.

RETAINING TALENT

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

13. An Organization-wide succession planning exercise for staff retiring in 2014–2015 was completed in July 2014. Across WHO, of the 200 positions that will be vacated through mandatory separation during that period, 10.5% will be abolished.⁴ Decisions on what to do with 13% of the positions to be vacated are still pending. Of the remaining vacated positions, 51% will be advertised with revised terms of reference, providing an excellent opportunity to align staffing structure with WHO's evolving priorities. The Organization's planning capacity may be affected, however, if the recommendation of the International Civil Service Commission to extend the mandatory retirement age of 65 years – already applicable to any new staff members joining after 1 January 2014 – to serving staff is approved by the UN General Assembly.⁵

14. 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.

15. WHO's capacity to adjust its staffing structure to the priorities of the Organization has been an important component of the Ebola crisis response. In addition to recruiting external personnel, WHO has reassigned many of its own staff members to supporting the response. By November 2014, more

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 Except PAHO staff members, as they are governed by the Staff Rules and Staff Regulations of the Pan American Sanitary Bureau.

⁵ See document EB136/46, Report of the International Civil Service Commission.

than 250 staff members (among whom almost 80 were from headquarters, 130 from the Regional Office for Africa and 40 from other regions) had been deployed to the countries affected for periods ranging from two weeks to three or more months. In addition, approximately 250 staff members have assumed new functions within the same duty stations, in order to strengthen the response or to backstop colleagues who have been deployed to the countries affected.

Global Polio Eradication Initiative

16. The Programme, Budget and Administration Committee, in its report to the Sixty-seventh World Health Assembly,¹ welcomed the presentation of the update on human resources for the Global Polio Eradication Initiative and asked the Secretariat to give careful consideration to the impact that the eventual eradication of polio may have on other areas of the Organization.

17. The current status of progress in implementing the recommendations of the polio human resources study carried out between July and October 2013 is as follows:

- Over the course of 2014, the principles of standardization of management practices related to staff financed from polio-specific funds were communicated to the affected regions, and specific measures are being implemented. Temporary contracts are now used for all new appointments except for managerial or highly specialized positions, and the deployment of polio-funded resources is being reviewed against the current polio epidemiological risk.
- A long-term resources planning framework, based on the polio status of the respective countries, has been developed and is being finalized. Planning within this framework will be initiated by the end of 2014 and is expected to be completed by mid-2015.
- The polio legacy planning process will be used to explore potential options for transition of polio-funded assets to other areas. In this context, the Global Polio Eradication Initiative is responsible only for the proper management of polio-funded resources and cannot guarantee the future capacity of other health initiatives that currently depend on polio-funded resources.
- A new and separate fund for the terminal emoluments of human resources financed from polio-specific funds is being established. An initial amount of US\$ 15 million has been identified from existing WHO resources and will be transferred to the fund once it is established. It is anticipated that an additional amount of up to US\$ 15 million will be accumulated from a charge applied to polio-funded human resources from mid-2015 through 2019. The total amount required will be reviewed and assessed upon completion of the abovementioned planning exercise in mid-2015.

Performance management

18. The new Performance Management and Development Framework is intended to enhance a culture of dialogue between management and staff so that the latter can attain the highest level of performance. The Framework is complemented by two new policies, on recognizing and rewarding excellence and on managing underperformance. Some proposed amendments to the Staff Rules will

¹ Document A67/60.

support the new Framework.¹ The policy on rewards and recognition that has been introduced includes a simplified approach to publicly recognizing outstanding performance by staff members, comprising up to three global awards and up to 11 headquarters and regional awards annually. The policy on underperformance provides supervisors with clear guidance on the steps to be taken in addressing underperformance and includes a toolkit of practical steps and checklists. 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. As a result, there were more instances in 2014 of extensions of the probationary period and of separations following unsuccessful extension.

19. 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). The Performance Management and Development Framework and its two supporting policies will enter into force in early 2015. The revised PMDS form, referred to as ePMDS+, will be launched at headquarters in 2015 and introduced across the regions in 2016.

Career development

20. 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. It has three objectives:

- to equip staff to perform their functions at a level of excellence;
- to support staff development, career paths and learning pathways; and
- to foster a working environment that supports a culture of respect, collaboration, innovation and excellence.

21. In practical terms, the Corporate Framework is supported by the Management Development Programme, which has initially been offered to more than 60 managers in headquarters. The learning pathway for the Management Development Programme includes improving the human resources and programme management skills of WHO managers. The Programme is being evaluated in order to improve managerial competency and internal controls at regional and country level.

22. A new induction programme for staff members was introduced in headquarters in October 2014. Its purpose is to ensure that they are equipped to immediately collaborate, contribute and deliver, while being held accountable for their actions and decisions. It will be extended to the regions in 2015.

23. With the aim of improving country-level performance, the global learning and management system (iLearn) is being introduced in regional and country offices and is expected to be fully

¹ See document EB136/47, Amendments to the Staff Regulations and Staff Rules.

operational by the end of 2014. iLearn hosts over 60 eLearning courses in, among other subjects, budget and finance, communications, human resources, public health and working at WHO.

24. An enhanced WHO global competency model is being developed to provide guidance to staff and managers on expected standards of behaviour in recruitment, performance management and career development. The new model, which will supersede the current one that has been in force for 10 years, allows for four levels of progression under each competency. Expected to enter into force in 2015, the new competency model is one of the three components of the “Enhancing career choices” initiative, 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.

Mobility

25. The mobility framework defines the concept of mobility in WHO and sets out the core principles to be applied across the Organization, which will be further detailed in the different policies that will support the various forms of mobility. A well-functioning mobility programme that is fully integrated into the workforce planning process, and a career management strategy, will ensure that skills and capabilities are in the right place at the right time. 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. While locally recruited staff members are encouraged to take on different assignments in their duty stations (functional mobility) and to apply for international positions for which they are qualified, internationally recruited professionals are expected to be both functionally and geographically mobile.

26. The proposed geographical mobility policy will apply to most staff members in the professional and higher categories across the Organization.¹ It is inspired by the mobility policy in force at the Regional Office for the Western Pacific, which is considered to represent best practice in WHO.² The policy provides the foundations of a global managed mobility scheme, in order to allow for cross-fertilization and moves among regions and between regions and headquarters. The main features of the global scheme are: a distinction made between rotational and non-rotational international positions; a standard duration of assignment (depending on the hardship classification of the duty station), at the completion of which incumbents of rotational positions have to move; an annual placement exercise, which will match the positions expected to be vacated the following year with the pool of staff who have to rotate or who express interest in these positions. The placement will involve lateral moves, with promotions being granted only through ad hoc vacancies and 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.

¹ Except PAHO staff members, as they are governed by the Staff Rules and Staff Regulations of the Pan American Sanitary Bureau.

² Posta I., Zahran M.M. Review of management, administration and decentralization in the World Health Organization (WHO), Part I. New York: Joint Inspection Unit of the United Nations System; 2012 (document JIU/REP/2012/6, Annex, paragraphs 93–97, reproduced in document EB132/5, Add.6, Annex).

27. The entry into force of the proposed geographical mobility policy will be subject to: approval of amendments to the Staff Regulations and Staff Rules;¹ design of a governance system where representatives from the regions and headquarters contribute in a transparent manner to the placement decisions in the annual mobility exercise; establishment of a list of non-rotational posts; provision of staff support measures, and design of an implementation plan that includes transitional measures for serving staff and clear communication. The policy is expected to enter into force in late 2015, with the first annual compendium of posts for which staff members can voluntarily apply being published in 2016. 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 in rotational posts whose current assignment has exceeded the standard duration will be required to move.

28. Ultimately, the implementation of the proposed geographical mobility policy should bring two significant benefits: 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; and 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.

ENABLING WORK ENVIRONMENT

Ethical work environment

29. 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. An information note detailing recent cases of misconduct and describing the actions taken to address them has been disseminated across the Organization; such information will be provided annually. Disciplinary measures imposed are proportionate to the nature and gravity of the misconduct committed. To that end, amendments to the Staff Rules have been proposed in order to expand the range of disciplinary measures and ensure proportionality.¹

Modern staff management

30. Modern staff management in WHO has several components. They 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. Pending finalization and approval of a policy on teleworking, occasional teleworking has been introduced as an interim measure. Detailed "onboarding" (entry) and exit questionnaires covering a wide range of subjects are being introduced at headquarters. New staff members will be required to complete the onboarding questionnaire at the end of six months.

31. 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.

¹ See document EB136/47, Amendments to the Staff Regulations and Staff Rules.

Administration of justice

32. 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. The administration and staff associations therefore jointly commissioned an external panel of experts to analyse the relevance, efficiency, effectiveness and independence of WHO's internal justice system, make recommendations for improvement, and reaffirm key values and principles of internal justice. The review was conducted between July and October 2014 and comprised consultations with managers, staff members, including users of the system, and all actors involved in the internal justice system at regional and headquarters level.

33. The recommendations, which have been submitted to the Director-General, place emphasis on preventing disputes and on the shared responsibility for maintaining a respectful workplace. They include 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 to deal with contentious matters. Proposed changes to the Staff Rules introducing key recommendations and streamlined procedures will be submitted to the Executive Board in due course.

IMPLEMENTATION AND PERFORMANCE INDICATORS

Phased implementation

34. Implementation of the human resources strategy is taking place in two phases: the first (design and construct), scheduled for 2013–2015, is now under way; the second (implementation, monitoring and evaluation) will cover the period 2016–2020. Under the first phase, several policies have been implemented in order to start operatizing the human resources strategy and progressing towards the creation of a more flexible and relevant Organization.

35. The success of the strategy depends on the combined efforts of the three levels of the Organization and three sets of enablers, namely human resources, management and staff. It also requires more integration of the human resources function, which currently operates globally at headquarters (the human resources management department and the Global Service Centre) and at the regional and country levels.

36. Inherent risks identified in implementing the strategy include: a shortage of resources for realizing the different initiatives; the inadequacy of current systems and tools; a lack of commitment to its implementation from all enablers; changing priorities; and managing expectations.

37. The creation of a skills inventory would provide an effective planning tool for staffing, human resources planning, and career development. Such a skills inventory would have facilitated the search for the right profiles in the response to the outbreak of Ebola virus disease. The construction and maintenance of such an inventory is resource-intensive: different existing skills inventory systems are therefore being explored. The Global Management System should, if necessary, be adapted to support implementation of the strategy.

Performance indicators

38. The indicators supporting implementation of the human resources strategy in the Proposed programme budget 2016–2017 aim to improve the male/female ratio and geographical representation

through the selection of candidates to replace retiring staff, as well as by increasing the number of international staff members changing duty station during the biennium, in particular from one region to another and from or to headquarters. The current biennium baselines will be used to verify whether the expected increases have been achieved.

39. The indicators for the human resources component of WHO reform are being finalized. For the outcome “staffing matched to needs at all levels of the Organization”, the indicator would be the percentage of known upcoming vacancies for which defined staffing plans have been drawn up. Timelines for selection processes, staff mobility and reduced number of appeals would also be indicators of the progress made under the three pillars of the human resources strategy.

ACTION BY THE EXECUTIVE BOARD

40. The Board is invited to note the report.

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