

Human resources: annual report

Report by the Director-General

INTRODUCTION

1. In addition to the workforce data as at 31 December 2019 made available on the WHO website on 6 April 2020,¹ this report provides a summary of the trends in the workforce and related activities with respect to the three pillars of the human resources strategy: attracting talent, retaining talent and fostering an enabling working environment.

TRENDS IN THE WORKFORCE

2. As at 31 December 2019, the total number of WHO staff members² was 8233 (see Fig. 1 in this report and Table 1 in the workforce data available online), a 3.5% increase compared with the total as at 31 December 2018 (7958). Of the total, the percentage of staff members employed at each of the three levels of the Organization between December 2018 and December 2019 changed as follows: the percentage of staff employed at headquarters remained the same at 30.1%; there was a small increase in the percentage for regional offices, from 24.7% in December 2018 to 25.0%; and at country offices the percentage decreased slightly to 44.9%, from 45.2% in December 2018 (Fig. 2). The proportion of staff members holding long-term appointments in the professional and higher categories increased at the regional office and country office levels during the same period. The distribution as at December 2019 (and December 2018) was as follows: 49.2% (50.7%) at headquarters, 32.8% (32.2%) in regional offices and 18% (17.1%) in country offices.

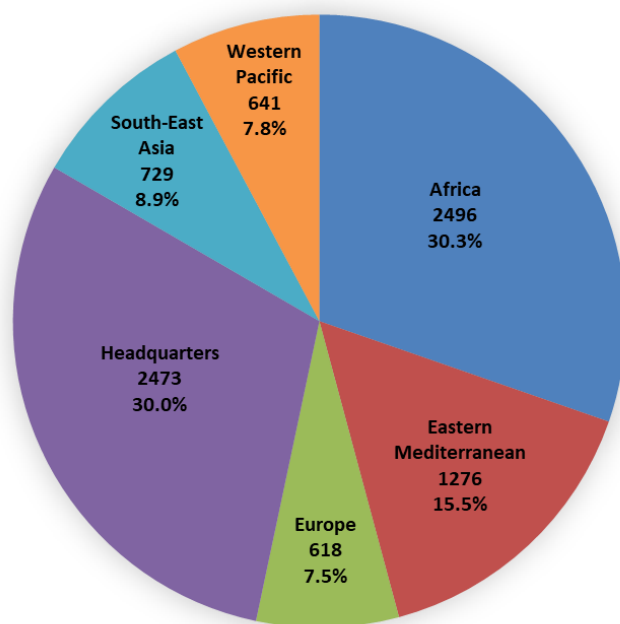
3. For the period 1 January to 31 December 2019, staff costs amounted to US\$ 991 million, or 32% of the Organization's total expenditure of US\$ 3088 million (compared with US\$ 931 million, or 37% of the Organization's total expenditure of US\$ 2500 million, for the period January–December 2018).

4. Regarding other contractual arrangements, the number of consultants and individuals on agreements for performance of work (see workforce data, Table 20) increased from 997 full-time equivalents in January–December 2018 to 1575 in January–December 2019. At the same time, the number of individuals hired on special services agreements increased from 3662 in January–December 2018 to 4128 in January–December 2019.

¹ See <http://www.who.int/about/finances-accountability/budget/en/> (accessed 15 April 2020).

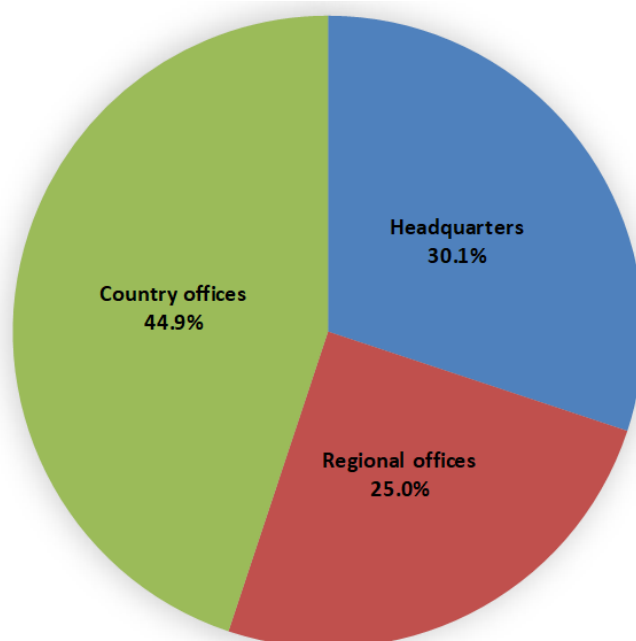
² All figures include staff in special programmes and collaborative arrangements hosted by WHO. They do not include staff working with PAHO, IARC or any agencies administered by WHO.

Fig. 1. Distribution of WHO staff as at 31 December 2019, by major office



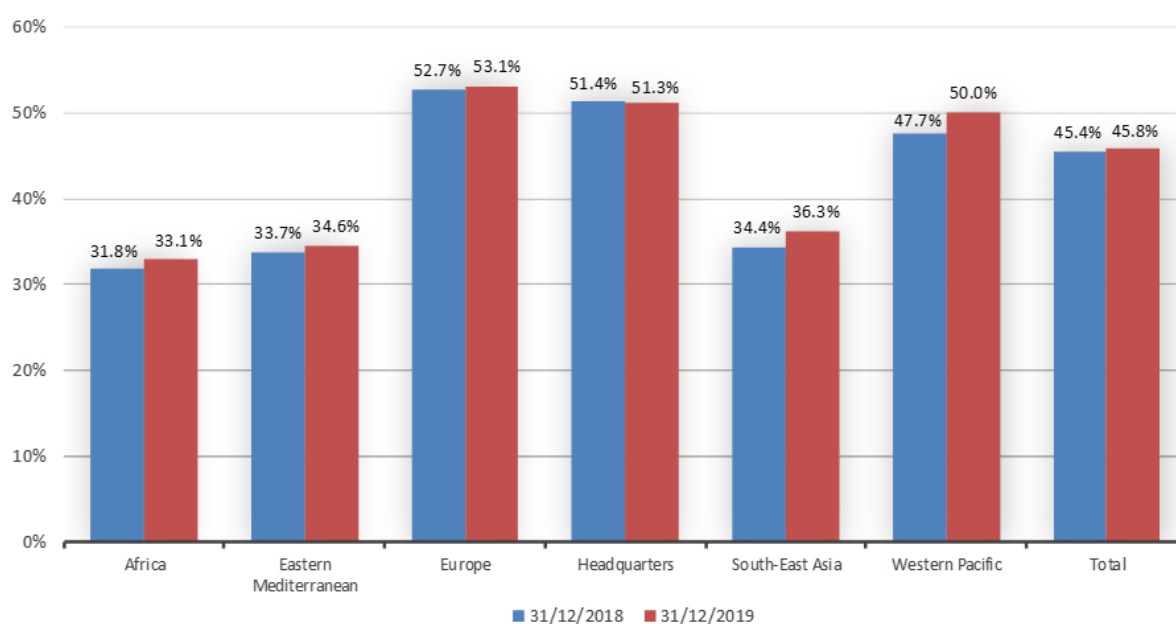
Total number of staff: 8233

Fig. 2. Distribution of WHO staff as at 31 December 2019, by level



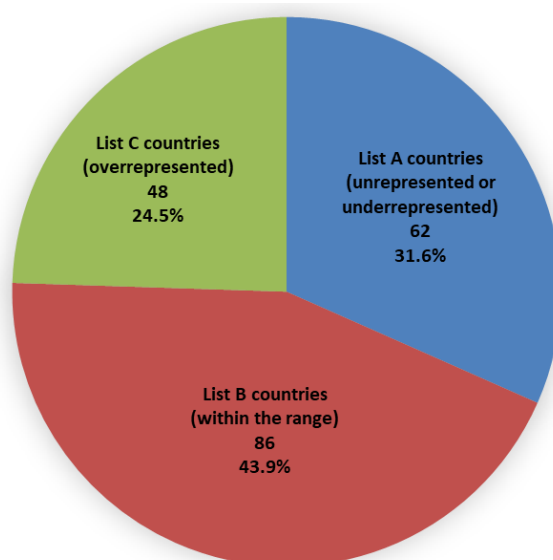
5. As at 31 December 2019, women accounted for 45.8% of staff members in the professional and higher categories holding long-term appointments (see Fig. 3 and workforce data, Table 3), representing an increase since December 2018 (45.4%). During the same period, the number of women at the P4 grade and above across the Organization increased by 0.1 percentage points, with an increase in all regional offices and a slight decrease at headquarters. At the same time, the number of women holding positions graded P5 and D2 at headquarters increased compared with December 2018. As a result of the Director-General's commitment to the goal of gender parity, the Secretariat continues taking steps to increase the number of qualified women on the roster for heads of country offices. As at 31 December 2019, 37.4% of heads of country offices were women, representing an increase since December 2018 (35.8%). Women accounted for 35.7% of staff at the P6, D1 and D2 grades as at 31 December 2019 – an increase of 0.3 percentage points since 31 December 2018. Significant efforts are being deployed across the Organization to bridge the gender gap. For example, outreach initiatives have been implemented in collaboration with Member States, including in the African and the Western Pacific regions. Efforts are also being made through career counselling, mentorship and leadership pathway programmes to build the capacities of female staff members at junior levels so that they can aspire to higher managerial positions.

Fig. 3. Percentage of women in the professional and higher categories, by major office



6. As at 31 December 2019, 31.6% of Member States (or 62 of the 196 Member States) were either unrepresented or underrepresented (see Fig. 4 and workforce data, Table 4). This percentage shows an improvement compared with last year when 32.1% of Member States were either unrepresented or underrepresented (or 63 of the 196 Member States). Regarding changes in the composition, 14 Member States moved from or to the desirable range in terms of representation.

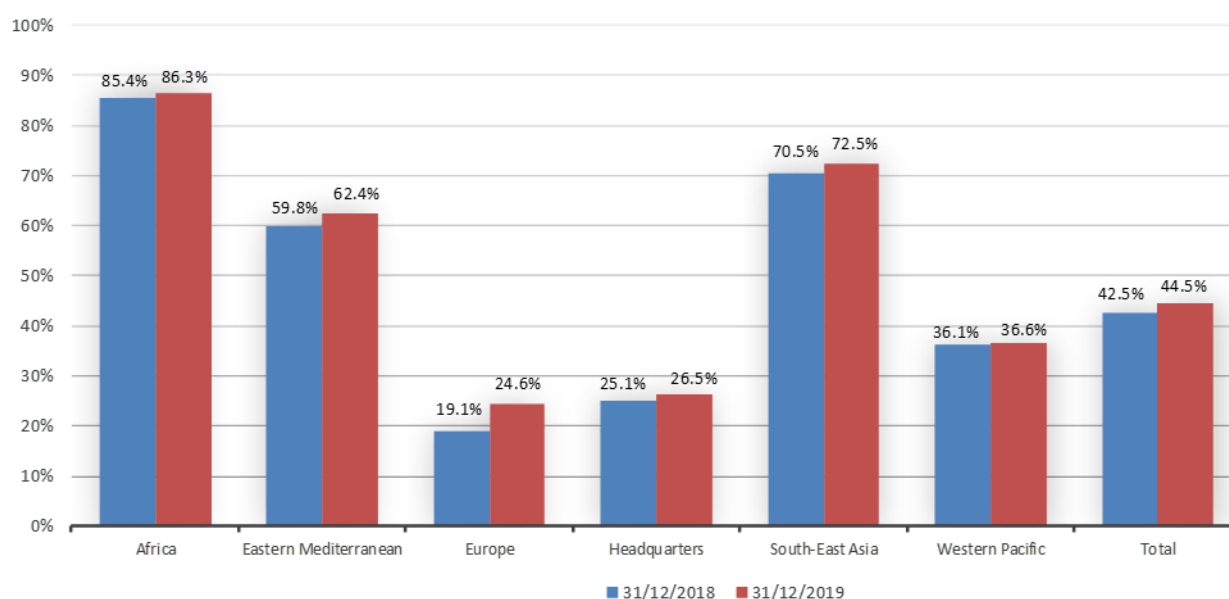
Fig. 4. Distribution of WHO Member States as at 31 December 2019, by geographical representation



7. The proportion of staff in the professional and higher categories (including staff on temporary contracts) from developing countries increased slightly over the period, from 42.5% to 44.5% (and from 41.1% to 42.6% for long-term appointments) (Fig. 5).

8. Organization-wide, the percentage of staff members at the D1 and D2 levels from developing countries has increased from 33.5% in December 2018 to 34.6% in December 2019.

Fig. 5. Comparison of percentage of international professional staff from developing countries between December 2018 and December 2019, by major office



ATTRACTING TALENT

Recruitment and selection

9. In recognition of the ambitious strategic and organizational shifts demanded by WHO's Thirteenth General Programme of Work, 2019–2023, the Director-General initiated a review of WHO's core processes to determine their effectiveness. An analysis of the recruitment process identified several areas that could be streamlined and improved.

10. Further to the analysis, a recruitment pilot initiative was established with the following main goals: reducing the time to hire from an average of five and a half months to 80 days for fixed-term positions; reducing the administrative workload experienced by hiring managers in the review and rating of applications; and providing innovative tools and software to facilitate the overall selection process. Currently, all fixed-term positions are part of this initiative.

11. Although the pilot initiative has thus far enjoyed positive feedback, the concurrent transformation process at headquarters has delayed the advertisement of positions pending the finalization of the new headquarters organigram. A complete report to the Director-General will be prepared and presented in the first half of 2020.

GLOBAL INTERNSHIP PROGRAMME

12. As requested by the Health Assembly in resolution WHA71.13 (2018), 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.

13. It should be noted that the total number of interns decreased from 678 in 2018 to 511 in 2019. In 2019, 16.4% of the interns were based in a country office, 29.4% in a regional office and 54.2% worked at headquarters, compared with 15.8%, 23.4% and 60.8%, respectively, in 2018. The overall decrease is mostly due to the decline in the number of interns at headquarters, with 412 interns in 2018 compared with 277 in 2019. The number of interns remained stable in the regional and country offices. The decrease at headquarters can be explained by the programme's transformation, which resulted in some delay in the recruitment of interns.

14. Bearing in mind that in resolution WHA71.13, the Health Assembly, *inter alia*, set a target that by 2022 at least 50% of accepted interns originate from least developed and middle-income countries, the increase of nearly four percentage points in the percentage of interns coming from these countries is very encouraging (29.6% compared with 25.7% in 2018). The percentage at headquarters was at a record high of 39% in December 2019, up from the previous high of 24% reached in November 2018. Table 17 in the workforce data shows the geographical distribution of interns by nationality for the period January–December 2019. A total of 82 nationalities were represented in 2019, an increase of five compared with 2018. Women accounted for 75.1% of all interns (compared with 72.3% in 2018).

15. In January 2020, WHO began providing living allowances to interns who receive little or no external assistance. Following a merit-based selection process, interns are asked to complete a disclosure form indicating whether they will receive a grant, scholarship, bursary or other form of support. WHO then calculates the amount that it will allocate to the intern ensuring that the total amount received (external support and WHO support) does not exceed 20% of the reduced daily subsistence allowance. As an illustration, 20% of the reduced daily subsistence allowance amounts to US\$ 1728 per month in

Geneva and US\$ 984 per month in New Delhi. In addition, medical insurance is provided to all interns across the Organization and lunch vouchers continue to be provided in some duty stations to all interns, irrespective of their financial needs. Each technical unit that hosts an intern provides the Department of Human Resources and Management with a sum equivalent to the full amount. In this way, no advantage is given to students who receive external assistance, thus ensuring an unbiased selection process. The Wellcome Trust also provides funds to the global internship programme and is considering bearing the travel costs of interns coming from low- and middle-income countries. The programme's financial situation and the number of interns hosted will be closely monitored in 2020 so that the model can be adjusted if necessary.

RETAINING TALENT

Performance management

16. As part of its transformation activities, the Organization is further improving performance management. Adjustments were made to the performance evaluation tool (ePMDS) in January 2019 to enable staff members to link their own objectives directly to the relevant outputs of the Thirteenth General Programme of Work, 2019–2023.

17. Implementation of the African Region's leadership development programme "Pathways to Leadership for the Transformation of Health in Africa" continues. By the end of 2019, eight cohorts had been completed. A total of 180 staff are participating, including all WHO Representatives in the African Region and 130 senior managers. Among the participants, there have also been staff from the South-East Asia, Eastern Mediterranean and Western Pacific regions. A women's leadership programme was also launched to respond to specific women leadership needs. Plans are being developed to deliver the leadership development programme to a cohort of cluster Directors. The programme has been rolled out in English, French and Portuguese. Work is under way to determine how the programme will be adapted and implemented beyond the African Region.

Staff learning and development

18. iLearn is currently the corporate tool for learning and development. Accessed by the entire workforce, the tool had more than 17 200 users in 2019. By the end of 2019, training course registrations had peaked with more than 47 000 registrations globally (excluding registrations for mandatory training).

19. A coherent and global approach to mandatory trainings was implemented via iLearn in May 2018, allowing managers and programme owners to track compliance with mandatory training requirements. WHO's compliance rate for staff remains above 90% for both the United Nations training course on the prevention of harassment, sexual harassment and abuse of authority, and the United Nations training course "To serve with pride – zero tolerance for sexual exploitation and abuse by our own staff". These courses were recently extended to the entire WHO workforce. Additional mandatory courses on various topics are being introduced in iLearn to improve the quality of services and enhance staff members' performance; these include UN BSAFE, Cybersecurity Essentials and Global Procurement.

20. WHO entered into a new contract with LinkedIn Learning in 2019 under a United Nations-wide umbrella agreement. The LinkedIn Learning content is fully integrated into iLearn, enabling the entire WHO workforce to have access, with the courses available in seven languages (Chinese, English, French, German, Japanese, Portuguese and Spanish) and with 70 new courses added each week (about 50% of these are in English, with the remaining 50% shared between the other languages).

21. The restrictions imposed in the response to the COVID-19 pandemic have changed the environment in which the WHO workforce is operating. In this new context, the Department of Human Resources Management has collaborated with LinkedIn Learning to create new playlists, in English and French, covering subjects like remote working, resilience and work–life balance. These are available to staff and non-staff through desktop computers and mobile applications.

Career pathways

22. Career management activities, coaching, mentoring, team building and career counselling continued to be offered in 2019, both face-to-face and remotely. These initiatives focused on developing competencies, enhancing self-awareness, preparing staff members to undertake higher-level responsibilities and ensuring the right attitudes and mindsets for facing organizational change. Forty-nine short-term developmental assignments were created and processed across duty stations and regions, offering staff members opportunities for professional development and learning by taking on responsibilities at the same grade or one grade below or above their current grade. As part of a pilot project on career paths for administrative officers, information and guidance were provided to staff members to help them make informed career decisions.

23. A task force on career pathways and capacity-building was established by the Director-General in April 2019 with the goal of making recommendations on systematic approaches for improving WHO's workforce. The task force has produced a comprehensive report that outlines WHO's current situation and provides a short comparative analysis with career development approaches employed by other institutions (other United Nations agencies, public and private institutions) and the views, suggestions and expectations of WHO staff members. Based on the input and information gathered, the report sets out principles, values and short-, medium- and long-term actions for consideration by the Director-General.

Mobility

24. The number of staff in the professional and higher categories holding long-term appointments who moved from one duty station to another for the period January–December 2019 (see workforce data, Tables 14 and 15) is 192 (8.5% of all the staff members in those categories), a slight increase compared with the period January–December 2018 (170). However, there has been a decrease in moves from one major office to another: 36% of total moves compared with 48% in 2018.

25. A task force on mobility comprising staff members from all three levels of the Organization was established by the Director-General in April 2019. The goal of the task force was to develop guidelines on the mandatory mobility practices outlined in WHO's geographical mobility policy. It carried out extensive consultations with staff members and a benchmarking exercise against the policies and practices of other United Nations agencies and partners, and prepared recommendations. The recommendations were reviewed by WHO's global human resources community and the Global Staff/Management Council, and served as a basis for updating the geographical mobility policy for the consideration of the Global Policy Group. The next step is to carry out a simulation to validate the accuracy of the data currently available on staff and positions and to test implementation of the major components of the proposed policy and governance mechanisms.

ENABLING WORKING ENVIRONMENT

Prevention of sexual harassment, sexual violence and other forms of harassment

26. The Secretariat's revised policy on preventing and addressing sexual harassment will be finalized and adopted in 2020. The policy is based on the model reference policy developed by the United Nations System Chief Executives Board for Coordination and on the International Labour Organization's Convention No. 190 concerning the elimination of violence and harassment in the world of work and will be finalized based on the comments received. Building on this policy, the Secretariat will also revise its policy on other forms of harassment and will adopt a similarly consultative approach that includes WHO technical subject matter experts, staff representatives, and all units involved in addressing harassment issues.

Internal justice system

27. The Secretariat continues to monitor the reform of the internal justice system launched in 2016; the resulting improvements include a greater emphasis on the informal resolution of disputes, which has significantly reduced the number of appeals. The Office of the Ombudsman has collaborated in the development and delivery of new dispute management workshops aimed at improving working relationships and promoting a more conducive and respectful workplace.

Flexible working arrangements

28. The pandemic of coronavirus disease (COVID-19) has required the Organization to immediately adapt its way of working and more broadly apply flexible working arrangements, including teleworking and flexible working hours. The Organization has strived to meet operational objectives while maintaining staff well-being.

Staff health and well-being

29. The health and well-being of the workforce directly underpin the Organization's ability to achieve its strategic goals and are essential components of organizational success. Recognizing that healthy organizations achieve more, WHO is aligning its health and well-being strategy with its new operating model at all levels of the Organization to ensure a healthy work environment for all.

30. To achieve a healthy working environment, WHO's staff health and well-being services have contributed to programmes and initiatives, including the United Nations system-wide occupational health and safety forum chaired by WHO, and to revitalizing and rebranding the Organization's Health, Safety and Well-being Committee.

31. WHO's staff health and well-being services play an essential enabling role during outbreak and emergency response activities by protecting and promoting the health and well-being of WHO's staff. During the current response to the COVID-19 pandemic, the services have contributed to business continuity planning at headquarters; the drafting of communications to staff; the development of standard operating procedures for medical and security staff; and the implementation of infection prevention and control measures within WHO premises. With the support of WHO experts, the Organization's staff health and well-being services have also developed guidance and standard operating procedures for COVID-19 risk assessments, prevention measures, contact tracing and medical evacuations. In the current context, the staff health and well-being services are actively monitoring the health status of all business continuity staff on a daily basis and responding to hundreds of queries from

staff. They also continue to support the continuing response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo, where they have provided ongoing medical, psychosocial and psychological support; established a vaccination clinic; conducted health risk assessments; and evaluated local health care facilities. Additionally, the health and well-being services, in collaboration with internal and external partners, have led the development of, and training in emergency response plans, including those for responding to mass casualty incidents.

ACTION BY THE HEALTH ASSEMBLY

32. The Health Assembly is invited to note the report.

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