

# **Human resources: annual report**

## **Report by the Director-General**

### **INTRODUCTION**

1. In addition to the workforce data as at 31 December 2020 made available on the WHO website on 16 March 2021,<sup>1</sup> this report provides a summary of the trends in the workforce and of 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 2020, the total number of WHO staff members<sup>2</sup> was 8447 (see Fig. 1 in this report and Table 1 in the workforce data available online), a 2.6% increase compared with the total as at 31 December 2019 (8233). Of the total, the percentage of staff members employed at each of the three levels of the Organization between December 2019 and December 2020 changed as follows: the percentage of staff employed at headquarters increased from 30.1% in December 2019 to 31.2% in December 2020; the percentage of staff employed at regional offices decreased from 25% in December 2019 to 24.5% in December 2020; and at country offices the percentage decreased slightly to 44.3%, from 44.9% in December 2019 (Fig. 2). The proportion of staff members holding long-term appointments in the professional and higher categories increased at the country office level during the same period. The distribution as at December 2020 (and December 2019) was as follows: 48.2% (49.2%) at headquarters, 32% (32.8%) in regional offices and 19.8% (18%) in country offices.

3. For the period from 1 January to 31 December 2020, staff costs amounted to US\$ 1389 million or 39% of the Organization's total expenditure of US\$ 3562 million (32% for the period January–December 2019).

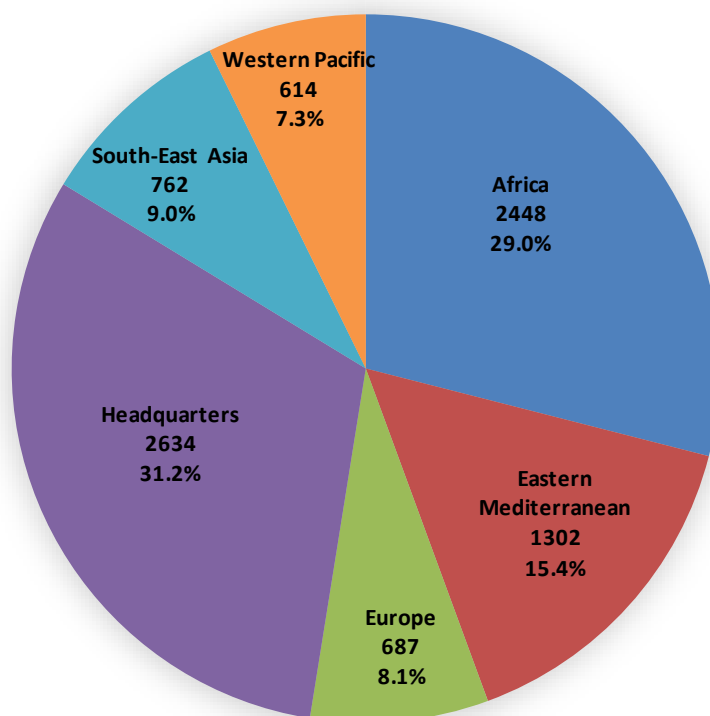
4. Regarding other contractual arrangements, the number of consultants and individuals on agreements for performance of work (see workforce data, Table 20) increased from 1575 full-time equivalents in January–December 2019 to 1674 in January–December 2020. At the same time, the number of individuals hired on special services agreements increased from 4128 in January–December 2019 to 4408 in January–December 2020.

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<sup>1</sup> See <https://www.who.int/publications/m/item/workforce-data-as-at-31-december-2020> (accessed 23 March 2021).

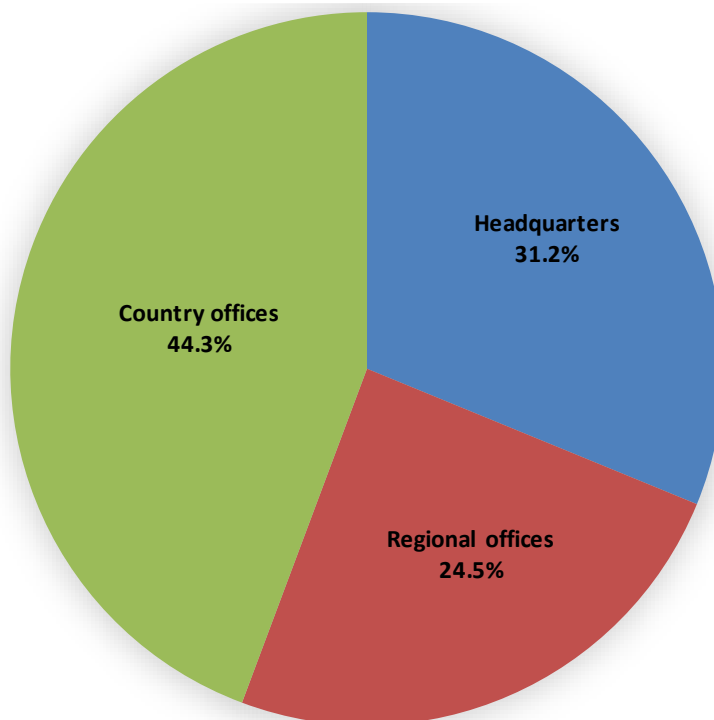
<sup>2</sup> All figures include staff in special programmes and collaborative arrangements hosted by WHO. They do not include staff working with the Pan American Health Organization, the International Agency for Research on Cancer or any agencies administered by WHO.

**Fig. 1. Distribution of WHO staff as at 31 December 2020, by major office**



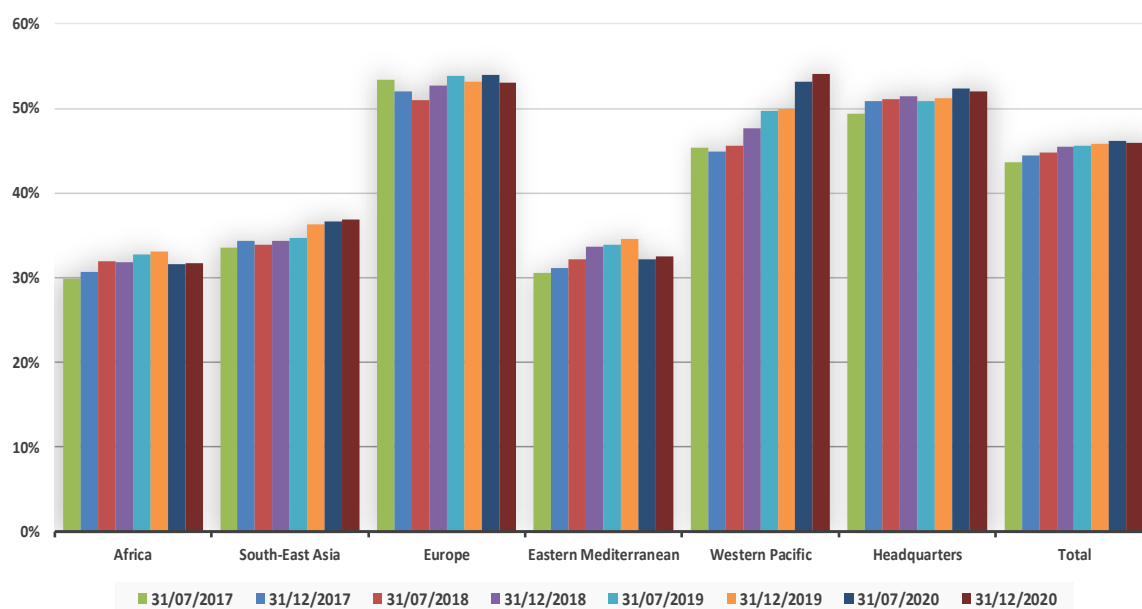
**Total number of staff: 8447**

**Fig. 2. Distribution of WHO staff as at 31 December 2020, by level**



5. As at 31 December 2020, women accounted for 45.9% 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 2019 (45.8%). During the same period, the number of women at the P4 grade and above across the Organization has remained stable. The number of women holding positions graded P6, D1 and D2 at headquarters also increased, as compared with December 2019. The Secretariat continues taking steps to increase the number of qualified women on the roster for heads of country offices. As at 31 December 2020, 37.1% of heads of country offices were women, representing a decrease since December 2019 (37.4%), although there is an increase of 2.1 percentage points since 2017. Women accounted for 35.5% of staff at the P6, D1 and D2 grades as at 31 December 2020 – a slight decrease compared to December 2019 (35.7%), while noting that there has been an increase of 4.1 percentage points since 2017 (see Fig. 4).

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

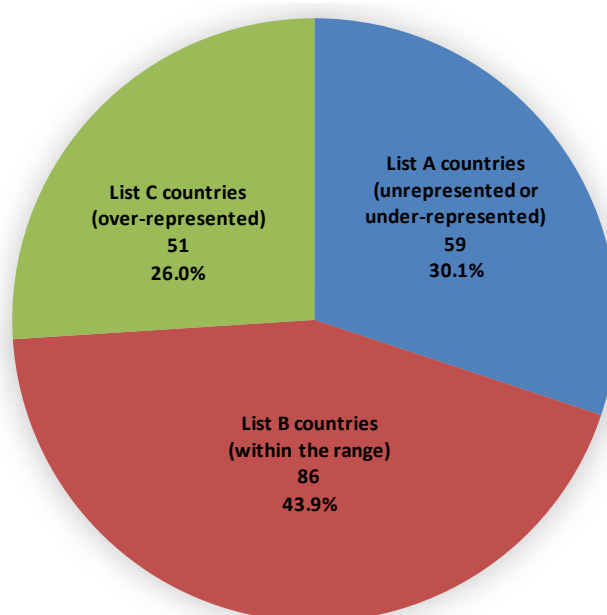


**Fig. 4. Gender parity – trends over time from July 2017 to December 2020**

Indicator	As at July 2017	As at December 2017	As at July 2018	As at December 2018	As at July 2019	As at December 2019	As at July 2020	As at December 2020	Changes between July 2017 and December 2020
Percentage of women in the professional and higher categories holding long-term appointments	43.7%	44.4%	44.7%	45.4%	45.6%	45.8%	46.2%	45.9%	Increase of 2.2 percentage points since July 2017
Percentage of women at the P4 grade and above	41.1%	41.9%	42.5%	43.4%	43.5%	43.5%	43.8%	43.5%	Increase of 2.4 percentage points since July 2017
Percentage of women as heads of country offices	35%	33.3%	33.1%	35.8%	39.3%	37.4%	37.9%	37.1%	Increase of 2.1 percentage points since July 2017
Percentage of women at the P6, D1 and D2 grades	31.4%	35.1%	37%	35.4%	37.5%	35.7%	36.1%	35.5%	Increase of 4.1 percentage points since July 2017

6. As at 31 December 2020, 30.1% of Member States (or 59 of the 196 Member States)<sup>1</sup> were either unrepresented or underrepresented (see Fig. 5 and workforce data, Table 4). This percentage shows an improvement compared to last year when 31.6% of Member States were either unrepresented or underrepresented (62 of the 196 Member States).<sup>1</sup> Regarding changes in the composition, six Member States moved from or to the desirable range in terms of representation.

**Fig. 5. Distribution of WHO Member States<sup>1</sup> as at 31 December 2020, by geographical representation**



**Fig. 6. Geographic representation – trends over time from July 2017 to December 2020**

Indicator	As at July 2017	As at December 2017	As at July 2018	As at December 2018	As at July 2019	As at December 2019	As at July 2020	As at December 2020	Changes between July 2017 and December 2020
Percentage of Member States either unrepresented or underrepresented	32.1%	32.1%	31.6%	32.1%	31.6%	31.6%	30.6%	30.1%	Decrease of 2 percentage points since July 2017
Percentage of staff in the professional and higher categories (including staff on temporary contracts) from developing countries	43%	43%	42.8%	42.5%	43.4%	44.5%	44.1%	44.2%	Increase of 1.2 percentage points since July 2017
Percentage of staff in the professional and higher categories holding long-term appointments from developing countries	40.8%	40.7%	41.1%	41.1%	41.7%	42.6%	43.3%	43.8%	Increase of 3 percentage points since July 2017

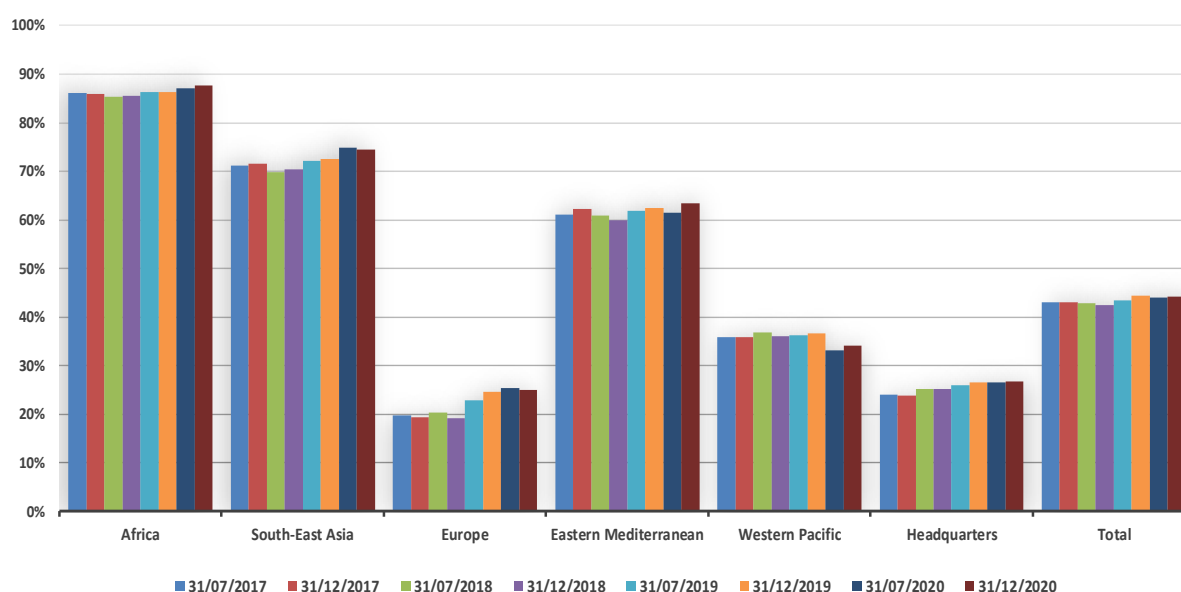
<sup>1</sup> Including two Associate Members.

Indicator	As at July 2017	As at December 2017	As at July 2018	As at December 2018	As at July 2019	As at December 2019	As at July 2020	As at December 2020	Changes between July 2017 and December 2020
Organization-wide, percentage of staff members at the D1 and D2 levels from developing countries	32.2%	31.7%	30.8%	33.5%	33.8%	34.6%	35.9%	37.3%	Increase of 5.1 percentage points since July 2017
Headquarters, percentage of staff members at the D1 and D2 levels from developing countries	12.5%	10.9%	13.8%	16.4%	15.9%	15.6%	19.1%	21.1%	Increase of 8.6 percentage points since July 2017

7. The proportion of staff in the professional and higher categories (including staff on temporary contracts) from developing countries has increased since July 2017, and specifically over the last 12-month period for long-term appointments (from 42.6% to 43.8%) (Fig. 6). Organization-wide, the percentage of staff members at the D1 and D2 levels from developing countries has increased from 34.6% in December 2019 to 37.3% in December 2020. Figure 7 provides a comparison of the percentage of international professional staff from developing countries between July 2017 and December 2020, broken down by major office.

8. Human resources workforce data Table 11 has been expanded, and Table 11b added, to allow for trend analysis of applications from female candidates in Table 11, and applications based upon the geographic representation category of candidates in Table 11b. These tables show that there has been a slight increase in the percentage of female applicants over the past four years, but little progress in increasing applications from nationals of countries that are unrepresented or underrepresented (recognizing that the categorization of countries themselves also changes over time). While significant efforts have been made across the Organization to bridge the gender gap, further expansion is planned from 2021, including more investment in improving geographic representation (see paragraphs 10 and 25 below).

**Fig. 7. Comparison of percentage of international professional staff from developing countries between July 2017 and December 2020, by major office**



9. The number of senior management staff (P6 and above) has increased from 275 in July 2017 to 289 in December 2020 (+5%) (Fig.8), reflecting the strategic direction of WHO's transformation.

**Fig. 8. Comparison of numbers of senior management staff between July 2017 and December 2020, by major office**

Major office	P6/D1			D2			Ungraded			Total		
	Jul-17	Dec-20	2020 vs 2017	Jul-17	Dec20	2020 vs 2017	Jul-17	Dec-20	2020 vs 2017	Jul-17	Dec-20	2020 vs 2017
Africa	41	33	-20%	1	2	100%	1	1	0%	43	36	-16%
Eastern Mediterranean	28	27	-4%	4	11	175%	1	1	0%	33	39	18%
Europe	25	27	8%	1	0	-100%	1	1	0%	27	28	4%
Headquarters	86	80	-7%	29	43	48%	12	19	58%	127	142	12%
South-East Asia	23	20	-13%	2	2	0%	1	1	0%	26	23	-12%
Western Pacific	16	18	13%	2	2	0%	1	1	0%	19	21	11%
<b>Total</b>	<b>219</b>	<b>205</b>	<b>-6%</b>	<b>39</b>	<b>60</b>	<b>54%</b>	<b>17</b>	<b>24</b>	<b>41%</b>	<b>275</b>	<b>289</b>	<b>5%</b>

## ATTRACTING TALENT

### Sourcing and outreach

10. To date, outreach initiatives have been implemented in collaboration with Member States, in particular to improve gender parity. Targeted efforts continue through career counselling, mentorship and leadership pathway programmes to build the capacities of female staff members at junior levels to prepare them for higher-level managerial positions. Additional investments have been made in 2020 in new agreements with external service providers to conduct targeted outreach and recruitment campaigns, in order to improve performance against targets for diversity, in particular with respect to gender parity and improving geographic representation. From late 2020, WHO is expanding its work with Member States and external service providers to participate in virtual career fairs, with the aim to reach female candidates, candidates from underrepresented and unrepresented countries, as well as young professionals. WHO initiated a pilot for a Young Professionals Programme in 2021, which will also contribute to increasing the diversity of the workforce.

### Recruitment and selection

11. 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.

12. A pilot recruitment initiative began in early 2019 with the aim of reducing overall time-to-recruit from 156 days on average to 80 days. The main focus was to reduce the administrative burden on hiring managers and selection panels by providing candidate screening services for long-listing and through asynchronous interviewing. The pilot initiative coincided with the organizational changes implemented through the transformation, thus time-to-recruit remained on average 160 days in 2019 with a range of 64 to 376 days. However, in 2020 we have seen improvements, with an average time-to-recruit of 126 days and a range of 36 to 216 days. In both time periods, staff for senior positions have taken longer to recruit, while rostered positions have taken the least time to fill.

13. The lessons learned from the pilot initiative are currently being documented and will be presented to the Director-General with recommendations for the next phase of the pilot, which will explore

additional new tools, including artificial intelligence and psychometric testing, as well as approaches to address bottlenecks.

## **GLOBAL INTERNSHIP PROGRAMME**

14. 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.

15. It is important to review this update within the larger overview of changes to the internship programme and progress in the implementation of resolution WHA71.13 from 2018 to July 2020. It should be noted that the total number of interns decreased from 511 in 2019 to 91 in 2020. In 2020, 18.7% of the interns were based in a country office, 26.4% in a regional office and 54.9% worked at headquarters, compared with 16.4%, 29.4% and 54.2%, respectively, in 2019. The overall decrease in the number of interns in 2020 is mostly due to the impact of the pandemic of coronavirus disease (COVID-19) across headquarters, regional and country offices. Additional factors contributing to the decrease at headquarters, from 277 interns in 2019 to 50 in 2020, include the changes made to the application and recruitment process for all 2020 internships (with the exceptional completion of 2019 internships in December 2019 and no carry-over of interns into January 2020). Account must also be taken of the restructuring exercise in headquarters that took place at the end of 2019, and which resulted in delayed planning and recruitment for 2020 internships pending the finalization of the new structure of departments and units.

16. The global COVID-19 pandemic context in 2020 has impacted operations in the internship programme. The situation in March regarding lockdowns in many countries and associated sudden closures of international borders and restrictions to travel, necessitated a temporary suspension of the arrival of some interns who had already been recruited, and of any new internship recruitments. During the small window of time before border closures and travel restrictions were implemented, some interns already in duty stations chose to return rapidly to their respective countries, while others chose to remain in the duty station, continuing their internships, where possible, from their local accommodation.

17. The global situation was closely monitored by the programme throughout the subsequent months. International borders and travel restrictions began slowly to open from June to September. During this period, internship programme resources were focused on facilitating and supporting interns for their return to their respective countries. For some situations, exceptional measures were provided as part of this facilitation and support. A formal decision was taken in July to suspend the programme for the remainder of 2020 and to continue to monitor the situation to determine how the programme would approach internships in 2021. During the first quarter of 2021, the COVID-19 pandemic context required the suspension of the programme to be maintained until further notice and further monitoring of the situation globally to be continued. WHO is not offering remote internships.

18. Bearing in mind that resolution WHA71.13 requests 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 in 2019 was very encouraging (29.6% compared with 25.7% in 2018). In 2020, the percentage increased to 35.2%. Additionally, it is very encouraging to see that the percentage at headquarters has increased substantially with a new record high of 48% in July 2020, up almost 19 percentage points from the previous high of 29.6% reached in December 2019. Table 17 in the workforce data shows the geographical distribution of interns by nationality for the period January–July 2020. A total of 44 nationalities were represented in 2020, a

decrease of 38 compared with 82 nationalities in 2019 due to the current context. However, of the 44 intern nationalities represented in 2020, almost half (48%) came from least developed and middle-income countries. Women accounted for 80.2% of all interns (compared with 75.1% in 2019).

19. In January 2020, WHO began providing living allowances to interns who receive little or no external assistance. 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 Talent Management with an equivalent sum per intern, and payments of living allowances are managed centrally. In this way, no advantage is given to candidates who receive external assistance, thus promoting an unbiased selection process. From March to September, financial and in-kind support continued to be provided to interns that had remained in the duty station through the period of lockdown and subsequent travel restrictions. In situations where continued travel restrictions prevented an intern from exiting the duty station and returning to their country at the end of their internship, WHO intervened with the host country authorities, and facilitated extended exceptional authorization for the individual to stay on the territory. During these extended periods, living and/or meal allowances continued to be provided until the intern was able to exit the duty station.

## **RETAINING TALENT**

### **Performance management**

20. Performance management is essential to building the workforce of excellence required to achieve the ambitious goals set out under the Thirteenth General Programme of Work, 2019–2023. Effective performance management is based on a strong performance culture and a healthy workplace ecosystem, supported by individual and management capabilities and accountabilities. An analytical review (with a report issued in March 2019 as one of the process analyses conducted in the context of the transformation) of WHO's practice within the key areas of performance management revealed a number of challenges when benchmarked against other organizations.

21. Several recommendations from the report have been implemented, such as: Goals Week, new awards for service, and the expansion of the Regional Office for Africa's Pathway to Leadership for Health Transformation Programme, which includes 360 degree feedback as a developmental tool, combined with emotional intelligence and strength-finder tests. WHO is also currently working on a specific new proposal to implement 360 degree feedback more broadly for the workforce. The recommendations to modernize and enhance the performance management tool and to define an alternate rating approach are yet to be implemented and are being assessed in the context of the project to replace the enterprise resource planning system.

22. Starting in 2019, WHO used the performance management process to align each individual staff member's objectives with the "triple billion" goals during Goals Week. This was achieved by linking each objective in the Electronic Performance Management and Development System (ePMDS) with an output from the Programme budget. Staff and managers were asked to discuss and agree on team and individual goals in the context of the Thirteenth General Programme of Work, 2019–2023, and Programme budget outputs and, in 2019, staff entered the relevant output number which corresponded to the description of their own objectives in their ePMDS form.

23. WHO introduced changes to the ePMDS tool for 2020 to allow outputs to be selected from a drop-down menu, and to enable staff to estimate the percentage of time that would be spent on each SMART objective throughout the year. This can be benchmarked at the year-end review against actual



time spent on each objective. By early 2021, it will be possible to generate reports on the performance of staff by organizational unit and major office based on the ePMDS assessments, linking individual performance to the organization-wide outputs and goals.

24. More recently, the rapid implementation of extensive, large-scale teleworking in the context of COVID-19 has given rise to new challenges for managers and members of the workforce alike, bringing new requirements under flexible working arrangements that WHO will need to take into account in the future approach to management performance.

### **Staff learning and development**

25. For the 2020–2021 biennium, 12 global and 40 regional learning initiatives have been approved for implementation. The global initiatives include the Leadership, Women and the United Nations course organized by the United Nations System Staff College and targeting female staff at P4/P5 level globally. Fifty-nine seats have been allocated for this course in 2020. From 2015 to 2019, it had been taken by 81 female staff members. There is also the Pathway to Leadership for Transformation of Health in Africa Programme which is being led and coordinated by the Regional Office for Africa (see paragraphs 31 and 32).

26. WHO's corporate tool for learning and development, iLearn, is accessible by the entire WHO workforce, and had more than 18 000 users in 2020. By the end of 2020, training course registrations for that year only had peaked with more than 115 000 registrations globally (excluding registrations for mandatory training). iLearn is also being used to provide access to WHO mandatory training to external users such as emergency and polio personnel.

27. A coherent and global approach to mandatory training courses 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 (93.3% compliance), and the United Nations training course "To serve with pride – zero tolerance for sexual exploitation and abuse by our own staff" (96.5% compliance). These courses have been extended to the entire WHO workforce. Additional mandatory training courses on various topics are being introduced in iLearn to improve the quality of services and enhance staff members' performance. These include United Nations Department of Safety and Security BSAFE (completed by over 7000 staff to date), Cybersecurity Essentials (88% compliance), Global Procurement, Risk Management, and Finance and Accountability.

28. WHO entered into a new contract with LinkedIn Learning in 2019 under a United Nations system-wide umbrella agreement. The LinkedIn Learning content is fully integrated into iLearn and may thus be accessed by the entire WHO workforce, with courses available in 7 languages (English, Chinese, French, German, Japanese, Portuguese and Spanish) and 70 new courses added each week, of which about 50% are in English, with the remaining 50% divided between the other languages. During 2020, 20 000 courses and 180 000 videos were viewed by WHO staff, key areas of interest being: working remotely, work-life balance, Microsoft Teams, Power BI, interpersonal communication, emotional intelligence and time management.

29. In order to provide learning support to the WHO workforce during the COVID-19 restrictions, the Human Resources and Talent Management Department collaborated with LinkedIn Learning to create new playlists, in English and in French, available to staff and non-staff via both desktop and mobile devices. Topics include work-life balance, working remotely, resilience, change management, mindful meditation for work and life, creating a healthy working environment/ergonomics, workplace

from Facebook, United Nations leadership in times of uncertainty, and WHO information technology systems (Jabber, OneDrive, OneNote, Microsoft Teams, vConnect, WebEx).

30. The Department of Human Resources and Talent Management is working closely with the WHO Academy, taking part in the WHO Academy Learning Technologies Internal Coordination Group and the WHO Learning Strategy Advisory Group and United Nations Learning Group:

- The WHO Academy Learning Technologies Internal Coordination Group brings current WHO digital learning and learning technologies management system leads, focal points and managers together to support the WHO Academy learning experience platform and learning technologies development.
- The WHO Learning Strategy Advisory Group and United Nations Learning Group. The scope of the WHO Learning Strategy is to address, through the lens of learning and training, future challenges to the health of the world's population. It will propose a framework and approach by WHO on learning and training for its own workforce, and on how the Organization will support learning externally, across diverse sectors, for the achievement of global, national and individual health goals, to ensure people achieve the best levels of health possible.

31. Through the Regional Office for Africa's Pathway to Leadership for Transformation of Health in Africa Programme, launched in November 2018, over 180 staff members at different levels were trained. The programme has improved staff skills in the areas of organizational, team and personal leadership, and analytical and strategic thinking skills. A women's leadership programme was also launched, which focused on overcoming barriers to career progression among female staff in the Regional Office. The Pathway to Leadership Programme has now been adopted Organization-wide. The programme for the Eastern Mediterranean and European Regional Offices are in final preparatory phases and will be launched at the beginning of 2021.

32. The Regional Office for Africa's Pathway to Leadership for Transformation of Health in Africa Programme has led to a notable increase in overall staff engagement at the unit level, as a result of changes adopted in leadership practice and improved managerial skills and abilities among participants. The programme is also part of the strategy to nurture future WHO leaders through an approach that combines the right skill sets and qualities with customized training. In view of the current situation and constraints posed by COVID-19, the programme was adapted to continue responding to leadership needs. Additional coaching was provided to new leaders, particularly in the area of managing in a time of crisis, managing remote teams, fostering team resilience and agility. The evaluation of the global transformation will provide more detailed information on the impact of the programme and how to maximize the effectiveness of WHO leaders and managers in an environment of increasing uncertainty and complexity. The WHO global mentoring programme is part of an organizational development approach that aims to support staff in career development, learning on the job, knowledge-sharing and capacity-building. Since its formal global launch in December 2019, with the presence of the Director-General, the number of mentors has risen to more than 180 and 22 new mentor pairs have been coached and supported along their mentoring path in 2020. Confident career conversations for mentors and mentees have been introduced to facilitate career development discussions through a train-the-trainer approach. Sixty-four mentors and managers have taken part in this training, which involves a coaching approach and a useful toolkit for facilitating fruitful career and development conversations. In February 2021, thanks to a collaboration with the United Nations Secretariat, a first cohort of 25 WHO staff members were offered the opportunity to take part in the United Nations Together Mentoring Programme, hence expanding the networking and development opportunities for our staff members globally. With regard to WHO's global mentoring programme, this year already, seven new mentor/mentees pairs have connected since January.

34. In the African Region, to strengthen organizational effectiveness, transform organizational culture and establish a robust leadership programme, complementary developmental programmes targeting staff in non-leadership positions were designed. Two people-centred initiatives have since been developed. The first initiative is the WHO Regional Office for Africa's mentorship programme, under which senior or more experienced staff support junior staff to develop professionally and enhance their performance. The objective of the programme is both to strengthen collaboration among staff and to empower junior staff. To date, the first cohort (July–December 2020) consisted of 33 senior staff mentors who were successfully trained and paired with 65 junior staff mentees. The mentorship initiative is a six-month programme conducted using a virtual platform. A second cohort was launched in February 2021. One hundred and fifteen mentors (including staff from other regions) and 249 mentees have been trained and paired on the basis of their selected individual and professional values. The second initiative is the team performance programme. Based on the WHO competencies framework, this programme consists of 32 training modules and individual coaching, and aims to develop high-performing teams and enhance collaboration within and across technical areas in the Regional Office and country offices. To date, 58 staff members have benefited from this capacity-building initiative. Four workshops and 30 sessions of individual coaching have been delivered to 21 technical and operational staff.

### **Career pathways and career development**

35. The career pathways initiative comprises a global career development programme linked to enhancements and reforms in performance assessment, succession planning, mobility, learning and development (including the work of the WHO Academy) and other related initiatives.

36. An all-staff seminar on career pathways took place in November 2020, during which the WHO high-level career-management framework and architecture was presented together with an updated action plan to be carried out in 2020–2022. The action plan includes the scaling up of the Leadership Pathways Programme and its 360 degree feedback component to support the strategic priorities of the Organization as outlined in the Thirteenth General Programme of Work, 2019–2023. As part of the staff engagement approach, an all-staff survey on career paths was launched in February 2021. It will be followed by focus groups discussions with selected participants aimed at elaborating the specific career paths in the identified career streams and thematic areas of public health and operations. Communication activities are taking place on a monthly basis to update all staff on the progress made in this programme of work.

37. Career management activities, coaching, mentoring, team building, and career counselling continued to be offered in 2020 and 2021 through on-line remote modalities, hence allowing a truly global reach. These initiatives are focused on developing competencies, enhancing self-awareness, preparing staff members to undertake higher-level responsibilities and ensuring that the right attitudes and mindsets are in place to ensure optimal performance. Short-term developmental assignments were provided from a distance, due to COVID-19 travel restrictions, allowing staff members from various duty stations and regions to benefit from professional development and on-the-job learning. Following the Director-General's participation in a masterclass on emotional intelligence in the workplace on October 2020, addressed to all staff, this topic has now been introduced globally through various initiatives aimed at increasing staff members' self-awareness, collaboration and performance.

38. Talent pools of qualified and pre-assessed candidates will be established and used to fill long-term positions or temporary needs arising in operational/technical and administrative areas. This initiative will be piloted first for the general service category in the operational career pathways stream while building on and further expanding the current roster mechanism. Talent Pools will be managed through a new and integrated talent management platform which will enable WHO to integrate information on

learning and mentoring programmes, job opportunities, staff profiles and individual career plans to be used for career development purposes.

## **Mobility**

39. The number of staff members in the professional and higher categories holding long-term appointments who moved from one duty station to another for the period January–December 2020 (see workforce data, Tables 14 and 15) is 162 (6.8% of all the staff members in those categories), a significant decrease compared with the period January–December 2019 (192 staff members). However, there has been an increase in the percentage of moves from one major office to another: 47% of total moves compared with 36% in 2019.

40. 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, conducted 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. A simulation exercise was launched in October 2020 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. The conclusions from the simulation exercise will be reported in May 2021.

41. Additional investments were made in improving the human resources dashboard tool for mobility, which provides up-to-date information on staff members and their mobility data. In early October 2020 an all-staff meeting on mobility was followed by an invitation to 1051 staff members globally, who had reached or exceeded their standard duration of assignment to invite them to participate in the simulation exercise. Of those, 128 staff members replied positively and have participated in the application process as well as the deferral process between November 2020 and January 2021. The Mobility Advisory Board will meet in early 2021 to formulate its recommendations to Senior Management. Extensive feedback was received from the staff members participating in the simulation exercise, which will inform the final mobility policy.

## **ENABLING WORKING ENVIRONMENT**

### **Diversity and inclusion strategy**

42. In 2020 the first draft of a diversity and inclusion strategy for the WHO workforce and accompanying action plan were produced. The purpose of the strategy is to lay the foundation of the policies, processes and action plans (i) to attract and retain a diverse workforce and (ii) to create a work environment welcoming to all, where everyone feels valued and can perform at their best. The strategy will focus on improving diversity and inclusion with respect to the following five areas: gender equality; gender identity and sexual orientation; geographical representation; persons with disabilities; and age and education diversity. The strategy and first version of the action plan are undergoing additional review in the context of a broader programme of work for the Organization, and publication is planned for 2021.

## **Prevention of abusive conduct, including sexual harassment**

43. Further to the previous recommendations from governing bodies, including the report of the Programme, Budget and Administration Committee to the 146th session of the Executive Board in February 2020,<sup>1</sup> in close coordination with the Office of Compliance, Risk Management and Ethics, the current harassment policy has been revised and updated to include all forms of abusive conduct, covering harassment, sexual harassment, discrimination and abuse of authority. The revised policy provides coherence to the intake process for complaints, while recognizing the attention and escalation necessary for sexual harassment. The provisions on sexual harassment are in line with the United Nations System Model Policy on Sexual Harassment. The policy was issued in early 2021, and the initial implementation plan is being rolled out. Particular emphasis is being placed on the implementation plan to ensure that the necessary training and other forms of support are in place across the Organization.

## **Internal justice system**

44. 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 Secretariat looks forward to a review of the internal justice system reforms of 2016 for further improvements based upon lessons learned. The Office of the Ombudsman continues to collaborate in the development and delivery of informal resolution mechanisms aimed at improving working relationships and promoting a more respectful workplace.

## **Flexible working arrangements**

45. Starting in mid-March 2020, WHO implemented teleworking under special conditions related to the COVID-19 situation and the measures implemented by national authorities. In 2020, WHO offices conducted staff surveys and internal reviews of the impact of COVID measures on the workforce. While most of the workforce has had a generally positive experience, there are specific areas where concerns need to be addressed. WHO is both reflecting on the lessons learned in real time, while discussing fundamental issues on the nature of the workplace, how we work in the evolving environment, how we take care of our workforce, and how these experiences will be taken into account moving forward. Specifically, WHO is using task forces to focus on issues such as the return to the premises including on-site safety and security, flexible working arrangements, contractual modalities and the mental health of the workforce. These task forces will guide both the immediate next steps and inform longer-term thinking on the future of work.

## **Human Resources Global Operations**

46. Over the past year a number of innovations have been introduced through Global Human Resources Operations within the Global Service Centre in Kuala Lumpur. This includes: the introduction of seven on-line calculators to make staff self-reliant for obtaining estimates related to salary compensation; enhancements to the human resources case management tool, using cloud-based software “service now” for improved monitoring of human resources transaction processing and client communication; and process simplification along with Global Management System enhancement for emergency staff rest and recuperation leave. Global Human Resource Operations introduced second shift operations to guarantee extended hours of support during weekdays and weekends, particularly in respect of emergency operations. Additional human resources services such as staff onboarding and

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<sup>1</sup> Document EB146/3.

salary step determination were consolidated with the Service Center to improve monitoring and the overall quality and value of service delivery.

### **Staff health and well-being**

47. 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.

48. To achieve a healthy working environment, WHO's Staff Health and Well-being Department has contributed to various 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 and the implementation of the United Nations System Mental Health and Well-being Strategy.

49. WHO's Department of Staff Health and Well-being Services plays an essential enabling role during outbreak and emergency response activities by protecting and promoting the health and well-being of WHO's global workforce. During the current response to the COVID-19 pandemic, the Department has contributed to business continuity planning at headquarters and occupational safety and health measures including: the drafting of communications to staff; the development of standard operating procedures for medical and security staff; the implementation of infection prevention and control measures within WHO premises; and the holding of psychosocial and psychological counselling sessions and webinars. With the support of WHO experts, the Department has also developed guidance and standard operating procedures for COVID-19 risk assessments, prevention measures on the premises and contact tracing for personnel. In the current context, the Department is actively monitoring the health status of all business continuity personnel on a daily basis and responding to thousands of queries by personnel.

50. Additionally, as part of the global COVID-19 response, the Department of Staff Health and Well-being Services has taken the lead within the global United Nations System-wide Task Force on Medical Evacuations in response to COVID-19 to establish a MEDEVAC Medical Coordination Unit. Beginning in May 2020, the Unit operates 24 hours a day, seven days a week, and is responsible for overseeing the clinical and operational management of evacuations, including identifying the receiving hospital and coordinating air ambulances with the United Nations Strategic Air Operations Centre and the World Food Programme. The Unit has coordinated with United Nations colleagues to establish a dedicated United Nations COVID-19 treatment facility in Accra, Ghana, and in Nairobi, Kenya. The Unit also communicates and interacts with Resident Coordinators, WHO representatives and country focal points, to develop new agreements with countries to accept MEDEVAC patients. As of early March 2021, 241 MEDEVAC cases have been processed from 51 different departing countries to 20 receiving countries for COVID-19 treatment.

51. At the same time, the Department of Staff Health and Well-being Services continued to support the response to the second largest outbreak of Ebola virus disease in the Democratic Republic of the Congo. The outbreak was declared over on 25 June 2020. During the response, the Department provided ongoing medical, psychosocial and psychological support; established a vaccination clinic; conducted health risk assessments; provided medical evacuation training; and evaluated local health care facilities. In collaboration with internal and external partners, the Department also led the development and training of emergency response plans, including those for responding to mass casualty incidents. On 7 February 2021, a further outbreak of Ebola in the Democratic Republic of the Congo was declared,

and the Department of Staff Health and Well-being Services has been providing ongoing support to deployed personnel.

**ACTION BY THE HEALTH ASSEMBLY**

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

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