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# **Human resources: annual report**

## **Report by the Secretariat**

### **INTRODUCTION**

1. In addition to the workforce data for the period from 1 January to 31 December 2018 that were made available on the WHO website in March 2019,<sup>1</sup> the present report provides an overview of the latest developments with regard to WHO's workforce, diversity, performance management, prevention of sexual harassment and the global internship programme.

### **TRENDS IN THE WHO WORKFORCE**

2. As at 31 December 2018, the total number of WHO staff members was 7958 (see workforce data, Table 1), a slight decrease compared with the total as at 31 December 2017 (8027). Of that number, 30% are employed at headquarters, 25% in regional offices and 45% in country offices. Staff members holding long-term appointments in the professional and higher categories are distributed as follows: 50% at headquarters, 33% in regional offices and 17% in country offices.

3. The number of individuals hired on non-staff contracts (consultants and individuals on agreements for performance of work; see workforce data, Table 21) has increased from 936 full-time equivalents in January–December 2017 (11.7% of total workforce) to 997 in January–December 2018 (12.5% of total workforce). The policy and procedures regarding the management and administration of consultants has been revised and is expected to enter into force on 1 June 2019. The introduction of systematic human resources certification for recruitment of consultants will ensure consistency of practice and compliance.

4. For the period from 1 January to 31 December 2018, staff costs amounted to US\$ 931 million or 37% of the Organization's total expenditure of US\$ 2500 million (36% for the period January–December 2017).

5. The selection process for international professional positions has been revised with a view to improving gender balance and geographical representation: a five-minute video on unconscious bias in selection is shown at the first meeting of selection panels and selection panels provide a list of candidates considered of equal merit. The final choice among candidates of equal merit can therefore take into account the possible gender and geographical underrepresentation of the Regional Office or headquarters cluster and address it.

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<sup>1</sup> Human resources: workforce data (as of 31 December 2018). In: About WHO: budget. Geneva: World Health Organization; 2019 ([https://www.who.int/about/finances-accountability/budget/HR-workforce\\_data-20181231.pdf?ua=1](https://www.who.int/about/finances-accountability/budget/HR-workforce_data-20181231.pdf?ua=1), accessed 3 April 2019).

6. These measures have already prompted an improvement in gender balance and geographical representation. Regarding gender balance, in 2018 WHO received nearly 15 000 applications that resulted in 62 selections for international professional fixed-term positions advertised globally. Women accounted for 41.9% of the applicants globally (46.4% for headquarters positions); 45.5% of the shortlisted candidates globally (53.7% for headquarters positions); and 59.7% of the selected candidates (58.3% for headquarters positions). In other words, although there were fewer female than male applicants, more women than men were selected. As a result, as at 31 December 2018, women accounted for 45.4% of staff members in the professional and higher categories holding long-term appointments (see workforce data, Table 3), an increase of 1% overall since December 2017 (44.4%), including an increase of 1.5% at the P4 level and above and 2.5% at the D1 and D2 levels. Further efforts are being made to increase the number of qualified women on the roster of heads of country offices, which should help to improve the trend towards gender parity; as at 31 December 2018, 36% of the heads of country offices were women, an increase of 3% since 31 December 2017.

7. Regarding geographical distribution in 2018, 15.2% of the applicants for international professional fixed-term positions advertised globally (16.8% for headquarters positions) were from unrepresented or underrepresented countries (A), 30.1% (31.6% for headquarters positions) were from countries in the desirable range (B) and 54.7% (51.1% for headquarters positions) were from overrepresented countries (C). Despite accounting for only 15.2% of the applicants for globally advertised positions, candidates from unrepresented or underrepresented countries accounted for 16.6% of the shortlisted candidates and 22.6% of the hired candidates. Similarly, although accounting for only 16.8% of the applicants for headquarters positions, candidates from unrepresented or underrepresented countries accounted for 20.1% of the shortlisted candidates and 25% of the hired candidates.

8. Nonetheless, further efforts to improve geographical representation need to be pursued: as at 31 December 2018, 32% of Member States were still unrepresented or underrepresented (see workforce data, Table 4). Some 42% of staff in the professional and higher categories (including staff on temporary contracts) are from developing countries (41% for long-term appointments). Organization-wide, 33.5% of staff members at the D1 and D2 levels are from developing countries; at headquarters, staff from developing countries account for 16.4% of staff at the D1 and D2 levels, an increase of 5.5% since 31 December 2017. The Thirteenth General Programme of Work, 2019–2023, sets a diversity target of at least one third of directors at headquarters being nationals of developing countries.

9. In the context of the transformation agenda, the approach and guidance for the implementation of WHO's geographical mobility policy will be developed by a task force established in April 2019 by the Director-General. This initiative will include a plan to begin the roll-out of mobility by end-2019.

## **PERFORMANCE MANAGEMENT**

10. In 2015, the Organization revised its performance management and development system through the roll-out of a performance management and development framework and policies on managing underperformance and recognizing and rewarding excellence. These changes were supported by extensive guidance and training materials and a variety of implementation tools. In 2018, the Multilateral Organisation Performance Assessment Network conducted a review of the human resources reforms over the preceding five years. The Network found the reforms to be significant, in particular in the area of performance management.

11. As part of its transformation activities, the Organization is taking the opportunity to build on this success and further improve performance management. For 2019, these activities include adjustments to the performance management report that will allow staff to directly link their own objectives to the

relevant outputs of WHO's new strategy, the Thirteenth General Programme of Work. In addition, supervisors will begin to document the performance of their staff every month and provide feedback. More regular feedback will help to identify problems as they arise and resolve them more quickly, and to make six-monthly reviews more complete and objective.

12. The Organization has also issued a revised policy on recognizing excellence, based on lessons learned from the past four years of successfully implementing the original policy of 2015. The new policy has revised the annual awards process for WHO staff and teams and has established new success criteria related to exceptional contributions to WHO's gender and diversity goals, the WHO Transformation agenda and the WHO Values Charter; quarterly achievement days for supervisors to regularize the recognition of good performance; and certificates for staff completing 10, 15, 20, 25, 30 and 35 years of service.

13. Developed in the context of the transformation agenda in Africa, the African Region's leadership development programme "Pathways to Leadership for the Transformation of Health in Africa" has been designed to combine strategic, tactical and personal content into an integrated approach to leadership; to improve personal skills in leading in an empowered team-oriented workplace; to provide participants with an in-depth insight into personal strengths, weaknesses and preferences, and an in-depth analysis/awareness of their leadership style and abilities; to create team synergy through a powerful collective experience; and to generate an action plan to improve leadership performance. Learning from the experience gained with the first cohorts that went through this programme, work is under way to determine how the programme will be implemented beyond the African Region.

14. At the heart of these changes to performance management – at the heart of transformation in particular – is the commitment to make a measurable impact on the health of the people we serve by changing our Organization to deliver the "triple billion" targets and the health-related Sustainable Development Goals.

## **UNITED NATIONS SEXUAL HARASSMENT PERCEPTION SURVEY**

15. A United Nations sexual harassment perception survey was launched in early November 2018. The survey was open to all staff and non-staff personnel of participating organizations, irrespective of their contracts, and was administered and analysed by a leading firm of management consultants that had been awarded the contract by the United Nations Secretariat. More than 30 organizations participated in the survey on a cost-sharing basis, including WHO, PAHO and UNAIDS, on a cost-sharing basis. It was designed so that it could be benchmarked against other similar studies and aimed to identify: (a) the incidence of sexual harassment within the United Nations, as well as perceptions of how incidents are handled within the United Nations; (b) the risk indicators, including vulnerable categories of personnel and potential high-risk environments; (c) the reporting rates, challenges and experiences; (d) the awareness level of staff and non-staff personnel regarding available reporting and support mechanisms; and (e) the ways in which the Organization could strengthen its prevention, protection and response efforts and more effectively serve the needs of those affected.

16. Conducted at WHO from 6 to 27 November 2018 and available to all staff and non-staff personnel with an active WHO email address, the survey received 2022 responses out of a total of 13 074 WHO staff and non-staff personnel, a response rate of about 15%. The WHO responses represented 15% of the global responses to the United Nations survey.

17. The overall prevalence rate of sexual harassment at WHO was lower than the global United Nations rate (35.5% and 38.7%, respectively). The most common type of harassment was found to be

the same as in the United Nations, namely telling sexual stories or jokes that were offensive to the respondent. However, that type of harassment occurred less often at WHO than at the United Nations (18.5% and 21.7%, respectively). At WHO, 33.6% of the reported incidences of sexual harassment were directed at women and 21.9% towards men. The heterosexual identity group was the most vulnerable, followed by the bisexual group (28.9% and 28.7%, respectively). By employment category, consultants at WHO were by far the most vulnerable group and recorded a moderately higher prevalence rate than consultants at the United Nations (38.1% and 33.0%, respectively). By professional level, the P1–P5 group was the most vulnerable at WHO, with a prevalence rate of 33.5%. By age, the 25–34 age group is by far the most vulnerable at WHO, with a prevalence rate of 40.4%. By length of service, those with 1–3 years of service at WHO are the most vulnerable, with a prevalence rate of 33.1%.

18. The most commonly reported location of sexual harassment incidents was the office in both WHO and the United Nations system (61.4% and 58.3%, respectively). In terms of characteristics of the harasser at WHO, male (65.2%) colleagues (51%) aged 45–54 years (35.2%) were the most commonly reported characteristics, which are very similar to those reported at the United Nations globally. The most common responses of staff to sexual harassment incidents at WHO were to take no action (65.3%, with 53.1% of participating staff reporting that “it was too minor to take action”; similar to the United Nations globally) or to deal with it themselves (31.5% compared to 37.0% at the United Nations globally). The outcomes most commonly perceived by WHO staff to result from the reporting of sexual harassment (again in a similar range to those perceived by United Nations staff globally) were that it stopped (23.5%), the complaint was resolved through informal processes (21.0%) or there was no outcome (20.5%). Those outcomes left 36.0% of participating staff at WHO “satisfied” (32.1% at the United Nations globally). Finally, 40.4% of participating WHO staff who witnessed sexual harassment took no action (41.3% at the United Nations globally), while only 22.2% directly approached the harasser (24.1% at the United Nations globally).

19. Of WHO survey participants, 71.1% feel that their supervisor demonstrates zero tolerance for sexual harassment, while 66.4% think that actions are being taken to prevent sexual harassment and 71.9% feel that sexual harassment is not tolerated at their workplace and professional setting. However, only 58.5% feel that senior leaders demonstrate zero tolerance for sexual harassment, while only 57.4% (57% at the United Nations globally) believe that a sexual harassment complaint will be thoroughly investigated.

20. Of WHO survey participants, 83.3% agree that WHO provides clarity regarding its position on sexual harassment (compared to 79.7% at the United Nations globally), while 76.3% think that WHO provides clear and accessible information about sexual harassment policies and procedures (74.9% at the United Nations globally) and 80.1% think that WHO identifies sexual harassment-related behaviour that should not be tolerated (75.1% at the United Nations globally).

21. The survey’s key findings were transparently communicated by the Director-General to all staff in April 2019, when he reiterated senior management’s commitment to creating a safe and respectful workplace in every WHO office and ensuring that all staff can work in an environment free from discrimination, harassment and abuse. The current WHO policy on the prevention of sexual harassment is being revised to take into account the United Nations System Chief Executives Board for Coordination model policy and the recommendations of the UNAIDS Independent Evaluation Panel.

## **GLOBAL INTERNSHIP PROGRAMME**

22. 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 17, 18 and 19 in the workforce data.<sup>1</sup> Between 1 January and 31 December 2018, 7289 candidates worldwide applied for an internship, of whom 59.0% were female and 59.2% from low- and middle-income countries. During the same period, WHO has hosted 678 interns, of whom 72% were female and 25.7% were from developing countries, compared with 74% and 24.7%, respectively, between 1 January and 31 December 2017. The number of nationalities represented has decreased from 95 to 77. It should be noted, however, that the trend in 2019 seems to be changing since at headquarters the percentages of interns from low- and middle-income countries reached 32% and 36% in January and February 2019.

23. A comprehensive report of the global internship programme was presented to the Executive Board at its 144th session.<sup>2</sup> The strategic objectives of the programme are to build future leaders in public health through professional training and capacity-building opportunities across the Organization. The programme is supported by three pillars: attracting talent, assuring good-quality training and professional experience and building a pool of talented young professionals. It is guided by three cross-cutting principles: gender balance, geographical diversity, and communication and collaboration both across and outside the Organization.

24. In May 2018, the Secretariat implemented the provision of accident and medical insurance for all interns across the Organization. Interns are also granted 2.5 days of time off per month. In Geneva, Copenhagen, Brazzaville, Lyon and Almaty, given the high costs of living, interns are also supported by lunch vouchers.

25. In January 2020, stipends will be provided to interns who need support. After discussions with representatives from the Fair Internship Initiative and a review and benchmarking of the other United Nations agencies, WHO has decided to provide a monthly stipend equivalent to 20% of the reduced daily subsistence allowance. As an illustration, 20% reduced daily subsistence allowance in Geneva amounts to US\$ 1656 per month. Lunch vouchers and medical insurance will be provided in addition. When interns are locally recruited and complete their internship in their city of residence, the hotel component of the daily subsistence allowance will be removed. The cost of the stipends will be supported by the technical units from their activity budgets. In addition, the Wellcome Trust will be the first partner to provide funds to the global internship programme and has committed to support 50 interns from low- and middle-income countries per year for three years (a total of 150 interns), to be placed at headquarters and the Regional Offices for Africa, South-East Asia and the Western Pacific.

26. In order to maintain the number of interns at about 700 per year, given that on average interns stay 3 months at WHO and assuming that all of them need support, a maximum of US\$ 4 million will be needed. The results of a survey administered across WHO in September 2018 indicated that a total of 350 interns could be covered by funds available in the technical units and provided by the Wellcome Trust, at a cost of US\$ 2 million. Technical units and the global internship programme must therefore raise an additional US\$ 2 million to ensure that the same number of interns can be hosted in 2020 by WHO.

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<sup>1</sup> See <http://www.who.int/about/finances-accountability/budget/en/>.

<sup>2</sup> Document EB144/47.

## **AMENDMENT TO THE DIRECTOR-GENERAL'S CONTRACT**

27. It is proposed to make a technical and cost-neutral amendment to the Director-General's contract, relating to the retroactive participation of the Director-General in the United Nations Joint Staff Pension Fund.

## **ACTION BY THE HEALTH ASSEMBLY**

28. The Health Assembly is invited to adopt the following draft decision in respect of the Director-General's contract:

The Seventy-second World Health Assembly, having considered paragraph 27 of the report by the Secretariat, Human resources: annual report,<sup>1</sup> decided to amend the contract of the Director-General, as set out in paragraph II (3) of the Annex to document A72/43, in order to allow for the retroactive participation of the Director-General in the United Nations Joint Staff Pension Fund as of 1 July 2017.

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<sup>1</sup> Document A72/43.

## ANNEX

**CONTRACT OF THE DIRECTOR-GENERAL<sup>1</sup>**

THIS CONTRACT is made this twenty-third day of May of the year two thousand and seventeen between the World Health Organization (hereinafter called the Organization) of the one part and Dr Tedros Adhanom Ghebreyesus (hereinafter called the Director-General) of the other part.

## WHEREAS

(1) It is provided by Article 31 of the Constitution of the Organization that the Director-General of the Organization shall be appointed by the World Health Assembly (hereinafter called the Health Assembly) on the nomination of the Executive Board (hereinafter called the Board) on such terms as the Health Assembly may decide; and

(2) The Director-General has been duly appointed by the Health Assembly at its meeting held on the twenty-third day of May of the year two thousand and seventeen for a period of five years.

NOW THIS CONTRACT WITNESSETH and it is hereby agreed as follows,

I. (1) The Director-General shall serve from the first day of July of the year two thousand and seventeen until the thirtieth day of June of the year two thousand and twenty-two, on which date the appointment and this Contract shall terminate.

(2) Subject to the authority of the Board, the Director-General shall exercise the functions of chief technical and administrative officer of the Organization and shall perform such duties as may be specified in the Constitution and in the rules of the Organization and/or as may be assigned to him or her by the Health Assembly or the Board.

(3) The Director-General fully commits to the responsible management and appropriate stewardship of WHO's resources, including financial resources, human resources and physical resources, in an efficient and effective manner to achieve the Organization's objectives; an ethical culture, so that all Secretariat decisions and actions are informed by accountability, transparency, integrity, and respect; equitable geographical representation and gender balance in staff appointments and in accordance with Article 35 of the Constitution of the World Health Organization; follow-up of recommendations from the Organization's internal and external audits, and timeliness and transparency of official documentation.

(4) The Director-General shall be subject to the Staff Regulations of the Organization in so far as they may be applicable to him. In particular he shall not hold any other administrative post, and shall not receive emoluments from any outside sources in respect of activities relating to the Organization. He shall not engage in business or in any employment or activity that would interfere with his duties in the Organization.

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<sup>1</sup> See resolution WHA70.3 and document WHA70/2017/REC/1, Annex 1.

(5) The Director-General, during the term of this appointment, shall enjoy all the privileges and immunities in keeping with the office by virtue of the Constitution of the Organization and any relevant arrangements already in force or to be concluded in the future.

(6) The Director-General may at any time give six months' notice of resignation in writing to the Board, which is authorized to accept such resignation on behalf of the Health Assembly; in which case, upon the expiration of the said period of notice, the Director-General shall cease to hold the appointment and this Contract shall terminate.

(7) The Health Assembly shall have the right, on the proposal of the Board and after hearing the Director-General and subject to at least six months' notice in writing, to terminate this Contract for reasons of exceptional gravity likely to prejudice the interests of the Organization.

II. (1) As from the first day of July of the year two thousand and seventeen the Director-General shall receive from the Organization an annual salary of two hundred and forty-one thousand, two hundred and seventy-six United States dollars, before staff assessment, resulting in a net salary (to be paid monthly) of one hundred and seventy-two thousand, and sixty-nine United States dollars per annum or its equivalent in such other currency as may be mutually agreed between the parties to this Contract.

(2) In addition to the normal adjustments and allowances authorized to staff members under the Staff Rules, the Director-General shall receive an annual representation allowance of twenty-one thousand United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Contract, to be paid monthly commencing on the first day of July of the year two thousand and seventeen. The representation allowance shall be used at his discretion entirely in respect of representation in connection with his official duties. He shall be entitled to such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official station, on termination of appointment, or on official travel and home leave travel.

~~(3) The Director-General shall not participate in the United Nations Joint Staff Pension Fund and shall instead receive as a monthly supplement the contribution that the Organization would have paid each month to the Pension Fund had the Director-General been a participant. Should the Director-General decide before the start of his appointment on the first day of July of the year two thousand and seventeen that he would like to participate in the Pension Fund, then he and the Organization will contribute to the Pension Fund in the normal manner and there will be no monthly supplement paid directly to him.~~

**(3) The Director-General shall participate in and contribute to the United Nations Joint Staff Pension Fund in accordance with the Regulations and Rules of the United Nations Joint Staff Pension Fund for the term of his appointment.**

III. The terms of the present Contract relating to rates of salary and representation allowance are subject to review and adjustment by the Health Assembly, on the proposal of the Board and after consultation with the Director-General, in order to bring them into conformity with any provision regarding the conditions of employment of staff members which the Health Assembly may decide to apply to staff members already in the service.



IV. If any question of interpretation or any dispute arises concerning this Contract that is not settled by negotiation or agreement, the matter shall be referred for final decision to the competent tribunal provided for in the Staff Rules.

WHEREUNTO we have set our hands the day and year first above written.

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Dr Tedros Adhanom Ghebreyesus  
Director-General

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Professor Veronika Skvortsova  
President of the Seventieth  
World Health Assembly

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