
Human resources: annual report

Report by the Director-General

INTRODUCTION

1. In addition to the WHO workforce data as at 31 December 2022 made available on the WHO website on 4 April 2023,¹ this annual report provides an update as of December 2022 of the trends in the workforce and of related activities with respect to the three pillars of the WHO human resources strategy: attracting talent, retaining talent and fostering an enabling working environment. Major initiatives in human resources are an integral part of the WHO transformation agenda and are described in reports on the WHO transformation process, where applicable. In addition, the theme of the Year of the WHO Workforce was continued in 2022, focusing on activities and initiatives linked to the organizational culture change objectives of the WHO transformation.
2. This report includes an Annex regarding the proposed housing allowance for the Director-General.

TRENDS IN THE WORKFORCE

3. As at 31 December 2022, the total number of WHO staff members² was 8983 (see Fig. 1 in this report and Table 1 in the workforce data available online), a 3.4% increase compared with the total as at 31 December 2021 (8688). Of the total, the percentage of staff members employed at each of the three levels of the Organization between December 2021 and December 2022 changed as follows: the percentage of staff employed at headquarters increased from 32.7% in December 2021 to 33.1% in December 2022; the percentage of staff employed at regional offices decreased from 24.1% in December 2021 to 23.7% in December 2022; and at country offices the percentage remained the same between December 2021 and December 2022, at 43.2% (Fig. 2). The proportion of staff members holding long-term appointments (77.6%) remained the same between December 2021 and December 2022. The percentage of long-term appointments out of the total staff working in the major offices as at December 2022 (and December 2021) was as follows: 72.9% (73.3%) at headquarters, 87.3% (85.1%) in the African Region, 80.7% (79.2%) in the South-East Asia Region, 67.4% (76.6%) in the European Region, 68% (66.1%) in the Eastern Mediterranean Region, 96.1% (95%) in the Western Pacific Region.

¹ <https://www.who.int/publications/m/item/workforce-data> (accessed 18 April 2023).

² All figures include staff in special programmes and collaborative arrangements hosted by WHO, and exclude the International Agency for Research on Cancer or other United Nations agencies that are administered by WHO. They do not include staff working with the Pan American Health Organization (see the following link to the report on human resources management in PAHO: <https://www.paho.org/en/documents/spba1710-human-resources-management-pan-american-sanitary-bureau>, accessed 17 April 2023).

4. For the period from 1 January to 31 December 2022, staff costs amounted to US\$ 1161 million, and decreased as a percentage of the Organization's total expenditure: 31% of US\$ 3804 million (compared to 32% for the period January–December 2021).

5. Regarding other contractual arrangements, when comparing the period of January to December 2021 to the same period in 2022, the number of individuals on consultants' arrangements and agreements for performance of work increased in terms of full-time equivalents: from 1407 to 2033 for consultants, and from 700 to 753 for holders of agreements for performance of work (see workforce data, Table 20). In addition, the number of individuals hired on special services agreements decreased from 5239 in January–December 2021 to 5113 in January–December 2022.

Fig. 1. Distribution of WHO staff as at 31 December 2022, by major office

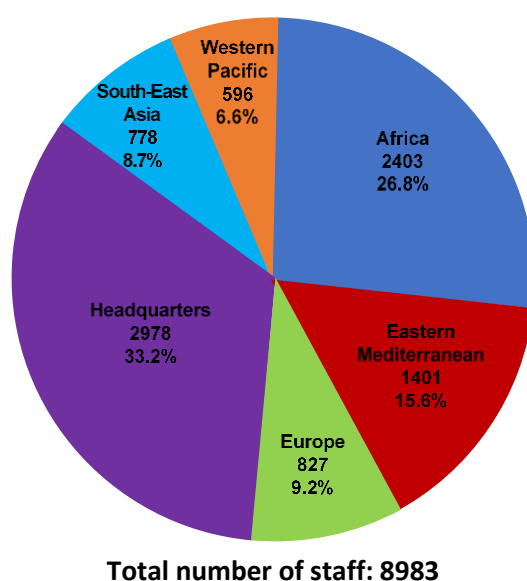
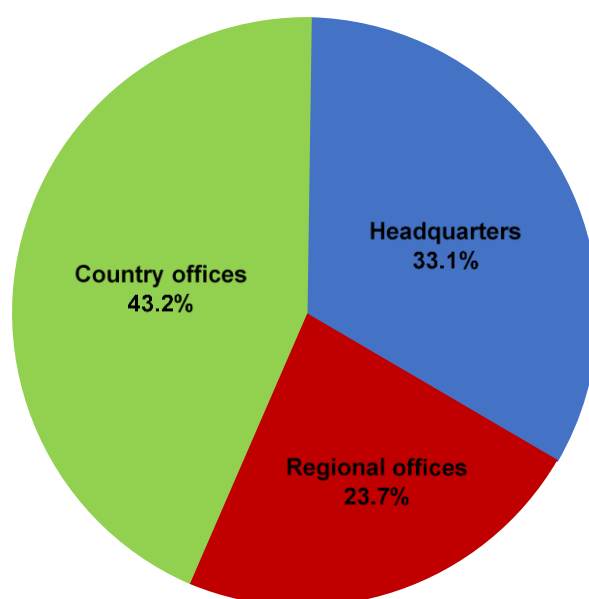


Fig. 2. Distribution of WHO staff as at 31 December 2022, by level



6. Effective 1 March 2023, WHO's new Gender Parity Policy (2023–2026) replaces the WHO Gender Equality in Staffing Policy issued in January 2017. The key changes envisaged by the new policy include: the establishment of new targets per professional level; an intersectional approach to highlight diversity factors; temporary measures to be applied by hiring managers; regular reporting on the compact for senior managers to strengthen accountability; higher reliance on disaggregated data for gender, nationalities and disability reporting supported by human resources systems at each stage of a selection; and a corresponding Implementation Plan for the next two years. Reporting against the new Policy and Implementation Plan will begin with reports including data from 2023 onwards.

7. The workforce data tables presented with this report were updated in 2022 to include additional information on the gender balance in the Organization. By December 2022, WHO had achieved overall gender parity for longer-term appointments, with 50.1% women and 49.9% men holding such appointments, noting that the proportion of female staff in the general service category is above 50%, while in the national professional officer and international professional categories it is below 50% (see workforce data, Table 3a). When taking all staff contract types into consideration, as at 31 December 2022, the Organization is poised to achieve overall gender balance, with 49.6% women and 50.4% men for all types of contracts.

8. In general, from 2017 to 2022, against all indicators, there was an improvement towards achieving gender parity. However, additional efforts and dedicated attention are required for continued advancement and sustainability of these achievements. A further breakdown by grade across all categories of staff positions, and all major offices is provided (see workforce data, Table 3b).

9. During the same period, the number of women at the P4 grade and above across the Organization decreased from 44.2% in December 2021 to 44.1% in December 2022, falling short of the target of 45.5% which was established through the 2017 WHO Gender Equity in Staffing policy, while it is also noted that there was an increase of 3.1 percentage points during the five-year period since 2017.

10. Women accounted for 35.7% of staff at the P6, D1 and D2 grades as at 31 December 2022 – a decrease compared with December 2021 (36.4%), while it is noted that there was an increase of 4.3 percentage points since 2017 (see Fig. 3). There was also a notable increase since 2017 in the percentage of women at the P5 grade, from 40.3% as at July 2017 to 46% as at December 2022.

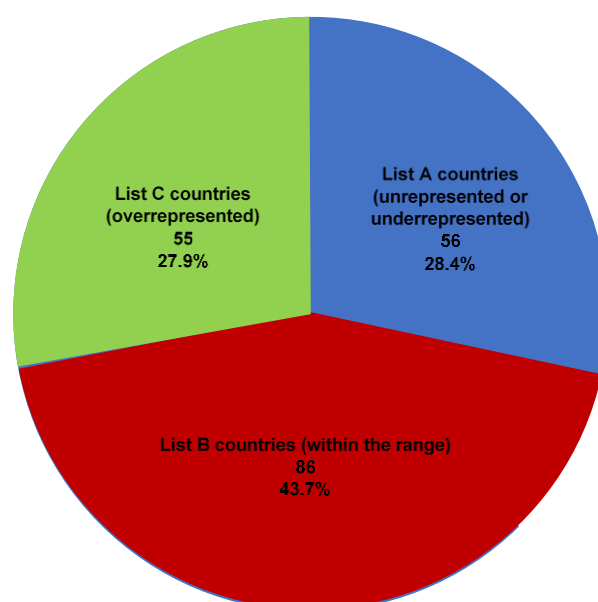
11. The Secretariat is continuing to take steps to increase the number of qualified women on the roster for heads of country offices. While the overall trend for the past five years is positive, as at 31 December 2022, 36.3% of heads of country offices were women, representing a decrease compared with December 2021 (38.2%). However, this figure remains higher than the 35% recorded in 2017.

12. The additional efforts to increase the number of female candidates on the roster for heads of country offices were demonstrated during the selection process in 2022 and continue in 2023. In 2022, 33% of candidates invited for the video interviewing step for screening candidates were female, while 35% of candidates advancing to the assessment centre were female. Overall in 2022, while the percentage of female applicants to the roster was 25%, 46% of all candidates having successfully completed the assessment centre process and been identified for placement on the roster were female. The request for proposals for the selection of a new partner to design and set up WHO Representative assessment centres is currently ongoing. Once the new service provider is identified, the call for applications will be announced for the Global Roster of WHO Representatives, with the assessment centres to be established at the end of 2023.

Fig. 3. Gender parity – trends over time from July 2017 to December 2022

Indicator	As at July 2017	As at Dec 2017	As at July 2018	As at Dec 2018	As at July 2019	As at Dec 2019	As at July 2020	As at Dec 2020	As at July 2021	As at Dec 2021	As at July 2022	As at Dec 2022	Changes between July 2017 and December 2022
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%	46.4%	46.8%	47%	46.8%	Increase of 3.1 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%	43.7%	44.2%	44.5%	44.1%	Increase of 3 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%	38.7%	38.2%	36.3%	36.3%	Increase of 1.3 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%	35.8%	36.4%	36.1%	35.7%	Increase of 4.3 percentage points since July 2017

13. As at 31 December 2022, 28.4% of Member States (or 56 of the 197 Member States)¹ were either unrepresented or underrepresented (see Fig. 4 and workforce data, Table 4). This percentage represents an improvement compared with December 2021, when 29.9% of Member States were either unrepresented or underrepresented (59 of 197 Member States). Regarding changes in the composition, six Member States moved from or to the desirable range in terms of representation during this period. Future reports will reflect updated calculations on the ranges of geographic representation.

Fig. 4. Distribution of WHO Member States as at 31 December 2022, by geographical representation

¹ Including the three Associate Members.

Fig. 5. Geographical representation – trends over time from July 2017 to December 2022

Indicator	As at July 2017	As at Dec 2017	As at July 2018	As at Dec 2018	As at July 2019	As at Dec 2019	As at July 2020	As at Dec 2020	As at July 2021	As at Dec 2021	As at July 2022	As at Dec 2022	Changes between July 2017 and Dec 2022
Percentage of Member States either unrepresented or underrepresented	32.1%	32.1%	31.6%	32.1%	31.6%	31.6%	30.6%	30.1%	29.6%	29.9%	28.9%	28.4%	Decrease of 3.7 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%	44.1%	44.1%	44.4%	45.4%	Increase of 2.4 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%	44.3%	44.9%	45.5%	46%	Increase of 5.2 percentage points since July 2017
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%	38%	39.1%	38.8%	39.6%	Increase of 7.4 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%	18.7%	18.7%	18.1%	17.6%	Increase of 5.1 percentage points since July 2017

14. The proportion of staff in the professional and higher categories from developing countries, at the D1 and D2 levels in particular, has increased since July 2017. Specifically, between December 2021 and December 2022, the proportion of staff in the professional and higher categories from developing countries on long-term appointments increased from 44.9% to 46% (Fig. 5). Organization-wide, the percentage of staff members at the D1 and D2 levels from developing countries increased slightly between December 2021 and December 2022. At the headquarters level, the percentage of staff members at the D1 and D2 levels from developing countries decreased slightly between December 2021 and December 2022, although with a significant increase overall since July 2017. Future reports will replace the developing countries categorization with low- and middle-income countries.

15. Human resources workforce data Table 11a shows the trends in applications from female candidates over time, while Table 11b shows the trends in the geographical representation category of candidates. These tables show that there has been a general increase in absolute numbers but not in percentage terms of female applicants over the past four years, and little progress in increasing applications from nationals of countries that are unrepresented or underrepresented (bearing in mind that the categorization of countries themselves also changes over time). While significant efforts have been made across the Organization to bridge the gender gap, additional investments in sourcing and outreach efforts must be made, with a particular focus on improving geographical representation. Lessons learned in the past year through specific programmes, such as the Young Professionals Programme and the Global Roster of WHO Representatives, will be applied to broader recruitment efforts.

16. The number of senior management staff (P6 and above) on longer-term and temporary appointments has increased from 275 in July 2017 to 290 in December 2022 (+5%) (Fig. 6), in line with the strategic direction of WHO's transformation.

Fig. 6. Comparison of numbers of senior management staff between July 2017 and December 2022, by major office

Major Office	P6/D1			D2			Ungraded			Total		
	Jul-17	Dec-22	2022 vs 2017	Jul-17	Dec-22	2022 vs 2017	Jul-17	Dec-22	2022 vs 2017	Jul-17	Dec-22	2022 vs 2017
Africa	41	35	-15%	1	5	400%	1	1	0%	43	41	-5%
South-East Asia	23	21	-9%	2	3	50%	1	1	0%	26	25	-4%
Europe	25	29	16%	1	1	0%	1	1	0%	27	31	15%
Eastern Mediterranean	28	27	-4%	4	12	200%	1	1	0%	33	40	21%
Western Pacific	16	17	6%	2	2	0%	1	1	0%	19	20	5%
Headquarters	86	80	-7%	29	43	48%	12	10	-17%	127	133	5%
Total	219	209	-5%	39	66	69%	17	15	-12%	275	290	5%

ATTRACTING TALENT

Sourcing and outreach

17. Outreach initiatives continue to be implemented in collaboration with Member States to improve geographical representation and gender parity. Agreements with external service providers are used to conduct targeted outreach and recruitment campaigns in order to improve performance against diversity targets, in particular with respect to gender parity and improving geographical representation. Targeted efforts continue through career counselling, mentorship and leadership pathway programmes to build the capacities of female staff members at junior levels and to prepare them for higher-level managerial positions.

18. WHO vacancies continue to be shared widely by human resources and WHO technical staff, including on social media channels and platforms and through regular information updates to United Nations missions in Geneva and technical networks. These activities are evaluated afterwards in order to focus on measures that produce the best results.

19. As reported to the Seventy-fifth World Health Assembly in 2022,¹ WHO launched the Young Professionals Programme in the second half of 2021, which targets candidates from least developed countries. The 14 selected candidates from 14 least developed countries were onboarded by early November 2022 and began their respective assignments, and the programme was officially inaugurated in February 2023. The development aspects of the programme for the first cohort are being implemented, and the lessons learned from selection process of the first cohort are being documented. Planning for the initiation of the second cohort is in progress.

Recruitment and selection

20. As part of the WHO transformation agenda, the target was established for completion of the recruitment process within 112 calendar days (or 80 working days), primarily through the improvement of candidate screening services.

21. The average time to recruit globally was 187 calendar days in both 2019 and 2020, with a range of 17 to 963 days in 2019 and a range of 25 to 627 days in 2020. The global average time to recruit decreased in 2021 to 141 days, with a range of 29 to 376 days. While continued improvements were seen in recruitment data from the first half of 2022, the data for the entire calendar year shows an average

¹ See document A75/31.

time to recruit of 163 days with a range of 9 to 405 days. Although performance improved in 2022 compared to 2019 and 2020, dedicated efforts are required to sustain the achievements made.

22. The main issues that impact time-to-recruit are the screening of applicants, the availability of panel members and the timeliness of final decision-making. A new dashboard is currently under development to improve the analysis and reporting on recruitment data. Two new requests for proposals processes are underway for the provision of screening services, and for the development of new tools for candidate assessment, with service providers to be selected in 2023.

23. The Stellis tool used to support recruitment and selection presents a number of challenges, in particular due to variations in use across major offices to advance the recruitment process in the system. Issues encountered and lessons learned are being used to inform the development of the new enterprise resource planning system, which will replace Stellis when launched, ensuring that WHO applies a consistent and harmonized approach to recruitment throughout the Organization for all contract types, with improved capabilities for reporting and assessment of performance in recruitment.

24. The selection processes to fill positions in the Global Sourcing and Recruitment team, established mid-2021, continued in 2022 with a second call for international UN volunteers who joined in the second half of the year.

GLOBAL INTERNSHIP PROGRAMME

25. The Global Internship Programme was relaunched in October 2022 following the programme's suspension since July 2020 due to the COVID-19 pandemic. Since the relaunch, 54 internship opportunities have been identified and the bar chart below provides a breakdown of the major office and/or headquarters division of these opportunities.



26. In the first quarter of 2023, 16 interns have been selected, of whom over 81% are female and over 87% are from low- and middle-income countries. The Secretariat continues to monitor the trends and progress to attaining the resolution WHA71.13 (2018) of at least 50% of selected interns from low- and middle-income countries and to implement the three key reforms in making internships accessible.

27. A separate paper on the Global Internship Programme was submitted to the Executive Board at its 152nd session¹ and is referred to in the consolidated report to the Seventy-sixth World Health Assembly.² The Secretariat is also submitting a request to the Health Assembly, by means of a separate report,³ to update the target date for achieving 50% of interns from low- and middle-income countries.

RETAINING TALENT

Performance management

28. An assessment of WHO performance management was conducted by an external contractor from May 2022 to January 2023. Recommendations were made for the improvement of related policies, system and processes based on best practices in the industry and the specificities of WHO. The assessment took into account the opportunities presented by the introduction of the new Business Management System (BMS) to build on the performance management functionality of the new system and achieve business process optimization, as well as address the specific challenges to performance management that large-scale teleworking has presented. The scope of the assessment included the current organization and management of the performance management function at the three levels of the Organization: the existing policies, including the performance management development framework, managing underperformance and recognizing excellence; the processes for the entire WHO workforce (staff and non-staff) including emergencies; the existing tool (eWork), the new tool (BMS) and their functionalities.

29. A global survey was conducted to seek input from the workforce across the three levels of the Organization on their performance management challenges, and their suggestions for improvements. Focus groups and interviews were held with key stakeholders to discuss the weaknesses of the present performance management system and approach and potential solutions. A roundtable discussion was also conducted to gather inputs and best practices among United Nations agencies.

30. The key recommendations include clarifying roles and responsibilities in the performance management process and articulating accountabilities more clearly; introducing a system of calibration and including a 360-degree process in performance management and improvements to consequence management; investing in culture change and a performance-management mindset; defining clear roles for human resources performance management experts and enhancing their capacities; upskilling supervisors; and designing and implementing an internal communication campaign.

31. The BMS project includes a module on performance management, and working sessions with the new service provider are ongoing. This module will replace the existing tool (eWork) and its design is being informed by the above-mentioned assessment.

32. The Regional Office for Africa has introduced a Team Performance Feedback system to collect and analyse stakeholders' feedback on how a team is performing in six areas: WHO values; team effectiveness; quality of deliverables; cost consciousness and management; collaboration and integration; and agility and change management. The data collected are used to improve relations with technical partners, Member States and colleagues within WHO. The Feedback on Team Performance

¹ Document EB152/51.

² Document A76/7.

³ See document A76/28.

system has been used by 12 units, two clusters in the Regional Office and four WHO country offices in their effort to consolidate change.

Staff learning and development

33. The Pathways to Leadership Programme, led by the Regional Office for Africa, continues to be implemented across major offices, with 20 participants from the Regional Office for Europe and 27 women from francophone countries benefiting from the Programme in 2022. A joint Regional Office for Africa/Regional Office for Europe cohort for 25 participants was launched in September 2022. The Regional Office for Africa conducted the second round of 360-degree feedback for 52 participants in the Leadership Programme (47 WHO Representatives and five Operations Officers), enhancing their awareness on their personal development. The 360-degree feedback process used in the Programme informed the headquarters 360-feedback exercise launched in 2022, as described below.

34. During the biennium 2020–2021, WHO funded specialized leadership and management courses delivered by United Nations System Staff College, for over 200 staff members at various levels worldwide. Courses on other administrative topics, including effective writing skills, virtual events facilitation, trainer essentials and knowledge management were offered to a total of 88 members of staff in support functions.

35. WHO's successful collaboration with the United Nations System Staff College continues in the 2022–23 biennium, and 245 members of staff are enrolled for Staff College courses starting in 2022, including:

- 39 senior managers at grade P5 and above for the UN Executive Management Programme
- 34 female staff members at the P4/P5 level in the Leadership, Women and the United Nations course
- 27 staff members at the P2 and P3 levels for the UN Emerging Leaders e-curriculum
- 24 staff members at grade G5 and above in the Leadership Skills for Support and Administrative Functions course
- 31 administrative assistants in the Skills for Administrative Assistants course.

36. The 23 global and 35 regional learning initiatives approved by the Global Learning and Development Committee for the biennium 2022–2023 are presently under implementation. The global learning initiatives include courses for human resources professionals by the Chartered Institute of Personnel and Development; project management courses; access to more than 5000 short courses on LinkedIn Learning platform; global procurement courses; performance management courses; coaching for managers; and disability awareness and inclusion courses. Regional initiatives covered areas such as capacity-building for WHO Representatives; resource mobilization and donor engagement; country strategic planning; and conflict management. Furthermore, WHO has subscribed to the United Nations System Staff College Blue Line platform which provides free access for the entire WHO workforce to more than 40 leadership and management courses through different pathways.

37. For current WHO mandatory training, the completion rates, per course, are indicated below. WHO follows up with regular reminders to complete mandatory training and increase completion rates. New

revisions to the mandatory training policy have been proposed to link compliance to the overall performance assessment rating.

- **Prevention of sexual exploitation and abuse training:** assigned on and effective as at November 2021 to all members of the WHO workforce. Current completion rate: 93%.
- **United to respect – preventing sexual harassment and other prohibited conduct (general and managers version):** assigned on and effective as of March 2022 to all members of the WHO workforce: general version (for staff with no supervisory role); managers version (for staff with a supervisory role). Current completion rates: 92% for general version, 91% for managers version.
- **United Nations BSAFE security awareness training course:** assigned on and effective as of October/November 2022. Current completion rate: 92%.
- **Cybersecurity essentials and preventing phishing training course:** 91% completion
- **Cybersecurity refresher training course:** 93.5% completion.

38. Future mandatory training initiatives include the WHO Ethics Empowerment mandatory training (to be issued in April 2023), and updates to the prevention of sexual exploitation and abuse training; and United to respect training to reflect the new WHO policy on preventing and addressing sexual misconduct.

39. In 2022, 2141 staff members participated in Arabic, Chinese, English, French, German, Portuguese, Russian and Spanish language courses: 29% of participants were based in the African Region, 11% in the South-East Asia Region, 7% in the European Region, 13% in the Eastern Mediterranean Region, 6% in the Western Pacific Region and 34% at headquarters. The language course catalogue has been expanded to include new topics and delivery formats. About 606 staff members have been selected to take part in special training courses focusing on writing and communication-related soft skills. The global language programme has financially endorsed 136 candidates for the 2022 United Nations Language Proficiency Examination.

40. Following the trend during the biennium 2020–2021, the interest in the Arabic, Chinese and Russian languages is progressively growing: in 2022, the number of enrolments in these languages increased by more than 50% compared with the previous biennium (169 participants in 2020, 178 in 2021 and 272 in 2022).

41. In 2022, approximately 580 staff members were invited to participate in the online headquarters induction programme. With the programme adjusted to a virtual environment, there is no limit in the number of invitees and participants can easily access the recordings of the sessions if they are unable to participate live. To ensure that all newly recruited staff members who will take up an appointment at any WHO location receive the same information about working for the Organization, a global induction programme is being designed and developed in partnership with the United Nations System Staff College in a modular e-learning pathway to be implemented globally as a complement for the existing induction programmes in each major office.

42. The WHO Academy will play a key role in building the capacity of the global health workforce, including WHO's own staff. It will contribute not only to building an even more experienced, qualified and talented WHO workforce, but also to creating a workplace that allows our people to be and do their

best. The Academy will be WHO's main learning centre, bringing together all WHO learning products and services. In 2022, the Academy learning offer was reviewed to provide learners with a single point of access to their life-long learning needs, with a coherent catalogue of learning programmes and credentials that will be recognized as a global standard. It will also incorporate a curated selection of high-quality external learning offers for the global health workforce. The catalogue of courses will respond to major global health challenges and to the needs of health workers. The co-production of courses, which will involve WHO collaborating centres and the international academic community, will accelerate the pace of production, while attracting "brands" that ensure high quality, credibility and international visibility. The curation of training products produced by partner organizations will be subject to quality control processes put in place by the Academy, under the guidance of its Quality Committee.

43. A 360-degree feedback process as a staff development exercise was launched in a phased approach at the end of the first quarter of 2022 with the first cohort of a representative sample of staff at the headquarters level of 399 participants from all Divisions, composed of Directors, Managers and Individual Contributors. The exercise, which is part of the WHO Transformation journey, aims to improve organizational effectiveness, transparency and performance while providing the workforce with an opportunity to build on their strengths and realize their full potential. It is expected that the process will serve to build a culture of trust and feedback across the Organization, strengthen performance and accountability at all levels, and provide staff with valuable information for learning and development purposes.

44. The questionnaire completion phase ended in July 2022, and the entire process, including the delivery of feedback reports and one-to-one debriefing sessions, ended in January 2023. Overall, the exercise ran smoothly, and participants expressed positive feedback in general with regard to the initiative, underlining satisfaction particularly in relation to the one-to-one debriefing sessions with the external coaches of the external service provider. Lessons learned were gathered to inform and further improve the process, and scale-up across the Organization is under consideration.

Mentoring

45. The WHO global mentoring programme is part of an organizational development approach to support staff in career development, on-the-job learning, knowledge sharing and capacity-building. The number of mentors currently available is 180; these are staff of all grades and from all WHO regions, as well as some WHO retirees. Training and briefing sessions for mentors in support of "confident career conversations" with mentees have continued to facilitate career development discussions.

46. Since January 2022, staff have continued to benefit from mentoring while also receiving training and guidance through online and face-to-face workshops offered by the Career Management and Development Team. In 2022, collaborative mentoring initiatives continued to take place through the International Training Centre Mentoring process, thanks to which 10 WHO staff members joined the Training Centre's mentoring programme for women as mentors or mentees. This programme aims to increase gender parity and empower women at all stages of their careers through one-to-one mentoring, mentoring circles and various learning events and workshops offered to mentees. A global speed mentoring event was organized in May 2022, during which 16 staff members were offered the opportunity to experience mentoring and be exposed to its benefits. A new online training programme on coaching skills for managers and mentors has been developed and was launched in February 2023. It saw the participation of 40 mentors and managers from all duty stations across the three levels of the Organization. A newly created structured mentoring initiative was launched on 17 January 2023 and brought together 127 staff members, including some retirees, who signed up as new mentors and

mentees. The high level of interest generated by the initiative across the three levels of the Organization resulted in 52 newly-formed mentor-mentee pairs representing all WHO Regions. To keep staff updated, a mentoring newsletter has been created with key information and tools made available to all staff through the online career portal.

47. The Regional Office for Africa's mentorship initiative is a six-month programme conducted using a virtual platform. The programme, which consists of pairing junior and senior staff based on individual values, launched the fourth cohort of its mentorship program for staff in October 2022. To date, 300 mentees from WHO African Region and 140 mentors from across all WHO major offices including WHO headquarters, have been successfully matched and achieved key outcomes of the mentorship programme. This programme has been recognized globally as one of the best initiatives to accompany staff in building their capacity, based on their professional needs and career development. Assessment of cohorts 1 and 2 revealed that 90% and 80% of mentees felt motivated and a sense of belonging respectively, and 85% and 83% of mentors felt they have a better understanding of the Organization.

48. The AFRO Team Performance Programme is anchored in the WHO competencies framework and WHO Values Charter. This programme seeks to equip all staff at all levels with the tools and skills to improve their professional competencies; build the capacity for teamwork across the Organization through provision of comprehensive support and personalized mentoring and coaching; and increase staff alignment with WHO values to foster a collaborative culture. The programme consists of 34 training modules and individual coaching sessions with a broad array of tools, and staff development concepts are delivered through practice-based co-development workshops and virtual training sessions that emphasize self and group awareness, interpersonal communication and insightful use of resources such as time. To date, 45 general service staff and 20 international professional staff participated in 11 customized development workshops, 102 individual coaching sessions and four group coaching sessions.

Career pathways and career development

49. A high-level career management framework and architecture have been established and updated, focusing on two main career streams in WHO: technical and operational. A total of 45 in-depth interviews were finalized with Directors at the headquarters level, Directors of Administration and Finance, and Directors of Programme Management in regional offices, thus enabling the definition of career development principles and the collection of practical input for definition of career pathways across all areas of work and levels. The revised career management framework is currently being used to inform the job architecture and catalogue in the new enterprise resource planning system. Thirty-five career paths have been drafted for different job families and are currently under revision to align job profiles with the harmonization of position descriptions and with the Core Predictable Country Presence approach. In order to keep all WHO staff updated on the progress made in this area, an online career pathway and development newsletter was developed and shared with the entire workforce in July 2022 and further information sessions will be scheduled.

50. In 2022, career management activities, coaching, mentoring, emotional intelligence training and team-building sessions, as well as career counselling, continued to be offered both remotely and face to face. The new career development programme entitled "Advance" was delivered in the fourth quarter of 2022 and a new cohort started in February–March 2023 to promote women's leadership while addressing the specific career development needs and challenges of national professional officers and general service staff. The programme is complemented by coaching support provided by a group of WHO internally qualified coaches. A new edition of the EMERGE programme, co-developed with 11 other international organizations, took place remotely from October 2021 to June 2022 and saw the

enrolment of WHO national professional officers who took part in a leadership development path aimed at supporting their career development. Masterclasses with renowned international speakers on various career development topics have been organized and offered to all staff online.

51. The business process optimization phase of the new talent management platform, which is integrated into the new enterprise resource planning system, has started with the definition of the key requirements, technical features and process steps.

Mobility

52. 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 2022 stands at 252, compared with 225 for the period January–December 2021 (see workforce data, Tables 14 and 15). At the same time, there has been an increase in the percentage of moves from one major office to another: 41.3% of total moves in 2022, compared with 38.2% of total moves in 2021.

53. Revisions to the mobility policy are being completed based on the outcome of the mobility simulation exercise, as well as additional inputs from senior leadership, management and staff, with implementation scheduled for mid-2023. The launch of WHO's global mobility programme will provide mutual benefits to both staff and the Organization, through the demonstration of individual and collective commitment to increased opportunities for professional growth and development, and by putting values into practice through readiness to serve in all locations where the services of WHO staff are required, thus contributing to the achievement of the strategic goals of the Organization.

ENABLING WORKING ENVIRONMENT

Diversity, equity and inclusion

54. The diversity, equity and inclusion approach for the WHO workforce, and an associated action plan, were published in May 2022. The approach lays the foundations for measures to attract and retain a diverse workforce and create a work environment that is welcoming to all, where everyone feels valued and can perform at their best.

55. WHO completed the update of its policy on the employment of persons with disabilities, which was published in early 2022. The policy provides for the full and equal enjoyment of all human rights and freedom for all persons with disabilities without discrimination of any kind and is linked to the WHO Diversity, Equity and Inclusion agenda for the WHO workforce. The policy aims to facilitate equality of access to employment, advancement and retention in WHO for persons with disabilities, including the provision of reasonable accommodation, recognizing that it is in the interest of WHO to recruit and maintain a diverse and skilled workforce that is representative of the diverse nature of society, which includes persons with disabilities. Specific standard operating procedures and guidance on the provision of reasonable accommodation were completed in 2022 and are being launched in early 2023.

56. WHO's approach to diversity, equity and inclusion has been well informed by a range of surveys, reports and studies designed to assess and improve the workplace, including the "Listen, Learn & Act Together – Let's Talk Survey for 2021". A number of themes have emerged from these actions related to human resources, internal justice, leadership, collaboration and communication. The Secretariat has initiated implementation plans to translate these themes, trends and recommendations into concrete actions which will continue to be reported on in subsequent human resources reports.

Prevention of abusive conduct including sexual harassment

57. Since the WHO Policy on Preventing and Addressing Abusive Conduct was adopted in March 2021, covering harassment, sexual harassment, discrimination and abuse of authority (collectively, “abusive conduct”), the implementation plan has been rolled out and includes a robust communication campaign and the dissemination of communication materials and resources that regularly remind the members of the workforce of their duties in preventing and addressing abusive conduct. Training sessions, both optional and mandatory, tailored to the needs of different audiences, have been delivered across the three levels of the Organization. Particular emphasis is being placed on background verification through, in addition to other tools, the use of Clear Check, a United Nations system-wide electronic database that permits the screening of candidates and the sharing of, among other things, information on former personnel against whom allegations of sexual harassment or sexual exploitation and abuse were substantiated. Moreover, a system was established to ensure the implementation of the policy’s prevention measures in all offices. New approaches to further expand and strengthen verification and screening services are being explored.

58. Following the adoption on 8 March 2023 of the WHO Policy on Preventing and Addressing Sexual Misconduct, sexual harassment, which was until then covered by the WHO Policy on Preventing and Addressing Abusive Conduct, now falls under the WHO Policy on Preventing and Addressing Sexual Misconduct. As a result, the WHO policy on preventing and addressing abusive conduct is currently being updated.

Internal justice system

59. The Secretariat continues to monitor the reform of the internal justice system launched in 2016; the resulting improvements have included a greater emphasis on the informal resolution of disputes, which has significantly reduced the number of appeals. An external consultant was selected to conduct a review of the relevance, efficiency, effectiveness and independence of the internal justice system. The review process started on 17 January 2022 and was concluded on 17 April 2022 with the issuance of a report. The report found that the reform of 2016 was “a successful one” and that “WHO/UNAIDS have put in place the essential internal justice mechanisms to deal with work-related disputes both at a formal and an informal level”. The report provides a list of recommendations aimed at improving the system in the areas of informal resolution, investigation and disciplinary processes, access to justice, legal assistance and whistleblower protection. A workplan has been prepared in close coordination with all stakeholders to implement those recommendations in the 2023–2024 period.

60. In addition, the Joint Inspection Unit has conducted a review of the internal justice systems of organizations within the United Nations system for the period September 2021–December 2022, with a view to mapping approaches to internal justice mechanisms and assessing the adequacy and capacity of such mechanisms to deliver on the objectives set out in the applicable regulatory frameworks. The Joint Inspection Unit is expected to issue its report in 2023.

Flexible working arrangements

61. Guided by the framework prepared by the WHO task force established by the Director-General to review flexible working arrangements and endorsed by the Global Policy Group in May 2021, the Department of Human Resources and Talent Management published the policy to introduce a holistic approach to implementing flexible working arrangements across all levels of the Organization in July 2022, to enter into effect on 1 September 2022, subject to necessary system enhancements in some areas, and accounting for major office specificities.

Contractual modalities

62. In November 2020, a three-level global task force was established to review the use of WHO's existing contractual arrangements to: determine how these arrangements can be designed, adapted or used more effectively; establish how the related processes can be further improved to support the business needs of the Organization; support hiring managers in choosing the approach that best meets their needs; and ensure that WHO's working environment is supportive and enabling, while remaining productive and responsive to the needs of the workforce and key stakeholders. The task force completed its work and delivered its final report in December 2022. The detailed implementation plan is under development, with specific near-term actions that will be initiated in 2023.

Human Resources Global Operations

63. Human Resources Global Operations (HR Global Operations) is an integral part of the Human Resources and Talent Management Department and consists of a dedicated human resources service centre operating from the Global Service Centre in Kuala Lumpur. HR Global Operations plays a significant role in the Secretariat's efforts to modernize and standardize WHO's human resources services.

64. The HR Global Operations team provides centralized services to the workforce, processing more than 130 types of human resources transactions. The scope of transactions comprises staff contract management, statutory travel, self-service human resources, incident management, master data management and yearly compliance exercises. In 2021, HR Global Operations started offering new services which included staff onboarding, staff salary step determination, a revised separation exit survey, Organization-assisted shipment upon appointment, reassignment and separation and reimbursement of COVID-19-related testing and quarantine expenses. In 2022, the HR Global Operations team stabilized these new services, benefiting from lessons learned and data collected that will continue to contribute to further improvements in these areas, and expansion of these services to the entire Organization is currently under review.

65. In 2021, the HR Global Operations team launched a new service desk for the Joint United Nations Programme on HIV/AIDS, providing services related to appointments, separation and statutory travel. In 2022, the HR Global Operations team completed one year of its operations and a performance review exercise was also undertaken.

66. In 2022, HR Global Operations re-initiated the exercise of quarterly meetings with its counterparts at all the WHO regional offices. The exercise enables the HR Global Operations team to gather valuable feedback on service provision and deliberate on possible joint improvements. The team also continues to provide a mixture of dedicated and on-call services to the WHO emergency operations, including during a second shift on all weekdays, a shift on Sundays, and on-call shifts on Saturdays and official holidays.

67. From February 2022, the HR Global Operations team launched a new centralized service that provides an entitlements induction for newly joined employees at certain headquarters duty stations. This service provides a complete orientation to all staff entitlements for the newly recruited staff members, and an expansion of this service to the entire Organization is currently under review.

68. In 2023, the HR Global Operations team will be developing and launching audiovisual aids for customer support. These are designed to reduce customer queries and transaction rejection rates.

Staff health and well-being

69. The health and well-being of the workforce underpins 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.

70. To achieve a healthy working environment, WHO's Department of Staff Health and Well-being has contributed to various programmes and initiatives, including the United Nations Medical Directors Network; High-Level Committee on Management Occupational Health and Safety Forum led by WHO; and the WHO Taskforce on Workforce Mental Health and Well-Being to implement the UN System Workplace Mental Health and Well-being Strategy.

71. The WHO Mental Health Task Force has continued to facilitate activities to support and promote mental health at the workplace. Individual support, interactive webinars and support to teams on a range of topics were facilitated.

72. The Department of Staff Health and Well-being plays an essential role in outbreak and emergency response activities by protecting and promoting the health and well-being of WHO's global workforce. The Department provided continued protection and promotion of staff health and well-being throughout the pandemic. Specific activities included contact-tracing, medical evacuations, workplace accommodation, periodic examinations, psychosocial support, vaccination, blood donation and various health promotion campaigns.

73. Following the improved epidemiological situation and the decision of the United Nations System Task Force on Medical Evacuations (MEDEVACs), the COVID-19 MEDEVAC Medical Coordination Unit was closed on 31 December 2022, and the Ghana COVID-19 Field Hospital was handed over to the Ministry of Health and President of Ghana at the end of January 2023. In total, from May 2020 to December 2022, 356 COVID-19 MEDEVACs were completed from 69 different origin countries to 26 receiving countries, with patients from 51 different United Nations agencies and implementing partners.

74. The Department of Staff Health and Well-being continues to provide support prior to, during and after deployment to Grade 2 and Grade 3 emergencies with the regional staff physicians. Despite the progress made, additional human and financial resources are required in order to ensure equal support for the WHO workforce across the three levels of the Organization.

75. The Department psychologist, supported by a consultant psychologist, continues to provide specialized mental-health-at-work support for headquarters staff. In addition, the global workforce has access to awareness-raising training on the protection of mental health at work.

76. In September 2022, the Department of Staff Health and Well-being together with Business Operations launched a new employee assistance programme to provide the global workforce with a 24/7 counselling service available in 48 languages with coverage in 70 countries. The service is available over the phone, by email, or through an application.

77. Since January 2022, WHO has increased its resources for staff counselling support to the workforce. The first fixed-term Regional Staff Counsellor was recruited in the Regional Office of the Eastern Mediterranean Region, and consideration is being given to the establishment of similar positions in other major offices.

78. In 2022, staff counsellors provided emergency support to Ukraine, including missions to the Ukraine country office and provision of counselling to staff in the field, with recommendations and follow-up actions proposed to senior management.

79. Ongoing individual and team support was provided by the Staff Counsellor, supported by a consultant, through self-help groups and interactive webinars on psychosocial issues.

ACTION BY THE HEALTH ASSEMBLY

80. The Health Assembly is invited to note the report, including its Annex. In its discussions, the Health Assembly is further invited to provide guidance in respect of the following questions:

- What additional efforts would Members States suggest to further improve geographical distribution and gender parity, particularly for higher-level managerial positions?
- What areas described in the report should represent priorities for focused attention by the Secretariat?

81. The Health Assembly is also invited to adopt the draft resolution recommended by the Executive Board in resolution EB152.R5.

ANNEX

HOUSING ALLOWANCE FOR THE DIRECTOR-GENERAL

BACKGROUND

1. The Seventy-fifth World Health Assembly, having considered the report by the Director-General (document A75/31), and having considered the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fifth World Health Assembly (document A75/57) on the proposed application of a housing allowance for the Director-General presented in the Annex to document A75/31, and the corresponding amendment proposed to the draft contract of the Director-General, contained in document A75/5, decided in decision WHA75(13) (May 2022):

(1) to defer a decision on the proposed application of a housing allowance for the Director-General as presented in the Annex to document A75/31 to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board and the thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board;

(2) to grant an interim allowance of US\$ 5000 per month for the Director-General given the exceptional circumstances.

2. The Executive Board at its 152nd session, through resolution EB152.R5, recommended to the Seventy-sixth World Health Assembly the establishment of a housing allowance for the Director-General of US\$ 7000 per month adjusted annually with reference to the consumer price index for Geneva, Switzerland effective 1 June 2023 in place of the interim allowance for the amount of US\$ 5000 per month approved in decision WHA75(13) (2022).

3. This Annex provides information on a proposed housing allowance for the Director-General for consideration by the Seventy-sixth World Health Assembly.

4. A housing allowance is one element of the compensation package that may be provided to executive heads of the organizations of the United Nations system. It is payable in addition to the net salary plus post adjustment and representation allowance. The form and amount are approved by the relevant governing bodies.

5. Pursuant to resolution WHA15.4 (1962), the Executive Board at its thirty-first session considered a report on housing allowance or housing for the Director-General,¹ and adopted resolution EB31.R23 (1963), in which the Board decided to keep the matter under review for the time being and requested the Director-General to prepare a further report on the subject as such time as more specific recommendations could be made.

SITUATION IN OTHER UNITED NATIONS ORGANIZATIONS

6. Across duty stations, United Nations organizations use a variety of means to support the accommodation of executive heads, including the following: provision of accommodation directly;

¹ Document EB31/32.

rental subsidies in accordance with United Nations common system entitlements; separate housing allowances; and the full payment of rent. There are, however, some United Nations organizations that provide no support. As at January 2022, the following list provides an overview in respect of allowances provided to executive heads of other specialized agencies:

- FAO: directly rents appropriate housing accommodation and pays related expenses
- ILO: provides 100% of monthly rent and fixed charges
- UNESCO and IFAD: provide a flat and covers related expenses
- IAEA, ITU, WIPO, UNIDO, UNWTO: provide a housing allowance
- ICAO, UPU: provide a rental subsidy, if applicable
- IMF, IMO, World Bank Group, WMO: no housing allowance is indicated

7. Specialized agencies in Geneva that provide housing allowances or cover housing costs directly for their executive heads as follows:

Agency	Annual Amount Original Currency	Annual Amount US dollars	Monthly Amount US dollars
ILO	Sw.fr 144 000 (max)	US\$ 156 769 (max)	US\$ 13 064 (max)
WIPO	Sw.fr 77 145*	US\$ 83 986	US\$ 6999
ITU	Sw.fr 71 400	US\$ 77 731	US\$ 6478

*updated annually based on the consumer price index for Geneva.

8. Accordingly, a housing allowance in the amount of US\$ 7000 per month, updated annually on the basis of the consumer price index for Geneva,¹ is being proposed for the Director-General of the WHO, in line with practice in other comparable specialized agencies.

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¹ The consumer price index for Geneva is issued by the Office cantonal de la statistique.