

**Independent Oversight and Advisory Committee for
the WHO Health Emergencies Programme**

**Special report to the Director-General
of World Health Organization**

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BACKGROUND

The Director-General mandated the WHO Health Emergencies Programme Independent Oversight and Advisory Committee (IOAC) to provide advice in relation to promoting diversity within the WHO Health Emergencies Programme and to review issues that were impacting on staff morale and impeding the Programme from performing optimally.¹

The Committee, meeting in Geneva on 25 and 26 February and from 18 to 25 March 2018, reviewed statistical information on diversity, including gender and demographic balance, in the Health Emergencies Programme, in WHO overall, both at headquarters and in the regions, on the basis of documentation provided by the Department of Human Resources Management. It took stock of ways in which the Human Resources policy for recruitment, career development and performance management might affect or impact on management and leadership within the Health Emergencies Programme. It also examined gender and diversity policies and case studies from other international agencies.²

The Committee further reviewed the range of grievance mechanisms available to staff, and conducted interviews with a wide range of staff members at headquarters.

CONTEXT

IOAC noted that the WHO Health Emergencies Programme, requested and approved by WHO Member States, had been officially launched only on 1 July 2016.³ The urgency to operationalize, together with the need to absorb all staff members from the composite elements yoked together to form the Programme, allowed insufficient time fully to address the important issues of gender balance and diversity. By adding operational capabilities to its traditional technical and normative roles, the very rapid roll-out and entry into operation represented a profound change for the Organization across its three levels. Recruitment of Health Emergencies Programme staff at country office level at present stands at only 54% of goals: the Programme therefore remains very much a “work in progress”.

The Committee observed that the Programme had been operating under constant emergency conditions since its launch, and all the more so since the Ebola virus outbreaks in the Democratic Republic of the Congo of April 2018, in Equateur Province, and the ongoing outbreak of August 2018, in North Kivu Province. The management of the 2018 Ebola virus outbreak in the Democratic Republic of the Congo and the other emergency situations which it has had to face have seriously strained its operating resources and capacities. The emergency context in which management decisions are taken and under which standard WHO management processes, such as performance management, are conducted necessarily create an exceptionally complex working environment, placing high workload pressures on frontline staff and on managers.

¹ EB144/2, Report by the Director-General, paragraph 85.

² Information examined included gender and diversity policies from the European Organization for Nuclear Research (CERN), the United Nations Development Programme ((UNDP), the United Nations High Commission for Refugees (UNHCR), and case studies conducted by the United Nations System Staff College (UNSSC) in respect of UNAIDS; UN Cares; UNDP; United Nations Department of Safety and Security (UNDSS); and UNHCR.

³ WHA69(9) (2016) Reform of WHO’s work in health emergency management: WHO Health Emergencies Programme

In spite of this very difficult operational context, the Programme has made impressive progress in establishing WHO's response to emergencies, and its action has been welcomed by Member States and by the Organization's multiple partners.

The following is a brief summary of the findings and recommendations of the Independent Oversight Advisory Committee.

FINDINGS AND RECOMMENDATIONS

I. DIVERSITY

From its consideration of the statistical data under its review, the Committee observed that the allegations of insufficient diversity among international professional staff were well founded, . However, the figures for the Health Emergencies Programme and for WHO at headquarters did not yield significantly different values, though disparity increased markedly the higher the category of staff. In the **professional and higher grades**, as at 31 December 2018:

- out of 1481 WHO headquarters staff, 372 (25%) were from developing countries;
- out of 229 Health Emergencies Programme headquarters staff, 56 (24%) were from developing countries;
- 55% of both WHO headquarters staff and Health Emergencies Programme staff were women;
- 584 WHO headquarters staff (39%) came from a spread of five countries;¹
- 107 Health Emergencies Programme headquarters staff (47%) came from a spread of five countries.²

The Committee noted however, that the diversity diminished, both in terms of country of origin and of gender, in the **P5 grade and above** category in both WHO and in the Health Emergencies Programme:

- out of 513 WHO headquarters staff, 113 (22%) were from developing countries;
- out of 74 Health Emergencies Programme headquarters staff, 13 (18%) were from developing countries;
- The percentage of women fell to 44% for WHO headquarters staff in this category (down from 55% above)
- the percentage of women fell to 45% for Health Emergencies Programme headquarters staff (also down from 55% above);
- 221 WHO headquarters staff (43%) came from a spread of five countries;³
- 41 Health Emergencies Programme headquarters staff (55%) came from a spread of five countries.⁴

When limited to the category of **D1 grade and above**, a marked reduction in diversity became apparent in most, though not all major offices, with an increased disparity between WHO headquarters staff as compared to Health Emergencies Programme headquarters staff:

- out of 85 WHO headquarters staff, 14 (16%) were from developing countries,

¹ United States (196), France (130), United Kingdom (115), India (75), Germany (68).

² France (37), United States (29), United Kingdom (16), Australia (13), Canada (12).

³ United States (74), United Kingdom (55), France (40), Germany (26), Italy (26).

⁴ United States (13), France (10), United Kingdom (8), Australia (6), Belgium (4).

- out of 11 Health Emergencies Programme headquarters staff, only one (9%) was from a developing country,
- The percentage of women WHO headquarters staff fell to 41% in this category;
- the percentage of women fell to 27% for Health Emergencies Programme headquarters staff (down from 44% above);
- 35 WHO headquarters staff (49%) came from a spread of five countries;¹
- 7 Health Emergencies Programme headquarters staff (64%) came from a spread of five countries.²

The Independent Oversight Advisory Committee took note of resolution WHA56.35 (2003)³ on representation of developing countries in the Secretariat. It noted that a number of developed country Member States that were high contributors to the Organization's budget had not filled their quota of professional posts under the formula, and were thus included in the category of "underrepresented nationalities". The analyses showed that full application of the United Nations system-wide formula for geographical representation would result in a staff composition with a high concentration of nationalities from developed countries and, in particular, from developed northern hemisphere countries, rather than resulting in the desired diversity of staff.

The Committee observed that in most of the regional offices diversity for all WHO staff was strong, albeit with imbalances caused by over-representation of certain nationalities, and weak in terms of representation of countries from outside the region. While within the regional offices it was both right and normal that diversity should be weighted in favour of the region concerned, greater efforts should nonetheless be made to include representation of nationalities from beyond the region and that the countries within the region should be represented in a more balanced manner.

The figures for gender balance in the Health Emergencies Programme across the regions also gave cause for concern, including for example a gender balance score in the African region of 25% women in the professional staff and above category, falling to only 4% women in the P5 grade and above category. While there were regional variations, with some regions scoring highly in terms of gender equality, the Committee took stock of figures that showed a general tendency for the percentage of women to falter and diminish above P4 grade.

Recommendation 1. Improve the diversity within the Health Emergencies Programme and ultimately throughout the entire Organization, particularly in senior professional positions

- *In the short-term, the Health Emergencies Programme should look for opportunities to make lateral transfers of staff from headquarters to regional offices and vice versa, with a view to improving diversity at headquarters.*⁴
- For the long-term, a comprehensive diversity policy for improved gender, race and geographical balance should be developed and put in place, also ensuring non-discrimination

¹ United States (9), Australia (7), France (7), United Kingdom (7), Canada (5).

² Australia (3), United Kingdom (2), France (1), Netherlands (1), United States (1).

³ WHA56.35. Representation of developing countries in the Secretariat:

http://apps.who.int/gb/archive/pdf_files/WHA56/ea56r35.pdf

⁴ Recommendations printed in italic script are put forward by the Committee for urgent action.

on the basis of disability, religion and sexual orientation and identity, and based on best practice in other global institutions.

- Such a policy for WHO should encompass international staff at headquarters, regional offices, and country offices, to promote a more diverse organization.
 - Regional office staffing should represent a more diverse and equitable representation of Member States within the region;
 - all regional offices should promote and implement the global mobility policy;
 - country offices may continue to be staffed primarily by nationals of the country in question, but should provide a springboard for staff to progress to the regional offices and thence to headquarters, further to foster diversity and to provide a career pathway for professional staff.
- The Health Emergencies Programme should set time-bound diversity goals, embedded as Health Emergencies Programme management targets in annual performance appraisals, to allow directors to be measured and held to account for achievement of greater diversity in terms of country of origin and of gender balance. Diversity goals could also be included in the evaluations of hiring managers.
- The Health Emergencies Programme should lead the implementation of the diversity policy as the pilot for the whole Organization, to drive diversity and support career development.
- The remaining Health Emergencies Programme country office posts should be filled as a matter of urgency in order to provide greater and a more diverse surge capacity for WHO emergency response and strengthen staff capacity overall for WHO within the country, as recommended previously by the Committee.¹
- *For the short term, the Health Emergencies Programme should create posts for deputy incident managers, to be filled by graduates from the leadership development training programmes, so as to:*
 - increase the supply of a diverse pool of trained competent staff to lead in emergencies;
 - further grow and develop the incident manager and deputy incident manager emergency rosters;
 - relieve the pressure on staffing in hardship stations; and
 - diversify the roster of operational surge capacity staff.
- The Health Emergencies Programme places particular constraints on the recruitment of staff, where the choice of a known, trusted and immediately operational expert is naturally a reassuring option, discouraging the search for greater diversity and restricting the talent-pool. In meeting its diversity targets, the Programme should ensure that it does not override its merit-based staffing approach. However, the current overrepresentation of certain nationalities suggests that talent from elsewhere is at present being overlooked.

Recommendation 2. Develop a mobile professional workforce of international staff and improve recruitment practices to support diversity

- The Committee endorses application of the revised Human Resources recruitment policy that categorises candidates qualitatively on merit, rather than by a single numerical score and, when two candidates are placed in the same category, weighting in favour of diversity is applied.
- However, for this policy to be effective, it will require:
 - verification and validation from the Human Resources Management Department;

- mandatory training on diversity and on unconscious bias for all members of selection committees.
- WHO should develop a strategy for identifying and cultivating talent from underrepresented groups by:
 - increasing outreach better to source a diverse talent-pool of candidates;
 - establishing mechanisms to provide support in navigating the recruitment processes and drafting of job applications for applicants who face linguistic or cultural barriers.

Recommendation 3. Engage with Member States on resolution WHA56.35 (2003) on representation of developing countries in the Secretariat to improve diversity, balanced against the requirements of the United Nations system-wide formula for geographical representation

- The Committee believes that full application of the formula for geographical representation as set out in resolution WHA56.35 (2003) would not create a truly diverse Organization. WHO should engage with Member States to improve diversity, including by revisiting that formula and reviewing the terms of the resolution.
- Should that prove overly ambitious, underrepresented developed Member States could be encouraged to cede some of their vacant quota of posts to allow nationals of developing countries to enter the Organization. As an example, a developed country has already funded the salary of a Junior Professional Officer from a developing country, rather than from among its own nationals.

II. MANAGEMENT AND LEADERSHIP

The Committee received a full briefing on the results of the Culture Survey that had been commissioned from external consultants¹ in 2017 as part of the Director-General’s Transformation Agenda. The Committee learned that the Survey was built around a series of questions concerning nine “outcome” areas within WHO: Direction; leadership; work environment; accountability; coordination and control; capabilities; motivation; innovation and learning; and external orientation.

The Committee was deeply concerned at the consistently low scores WHO overall and the Health Emergencies Programme in particular were obtaining across the categories set out in the Culture Survey. The Committee noted that under the Transformation Agenda the Culture Survey was to be taken as a baseline, and that further, large surveys would be conducted at 18 or 24 monthly intervals, while short “pulse” surveys would be run at more frequent intervals. Departments had been invited to establish action plans based on the Culture Survey, and some of these had already been put in place.

In respect of performance management, the Committee was encouraged by the plan to introduce a system of 360-degree feedback. Such a system will greatly increase transparency within the Organization in general, and in the Health Emergencies Programme, in particular.

¹ McKinsey & Company, OrgSolutions, 2018.

Recommendation 4. Introduce regular Organization-wide surveys

- *WHO is strongly encouraged to put in place an action plan for each division, including the Health Emergencies Programme, to address the issues highlighted by the Survey. This is particularly important during the transformation process to ensure awareness of the Organization's health.*
- *The Health Emergencies Programme should build benchmarks into its action plan to map progress in implementing the plan, and report back on such progress to the Committee as part of its monitoring framework.*
- The Committee endorses the decision to run annual staff surveys, and short “pulse” surveys on a regular basis, initially not less than twice a year. The results of the surveys should be published to ensure transparency.
- Greater transparency should be ensured under the Health Emergencies Programme action plan by the publication of information including:
 - Health Emergencies Programme diversity figures;
 - the number of grievances raised;
 - the timeliness in response to grievances.

Recommendation 5. Reinforce the recommendations of the WHO Health Emergencies Programme Working Group on Diversity in the Workplace

- The Committee recognizes the work of the WHO Health Emergencies Programme Working Group on Diversity in the Workplace and endorses the spirit of the Group's recommendations.
- *Health Emergencies Programme senior management should swiftly adopt a set of reforms informed by the recommendations of the Working Group.*

Recommendation 6. Review the WHO Health Emergencies Programme structure in light of the announcement of the WHO headquarters change of structure, to improve the Programme's performance

- A functional review should be conducted to improve the interface and coordination between the three levels of the Organization, and to enhance clarity of reporting lines and accountability.
- A dedicated senior officer should be appointed within the Health Emergencies Programme, in the Deputy Director-General's office. The officer's functions should not include involvement in emergency response *per se*, but should primarily be to ensure the Programme meets the diversity targets, and to detect and address, in a timely way, issues affecting staff morale.

Recommendation 7. Strengthen performance management and feedback

- WHO is encouraged, as a matter of urgency, to introduce the planned system of 360-degree feedback for its managers and supervisors;
 - *in the short term, the system should require feedback/inputs on managers' and supervisors' performance, from a range of direct reports, all contracted consultants, from peers, and external stakeholders, to feed into the performance management*

system, thus obtaining a more balanced and rounded assessment of staff performance for all managers and supervisors on an annual basis;

- staff performance should be assessed not only on the outcomes (**what**) achieved, but also on **how** those outcomes were achieved;
- Assessment of **how** outcomes have been achieved should measure how closely WHO values, behaviour and core competencies have been respected in their achievement..
- To obtain a clearer picture of staff dissatisfaction and to be able to take remedial action, WHO should, as a general practice, conduct exit interviews of staff members leaving the Organization before retirement age, and with consultants at the end of their contract term.

Recommendation 8. Introduce immediate career development and promotion measures in which talent is rewarded and retained, giving special consideration to the Health Emergencies Programme

- WHO should put in place sufficient resources within its budget to invest in the training and development of its staff.
- Consideration should be given to establishing promotion measures that would more effectively reward talent and performance. Such a policy might include the establishment of promotion committees, rather than selection committees. By including a weighting for promotion in favour of candidates who have moved one or more times in their careers, and served in hardship stations, mobility and diversity would be encouraged.
- Consideration should be given to reviewing the policy for granting leave to staff returning from hardship stations, so as to allow longer periods of leave to be taken, thus improving the Organization's work/life balance, and staff retention.
- The Organization should determine the causes of increased gender imbalance at P5 grade and above and take measures to address them.

Recommendation 9. Introduce mandatory cultural awareness and diversity training

- All managers and supervisors should receive training to eliminate unconscious bias, enhance cultural sensitivity, and improve codes of conduct.

III. GRIEVANCE & REDRESS

The Committee reviewed the multiple grievance systems that exist to provide WHO staff and contracted consultants with advice and other assistance related to understanding the duties and obligations of an international civil servant; resolving conflicts of interests; addressing interpersonal relationships in the workplace; mediation; addressing physical and mental health concerns; or questions that staff may have regarding conditions of work or staff welfare. The Committee noted that contracted consultants lacked the protections against abuse and misconduct afforded to full-time staff, while comprising a significant proportion of many WHO teams. It was informed of the policy and procedures established by the Compliance, Risk Management and Ethics Office in respect of whistleblowing and protection against retaliation.¹ However, the overall low level of use of grievance mechanisms both within WHO as a whole as well as in the Health Emergencies Programme, suggests

¹ Whistleblowing and protection against retaliation – policy and procedures 2015: <https://www.who.int/about/ethics/WHOwhistleblowerpolicy.pdf> (accessed 8 March 2019).

that staff and contracted consultants are either unaware of the mechanisms in place or lack trust in their effectiveness. The Committee also noted that the length of time cases took before resolution was unduly long. Concerned at the apparent reluctance to make use of the grievance mechanisms, the Committee wishes to highlight that such facilities, when put in place in global institutions, are an important means to assist management in assessing the health of the institution, and their use should be encouraged.

Recommendation 10. Clarify the various strands of the grievance system and build staff trust

- WHO should take steps to rationalize the grievance mechanisms.
- The mechanisms should be publicized and made more accessible and responsive; the outcomes of procedures should be shared with the staff concerned.
- The coherence of the system should be enhanced such that it covers the entire Organization, without fragmentation between the systems covering headquarters and the regions.
- Staff members should be more easily able to raise concerns that they feel unable to report to their supervisors or line managers, and be confident that they will be heard and the issues raised acted upon.
- Additional measures should be taken to ensure that contracted consultants have sufficient access to grievance mechanisms, and adequate protection against whistleblower retaliation.

Recommendation 11. Enhance the value of independent oversight and reporting for grievance mechanisms at the three levels of the Organization

- WHO should commission a review of the capacity and functioning of the Ombudsman’s offices across all three levels of the Organization to ensure that they have the capacity and independence adequately to support all staff. Coverage of the entire Organization is important in that it allows the Ombudsman easily to highlight consistent themes that require management action.
- In recognition of the recent challenges identified within WHO, the Ombudsman service should be responsible for future reviews of specific staff concerns and for issuing recommendations on systemic issues in need of rectification.
- The whistleblowing policy should be reinforced; senior management should visibly and vocally support the policy and other grievance mechanisms (“walking the talk”). Feedback on the mechanisms should be included in the staff surveys, to ascertain whether the mechanisms are trusted and used by staff and are perceived as effective.
- The independence of the Ombudsman function from the Organization should be reinforced.

Recommendation 12. Staff training and empowerment

- Staff training should be provided, and the on-boarding of new staff should be improved to include:
 - cultural sensitivity and unconscious bias training;
 - awareness of formal and informal grievance and redress processes;
 - effective ways of giving and receiving feedback.
- Resources should be allocated to support staff in respect of:
 - mental wellbeing;

- stress management, especially for staff members responding to and returning from public health emergencies and humanitarian crisis response.

Recommendation 13. Increase staff awareness of the Standards of Conduct for the International Civil Service

- WHO should take steps to increase staff awareness of their responsibilities under the Standards of Conduct for the International Civil Service, including duties of confidentiality.
- Staff members must have full respect for the terms of their employment contract as international professional officials and must not publish potentially sensitive information on social media.

CONCLUDING REMARKS

The Committee wishes to thank the Director-General and his staff for the time generously given to assisting its members in their task.

During its many hours of interviews conducted with staff members at all levels of the Organization, IOAC observed that although obstacles were perceived, there was a genuine will to bring about change within the Organization. This was accompanied by a recognition that although the obstacles sometimes appeared great, relatively small shifts in practice, custom and attitude, could yield great improvement.

The Committee wishes to commend the Director-General and his senior management for the efforts already undertaken, through the Transformation Agenda and by other means, to improve the wellbeing and satisfaction of the Organization's staff at headquarters and in the regions and to seek ways of driving diversity and inclusiveness in WHO. Those efforts should continue and be reinforced.

The Committee acknowledges that its mandate is to act as an independent oversight and advisory service to the WHO Health Emergencies Programme, but notes that the Programme is an integral part of the Organization, and as such cannot be considered in isolation. It therefore wishes to stress that all recommendations made with regard to the WHO Health Emergencies Programme, divided under the three categories above, are equally applicable to WHO itself.

Finally, the Committee would like to stress the Programme's overall functioning has been marked by a high degree of operational success. The Committee therefore reiterates the commendations it made in its report to the 144th session of the Executive Board,¹ and does not doubt that, with the adjustments suggested, the Organization will grow into, and function as, a more cohesive, inclusive and diverse whole.

The Committee sincerely hopes that WHO may continue to progress in all its fields of work, both operational, technical and normative, to achieve its prime function of improving health for all populations and responding to health emergencies and humanitarian crises across the globe.

¹ EB144&8, paragraphs 6, 7 and 8.