



Strategic Approaches to  
reduce the Gaps in

# **Gender Parity in Staffing 2016-2017**



World Health  
Organization

Developed by the Think Tank  
on Gender Equity in 2015



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## ***Sustainable Development Goals***

### ***Goal 5: Achieve gender equality and empower all women and girls***

#### **TARGETS**

##### **5.1**

**End all forms of discrimination against all women and girls everywhere**

##### **5.2**

Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

##### **5.3**

Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

##### **5.4**

Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

##### **5.5**

**Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life**

##### **5.6**

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

##### **5.a**

**Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws**

##### **5.b**

**Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women**

##### **5.c**

**Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels**

## FOREWORD



*Laurence Vercammen | Chair, Think Tank on Gender Equity*

Equality of women and men is a universal value that is fully supported by the United Nations. The effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life is one of the targets endorsed by the United Nations General Assembly in September 2015, under Sustainable Development Goal 5, which aims "to achieve gender equality and empowerment of all women and girls".

An organization where decision-making power is shared equitably between genders must now become a reality for the World Health Organization (WHO). One might reasonably expect that the WHO could demonstrate a gender balance in leadership positions (P-5 and above) for several compelling reasons. Firstly, each year, the percentage of women graduates in public health entering the workforce is steadily increasing. Secondly, the principle of equal gender opportunity as it applies to access to leadership positions is consistent with United Nations values and principles, such as those set out by the United Nations Agency for Gender Equality and Empowerment of Women (UN Women).

In WHO, for many years, Member States, the Administration and the Staff Association have been working towards a gender balance in leadership positions, through initiatives and programmes, development of recruitment rules, the adoption of resolutions by the World Health Assembly and the Executive Board. In 2015, in order to strengthen the Organization's efforts, the President of the 63rd Staff Committee initiated the Think Tank on Gender Equity.

Throughout 2015 the Think Tank put in place a consultative process that allowed to develop the Strategic approaches to reduce the gaps in gender parity in staffing 2016-2017. Special efforts were also made to deliver the first version of this document to the Director-General before the end of the 138th session of the Executive Board (25–30 January 2016).

Several directors-general, including the present Director-General, have underlined the importance of achieving gender balance.

Recently, Dr Margaret Chan signed the Geneva Gender Parity Pledge, which aims to strive for gender parity in all discussions in International Geneva. Member States have expressed continued support for the Director-General's efforts while also emphasizing their concern about the slow progress since the adoption of resolution WHA56.17 on gender balance in 2003. The recent policy on global mobility needs to be evaluated with respect to gender considerations to avoid undesirable effects on attrition rates for women.

To achieve gender balance, it is essential to attract and retain qualified female staff. This must be done through a fair recruitment policy, a flexible working environment to promote work-life balance, the promotion of the mother and family, and women-centred capacity-development and training.

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Some measures exist but are not applied systematically or are not fully implemented. The accomplishments so far do not seem sufficient and the progress rate is far too slow. Resolving this situation will require greater commitment from management at all levels of the Organization and also better monitoring by Member States.

There is a pressing need to accelerate the implementation of existing measures and endorse a new set of recommendations in order to meet the standard of the United Nations System-wide Action Plan on Gender Equality and Empowerment of Women (UN-SWAP) by 2017, a plan which is applicable to all United Nations agencies.

This cannot be accomplished without the strong support and commitment of senior management, to enable allocation of adequate financial resources to support existing initiatives and launch new ones, and to set up an effective monitoring and evaluation mechanism to measure progress and ensure sustainability.

Without this impulse, gender parity in executive posts will never be an integral part of organizational culture, and progress will remain too slow.

This Strategy is a call to senior management to reduce the gap in equality in staffing to ensure that leadership roles and decisions are equally shared between the genders.

This Strategy will help to ensure that the UN-SWAP performance standard is met by 2017, proving that WHO applies the principle of equal gender opportunity and promotes a fair working environment.

Through strong leadership and engagement, WHO can change its organizational culture towards a working environment composed of women and men who are fully empowered and involved and who have equal chances throughout their careers.

## **ACKNOWLEDGEMENTS**

This Strategy was developed within a very tight timeframe between September and December 2015.

No budget was allocated to develop the product delivered: however, all 13 members contributed on a voluntary basis to develop this Strategy. We are particularly grateful to Dr Evelyn Kortum, President of the 63rd and 64th Staff Committee who initiated this Think Tank and to the Leaders of the four pillars:

Pillar 1: Ms Joanna Vogel

Pillar 2: Ms Cornelia Griss

Pillar 3: Ms Jane Stewart-Pappas and Ms Hanne Raatikainen

Pillar 4: Dr Molly Meri Robinson Nicol

Our thanks and appreciation also go to our colleagues who participated in the regional and cluster consultations: Anna Coates, Benedicte Briot, Shamma Esoof, Ann-Kira Fortune, Elisabeth Grosrey, Joumana Hermez, Imre Hollo, Ruediger Krech, Louise Leech, Christian Lindmeier, Veronica Magar, Renuka Muniandi, Pem Namgyal, Anita Nielsen, Irina Ninua, Sebastiana Dos K.T. Da Gama Nkomo, Triphonie Nkurunziza, Frances Ann Palen, Neena Raina, Nicole Sarkis, Shirpra Sharma, Johannes Ulrich Sommerfeld, Linda Lopez Veniga, Isabel Yordi Aguirre, Mayada Youssef Fox, Gerardo Alexander Zamora Monge and Felicitas Zawaira.

In addition, we acknowledge the work of a number of individuals who have kindly contributed in various ways to the discussions on and development of the document.

We would like to express our gratitude for having played a significant role to: Ms Loubna Al-Atlassi, Mr Lahouari Belgharbi, Ms Susan Clements, Ms Patricia Durand-Stimpson, Dr Evelyn Kortum, and Ms Barbara Zolty for providing guidance and encouragement during the process, to Ms Claudia Corazzola for playing a part in the layout of this document, Ms Michela Dario for providing information on the agreement between UNAIDS and a Geneva crèche, Ms Michelle Evans and Mr Ivan Babovic for providing access to the Staff Association archives, Mr Denis Meissner for preparing the cover page and compiling this document, Ms Kristy Mollard for preparing statistics on maternity leave, Ms Shook Pui Lee Martin for providing an overview of childcare solutions negotiated over the past seven years with the Administration and Mr Laurent Veyrat for preparing human resources statistics.

The authors would also like to thank Mr Karel Blondeel, consultant to the Department of Reproductive Health and Research, for the support provided in editing the final version of the document.

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## **OBJECTIVE**

The Think Tank on Gender Equity was established in 2015 by the WHO headquarters Staff Association. It is chaired by Laurence Vercammen (Staff Association) and co-chaired by Igor Toskin (Family, Women and Children's Health cluster). It aims to promote the role and visibility of women, reduce the inequalities between genders and achieve complete gender parity at executive posts (P-5 and above) in headquarters and the six WHO regions.

The Director-General, supportive of gender equity, mandated this Think Tank to prepare recommendations to assist the Organization to meet the UN-SWAP performance standard by 2017, which includes complete gender balance in the recruitment of personnel for P-5 posts and above, throughout the Organization.

This Strategy is formulated at a critical moment: less than two years before the target date. It proposes concrete actions and measures to be integrated stepwise, in the context of the Organization's efforts to be an inclusive workplace where diversity, in various forms (e.g. gender, geographical, professional, disability), is valued for its contribution towards achieving the global health mandate of WHO.

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## **BACKGROUND**

Decades of work have gone into achieving gender equality in Member States. Similarly, there have been decades of efforts to achieve gender equality in the UN common system, beginning with a General Assembly resolution in 1970, requesting the organizations to ensure equal opportunities for qualified women in senior positions.

Several decades later, and following many interim actions, the UN-SWAP (UN System-wide Action Plan) on gender equality and women's empowerment was universally supported by both the High-Level Committee on Programmes and the High-Level Committee on Management in March 2012 and endorsed by the Chief Executives Board in April 2012.

The UN-SWAP is the first accountability framework in the UN common system "to accelerate mainstreaming of gender equality and the empowerment of women".<sup>1</sup> Through 15 UN-SWAP performance indicators (PIs), it is designed to define, monitor and drive progress towards a common set of standards for achievement of gender equality and empowerment of women by 2017.

Also in 2012, in response to the Member States' request for WHO to strengthen efforts on cross-cutting issues such as gender equality, the WHO Director-General introduced a new mechanism for organization-wide integration of gender, health equity and human rights, establishing a team in the Family Women and Children's Health Cluster to further mainstream efforts.

The baseline reporting on the UN-SWAP took place in January 2013.

- In the 2012 baseline for UN-SWAP, WHO met requirements for 20% of the UN-SWAP PIs. Fifty-five other UN entities reported on the baseline, with an average compliance rate on the PIs of 31%.
- In 2013, WHO met requirements for 30% of the UN-SWAP PIs. Sixty-two UN entities reported, with an average compliance rate on the PIs of 42%.
- In 2014, WHO met requirements for 53% of the UN-SWAP PIs. This is slightly higher than the other 62 UN agencies reporting at this time, which had an average compliance rate on the PIs of 51%.

WHO has seven remaining UN-SWAP PIs on which to meet requirements by 2017, five of which are on track. The PIs that are at risk of not being met are (1) resource allocation (e.g. a financial benchmark established for all programme areas to invest in advancing health equity, gender equality and the right to health), and (2) gender equality in staffing between men and women at P-4 levels and above across the Organization.

There is an inverse relationship between the proportion of women and the level of seniority in the UN Secretariat and the UN common system: women's percentage share of appointments decreases with every increase in the staff level from P-1 to UG levels. (See Figures 1 and 2 and Pillar 2 for details.)

In WHO, as of the end of 2014, the proportion of women at P-5, P-6/D-1, D-2 levels and UG was 35.4%, 25.9%, 23.1% and 33.3%, respectively.

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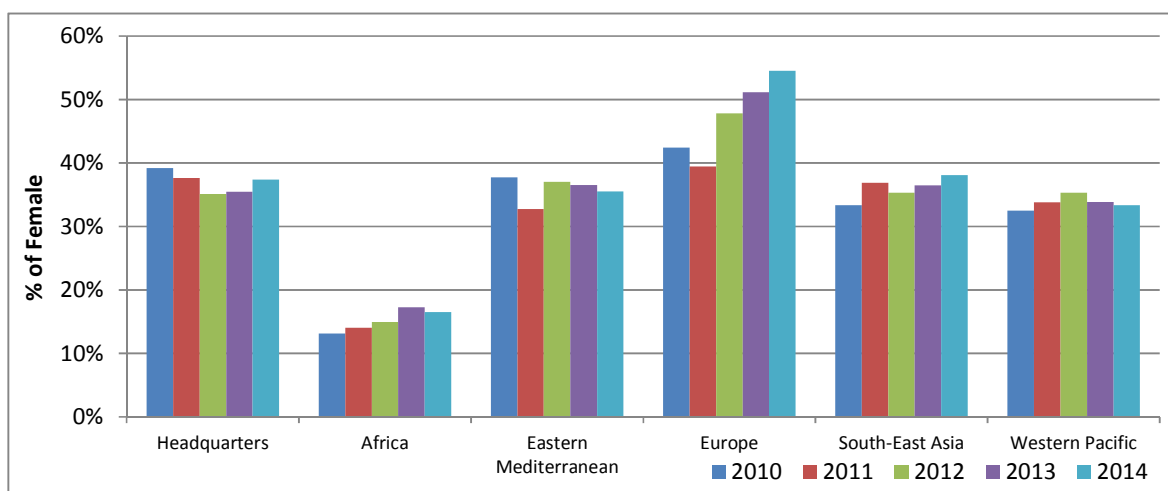
<sup>1</sup> UN-SWAP, UN-WOMEN, Booklet, 2015.

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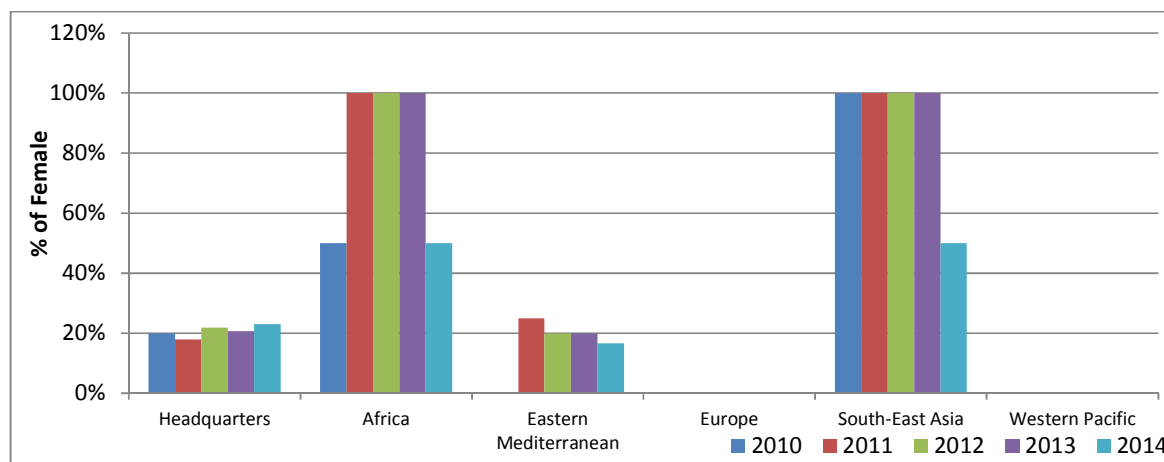
The Think Tank has been requested by the Director-General to assist the Organization with the formulation of an organizational action plan to meet and/or significantly advance towards meeting the UN-SWAP PI gender equality standard by 2017 through reaching gender balance in the recruitment of personnel for P-5 posts and above globally.

Figures 1 and 2 show how the percentage of women decreases with the level of seniority (P-5/D-2).

**Figure 1. Distribution of females at grade P-5 by major office and by year**



**Figure 2. Distribution of females at grade D-2 by major office and by year**



## **METHODOLOGY**

For each of the seven PIs for which WHO has unmet requirements, the Think Tank focused on existing policies, measures and available tools. It analysed the status of their implementation, the gaps and challenges and also took into consideration best practices applied by other United Nations agencies with a view to presenting a set of recommendations.

To maximize its impact, the Strategy is developed around four pillars (Figure 3):

1. Management accountability mechanism: the development of clear objectives and deliverables regarding gender parity in staffing, including rewards and incentives as well as disincentives and penalties.
2. Human resources (HR): to strengthen and improve the recruitment methods and policies and the HR staff reporting model.
3. Financial resources: to secure appropriate funding for Strategy implementation.
4. Favourable working environment: focusing on organizational culture and building facilities with the aim of ensuring a respectful workplace.

The Strategy proposes an integrated stepwise approach able to take into consideration the specificities of headquarters clusters, WHO regions and countries.

### **January and February 2016**

- In January the Strategy was presented to the Director-General.
- In February the Director-General endorsed the Strategy.

### **April–July 2016**

To convert the Strategy into an organization-wide strategy, consultations with the six regional offices and clusters were organized. Their comments and recommendations have been reflected in the final version of this Strategy document.

The above consultative process allowed the development of a global action plan that aims at facilitating the implementation of the Strategy recommendations.

Such an implementation phase requires rigorous mechanisms to coordinate and monitor the translation of the recommendation into practice among all stakeholders. To ensure successful implementation of the Strategy recommendations, the Think Tank recommended the establishment of an Implementation Advisory Group (IAG).

The Think Tank was dissolved in summer 2016 after the finalization of the Strategy document.

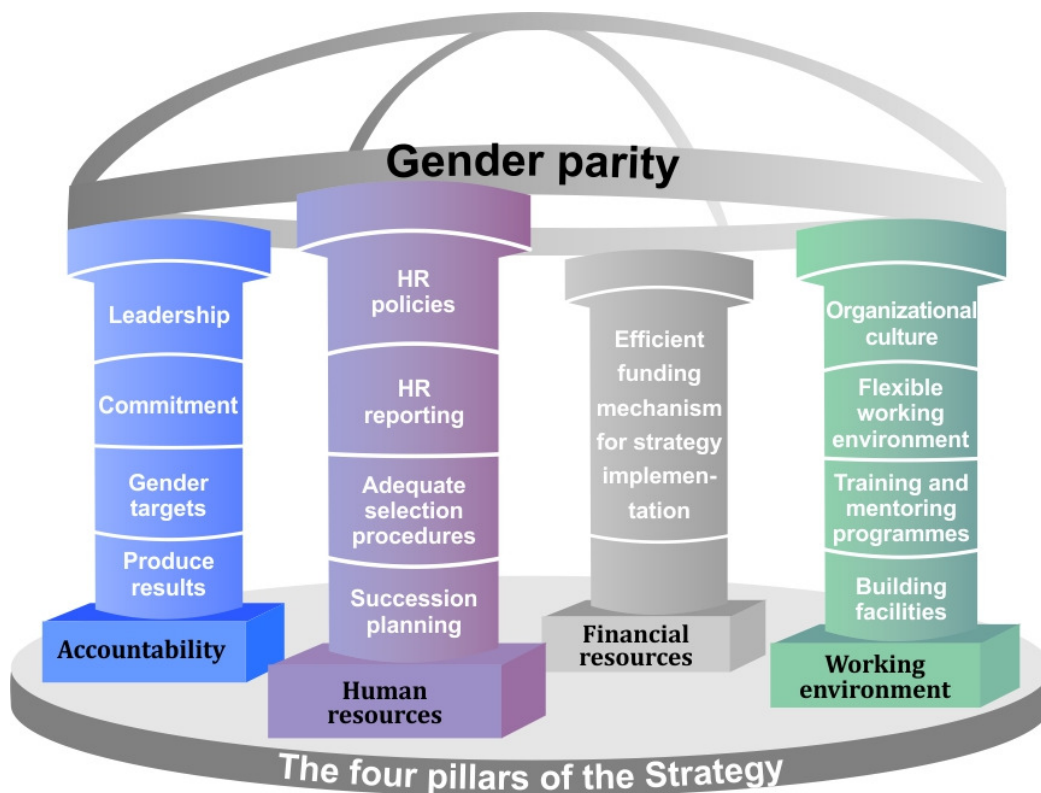
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## FACTORS FACILITATING GENDER PARITY

Figure 3. The four pillars of the Strategy



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## PILLAR 1: Management accountability mechanism

### Background

Three factors have been identified as crucial in promoting equality of female staff across the United Nations common system:

- the need for a clear distinction between gender mainstreaming and gender balance in staffing;
- commitment at the highest level to institute positive and mandatory special measures;
- the institutionalization of clear mechanisms of accountability for gender balance.

General Assembly resolution A/67/3474<sup>2</sup> recommends that senior managers at all entities should be held accountable, in accordance with the relevant and applicable procedures, for their responsibility in the implementation of the prescribed measures through, among others, enhanced performance objectives, management compacts and relevant competencies.

To meet the requirements for the PI on accountability of the UN-SWAP, entities must have both up-to-date gender equality and women's empowerment policies and plans that include equal representation of women and gender mainstreaming.

To exceed the requirement, a senior manager accountability mechanism, such as a senior manager compact or a steering committee, needs to be in place. The accountability mechanisms are a prerequisite for meeting the requirements of the UN-SWAP PI on gender architecture and parity, one aspect of which is equal representation of women for General Service staff as well as at P-4 level and above.

Economic and Social Council resolution 2001/L.3031<sup>3</sup> requests the United Nations system, including its agencies, funds and programmes within their respective organizational mandates, to continue working collaboratively to enhance gender mainstreaming within the United Nations system, including through managerial and departmental accountability, towards achieving the goal of a 50/50 gender balance at all levels in the Secretariat and throughout the United Nations system, with due regard to the representation of women from developing countries and keeping in mind the principle of equitable geographical representation, in conformity with Article 101, paragraph 3, of the Charter of the United Nations.

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<sup>2</sup> General Assembly 67th Session. 2012. Improvement in the status of women in the United Nations system. Report of the Secretary-General.

<sup>3</sup> Economic and Social Council Resolution 2001/L.30. Mainstreaming a gender perspective into all policies and programmes in the United Nations system (paragraph 7c and 7j).

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### Existing measures

WHO has instituted several accountability mechanisms in line with General Assembly resolution A/67/3474 and with the UN-SWAP performance standards on accountability.

- The WHO Senior Management Accountability Compact used by assistant directors-general at headquarters includes an indicator on gender equality in staffing.
- The enhanced Performance Management Development System (ePMDS+) requires supervisors and managers with recruitment responsibilities to set targets for gender equality in staffing in the context of diversity, as part of the supervisory/managerial objective.
- An output indicator is included in Programme Budget 2016-2017 (6.1.1) for an approved and implemented up-to-date gender equality policy and plan, including gender mainstreaming and the equal representation of women.
- The Director-General has endorsed the Roadmap for Action 2014-2019 that proposes strategic direction for gender, health equity and human rights (GER)
- The WHO Commitment to Geneva Gender Champions, states that “by September 2017, the number of WHO female staff in the professional and higher categories is increased by 3% from 42% in 2015 to 45% in 2017, with a focus on increasing the number of women at the P-5 level and above.”

### Challenges and gaps

Challenges are inherent in the WHO Accountability Compact indicator on gender equality because it is not currently in place for senior management of the regional offices. This limits the scope of accountability in the Organization for moving towards parity to headquarters only. Even within headquarters, there is insufficient awareness and ownership for the promotion of parity by directors and coordinators. Also, as with any change initiative, there is resistance in the Organization to changes in institutional mechanisms.

*Success is predicated significantly on the dedication of senior management to gender equality and the empowerment of women and on their consistent commitment and visible messaging that “sets the tone at the top”<sup>4</sup>*

Another significant challenge is in managing the balance between diversity in recruitment and gender parity. Diversity is of more widespread importance and is a higher priority for Member States, resulting in relatively less support from governing bodies for gender parity initiatives.

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<sup>4</sup> E/2015/58. 2015 Session: Economic and Social Council Coordination. Agenda item 12 (c) programme and other questions: mainstreaming a gender perspective into all policies and programmes in the United Nations system. Report of the Secretary-General.

## **Recommendations**

Several recommendations are proposed to increase and strengthen management accountability mechanisms for achieving parity of staff at P-5 levels and above.

### **R1     Accountability Compact**

First and foremost, extend the WHO Accountability Compact, which includes gender equality, to senior management in regional offices. This will increase the scope of accountability for equality across all levels of the Organization. In addition, and complementary to the WHO Accountability Compact with its objective on gender equality, set progressive annual targets for closing the gender disparity gap at P-5 levels and above in each headquarters cluster, regional office, and country office.

### **R2     Resolution WHA56.17 on gender balance in HR**

To update the resolution in order to apply gender balance at all grade levels taking into account geographical balance.

### **R3     Draft policy on gender equality in staffing**

An additional recommendation to increase and strengthen management accountability mechanisms for achieving gender balance in staff at P-5 levels and above is the finalization, in consultation with the Global Senior Management Committee, of the updated draft policy on gender equality in staffing with appropriate funding for implementation and monitoring.

### **R4     Establish annual gender parity in staffing objectives**

To reinforce management accountability across the Organization, it is also recommended to establish annual gender parity in staffing objectives and deliverables per cluster, region, and WCO, with incentives for progress made and disincentives for not reaching the targets.

**R5    Dissemination of annual progress**

These targets will need to be adjusted according to context. For example, non-family duty stations, size of parity gaps and resource constraints, among others, will all have a bearing on the feasibility of reaching the targets that are set. To ensure sustainability and visibility, annual progress towards these targets should be documented and disseminated to clusters and departments at headquarters, regional offices and country offices. Achievements and setbacks need to be monitored to enable progress.

**R6    The Geneva Gender Parity Panel Pledge**

Because visibility is key for role models in the public space and workplace, it is proposed to apply the International Geneva Gender Champions parity pledge to all WHO meeting organizers in order to ensure gender parity at WHO official meetings.

**The detailed list of recommendations with proposed cost estimates is available in Table 2.**

## PILLAR 2: Human resources

### Background

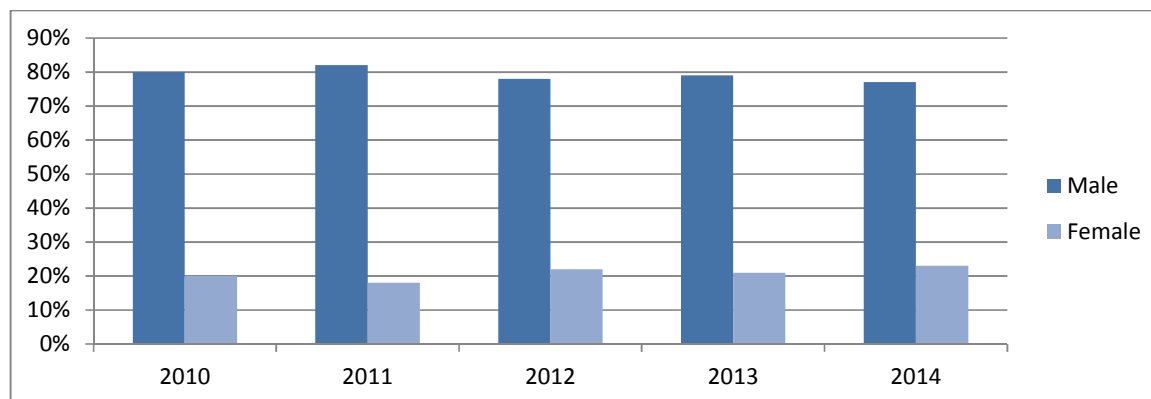
Resolution WHA50.16 (1997) specified a target of 50% for appointments of women to professional and higher category posts. This target was reiterated and confirmed six years later in resolution WHA56.17 (2003). In this resolution, the Director-General was requested to redouble efforts to achieve equality in gender distribution among professional staff, and to raise the proportion of women at senior level. The Director-General was also “requested to meet a 60% target for appointments to all vacancies, including giving preference to candidates from unrepresented and underrepresented countries, in particular developing countries ... in all categories of posts, particularly the posts in grades P-5 and above, taking into account geographical representation and gender balance” (WHA56.35). Importantly, this resolution integrated gender and geographical balance, requiring organizational commitment to diversity and inclusion.

Since 2003, WHO has made continuous progress towards reaching gender equality in staffing, hence increasing the overall representation of women in professional and higher category posts (fixed-term and continuing appointments).

In the past decade, there was an increase of 6.9%, from 34.8% in 2004 to 41.7% in 2014. This is comparable to the United Nations common system average for 2013. All levels registered increases over the 10-year period, except the D-2 level where representation dropped by 3.2%.

Like other agencies in the UN common system, as of 31 December 2014, WHO continued to demonstrate an inverse relationship between the level and the representation of women. However, there is less disparity below P-5, whereas the disparity is greater at P-6/D-1 level and higher: P-1 (63.6%), P-2 (66.7%), P-3 (54.2%), P-4 (44.1%), P-5 (35.4%), P-6/D-1 (25.9%), D-2 (23.1%) and UG (33.3%).

**Figure 4. Distribution of females and males at grade D-2 in headquarters by year**



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### Existing measures

The revised Human Resources Strategy, put into effect in 2014 to support WHO reform, is structured around three main pillars: attracting talent, retaining talent; career management and an enabling work environment. Gender balance and diversity are two of four cross-cutting principles of the strategy, which apply to all three pillars.

In 2014, WHO adopted harmonized selection procedures (IN 10/2014), which include measures to improve gender equality in staffing. In implementing the selection procedure:

- Gender balance on selection panels is desirable.
- Gender-sensitive interviewing techniques should be used.
- An overview of the current gender balance in the Organization and the hiring cluster or department should be part of the background material for the selection panel.
- At least one qualified woman meeting all the minimum requirements of the position should be shortlisted. Where the shortlist does not reflect such diversity, justification will be required in the selection report.

In addition, hiring managers are responsible for ensuring a wide distribution of the vacancy notice with a view to increasing the pool of qualified candidates.

Existing accountability measures through performance management and development (PMD), as introduced through the new approach to PMD in 2015 and WHO Accountability Compacts in 2014, are noted in Pillar 1 (Management accountability mechanism) on the preceding pages of the present document.

WHO reports twice a year on HR staffing matters to its Member States, including on gender equality. One report is issued for the Executive Board meeting in January and one for the World Health Assembly in May.

Some of the organizational measures specified in Cluster Note 99/10 (March 1999) are not implemented. These are, *inter alia*,

- “The female recruitment target rate for staff in the Professional and higher categories set at 60%”.
- Development of targets and strategies of headquarters “Executive Directors ... to promote a 60% female recruitment rate overall”.<sup>5</sup>
- “Full attention will be given to measures for the recruitment, retention and career management of women.”

The number of women at the P-1 through P-3 level already exceeds 50%. In addition, approximately 70% of WHO’s interns are women, showing a keen interest of younger women in the work of WHO. Some of the gains in gender equality, however, reflect the fact that the proportion of positions at P-3 have increased over the past 10 years.

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<sup>5</sup> To assist in this effort: (1) “selection procedures for Professional posts will include systematic consideration of applications from women; otherwise recommendations for selection will be returned”; (2) “systematic consideration will also be given to women in the case of temporary (acting) assignments to positions of managerial responsibility, because such experience (or lack thereof) may influence both eventual appointment and prospects for career development”; (3) “the focal point for the employment and participation of women will be the Personnel Officer in each Management Support Unit at headquarters and the Regional Personnel Officer in the Regions.”



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Seventy-five per cent of the personnel currently approaching retirement age are male, and 20.4%<sup>6</sup> of WHO staff in professional and higher level positions will retire over the next five years. This provides opportunities for women to enter WHO's workforce, potentially in those positions previously held by men as well as women. It also provides an opportunity for women already in the workforce to apply for higher level positions.

The greatest progress towards reaching gender balance has been made in the European Region, where the percentage of female employees went up from 33.7% in 2004 to 51.6% in 2014. The second largest increase occurred in the Western Pacific Region where the proportion of women rose from 20.5% to 36.8% in the same period. An evaluation of the factors determining the increase in these two regions may help in replicating this success in other major offices. This may be particularly relevant for the Regional Office for Africa (AFRO) and the Regional Office for South-East Asia (SEARO) where the number of women decreased by 2.5% and 0.5% respectively between 2004 and 2014.

Finally, the WHO policy on "Gender equality in staffing" is being prepared for internal review in HRD, to be followed by a global consultation of the Global Staff Management Council leading to submission of the final recommended policy to the Director-General.

### Challenges and gaps

To achieve the WHO commitment to the Geneva Gender Champions and the Programme Budget Report of increasing representation of women by 3% from 42% in 2015 to 45% by 2017, more than 60% of all selections of external candidates would need to be filled by women, if a replacement rate of 10% is assumed. Data from recent years show that this may be unrealistic, in particular as WHO is going through its first phase of voluntary mobility, which may decrease the number of positions advertised externally (i.e. there will not be an annual replacement rate of 10%).

The number of applications from female candidates to all positions in professional and higher categories stood at 36.8% in 2014. This is lower than the number of women already in the professional workforce, showing that the pool of female candidates has to be increased. This is particularly apparent for positions at P-5 and above, where the greatest gains need to be made to reach gender equality. More effort is required to understand the reasons for this low level of interest in WHO's vacancies, given that there is such a large number of women employed in lower levels of the professional category.

Table 1 indicates the small percentage of female applicants for posts at grade P-4 and above.

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<sup>6</sup> AFRO 30.7% (5 years); SEARO 27% (5 years).

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**Table 1. Total number of female and male applicants in 2014 in headquarters (P-1 to D-2)**

GRADE	VACANCY TYPE	NO. OF MEN	NO. OF WOMEN
D-2	Total No. of vacancy announcements	6	
	Total No. of applications	824	309
D-1	Total No. of vacancy announcements	3	
	Total No. of applications	430	158
P-6	Total No. of vacancy announcements	5	
	Total No. of applications	455	247
P-5	Total No. of vacancy announcements	53	
	Total No. of applications	4221	2536
P-4	Total No. of vacancy announcements	32	
	Total No. of applications	2779	1767
P-3	Total No. of vacancy announcements	21	
	Total No. of applications	2376	2237
P-2	Total No. of vacancy announcements	4	
	Total No. of applications	834	673
P-1	Total No. of vacancy announcements	0	
	Total No. of applications	0	0

A key issue to be addressed in increasing the recruitment of women is how to integrate the recruitment strategy with geographical balance considerations, while focusing especially on nationals of unrepresented or under-represented countries.

The implementation of mobility policy could have negative effects on attrition rates for women. UN's refugee agency (UNHCR) and the United Nations World Food Programme (WFP), despite their strong mobility programmes, have made practically no progress in closing the gender gap over the past 10 years.

## **Recommendations**

The following recommendations are proposed to reach gender parity across the Organization. The substantive increases made by the regional offices in Europe, the Western Pacific and to a lesser extent at headquarters, show that change is possible in a relatively short period.

### **R1 The review of selection procedures**

Review and enhance WHO selection procedures and mechanisms with a view to reaching gender parity at all levels and areas of the Organization. These enhancements include but are not limited to:

- fast-tracking qualified internal female candidates for positions at grade P-4 and above;
- establishing rosters for young female professionals;
- increasing outreach efforts, and strengthening the component of gender equality in WHO selection procedures;
- elimination of the potential for subconscious gender bias in selections through removing names, genders, and other relevant identifying information from personal history forms during the initial review by selection panels;
- having no maximum period on roster for female candidates.

### **R2 Development of a staff succession plan with gender targets**

According to the staff retirement projections prepared by HRD, the total number of P-grade staff due to retire between 2015 and 31 December 2017 represents 10% of staff at this level. A staff succession plan is therefore necessary to ensure gender parity is fully taken into consideration in the recruitment methods in order to promote a fair working environment and prevent possible negative effects on attrition rates for women.

### **R3 Analysis of data to overcome barriers**

Analyse HR (and other relevant) data to better understand drivers and barriers to reaching gender parity, including entry and exit questionnaires.

**R4    Improvement of monitoring and reporting tools**

Improve monitoring and reporting on gender in staffing for reporting to governing bodies, for example, by providing more detailed reporting on temporary staff recruitment and new fixed-term appointments disaggregated by major office and gender.

**R5    Inclusion of gender component in all HR policies**

Include a gender component in all HR policies and in particular those that directly affect staffing decisions, such as the mobility policy, and define clear key performance indicators for the evaluation and monitoring process.

**The detailed list of recommendations with a proposed cost estimate is available in Table 2.**

### **PILLAR 3: Financial resources**

The budget breakdown in USD per pillar is shown below.

<b>Pillar 1</b>	<b>Management accountability mechanism</b>	<b>185 000</b>
<b>Pillar 2</b>	<b>Human resources</b>	<b>150 000</b>
<b>Pillar 4</b>	<b>Favourable working environment</b>	<b>2 030 000</b>

For the complete list of recommendations with budget implications, see Table 2 on page 35.

Identification of funding mechanisms will be one of the responsibilities of the IAG.

**STRATEGIC APPROACHES TO REDUCE THE GAPS IN  
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## **PILLAR 4: Favourable working environment**

### **Background**

A critical component of attracting and retaining talented staff of both genders is an organizational culture of respecting and valuing diversity and expertise while rewarding performance. Equally important is a supportive working environment that enables staff to deliver their work while developing professionally and maintaining their work–life balance.

Although the factors that contribute to a favourable working environment are generally the same for staff of both genders, there are situations in which the mechanism of delivery will have a different value to staff of each gender. For example, an occasional teleworking policy would benefit all parents who might need to stay at home to care for a sick child, allowing them to continue contributing to their work, but it would be particularly helpful for female staff upon whom the majority of child-rearing responsibility continues to fall and who are usually under time pressure to deliver or pick up children from care facilities.

### **Existing measures**

WHO has made great strides in the creation of an empowering environment for staff of both genders, and although additional work is still needed, these successes should be commended. WHO has a mandated paternity leave policy available for all staff, providing up to 4 weeks of paid leave to allow fathers time to bond with their newborn child and to support parenting. This leave may be taken all at once, or in two periods of two weeks each, at any time during the child's first year of life.

WHO also grants maternity leave, both before and after delivery, for a duration of 16 weeks for a single birth or 20 weeks for multiple births (the latter provision being unique to WHO and one or two other United Nations common system agencies). In December 2015, the Director-General endorsed a recommendation from the Global Staff Management Council to provide an 8-week special leave with pay to staff members following maternity leave to align WHO policies for staff members with WHO guidelines on maternal health and exclusive breastfeeding. Options to fund the leave are being explored and a report will be provided to the GSMC in October 2016.

The Organization does not allow the expiration of fixed-term or temporary contracts during a period of maternity leave. WHO also supports breastfeeding, both through the provision of designated breastfeeding facilities on campus and through allowing nursing mothers to use up to two hours per day for the purpose of breastfeeding, or to work 75% with payment of full salary and allowances for as long as the mother chooses to breastfeed her infant. WHO provides paid adoption leave for all staff for a period of up to 8 weeks and, in exceptional circumstances, allows mothers of infants under 24 months to take their child with them on approved duty travel provided that the destination has conditions suitable for the infant.

## STRATEGIC APPROACHES TO REDUCE THE GAPS IN GENDER PARITY IN STAFFING: 2016–2017

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In 2014, WHO introduced an occasional teleworking policy in headquarters and headquarters out-posted offices (IN 15/2014), allowing staff members who can fulfil their responsibilities from home up to three days per month to do so, with the supervisor's approval and at no cost to the Organization. As such, it is useful for specific pieces of work requiring uninterrupted time, but it is necessary for the employee to give a day's notice. This limits its value in situations where the staff member, more commonly a female staff member, does not know ahead of time that she or he will need to work at home.

### Challenges and gaps

When evaluating the existing measures outlined above it is necessary to recognize the weaknesses that remain in each. For example, WHO's own recommendations for breastfeeding endorse a minimum of six months exclusive breastfeeding that is "on demand", as often as the child wants day and night; [while] bottles or pacifiers should be avoided".<sup>7</sup> WHO furthermore recommends the introduction of solid foods at around 6 months, without any decrease in breastfeeding, and that breastfeeding should continue for up to two years or more.<sup>8</sup> Despite this recommendation, WHO policy for its staff stipulates only 10 weeks of paid maternity leave after delivery, less than half of the time a mother is recommended to be available "on demand" to exclusively breastfeed her infant. Staff members with infants may request additional maternity leave, wholly unpaid, or two hours per day for the purpose of breastfeeding (working 75%) with payment of full salaries and allowances to allow them to comply with WHO's recommendations. Such requests are subject to approval and "to exigencies of service". These options are at the discretion of the supervisor, who may or may not be supportive. Although designated space for the expressing and storage of breast milk is available in certain offices, such as WHO headquarters in Geneva, most WHO offices do not currently provide such space for staff members.

Lastly, should a staff member have the support of her supervisor and the desire to breastfeed her infant as WHO recommends, without using a bottle, during the two hours per day allowed for this purpose, the ability to do so is further limited by the lack of proximity of childcare resources to most WHO offices, which would allow the staff member to be close enough to the infant to make breastfeeding during working hours feasible.

When considering the current partial teleworking policy, it is noted that the policy is limited by its own requirements that the instance be, not just applied for and agreed well in advance, but signed off and submitted to multiple individuals for approval and recording. As such, as mentioned above, it is useful for specific pieces of work requiring uninterrupted time, but useless in situations where the staff member may unexpectedly need to be present in the home but could still complete their work. Therefore, efforts are ongoing to develop a fully-fledged teleworking policy for all major WHO offices.

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<sup>7</sup> <http://www.who.int/features/factfiles/breastfeeding/facts/en/>

<sup>8</sup> <http://www.who.int/topics/breastfeeding/en/>



## **Recommendations**

Many recommendations can be made to improve the working environment at WHO. Some of these changes are small while others are large, but even small changes may engender significant improvements in this context. Specific recommendations include:

### **R1    Teleworking policy**

- Expanding the reach of the occasional teleworking policy to the regions and widening its scope by allowing for same-day approval in situations where the requirements of the work permit, and the staff are still available to fulfil their daily responsibilities, but need to stay at home for family reasons, until the fully-fledged policy is in place.
- Update the draft teleworking policy (GSMC/2011) for a GSMC/2016 consultation, followed by submission to the Director-General for approval.

### **R2    Flexible working environment**

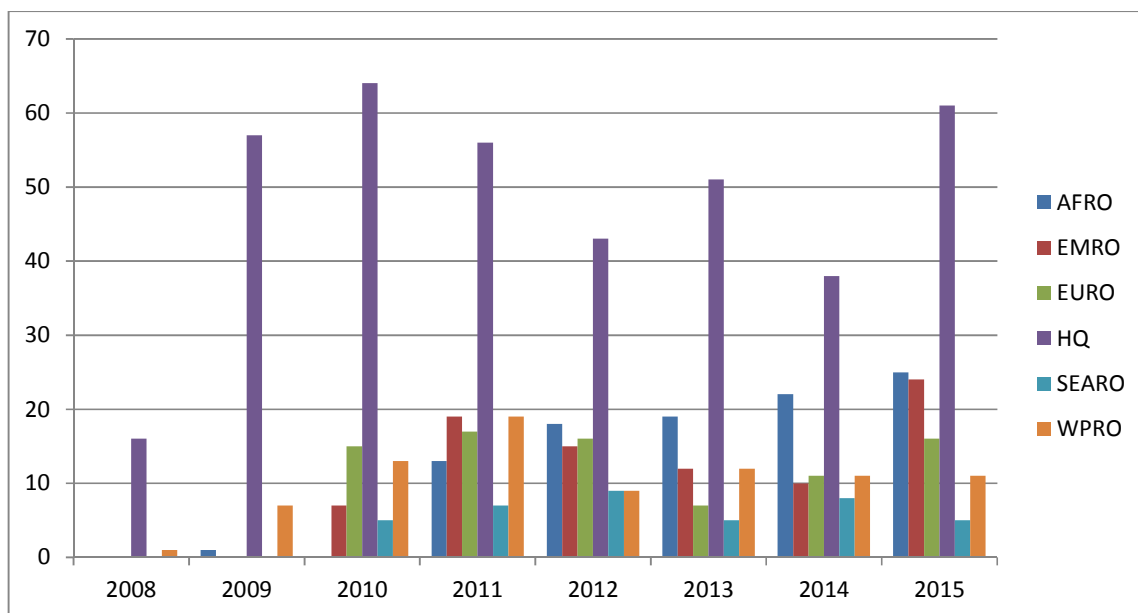
- An organizational transition towards a more flexible working environment where the focus is on results (in line with the new approach to PMD and one of the PIs of UN-SWAP) rather than “hours”, which would allow staff to balance the requirements from all parts of their life while still delivering high-quality work.
- To increase transparency and usage of work–life balance policies, including flexible working arrangements, introduce an automated monitoring system globally.

### **R3    Maternity leave**

Update the existing maternity leave entitlements to make them more representative of a modern working environment; to make them consistent with WHO’s own recommendations on breastfeeding, and to set the example of placing importance on the health of women and children. Extend the maternity leave from 16 to 24 weeks in line with public health recommendations about the minimum duration of time mothers should breastfeed for optimal health of the infant, in the context of updating parental leave.

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**Figure 5. Total maternity leave per year and per region**



*Note:* Figures are extracted from Global Management Services (GSM). Figures prior to 2011 "go-live" are not representative of actual situation

### **R4 Breastfeeding facilities**

Ensure that each WHO office provides access to a dedicated space for the expression and storage of breast milk, which is clean, secure, and meets minimum standards (e.g. provides running water and a refrigerator for the storage of expressed milk). The financial implications of implementing this recommendation vary widely. In offices where such facilities are already available, nothing is necessary, but creating a new space in the smaller country offices may be more difficult. When possible, smaller offices should look into options for creating "shared spaces" with others in a given complex, provided such shared spaces are still very easily accessible. Offices facing difficulties must still immediately provide a clean, private space where the door can be secured, which is near a functioning sink and with a place to store expressed breast milk. Improvements in the facilities to meet the required minimums may be made over time, and no new facility or major facility upgrade may be done without ensuring that the office meets these requirements.

## STRATEGIC APPROACHES TO REDUCE THE GAPS IN GENDER PARITY IN STAFFING: 2016–2017

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### **R5 Information tools, training and mentoring programme**

- Organize qualitative focus groups across the Organization to validate a new quantitative global survey to provide additional instruments for gender equality and to better understand the factors that led to the percentage improvement in the gender balance (at P-5 and above) in EURO and WPRO, and limiting factors in AFRO and SEARO.
- Development of a user-friendly handbook for staff and managers on their rights and entitlements with regard to parental leave and how such entitlements must be handled and supported by managers. This handbook should be consistent with, and draw from, the WHO eManual, for example by providing links to “everything in the manual you need to know”, and supporting staff to find information that they might not even know they need to look for with regard to parental leave.
- Development and delivery of an annual mentoring programme for female staff at P-4 and above in one regional office enabling them to learn an “optimal” approach (e.g. AFRO or SEARO) and in headquarters.
- Specific training at all levels of the Organization to combat gender stereotyping while learning to recognize and stand up to gender-based microaggressions.

### **R6 Building facilities**

Evaluation of building facilities with a view to making the WHO workplace in all major offices and countries more accessible for working parents, pregnant women, visitors and staff members with disabilities.

### **R7 Childcare facilities for working parents**

Provide priority access to existing crèche facilities for working parents by negotiating for childcare resources for staff members, which are available at a reasonable cost at, or near, WHO offices to support working families, in general, and healthy breastfeeding during the first two years of life.

WHO might follow the model of the Joint United Nations Programme on HIV and AIDS (UNAIDS) in Geneva, which has negotiated a reduced rate for children of staff members at a privately owned childcare facility located just 2.5 km from campus. In addition to the negotiated rate, UNAIDS also contributes to the monthly fee according to a percentage calculated from the family’s annual revenue. Based on the number of maternity leaves taken by staff in WHO headquarters in 2015 and UNAIDS’ maximum monthly contribution, the implementation cost amounts to CHF 225 000 per year.

Alternatively, WHO Geneva was offered the option of joining the United Nations Office in Geneva (UNOG) in the creation of their crèche with 50 spots reserved for

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the children of WHO staff members at a cost of CHF 500 000 per year, calculated on the basis of shared expenses.

WHO offices should identify the most effective option available among the two models:

- a) developing or sharing childcare facilities with other offices or organizations, or
- b) negotiating with local childcare facilities for priority access for children of WHO staff,

and implement at least one of the two. The latter option is likely to be the most cost-effective and widely preferred, but may or may not be feasible depending on the location of the office.

If this recommendation is endorsed, it will positively impact the image of the Organization and may attract more female candidates.

**The detailed list of recommendations with proposed cost estimate is available in Table 2.**

## DETAILED LIST OF RECOMMENDATIONS

The recommendations pertaining to each of the three pillars are listed in Table 2 on page 35. Each recommendation is documented according to the following:

- a. actions
- b. responsibility
- c. proposed timeline with the following colour code:



first half of 2016



second half of 2016



first half of 2017



second half of 2017













- d. estimated cost in USD.









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## STRATEGIC APPROACHES TO REDUCE THE GAPS IN

## GENDER PARITY IN STAFFING: 2016–2017

PILLAR	RECOMMENDATION	ACTION	RESPONSIBLE	USD	TIMELINE
1 R1	Extend the WHO Accountability Compact including indicator on gender equality to senior management in regional offices and provide relevant training to increase ownership	a) Include agenda item at the next GPG meeting to introduce initiative and achieve consensus	DGO, ADG/GMG	0	
		b) Develop and deliver management training globally in the context of accountability and inclusion/diversity, including a brief session at GPG covering inclusive leadership, and Training for Trainers for sustainability through blended approach	HRD, GLC and SDL in DAFOs	160 000	
1 R2	Update Governing Body resolution WHA56.17 for gender equality at all grades levels taking into account geographical balance	a) Draft new resolution	HRD in collaboration with DGO, GER and GBS	0	
		b) Present to the Governing Bodies for endorsement		0	
1 R3	Endorsement of the policy on gender equality in staffing with appropriate funding for implementation and monitoring	a) Finalization of the policy	HRD	0	
		b) Inclusion as agenda item on GSMC/2016	HRD, ADG/GMG, DGO	0	
		c) Launch with a communications and information campaign	HRD, DCO	0	
1 R4	Establish progressive annual targets for closing the parity gaps at P5 levels and above in each cluster, region, and WCO	a) Global analysis to identify feasible parity targets for HQ, ROs and WCOs based on assessment of facilitative and hindering contexts (non-family duty stations, resource constraints, size of parity gaps, etc.)	HRD	25 000	
		b) Agreement with GPG to set recommended parity targets	DGO, ADG/GMG	0	
	1. Establish a list of incentives for progress made on the gender parity annual targets	a) Provide a prize for innovative ideas to improve gender balance		0	
		b) Provide a lump sum to the departments to invest into training/learning activities for team (or for new female staff) if they reach 50/50		tbd	
		c) Provide X% of budget to those departments that have reached gender parity including P-5 and above		tbd	














PILLAR	RECOMMENDATION	ACTION	RESPONSIBLE	USD	TIMELINE
	2. Establish a list of disincentives for not reaching the gender parity annual targets	a) Deduct X% from departments that do not meet their gender target b) Deduct further budget if they regress (i.e. do not simply fall below target but lose female staff and do not manage to replace them)		tbd tbd	 
1 R5	Monitor, document and publish annual reports at WHA, on intranet and internet on parity targets by clusters and departments in HQ, and regional and country offices	a) Data collection and analysis and preparation of reports b) Identify effective dissemination plan, including HR plan c) Disseminate target progress internally (intranet) and externally (internet and to EB or WHA) d) Publish data on how departments/clusters/regional offices have reached/not reached targets (internally by department, externally by cluster, region, in WHA HR reports and on internet) e) Run annual surveys to find the most gender-friendly/open to diversity offices and to consider for further improvement those who have been named as the worst place to work for a woman	HRD, clusters MOs, RO HR managers HRD DCO	0 0 0 0 0	    
1 R6	The Geneva Gender Parity Panel Pledge: application of gender parity in all WHO official meetings	Signature of the pledge by all coordinators, directors, assistant directors-general and DGO staff		0	
Total cost				185000	
























PILLAR	RECOMMENDATION	ACTION	RESPONSIBLE	USD	TIMELINE
2 R1	Review of selection procedures				
	1. Fast-track female candidates applying for P-4/P-5 level posts who have been employed by the Organization for two or more years in a lower level post in the same technical area who demonstrate abilities commensurate with the advertised post	a) Set up a fast-track procedure	HRD	0	
	2. Establish pool/roster of female young professionals among short-term and, fixed-term staff and interns to be considered and prioritized for future P-2 to P-4 vacancies in the departments having not reached a gender parity.	a) Set up a roster	HRD	50 000	
	3. Develop and implement outreach strategy to reach qualified external female candidates	a) Develop strategy	HRD	0	
		b) Identify relevant tools to reach out to qualified female candidates	HRD, technical units, IT, Communication	0	
		c) Develop communications material/standard messages	HRD	30 000	
		d) Sign contracts with service providers	HRD	70 000	
	4. Eliminate potential for unconscious gender bias in selections through removing names, genders, and other relevant identifying information from personal history forms during the initial review by selection panels.	Implementation of recommendation	HRD and regional HR managers	0	
	5. No maximum period on rosters for female candidates (such as the HWO roster) to encourage their recruitment	Implementation of recommendation	HRD	0	
	6. Strengthen the diversity statement on vacancy notices: gender, geography, professional diversity, persons with disabilities	Implementation of recommendation	HRD	0	
	7. Strengthen component of gender equality in harmonized selection procedures	a) Gender equality on selection panels compulsory	HRD	0	
		b) Gender Focal Point participation in all selection panels	HRD	0	
		c) Implementation of systematic mechanism to encourage qualified internal candidates to apply	HRD	0	

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PILLAR	RECOMMENDATION	ACTION	RESPONSIBLE	USD	TIMELINE
2 R2	Development of a staff succession plan with gender components	a) Compare the strategic plans of each cluster and region with the staff retirement projections to understand their needs	HRD	0	
		b) Review policies of other agencies and look for best practice examples	HRD, GER	0	
		c) Review gender component for succession planning	HRD	0	
		d) Implementation of succession planning		0	
	1. Introduce young professionals programme with a focus on training women leaders	a) Programme development	HRD	0	
		b) Programme implementation	HRD	0	
2 R3	Analysis of data to overcome barriers	a) Analysis of HR data	HRD	0	
		b) Launch a staff survey	HRD, GER	0	
	Analyse On-boarding and Exit Questionnaires and interviews for gender in the context of diversity and inclusion	a) Review quarterly on-boarding and exit questionnaires and interviews with a view to identify possible enabling and limiting factors to attract and retain women	HRD in collaboration with regional focal points in DAFOs	0	
		c) Adapting recruitment methods according to the analysis and staff survey		0	
2 R4	Improvement of monitoring and reporting tools				
	1 Include temporary staff recruitments in internal and external reports on staffing as they provide feeding lines for fixed-term recruitment	a) Incorporating data in the reports	HRD	0	
	2 Reintroduce table in WHA HR report showing new recruitments per year and per major office disaggregated by gender	a) Including data in the WHA HR report	HRD	0	
2 R5	Inclusion of gender component in all HR policies	a) Inclusion of gender components in existing policies	HRD	0	TBD
		b) Inclusion of gender components in future policies		0	
Total cost				150 000	

PILLAR	RECOMMENDATION	ACTION	RESPONSIBLE	USD	TIMELINE
4 R1	<b>Teleworking policy</b>				
	1. Update occasional teleworking policy to allow for same-day approval in situations where the requirements of the work permit.	Implementation of recommendation	HR	0	
	2. Expand reach of this policy to regional offices. Update draft regular teleworking policy (GSMC/2011) in consultation with GSMC and submit to DG for approval.	Implementation of recommendation	HRD and GSMC recommendation for DG approval	0	
4 R2	<b>To increase transparency and usage of work-life balance policies, including flexible working arrangements, introduce automated monitoring system globally</b>	a) Adapt OCHCR system offered to WHO and other partner agencies if appropriate	HRD, in collaboration with ITT and GSMC	0	
		b) Launch with training support to managers and staff using blended learning approach	HRD, SDL	30 000	
		c) Evaluate effectiveness of the system as well as metrics collected through the monitoring itself, with a view to strengthening given policies, procedures and practices	HRD, SA, GER	0	
4 R3	<b>Extend maternity leave from 16 to 24 weeks in line with public health recommendations about the minimum period of which mothers should breastfeed for optimal health of the infant and bonding. This is part of an updating of parental leave policies.</b>	Implementation of recommendation	HRD and GSMC recommendation to DG for approval in line with ICSC	1 500 000	
4 R4	<b>Improve on-campus breastfeeding facilities at all three levels of the Organization</b>	a) Identifying location for the breast feeding facilities	GMG, including HRD and SHW, Staff Association	0	
		b) Identifying the needs and establishing a budget		10 000	
		c) Implementing the recommendation		0	

PILLAR	RECOMMENDATION	ACTION	RESPONSIBLE	USD	TIMELINE
4 R5	Information tools, training and mentoring programme				
	1. Specific training at all levels of the Organization to combat gender stereotyping while learning to recognize and stand up to gender-based microaggressions	a) Development of the training module	HRD, GER, GLC	20 000	
		b) Deliver annual programme	GLC	0	
	2. Development of a user-friendly handbook for staff and managers on their right and entitlements with regard to parental leave.	a) Development of the handbook	HRD, SA	0	
	3. Develop and deliver annual mentoring programme for female staff at P-4 and above in one regional office to learn an "optimal" approach (e.g., AFRO or SEARO) and headquarters	a) Development of the training module based on UNAIDS mentoring programme	HRD, GER, GLC	50 000	
		b) Launch of mentoring programme	HRD,		
	4. Organize qualitative focus groups across the Organization to validate a new quantitative global survey to provide additional instruments for gender equality and to better understand factors that lead to the percentage improvement of gender balance (P-5 and above) in EURO and WPRO and limiting factors in AFRO and SEARO	a) Develop the survey	HRD (including regional HR), GER, DGO	150 000	
		b) Conduct the survey	HRD	0	
		c) Evaluate the survey	HRD, GER	0	
4 R6	Evaluation of building facilities with a view to making the WHO workplace in all major offices and countries more accessible for working parents and visitors and staff members with disabilities				
		a) Evaluation of building facilities	GMG including HRD and SHW, and NMH	20 000	
4 R7	Childcare facilities for working parents				
		a) Analysis of the need per duty station	HRD, Staff Association	0	
		b) Calculation of WHO contribution fees		0	
		c) Negotiation agreement with a local crèche		250 000	
		d) Launching the measure		0	
Total cost				2 030 000	

## **NEXT STEPS**

The success of the Strategy depends on its efficient implementation and an appropriate monitoring and evaluation mechanism.

To ensure successful implementation of the Strategy recommendations, the Think Tank recommended establishment of an Implementation Advisory Group (IAG) composed of:

- representatives of the Staff Associations
- representatives of the Administration
- representatives of the Office of the Director-General
- representatives of the Gender, Equity and Human Rights team organization-wide.

It will be co-chaired by the Staff Association and the Administration based at headquarters.

The Terms of Reference of the IAG are shown in the following section.

In addition, an evaluation of the implementation will be undertaken by the Evaluation Office. The lessons learnt from the monitoring and evaluation exercises will contribute to improving the effectiveness and impact of the Strategy.

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## **Implementation Advisory Group: terms of reference**

### **Mandate**

The Think Tank on Gender Equity was established in 2015 by the headquarters Staff Association to develop strategic approaches to reduce the gaps in gender parity in staffing by the end of 2017.

The Think Tank Strategy was successfully developed in January 2016. The document was approved by the Director-General in February 2016.

All 18 recommendations have been discussed with the six regional offices and clusters. Their comments and recommendations are reflected in the final version of the Strategy document.

The above consultative process allowed the development of the global action plan that aims at facilitating the implementation of the Strategy recommendations.

Such an implementation phase requires a rigorous mechanism to coordinate and monitor the translation of the recommendations into practice among all stakeholders.

To ensure the successful implementation of the Strategy recommendations, the Think Tank recommended the establishment of an Implementation Advisory Group (IAG).

### **Time frame**

The IAG will be established immediately after the approval of the global action plan and will continue until the end of the reporting period: 31 December 2017.

### **Governance**

The IAG will be composed of:

- representatives of the Staff Association
- representatives of the Administration
- representatives of the Office of the Director-General
- representatives of the Gender, Equity and Human Rights team organization-wide.

It will be co-chaired by the Staff Association and the Administration based in headquarters.

### **Responsibility and activities**

The responsibilities and activities of the IAG will consist of:

- a) Developing a monitoring and evaluation (M&E) framework according to the global action plan, which represents the compilation of specific work plans for each region and cluster.

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The M&E framework will be based on the UN-SWAP<sup>9</sup> performance indicators with unmet requirements.

- b) Coordinating the implementation and monitoring of the global action plan by the focal points in each region and cluster.
- c) Regularly updating the Staff Association and the Administration about the progress on implementation of the global action plan in order to ensure appropriate actions and solutions to problems, if and where needed (via regular meetings, tele/videoconferences and email consultations).
- d) Identifying:
  - 1. a funding mechanism to support the implementation of the global action plan as well as the M&E. This could include innovative fundraising approaches and dialogue with potential donors, including Member States.
  - 2. activities that would increase the visibility of needs to promote gender parity during the implementation phase of the global action plan. For example, any internationally recognized certification such as EDGE<sup>10</sup> certification.

### Decision-making

All decisions will be made by consensus among the IAG members.

The *modus operandi* to reach the above consensus, including the frequency of meetings, will also be defined by the members.

### Reporting

The IAG will prepare intermediate and final reports on the progress made towards the UN-SWAP performance indicators, in accordance with the M&E framework. The reports should be developed and discussed among all implementers before submission to the Staff Association and the Administration by no later than 31 March 2017 and 30 November 2017, respectively.

The IAG will be responsible for making any necessary adjustments in the implementation of the global action plan according to the feedback received.

The first draft of the final report should be developed by no later than 30 October 2017. It will be reviewed internally by all stakeholders participating in the implementation, as well as by external reviewers, if needed, in order to produce the final report by 30 November 2017. This report will include the recommendations for future activities, i.e. beyond 2017.

The report should be presented to the Director-General for approval and endorsement no later than **31 December 2017**.

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<sup>9</sup> <http://www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability>

<sup>10</sup> <http://www.edge-cert.org/>



## **MAJOR EVENTS IN 2016**

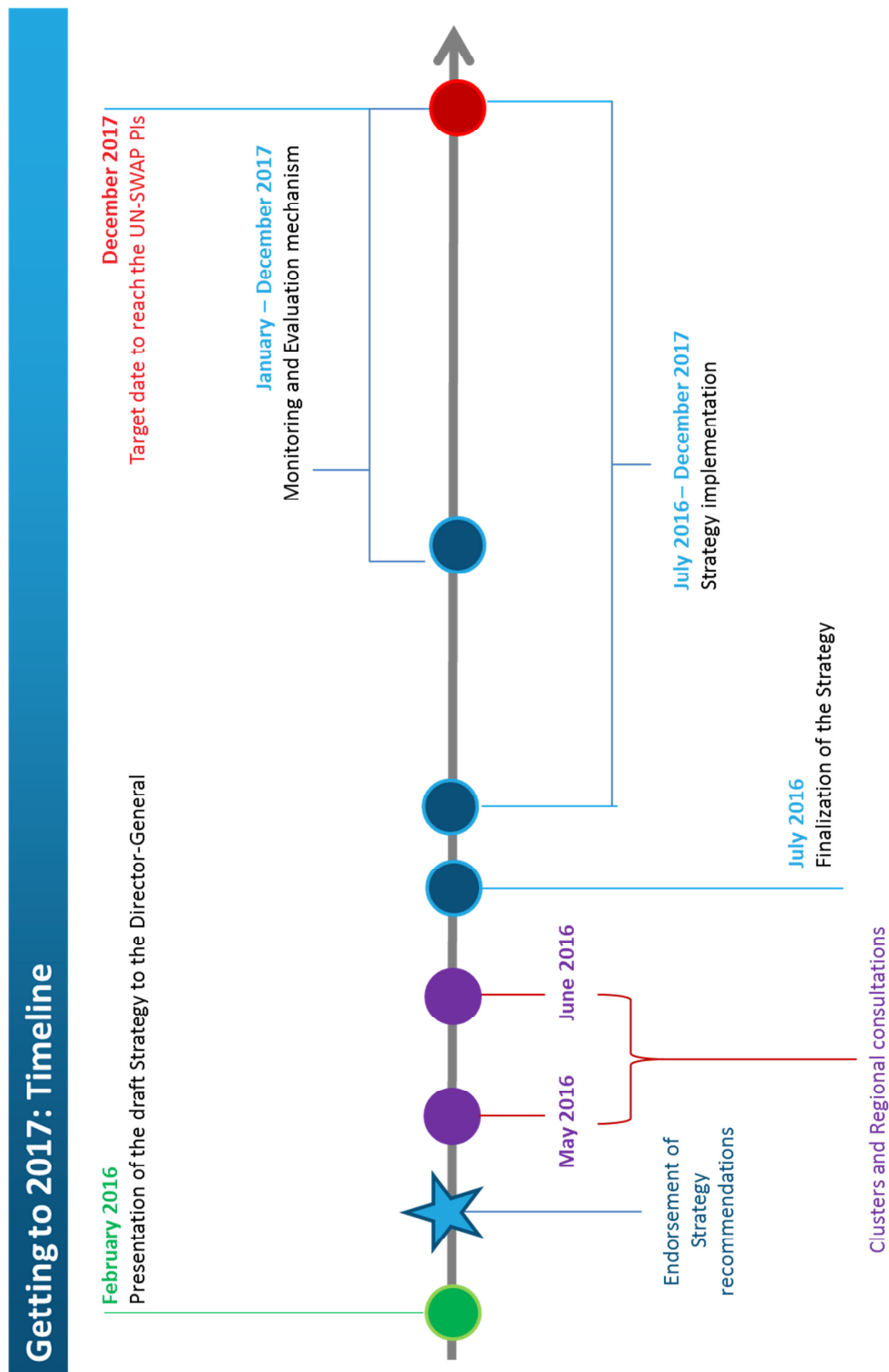
<b>25–30 January</b>	138th Session of the Executive Board
<b>29 January</b>	Annual reporting on the UN-SWAP
<b>8 March</b>	International Women’s Day
<b>8 March</b>	Woman of the Year Award (Staff Association)
<b>14–24 March</b>	Commission on the Status of Women
<b>17–18 March</b>	Global Policy Group
<b>18 May</b>	Global Policy Group
<b>23–28 May</b>	Sixty-ninth World Health Assembly
<b>30–31 May</b>	139th Session of the Executive Board
<b>October</b>	Global Staff Management Council (date to be decided)
<b>November</b>	Global Policy Group (date to be decided)

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## STRATEGIC APPROACHES TO REDUCE THE GAPS IN GENDER PARITY IN STAFFING: 2016-2017

### TIMELINE



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## THINK TANK: MEMBERSHIP



**Ms Cornelia GRISS**, HR Specialist, Global Staffing and Planning  
(HQ/GMG/HRD/GTM/GSP)



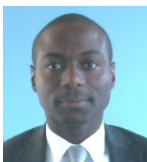
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**STRATEGIC APPROACHES TO REDUCE THE GAPS IN  
GENDER PARITY IN STAFFING: 2016–2017**

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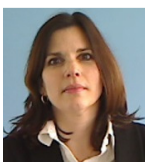
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**Ms Laurence VERCAMMEN**, Chair, Think Tank on Gender Equity  
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**Ms Joanna VOGEL**, Technical Officer, Gender, Equity and Human Rights  
(HQ/FWC/GER)

## ANNEXES

1. Resolution WHA50.16
2. Resolution WHA56.17
3. Resolution WHA56.35
4. Resolution WHA60.25
5. Resolution EB113/18
6. Programme Budget 16/17 (6.1.1)
7. Cluster note 99/10
8. IN 15/2014
9. Accountability Compact – sample
10. International Geneva Gender Champions
11. UN-SWAP – Preliminary results of 2015 reporting
12. The status of women in the United Nations system
13. Representation of women at each stage of the staff selection process in the United Nations system
14. UNAIDS mentoring programme
15. Letter of agreement between UNAIDS and *Crèche Scoubidou*
16. UNAIDS calculation of subsidies for childcare with *Crèche Scoubidou*

**STRATEGIC APPROACHES TO REDUCE THE GAPS IN  
GENDER PARITY IN STAFFING: 2016-2017**

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- (4) to collaborate with UNEP and other international organizations concerned in the implementation of the Global Programme of Action.

*Hbk Res., Vol. III (3rd ed.), 1.14.1*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, second report)

#### **WHA50.15 Recruitment of international staff in WHO: geographical representation**

The Fiftieth World Health Assembly,

Noting the report and proposals of the Director-General and the views of the Executive Board with regard to the recruitment of international staff in WHO;<sup>1</sup>

Recalling earlier resolutions of the Health Assembly and the Executive Board on the same subject, the last of which was resolution WHA48.28;

Noting that recruitment of nationals from unrepresented and under-represented countries and countries below the mid-point of the range has not yet reached the target of 60%;

Reaffirming that the principles embodied in Staff Regulations 4.2, 4.3 and 4.4 remain the paramount consideration in staff recruitment,

1. DECIDES to maintain the target of 60% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending September 1999 for the appointment of nationals of unrepresented and under-represented countries and those below the mid-point of the range;
2. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to continue to improve geographical representation;
3. REQUESTS the Director-General to modify the method of calculating desirable ranges by revising the number of posts used in the calculation to 1450;
4. FURTHER REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board in 2000.

*Hbk Res., Vol. III (3rd ed.), 6.2.2.1*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, second report)

#### **WHA50.16 Employment and participation of women in the work of WHO**

The Fiftieth World Health Assembly,

Noting resolutions WHA48.28 and WHA49.9;

Noting the situation at September 1996 regarding the proportion of women on the staff in established WHO offices and their distribution by grade;<sup>2</sup>

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<sup>1</sup> See document EB99/1997/REC/1, Annex 4, and document EB99/1997/REC/2, pp.132-135.

<sup>2</sup> See document EB99/1997/REC/1, Annex 5.

Noting that the Strategic plan of action (1995-2000),<sup>1</sup> which was endorsed by the United Nations General Assembly in its resolution 49/167 of 23 December 1994, established the overall goal of parity for women by the year 2000, with a target of 25% in policy-level positions (D1 and above) by 1997;

Recognizing that women can also participate in WHO as temporary advisers, consultants and members of scientific and technical advisory groups;

Recognizing the additional value that a balance of male and female staff can bring to the work of the Organization,

1. CALLS FOR the target for representation of women in the professional categories to be increased to 50% in WHO;
2. CALLS FOR targets to be set at 50% by 2002 for new appointments of women to professional categories, representation of women as temporary advisers, consultants and members of scientific and technical advisory groups;
3. STRONGLY URGES Member States to support the strategies and efforts of the WHO Secretariat to increase the percentage of women in professional posts, by identifying more women candidates and regularly submitting their candidatures, and by encouraging women to apply for posts;
4. REQUESTS the Director-General and Regional Directors:
  - (1) to ensure full and urgent implementation of the action outlined in the Director-General's report;
  - (2) to raise the minimum thresholds for the recruitment of women;
  - (3) to set minimum thresholds for participation of women as temporary advisers, consultants and members of scientific and technical advisory groups;
  - (4) to report annually to the Executive Board on progress in increasing the representation of women in the professional categories, and as temporary advisers, consultants and members of scientific and technical advisory groups.

*Hbk Res., Vol. III (3rd ed.), 6.2.2.3*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, second report)

#### **WHA50.17      Salaries for ungraded posts and the Director-General**

The Fiftieth World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in the ungraded posts and of the Director-General,<sup>2</sup>

1. ESTABLISHES the salary for the posts of Assistant Directors-General and Regional Directors at US\$ 129 524 per annum before staff assessment, resulting in a modified net salary of US\$ 90 855 (dependency rate) or US\$ 82 245 (single rate);

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<sup>1</sup> See United Nations General Assembly document A/49/587, part IV: "Strategic plan of action for the improvement of the status of women in the Secretariat (1995-2000)".

<sup>2</sup> See document EB99/1997/REC/1, Annex 6.



**FIFTY-SIXTH WORLD HEALTH ASSEMBLY**

**WHA56.17**

**Agenda item 18.1**

**28 May 2003**

## **Human resources: gender balance**

The Fifty-sixth World Health Assembly,

Having noted the report on gender balance;<sup>1</sup>

Recalling resolution WHA50.16 on employment and participation of women in the work of WHO;

Concerned that the targets set have not been reached, and that progress across the Organization has been uneven,

1. REAFFIRMS the target of 50% for appointments of women to professional and higher-category posts;
2. REQUESTS the Director-General to redouble efforts in order to achieve the target of parity in gender distribution among professional staff, and to raise the proportion of women at senior level and to report back on an action plan for recruitment that integrates gender and geographical balance to the Executive Board in January 2004.

Tenth plenary meeting, 28 May 2003  
A56/VR/10

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<sup>1</sup> Document A56/39.



**FIFTY-SIXTH WORLD HEALTH ASSEMBLY**

**WHA56.35**

**Agenda item 18.2**

**28 May 2003**

## **Representation of developing countries in the Secretariat**

The Fifty-sixth World Health Assembly,

Recalling resolution WHA55.24;

Having considered the report by the Director-General on representation of developing countries in the Secretariat;<sup>1</sup>

Guided by the Purposes and Principles of the Charter of the United Nations, in particular the principle of the sovereign equality of its member states;

Reaffirming the principle of equitable participation of all Members of the Organization in its work, including the Secretariat and various committees and bodies;

Bearing in mind the principle of gender balance;

Bearing in mind Article 35 of the Constitution,

1. EXPRESSES CONCERN over existing imbalance in the distribution of posts in the WHO Secretariat between developing and the developed countries, and the continued under-representation and non-representation of several countries in particular developing countries in the WHO Secretariat;
2. APPROVES the updating of the various elements of the WHO formula incorporating the latest information available on membership, contributions and population;
3. APPROVES the following formula for appointment of staff at the WHO Secretariat:
  - (1) contribution 45%
  - (2) membership 45%
  - (3) population 10%

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<sup>1</sup> Document A56/40.

(4) the upper limit of the desirable range would be subject to a minimum figure based on population as follows:

Up to 1 m	0.379% of 1580 or an upper limit of 6
Over 1 m and up to 25 m	0.506% of 1580 or an upper limit of 8
Over 25 m and up to 50 m	0.632% of 1580 or an upper limit of 10
Over 50 m and up to 100 m	0.759% of 1580 or an upper limit of 12
Over 100 m	0.886% of 1580 or an upper limit of 14

4. SETS a target of 60% of all vacancies arising and posts created over the next two years in the professional and higher graded categories, irrespective of their source of funding, for the appointment of nationals of unrepresented and underrepresented countries in particular developing countries on the basis of the formula in paragraph 3 in all categories of posts particularly the posts in grades P-5 and above, taking into account geographical representation and gender balance;

5. REQUESTS the Director-General:

(1) to give preference to candidates from unrepresented and underrepresented countries in particular developing countries on the basis of the formula in paragraph 3 in all categories of posts particularly the posts in grades P-5 and above, taking into account geographical representation and gender balance;

(2) to submit a report to the Fifty-seventh World Health Assembly on implementation of this resolution.

Eleventh plenary meeting, 28 May 2003  
A56/VR/11

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## **WHA60.25      Strategy for integrating gender analysis and actions into the work of WHO**

The Sixtieth World Health Assembly,

Having considered the draft strategy for integrating gender analysis and actions into the work of WHO;<sup>1</sup>

Recalling the Programme of Action of the International Conference on Population and Development (Cairo, 1994), the Beijing Declaration and Platform for Action (Beijing, 1995), the recommendations of Beijing plus 10 Conference (2005) and their reports, the Economic and Social Council's agreed conclusions 1997/2, the United Nations Millennium Declaration 2000, the 2005 World Summit Outcome<sup>2</sup> and resolution WHA58.30 on accelerating achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration,

1.      NOTES WITH APPRECIATION the strategy for integrating gender analysis and actions into the work of WHO;

2.      URGES Member States:

- (1)      to include gender analysis and planning in joint strategic and operational planning, and budget planning as appropriate, including country cooperation strategies;
- (2)      to formulate national strategies for addressing gender issues in health policies, programmes and research, including in the area of reproductive and sexual health;
- (3)      to lay emphasis on training and sensitization on, and promotion of, gender, women and health;
- (4)      to ensure that a gender-equality perspective is incorporated in all levels of health-care delivery and services, including those for adolescents and youth;
- (5)      to collect and analyse sex-disaggregated data, conduct research on the factors underlying gender disparities, and use the results to inform policies and programmes;
- (6)      to make progress towards gender equality in the health sector, in order to ensure that the contribution of women, men, girls and boys as providers of health care is considered in health policy and planning and training for health-care workers;

3.      REQUESTS the Director-General:

- (1)      to assess and address gender differences and inequalities in the planning, implementation, monitoring and evaluation of WHO's work, and to include this requirement in post descriptions and criterion in performance evaluation;
- (2)      to define indicators and to monitor, and assure accountability for, implementation of the strategy by the Secretariat at headquarters and in regional and country offices;

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<sup>1</sup> See Annex 2.

<sup>2</sup> United Nations General Assembly resolution 60/1.

- (3) to support and sustain incorporation of a gender perspective in the mainstream of WHO's policies and programmes, including through recruiting staff as soon as possible with specific responsibility and experience on gender and women's health;
- (4) to provide support to Member States in order to build their capacity for gender analysis and action, and for formulating and sustaining strategies, action plans, and relevant budgets for integrating gender equality in all health policies, programmes, and research;
- (5) to give priority to the use of sex-disaggregated data and gender analysis in WHO's publications, including relevant documents submitted to the Executive Board and the Health Assembly, and in efforts to strengthen health-information systems in order to ensure that they reflect awareness of gender equality as a determinant of health;
- (6) to ensure that programmatic and thematic evaluations indicate the extent to which gender issues have been incorporated in the Organization's work;
- (7) to identify, and divulgate information about, good practices on measuring the impact of integrating gender into health policies, including the development of indicators and health-information systems that disaggregate data by sex;
- (8) to ensure full implementation of the strategy, and to report every two years on progress to the Health Assembly, through the Executive Board.

(Eleventh plenary meeting, 23 May 2007 –  
Committee A, fifth report)



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
**113th Session**  
**Provisional agenda item 6.1**

**EB113/18**  
**4 December 2003**

## **Human resources**

### **Recruitment strategy integrating gender and geographical balance**

#### **Report by the Secretariat**

#### **BACKGROUND**

1. This note has been prepared in response to resolution WHA56.17 which requested the Director-General to redouble efforts to achieve parity in gender distribution among professional staff, to raise the proportion of women at senior level, and to submit an action plan for recruitment integrating gender and geographical balance. The analysis of, and changes in, staff recruitment proposed in this report are expected to assist WHO in responding to resolution WHA56.17 during the period 2004 to 2005. In resolution WHA56.35, the Health Assembly requested the Director-General to give preference to candidates from unrepresented and underrepresented countries, particularly developing countries, and approved an updated formula for determining desirable ranges for Member States with regard to the appointment of international staff to WHO's Secretariat.

2. WHO Staff Regulations, Article IV, Appointment and Promotion, 4.2 states that:

*The paramount consideration in the appointment, transfer or promotion of the staff shall be the necessity of securing the highest standards of efficiency, competence and integrity. Due regard shall be paid to the importance of recruiting and maintaining the staff on as wide a geographical basis as possible.*

The Organization must strive to achieve the target of wide geographical representation without compromising on the quality of the staff selected. Therefore, to be successful, it must improve its capacity to identify and draw on a broad range of potential sources of candidates. There needs to be a more sustained and widespread search for potential staff in order to ensure that managers recruiting staff are presented with a more diverse set of applicants.

3. The action plan outlined below is placed in the context of an overall recruitment strategy that integrates gender and geographical balance. This strategy is in line with the requests of the Health Assembly and the continuing reform of human resources management in WHO, and is based on best practice in international organizations. The keystone is an accountable senior leadership committed to diversity and leading by example. The objective of the strategy is to improve the effectiveness of recruitment policy in order to broaden the representative nature of WHO's workforce. A diverse workforce is able better to understand and respond to the operational requirements of Member States.



Implementation of the strategy will also enhance the standing of WHO as the “employer of choice” in international public health.

4. To be successful, a recruitment strategy should reflect the Organization’s goals and be responsive to changing priorities. There has to be a clear link between it and the Organization’s strategic planning to ensure that staffing requirements are taken into account at all stages of the planning cycle.

5. The Organization has consistently made efforts to broaden the diversity of its workforce. Currently, it is working towards meeting the three targets set by the Health Assembly:

(a) 60% of all appointments over the next two years in the professional and higher graded categories (irrespective of their source of funding) of nationals of unrepresented and underrepresented countries, in particular developing countries, on the basis of the formula set out in resolution WHA56.35;

(b) 50% of appointments of women to professional and higher category posts as per resolution WHA56.17;

(c) raising the proportion of women at senior level as per resolution WHA56.17.

The status of these three targets is:

(a) 33.7% of recruitments were from unrepresented and underrepresented countries during 2002. As of 1 September 2003, there were 44 unrepresented (23% of total) and 11 underrepresented countries (6%);

(b) from 1999 to 30 September 2003, 38.4% of appointees were women;

(c) as of 30 September 2003, women accounted for 20% of staff at grades P6 and above.

6. Within these global statistics there are major variations between WHO’s regions and within headquarters. This unevenness suggests that the opportunities to diversify the workforce open to some locations and programmes are greater than to others. The challenge is to create a sustained Organization-wide momentum that will assist programme managers in achieving the targets.

## **PLAN OF ACTION TO IMPLEMENT THE RECRUITMENT STRATEGY**

7. To meet the targets set by the Health Assembly, WHO has elaborated a comprehensive action plan that reflects a coherent diversity-management policy. The different components of the plan are described below.

8. **Forecasting human resources needs.** The strategic and operational planning stages of the programme-budget cycle will provide an opportunity to optimize the planning of human resources and facilitate the global consolidation of data from regions and within headquarters. When completed, the human-resources forecast will identify broad staffing priorities over a possible four-year period, encompass preliminary succession planning and identify likely new areas requiring support. It will be supplemented by a detailed two-year plan that can build on more clearly defined goals and expected levels of financing.

9. A first step will be to build on foreseen retirements and estimated voluntary turnover. A major opportunity is presented by the number of retirements projected to December 2007. During this period about one in five professional posts will fall vacant.<sup>1</sup> In the case of retirements, posts can be reassigned to the areas of highest priority and post descriptions can be revised in advance to meet expected requirements in terms of functions exercised and knowledge, skills and competencies required.

10. An automated human-resources planning tool, based on a pilot project conducted at headquarters, will be developed. This will help programmes to identify the number and type of staff they will need in the coming years. A comparison can be made with current resources to see where there are gaps and what action is required to fill them.

11. **Reaching out.** With increasing access to the Internet, use of WHO's web site has grown significantly in recent years. This is demonstrated by the fact that in the nine months since the electronic recruitment system was launched in December 2002,<sup>2</sup> applications were received from nationals of 185 out of a total of 194 Member States and Associate Members.<sup>3</sup> WHO's e-recruitment system is thus a tool with considerable potential. As well as permitting on-line application, it already enables candidates to review opportunities in WHO and ensures improved communication with applicants. It also allows WHO to screen candidates thoroughly and to target sources of applicants through careful selection of suitable institutions. The e-recruitment system will be installed in all regional offices by March 2004.

12. Nonetheless, WHO needs to extend its reach of possible applicants. At present, it depends essentially on the range of candidates who respond to opportunities announced on the web site and through Vacancy Notices circulated to Member States. However, details of vacancies need to be disseminated as widely and effectively as possible. Use of electronic mail for dispatch of Vacancy Notices has been found to be quick, efficient and cost effective. Technical programmes and WHO Representatives and Country Liaison Officers are encouraged to identify likely sources of talent such as institutions and associations to which links can be sent, enabling them rapidly and easily to view WHO's Vacancy Notices. This option will also be offered as a first step to WHO collaborating centres by the end of 2003.

13. The e-recruitment system is being further developed to provide a roster of candidates and an inventory of the skills of serving staff. Prototypes of these functions should be available by early 2004 and in full operation by the middle of the year. They will allow searches for scarce skills and competencies in order to identify more thoroughly candidates for short-term and emergency needs. The rostering facility, in particular, will ultimately permit more cost-effective candidate searches in unrepresented and underrepresented countries and by gender; in 2002 only 30% of applications for posts were from women.

14. Promotional literature is being prepared setting out the employment opportunities available in WHO, the knowledge, skills and competency profiles required, and the ways in which people can inform themselves of current openings. WHO staff will be encouraged to make promotional material available at meetings and conferences and to act as "talent scouts". During the first half of 2004, the Organization will redesign the Vacancy Notices used to announce jobs in conjunction with the

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<sup>1</sup> See document A56/38, Table 10.

<sup>2</sup> See document A56/40, section III.

<sup>3</sup> Those countries from which no application has been received to date are Antigua and Barbuda, Burundi, Cook Islands, Nauru, Niue, Qatar, Samoa, Timor-Leste and Tokelau.

introduction throughout the United Nations system of a new Master Standard for determining the grade level of professional posts. The revised standard necessitates describing jobs in a different format, using revised criteria.

15. Work is under way to streamline and simplify the recruitment process emphasizing speed and responsiveness. Improved planning and earlier identification of needs will bring significant benefits. The process for establishing and revising post descriptions has been re-engineered and automated. As part of the administrative efficiency programme, tighter deadlines are being set for selection.

16. Recruitment missions, focused on priority countries, can be a valuable way of raising awareness of WHO, expanding the network of institutional contacts and identifying potential candidates for WHO employment. In conjunction with Member States, it is expected that a number of missions can be fielded in 2004 to 2005. Missions call for a significant investment of financial and staff resources. They must therefore be used sparingly and only where it is evident that they will produce worthwhile results.

17. Vacancy Notices need wider diffusion at national level. Member States should use every means available to them to make vacancies in WHO widely and speedily known internally. National authorities are likely to be in the best position to know which institutions and associations might provide persons of potential interest to WHO. Member States can play an important role in supplementing the Organization's candidate prospection.

18. **Investing for the future.** Improved planning will allow staff at all levels within WHO to become aware of future needs. With the new emphasis on professional development and competency building through the Performance Management and Development System, more learning opportunities will be available to staff to enable them to compete for higher graded posts, thereby helping to redress gender and geographical imbalance. Practices, such as offering local staff the opportunity to be selected for professional-level assignments for limited periods, in operation in one region, could be replicated more widely. The development of a rotation and mobility programme will also provide opportunities for professional growth and broaden career prospects while satisfying programmatic requirements, particularly at country level.

19. Expanding relationships with selected educational institutions has proved one of the most fruitful ways of attracting talent by focusing on certain categories of postgraduate student. This has been a particularly effective means of increasing the diversity of the workforce in other parts of the United Nations system. WHO is developing its contacts with leading schools of public health in order to target potential applicants from developing countries, particularly women. Such persons would be encouraged to apply for internships or assignments as Associate Professional Officer, and to participate in the new Health Leadership Scheme, as initial steps towards longer-term possibilities in WHO. A review of the Associate Professional Officer, internship and other similar schemes is under way to see how they can be refined and more closely integrated into a comprehensive Young Professionals Programme for WHO.

20. **Strengthening the organizational context for diversity.** As part of the reform of human resources management, new measures will be designed and tested in pilot projects in order to provide a work environment that is more responsive to work-life pressures. These measures will include work arrangements that are more in line with the demands of daily life outside the office and are already in place in the United Nations and in other international agencies. They are intended particularly to facilitate the recruitment and retention of women. Efforts will be maintained to reduce the gender gap in staffing within the broader context of diversity management. WHO's Gender Task Force brings

together senior-level managers from the regions and headquarters in order to provide guidance on the incorporation of gender considerations in the mainstream of the Organization's work.

21. **Monitoring and accountability.** Annual monitoring reports on the achievement of diversity targets throughout the Organization will be posted on WHO's Intranet, and outstanding performance will be recognized through awards given by the Director-General. Guidelines for human resources officers will be issued in order to standardize procedures. Lastly, with the introduction of the WHO competency framework in 2004-2005 as part of the reform of human resources management, all staff will be required to demonstrate diversity-sensitive behaviours as a core competency.

22. Given that approximately one-third of all recruitment to fixed-term positions is from staff on temporary appointments, gender and geographical considerations will be taken into account in recruitment of temporary staff and monitored. As is currently the case for fixed-term opportunities, any recommendation at headquarters for the selection of a national from an overrepresented Member State for a temporary contract of more than six months will require special approval as of 1 January 2004.

23. Managers should perceive the targets for which they will be held accountable as integral to the organizational culture and their method of work. Workshops are being organized to develop awareness and understanding of the need for a diverse workforce. Training in interviewing skills for staff involved in selection panels will be offered, which will emphasize interviewing to elicit information on behaviours demonstrated during a candidate's career to date.

24. **Evaluation.** Implementation of the recruitment strategy and action plan will be monitored periodically and evaluated against set goals and indicators. A set of standardized management reports will be drawn up to monitor diversity of the workforce based on various criteria (such as recruitment, promotions, performance management reviews, mobility and rotation, staff development, turnover, and spouse employment). The action plan will be adapted as required, including any additional support that may be needed to overcome constraints to achieving targets at headquarters and in regional offices. Results will be communicated by the Director-General to the Executive Board and Health Assembly.

## **ACTION BY THE EXECUTIVE BOARD**

25. The Executive Board is invited to take note of the above report.

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WHO's commitment to values and approaches based on human rights, gender and social determinants and their mainstreaming into the Organization's objectives and work in all areas will be a key element in its communications both internally and externally.

Health is an issue of public and political concern worldwide. Several factors, including an increasingly complex institutional landscape, the emergence of new players influencing health decision-making, media coverage on a 24-hour basis, the influx of social media platforms, and a growing demand from donors, politicians and the public for the impact of WHO's work to be clearly demonstrated, have created a pressing need for rapid, effective and well-coordinated communications across all levels of the Organization. To that end, the Secretariat will support Member States by creating capacity for a communications surge during emergencies; working with the media and staff in adopting a more proactive approach to explaining its role and the impact of its actions on people's health; regularly measuring stakeholder perceptions and adjusting the global communications strategy accordingly; and enhancing its capacity to provide health information using innovative communication opportunities in order to reach a broader audience.

## LEADERSHIP AND GOVERNANCE

**Outcome 6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people**

Outcome indicators	Baseline	Target
Extent to which WHO leadership priorities are reflected in the resolutions and decisions of the governing bodies (World Health Assembly, Executive Board and regional committees) adopted during the biennium	Not applicable	At least 80% (2017)

**Output 6.1.1. Effective WHO leadership and management in accordance with leadership priorities**

Output indicator	Baseline	Target
Up-to-date gender equality policy and plan, including gender mainstreaming and the equal representation of women, approved and being implemented	No (2015)	Yes (2017)

### Country office deliverables

- Establish and maintain effective leadership and coordination of WHO's work at the country level in line with the Twelfth General Programme of Work, 2014–2019, and national health policies, strategies and plans, including through country cooperation strategies

### Regional office deliverables

- Establish effective leadership and coordination of WHO's work at the country and regional level
- Establish effective leadership by engaging with regional partners on important matters of policy, strategic dialogue and advocacy, including South–South and triangular cooperation

### Headquarters deliverables

- Strengthen WHO's technical cooperation at country level by improving coordination of work across the three levels of the Organization and the selection and induction process for heads of WHO country offices; and by enhancing the country cooperation process

- Establish effective leadership by engaging with global partners and stakeholders on important matters of policy, strategic dialogue and advocacy, including South–South and triangular cooperation
- Provide legal services to senior management, regional and country offices, units in headquarters, governing bodies and Member States, as appropriate

**Output 6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities**

Output indicator	Baseline	Target
Number of non-State actors and partnerships for which information on their nature and WHO's engagement is available	Baseline – 100	Target – 1000

**Country office deliverables**

- Promote effective mechanisms for engaging with other sectors, civil society and other non-State actors on the common health agenda
- Coordinate WHO's engagement with the United Nations at country level, including active participation in United Nations Country Teams and development of the United Nations Development Assistance Framework

**Regional office deliverables**

- Facilitate effective working relations and mechanisms for engagement with the non-health sector, including non-health ministries, parliaments, government agencies and other non-State actors
- Engage with regional partnerships, technical partners, donors and governing bodies of other agencies (including the United Nations) in order to advocate for health priorities specific to countries and the region as a whole

**Headquarters deliverables**

- Maintain and strengthen WHO cooperation, policy and systems to support the management of WHO-hosted partnerships
- Engage with non-State actors on the common health agenda
- Engage with global partnerships, global technical partner networks, donors and governing bodies of other agencies, including the United Nations

**Output 6.1.3. WHO governance strengthened with effective oversight of governing body sessions and efficient, aligned agendas**

Output indicator	Baseline	Target
Percentage of governing bodies' documentation that is provided within agreed timeline	60% (2015)	90% (2017)

**Country office deliverables**

- Support Member States in preparing for meetings and other regional and global governing body processes, as well as in implementing the decisions and resolutions adopted by the governing bodies

**Regional office deliverables**

- Manage and administer regional committees and subcommittees in all relevant official languages, and support countries in preparing for effective engagement in the work of the governing bodies

OFFICE OF THE EXECUTIVE DIRECTOR  
GENERAL MANAGEMENT

Subject: Closing the gender gap at WHO

Distribution: all staff

10 March 1999

1. At the Cabinet meeting on 1 December 1998, Cabinet agreed, and the Director-General decided on measures designed to achieve gender parity in the Organization in the coming decade. The decisions taken are reflected in paragraphs 2 to 5.
2. The female recruitment target rate for staff in the Professional and higher categories is set at 60%, with a view to promoting gender parity in the Organization in the coming decade.
3. At Headquarters, Executive Directors are accountable, through the performance appraisal and monitoring system, for meeting this goal. They will establish targets and strategies to promote a 60% female recruitment rate overall, as well as effective monitoring and reporting mechanisms. The first reporting period is from 21 July 1998 to December 1999. Thereafter, targets and strategies will be set for periods of two years and Clusters will report on a biennial basis.
4. To assist in this effort:
  - selection procedures for Professional posts will include systematic consideration of applications from women; otherwise recommendations for selection will be returned;
  - systematic consideration will also be given to women in the case of temporary (acting) assignments to positions of managerial responsibility, because such experience (or lack thereof) may influence both eventual appointment and prospects for career development;
  - the focal point for the employment and participation of women will be the Personnel Officer in each Management Support Unit at Headquarters and the Regional Personnel Officer in the Regions..

5. Within the framework of an integrated human resources management strategy, full attention will be given to measures for the recruitment, retention and career management of women.

\* \* \*

6. The Coordinator of the Policy Development team (POL) will act as focal point in HRS for central support to measures to improve the employment and participation of women in the work of WHO.



# **WORLD HEALTH ORGANIZATION**

**Information Note: 15/2014**

**Subject: Occasional Teleworking**

**Distribution: All WHO Staff Members in HQ, Geneva and out posted (GSC, GCT, WUN, WKC, GCR Lyon) Offices**

**Date: 24 April 2014**

The purpose of this Information Note is to explain the terms and conditions of occasional teleworking in HQ, Geneva and out posted Offices: GSC in Kuala Lumpur, GCT in Tunis, WUN in New-York, WKC in Kobe and GCR in Lyon.

## **1. Purpose and principles**

Teleworking is a flexible working arrangement that enables staff members to carry out their assigned work responsibilities at their home or another agreed location outside the WHO premises. It is an integral part of the WHO HR Strategy, which has as an essential component the creation of an enabling working environment while at the same time improving staff wellbeing and reducing stress.

Teleworking is based on trust, collaboration and dialogue between the staff member and the supervisor. When properly managed, and though not an entitlement, it has a positive impact on work-life balance, productivity and staff motivation.

This initiative introduces occasional teleworking as an interim measure while the policy on teleworking is being finalized and approved.

## **2. Eligibility**

This policy applies to both internationally and locally recruited staff members at HQ who hold continuing, fixed-term (including probationary fixed term staff) and temporary appointments, and who work on either a full-time or part-time basis.

## **3. Conditions**

**Frequency:** occasional teleworking is an arrangement that occurs on an ad-hoc basis subject to service exigencies, for the completion of specific one-off tasks. This type of arrangement is suitable, but not limited, to tasks requiring:

- uninterrupted concentration (e.g.: where substantial research, analysis, or a writing assignment is to be completed within a limited timeframe);
- work that can be carried out independently (e.g., editing, translating, data analysis, computer programming, data entry, etc.);
- completion by the staff member, but which due to circumstances beyond the staff member's control (e.g., limited mobility due to physical or environmental factors), will be carried out in the designated teleworking office outside the WHO premises.

During teleworking, staff members will remain subject to WHO administrative policies and procedures and will make themselves available to attend calls and e-mails during core working hours.

**Output:** measurable outputs which have been explicitly identified, and which can be completed independently.

**Application and approval:** an occasional teleworking arrangement requires the first level supervisor's authorization prior to teleworking commencing. While normally such an arrangement is requested by a staff member at his/her own initiative, the arrangement can also be initiated by the supervisor subject to the staff member's agreement.

The arrangement should be planned and approved in advance (at least 24 hours before the start of the arrangement). In exceptional circumstances, requests on the day may be considered and approved by the supervisor. The attached request form, which includes a disclaimer, must be completed and returned to the designated officers indicated on the form. A staff member whose occasional teleworking arrangement has not been approved is expected to report to duty on the WHO premises.

**Duration:** the duration of such arrangements can vary from a minimum of a half-day (four hours) up to a maximum of a total of three working days within a month (which can be scheduled consecutively or at different times during the month). The Supervisor must keep the unit Leave Administrator informed of the teleworking arrangement so that the staff member's absence from the office is not considered as an absence. For staff members availing themselves of the flexi-time scheme, the hours worked can be noted as the maximum 8 hours working day in the staff member's flexi-sheet.

**Leave:** occasional teleworking is not applicable during annual leave, sick leave (unless supported by a written recommendation of Staff Health & Wellbeing Services in HRD), leave or special leave with or without pay, compassionate leave. Furthermore, it should not be taken in conjunction with any type of leave as stated above. Staff members may request occasional teleworking subsequent to completion of their maternity leave, paternity leave or adoption leave. However, teleworking is not intended to serve as a substitute for enabling staff members to take care of their child or a seriously ill family as this is provided under the special leave to care for a child or seriously ill family member.

**Remote access/Equipment:** it is expected for the occasional teleworking arrangement that staff members have their own appropriate hardware and software installed at the teleworking location. Staff members are responsible for protecting their own or WHO-owned electronic equipment and data from cyber security threats. Staff members must be equipped with the necessary IT access in order to carry out their work from the teleworking location, and must ensure that access data and deliverables is limited to those individuals or entities authorized by WHO. Restricted access materials should not be taken out of the office.

**Costs:** the Organization is not responsible for the cost of connectivity, equipment, transport of the equipment to and/or from WHO premises, repair or service, or any other expenditures by the staff member. Travel costs to and from the teleworking location are borne by the teleworking staff member. The Organization will not be liable for material damage, loss or theft of the teleworking staff member's personal property or WHO equipment resulting directly or indirectly from teleworking, even if incurred during the performance of official duties or while using WHO equipment. The Organization will not be responsible for any tax implications of maintaining or connected to the teleworking arrangement.

#### **4. Consequences of inadequate performance during teleworking**

The staff member whose occasional teleworking arrangement has been authorized is expected to deliver the explicitly stated outputs in line with expected standards of quality, quantity and timelines. Should these standards not be met, the staff member will not be eligible for occasional teleworking arrangements in the future.

#### **5. Insurance**

Unless evidence can be provided that the accident, illness or death was in fact service-related, claims for service-incurred accident, illness or death while benefitting from an authorized occasional teleworking arrangement will not be considered.

In the case where the staff member's home is designated as the teleworking location, he/she must review their home insurance policies and must insure WHO equipment placed in their teleworking location under their own private home insurance policy. Any increase in home insurance coverage as a result of teleworking is the responsibility of the teleworking staff member. The Organization will not be held liable for any injuries to third parties resulting directly or indirectly from teleworking.

Except for the aforementioned limitations, with respect to service-incurred accident, illness or death staff members who have been authorized to telework will be insured under the Staff Health Insurance and the Group Accident and Illness Insurance policy in the same way as staff members working on the WHO premises.

#### **6. Monitoring and evaluation**

HRD will monitor and evaluate the application of the occasional teleworking arrangements based on the analysis of the request forms, with a view to fine-tuning, as required, and to inform the long-term teleworking arrangement policy with the lessons learned. Specific aspects that will be evaluated, after one year, will cover the number of teleworking arrangements granted number of days, rationale for the requests, and impact on productivity of the staff member as well as the team's reaction and productivity.

#### **7. Conditions of employment**

Occasional Teleworking arrangements do not change a staff member's conditions of employment or required compliance with the Organization's Staff Rules and Regulations and related policies.

\* \* \* \* \*

## ***WHO Accountability Compact(as at 4 August 2016)***

**between**

[Name], Assistant Director-General, [Name] Cluster

**and**

Dr Margaret Chan, Director-General, World Health Organization  
for 2016

<b>1. Leadership</b>	
<b>Definition</b>	
Accountability of the Assistant Director-General in relation to leadership performance is demonstrated in the following ways:	
<ol style="list-style-type: none"> <li>1. Effective representation of WHO with stakeholders within area of responsibility (including effective communication and coordinated resource mobilization).</li> <li>2. Leadership of relevant Category Network to deliver PB outputs.</li> <li>3. Achievement of PB deliverables within the responsibility of the Cluster.</li> <li>4. Motivation and commitment of staff for the mandate and work of the Cluster;</li> </ol>	
<b>Leadership Objectives</b>	
[Major deliverable for the year, by which performance will be measured]	
[Major deliverable for the year, by which performance will be measured]	
[Major deliverable for the year, by which performance will be measured]	
[Major deliverable for the year, by which performance will be measured]	
[Major deliverable for the year, by which performance will be measured]	

<b>2. Stewardship</b>	
<b>Definition</b>	
Accountability of the Assistant Director-General in relation to stewardship of resources and risk management is demonstrated in the following ways:	
<ol style="list-style-type: none"> <li>1. Maximises opportunities and manages risks to acceptable levels in achieving programme objectives.</li> <li>2. Exercises responsible management of both human and financial resources.</li> <li>3. Ensures that delegation of authority is correctly implemented in the Cluster and that WHO rules, regulations, policies and procedures are effectively adhered to throughout the Cluster.</li> <li>4. Takes effective actions to address known and significant internal control weaknesses in the Cluster.</li> </ol>	
<b>Expected Accomplishments</b>	<b>Performance Measure</b>
<b>Transparency, Accountability &amp; Risk Management</b>	
Exercises responsible and proactive risk management in accordance with WHO's Corporate Risk Management Policy. Ensures full accountability and compliance with rules and regulations.	<ul style="list-style-type: none"> <li>• Percentage of risk mitigation measures implemented for critical risks.</li> <li>• Percentage of internal audit recommendations implemented within the agreed timeframe.</li> </ul>
<b>Human Resources</b>	
Ensures that performance standards are set, monitored and evaluated in a fair and timely manner, and non-performance effectively managed.	<ul style="list-style-type: none"> <li>• Percentage of performance appraisals of staff in the cluster completed within established timelines.</li> </ul>
Improves representation of women in professional and higher categories, and representation of nationals of un- and under-represented Member States.	<ul style="list-style-type: none"> <li>• Male/female ratio of staff at P5 level above with FT contracts and TAs (excluding daily paid staff) in the cluster.</li> </ul>

	<ul style="list-style-type: none"> <li>Percentage of candidates recruited from unrepresented and under-represented countries (List A) in the cluster during the calendar year in the professional and higher categories for FT contracts.</li> </ul>
Ensures timely recruitment and succession planning.	<ul style="list-style-type: none"> <li>Percentage of fixed-term recruitments at P level or above in the cluster, for which the selection decision is taken within 15 weeks from start of Vacancy Notice</li> </ul>
<b>Financial Resources</b>	
Utilizes financial resources effectively and efficiently to achieve expected results within the approved budget.	<ul style="list-style-type: none"> <li>Percentage of donor reports submitted according to the agreed timelines.</li> <li>Number of open encumbrances (committed but not yet liquidated financial resources) that are more than 3 months beyond the award end date.</li> </ul>
<b>Travel</b>	
Ensures that travel supports programme objectives and is planned in advance.	<ul style="list-style-type: none"> <li>Travel expenditure within predetermined travel budget.</li> </ul>
<b>Procurement</b>	
Ensures transparency and competitive bidding for selection of suppliers in accordance with procurement policies and procedures.	<ul style="list-style-type: none"> <li>TBD</li> </ul>
<b>Governing Bodies</b>	
Meets deadlines for Governing Body documentation	<ul style="list-style-type: none"> <li>Percentage of Governing Body papers (for WHA, EB and PBAC) submitted within agreed timeframe.</li> </ul>

### 3. Behaviour

In all of my undertakings, I will demonstrate, adhere to and promote the highest ethical standards in WHO and serve as a role model. It is my objective to strengthen WHO's ethics culture and promote the changes that are necessary to achieve this objective.

I acknowledge the performance objectives, outputs, and standards stated above and undertake to plan, implement, monitor and report on them. Furthermore, I understand that in addition to the specific objectives referred to in this document, a key element of my responsibilities is to contribute to the broader interests and work of WHO.

<b>Signature:</b>	<b>Date:</b>
Assistant Director General	

I endorse the performance objectives, outputs, and standards stated in this compact. I commit to delegating the necessary authority to achieve these. In the event that any or some of these objectives and standards change, I commit to review the targets.

**Signature:**

**Date:**

Director-General



## **The Geneva Gender Parity Panel Pledge**

- Why:** Fifty per cent of the population warrants the same visibility as the other fifty percent. Visibility is key for role models in the public space and workplace.
- Objective:** Women's distinct and expert voices elevated through gender parity on panels.
- Outcome:** Unique points of view offer 21<sup>st</sup> century results and sustainable solutions.
- Impact:** A change in culture, and a mind shift.

### **The Pledge:** (a simple one)

We, \_\_\_\_\_ support the Geneva Gender Parity Panel Pledge.

The Geneva Gender Parity Panel Pledge is both a concrete process and a thoughtful internal and external exercise for the conference organizer and potential panelist. The process should ensure that there is a conversation each time a panel is composed, and that the process of including high performing dynamic female experts will eventually become reflexive, rendering the "Geneva Gender Parity Panel Pledge" obsolete.

### **The Process:**

#### **Every time you organize or participate in a panel, ask yourself**

1. What are you doing to ensure gender balance at your event?
2. Are there any women, or equal numbers of women, speaking on the panel/s?
3. (If not), have the organizers reached out to female experts?
4. (If not), can we share our evolving list of dynamic experts in the field that happen to be women? (This list is composed by the potential panelist/or organization. It also has the knock on effect of the potential male panelist championing a number of brilliant and knowledgeable female colleagues.)
5. Are conference organizers exploring the list and issuing invitations to expert women?



# **The UN System-wide Action Plan for implementation of the CEB Policy on gender equality and the empowerment of women**

**Preliminary Results of 2015 Reporting**

**Geneva, April 14 2016**



# 2015 Reporting Entities

**64 entities, departments and offices (over 90% of those required) submitted reports - up from 62 in 2014 and 55 entities in 2012**

## **Secretariat:**

- CAAC, DESA, DFS, DGACM, DM, DPA, DPI, DPKO, DSS, ECA, ECE, ECLAC, ESCAP, ESCWA, Global Compact Office, HABITAT, OAJ, OCHA, ODA, OHCHR, OHRLLS, OIOS, OLA, Ombudsman, OSAA, PBSO, UNCTAD, UNEP, UNFCCC, UNISDR, UNODC, UNOG, UNON, UNOV

## **Funds and Programmes:**

- IFAD, IOM, ITC, UNAIDS, , UNCDF, UNDP, UNFPA, UNHCR, UNICEF, UNOPS, UNRWA, UNV, UN Women, WFP

## **Specialized Entities:**

- FAO, ILO, ITC-ILO, UNESCO, WHO

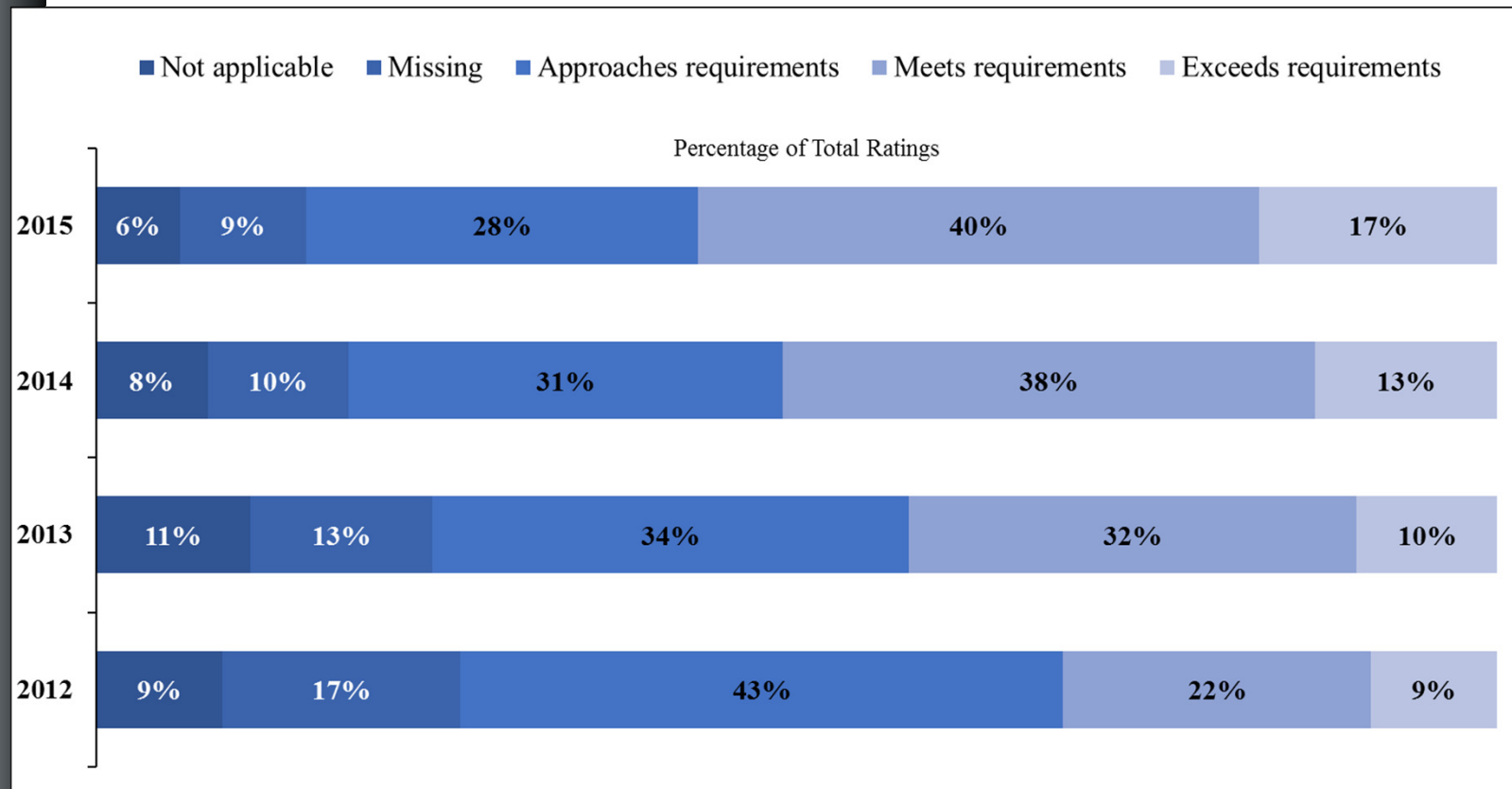
## **Specialized entities with a Technical Focus:**

- IAEA, IMO, ITU, UNIDO, UPU, WIPO, UNWTO, WMO

## **Research and training institutes:**

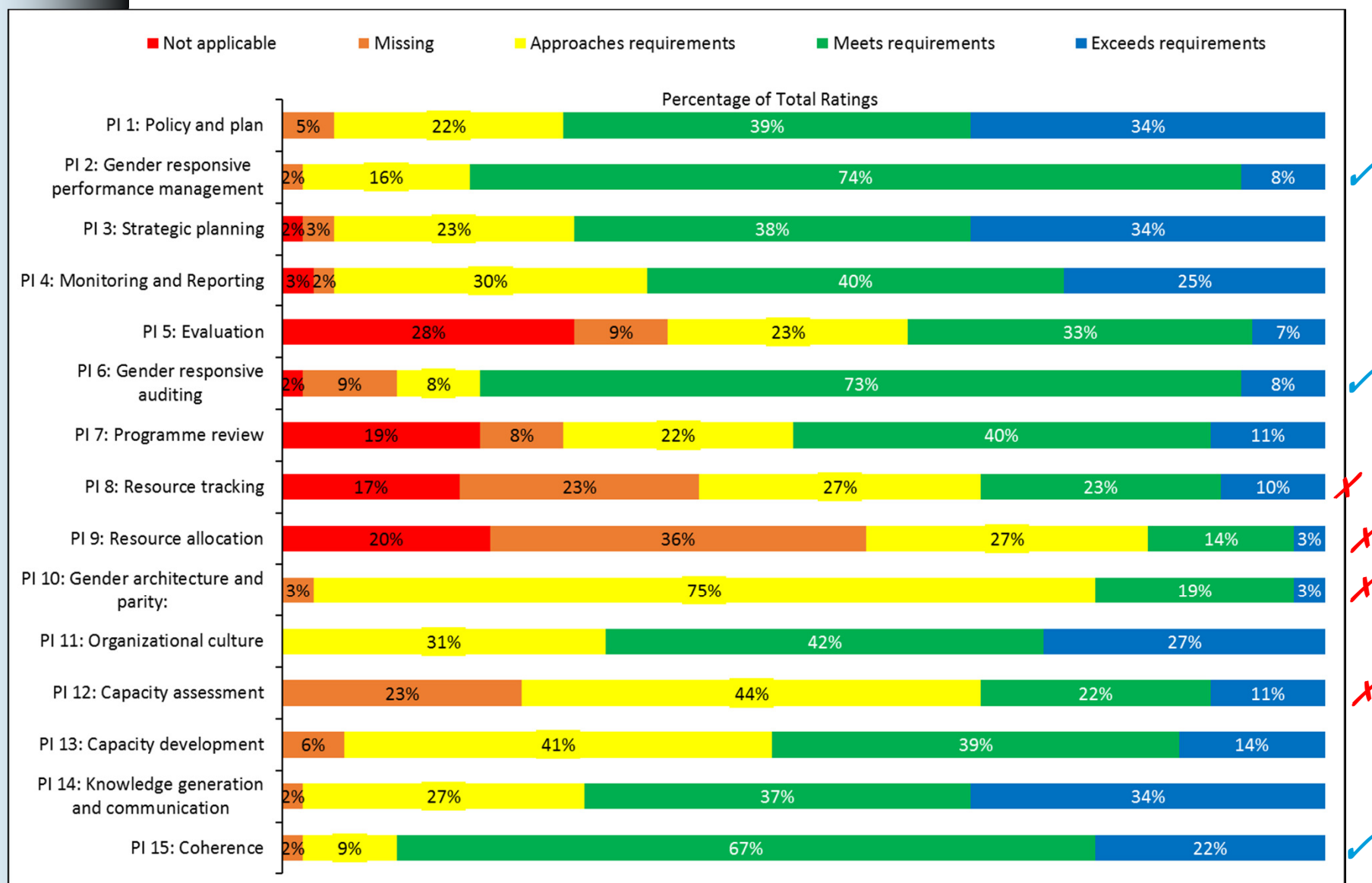
- UNSSC, UNITAR, UNU

# Comparative Analysis of Rating by Year



Between 2014 and 2015, the system experienced a **6 percentage point increase** in the meeting and exceeding categories (from 51 to 57). Although the system continues to witness progress from year to year, the rate of progress is not fast enough.

# Comparative Rating Analysis for all Indicators



## Comparative Analysis of “Meets” and “Exceeds” Ratings, by Indicator and by Year

Performance Indicator, ranked by 2015 performance	Percentage of Total Ratings Meeting or Exceeding Requirements (N/A omitted)				% Point Difference (2015-2014)	% Point Difference (2015-2012)
	2015	2014	2013	2012		
PI 15: Coherence	89	87	89	77	2	12
PI 6: Gender responsive auditing	83	78	69	13	5	70 ✓
PI 2: Gender responsive performance management	83	81	75	59	3	24
PI 1: Policy and plan	73	61	50	40	12 ✓	33
PI 3: Strategic planning	73	74	58	41	-1	32
PI 14: Knowledge generation and communication	72	66	52	34	6	38
PI 11: Organizational culture	69	63	59	48	7	21
PI 4: Monitoring and Reporting	68	65	50	39	3	29
PI 7: Programme review	63	59	47	31	4	32
PI 5: Evaluation	55	50	44	36	5	19
PI 13: Capacity development	53	40	25	23	13 ✓	30
PI 8: Resource tracking	39	30	25	22	9 ✓	17
PI 12: Capacity assessment	33	28	23	15	5	18
PI 10: Gender architecture and parity:	22	21	20	13	1 ✗	9 ✗
PI 9: Resource allocation	22	18	13	7	4	15 ✗

# Projections

Performance Indicators	Avg % change 2012-2015	2015 Meets & Exceeds (% of total ratings)	Projected Year to attain 100% compliance
PI 1: Policy and plan	11.8	73	<b>2017</b>
PI 2: Gender responsive performance management	7.7	81	<b>2017</b>
PI 3: Strategic planning	11.8	72	<b>2017</b>
PI 4: Monitoring and Reporting	10.4	66	<b>2018</b>
PI 5: Evaluation	3.3	39	<b>2033</b>
PI 6: Gender responsive auditing	23.4	83	<b>2016</b>
PI 7: Programme review	9.3	52	<b>2020</b>
PI 8: Resource tracking	4.9	33	<b>2029</b>
PI 9: Resource allocation	3.9	17	<b>2036</b>
PI 10: Gender architecture and parity:	3.0	22	<b>2041</b>
PI 11: Organizational culture	7.2	69	<b>2019</b>
PI 12: Capacity assessment	6.1	33	<b>2026</b>
PI 13: Capacity development	10.4	53	<b>2019</b>
PI 14: Knowledge generation and communication	13.0	72	<b>2017</b>
PI 15: Coherence	4.8	89	<b>2017</b>

By 2017 deadline

By 2020

9-24 years AFTER 2017 deadline

# Individual performance projections

Performance Indicator	2014	2015	2016 prediction	2017 prediction	Notes (to meet/exceed) we would need.....
1. Policy and plan	Approaches	Meets	Exceeds	Exceeds	
2. Performance management	Approaches	Meets	Meets	Exceeds	
3. Strategic planning	Missing	Approaches	Meets	Meets	
4. Monitoring and evaluation	Missing	Approaches	Meets	Exceeds	
5. Evaluation	Approaches	Approaches	Approaches	Meets	
6. Auditing	Meets	Meets	Exceeds	Exceeds	
7. Programme review	Approaches	Approaches	Approaches	Meets	
8. Financial tracking	Missing	Approaches	Approaches	Meets	
9. Financial allocation	Approaches	Approaches	Approaches	Meets	
10. Gender architecture/parity	Missing	Approaches	Approaches	Approaches	
11. Organizational culture	Approaches	Approaches	Meets	Meets	
12. Capacity assessment	Approaches	Approaches	Approaches	Meets	
13. Capacity development	Approaches	Approaches	Meets	Exceeds	
14. Knowledge generation and communication	Approaches	Approaches	Meets	Meets	
15. Coherence	Meets	Exceeds	Exceeds	Exceeds	😊

## POLICIES:

- updated guidance document
- support for gender parity strategy for Secretariat

## ANALYSIS:

- Analysis of Reporting (report of GM to ECOSOC)
- Entity-level analysis (letters to heads of entities)
- In-depth indicator specific analysis (highlights, trends)

## KNOWLEDGE SHARING AND COHERENCE

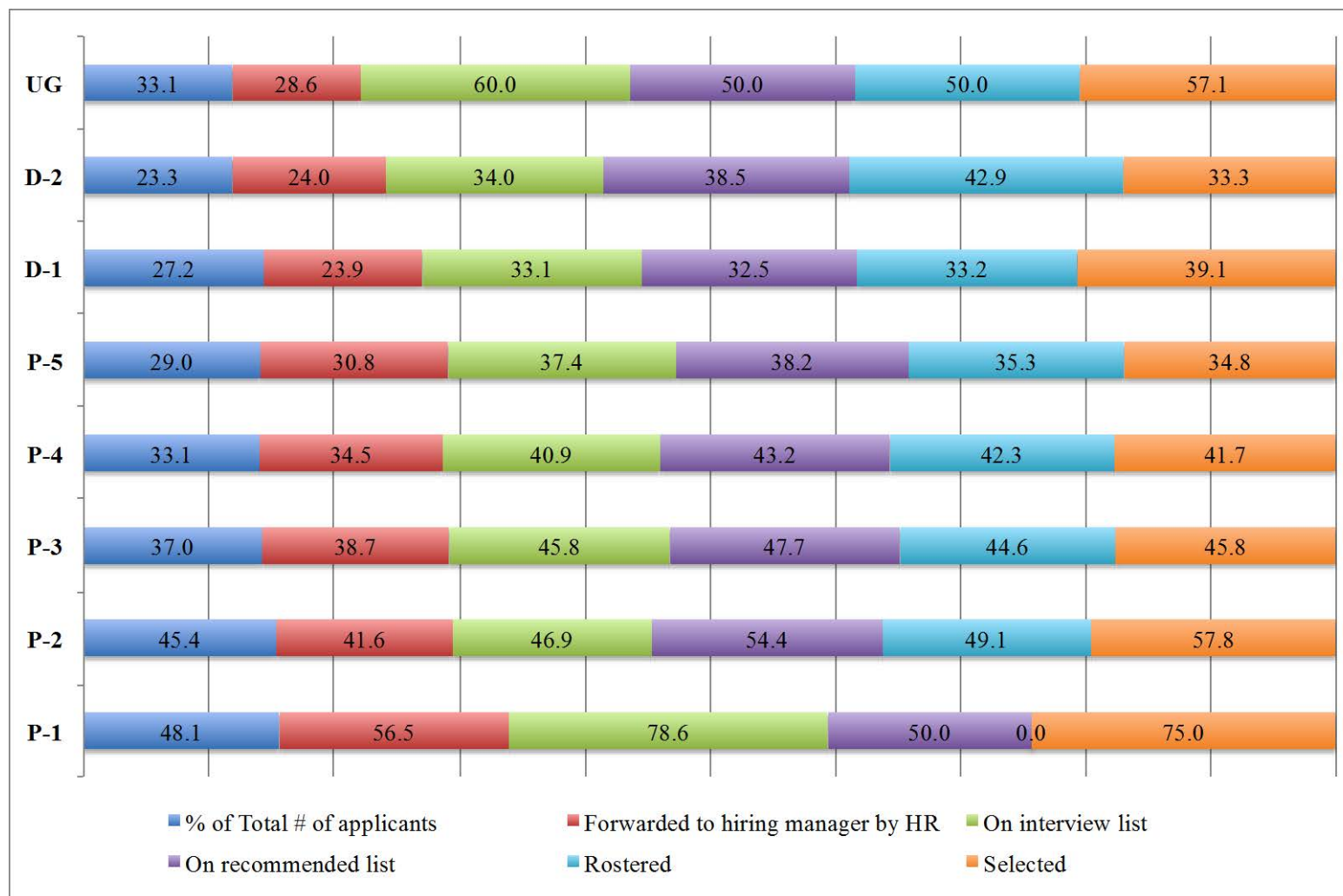
- Global Workshops
- Further enhancement of Knowledge Hub
- Development of communication products for performance areas, ex. equal representation fact sheets

## TECHNICAL SUPPORT

- Continued support for Gender Marker, ex. FBN working group and new e-course for markers
- Ongoing technical support for all areas, including e-course on UN-SWAP



**Web Annex VI: Representation of women at each stage of the staff selection process in the United Nations system, from 1 January 2012 to 31 December 2013**

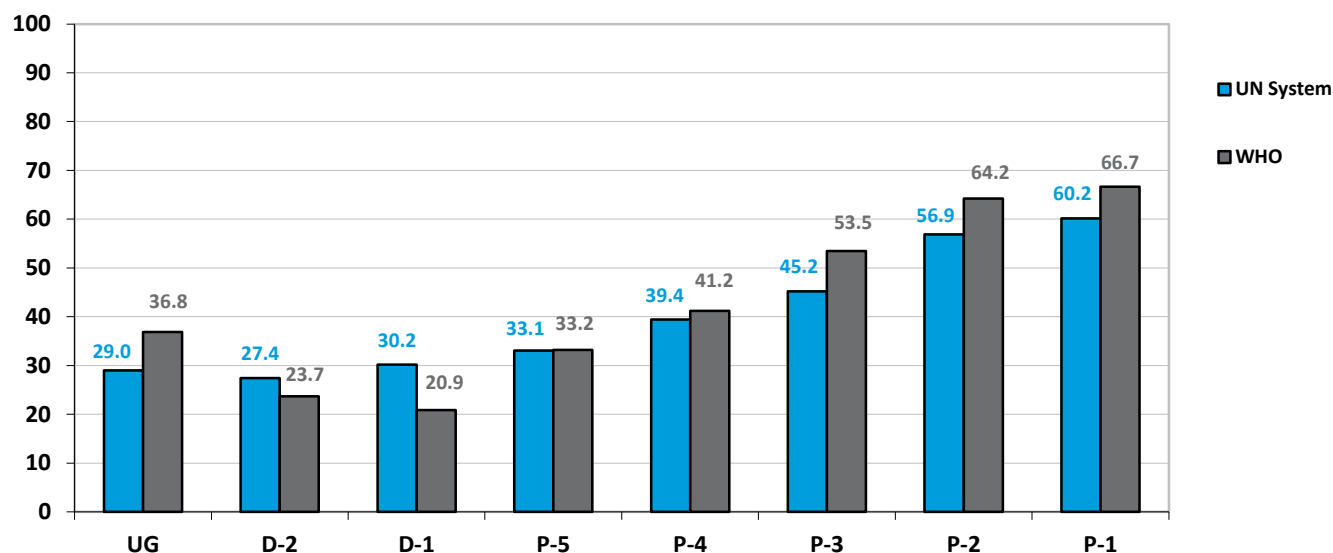


*Source:* Based upon data submitted by UN entities. 2012 data not available for: FAO, ICAO, ITC-ILO, UNJSPF, UNDP, UNITAR, UN-Women, WHO, UNWTO. 2013 data not available for: FAO, ITC-ILO, ICSC, UNJSPF, UNITAR, UN-Women, WHO.



## The Status of Women in the United Nations System

Percentage of women in the professional and higher categories with appointments of one year or more  
in the United Nations System (Dec. 2011) and WHO (Dec. 2011)



### Trends in the Representation of Women in the Professional and Higher Categories – 2001 to 2011

The United Nations System					World Health Organization (WHO)				
During the period 2001-2011 in the <b>UN System</b> , the proportion of women <b>increased</b> by <b>6.8</b> percentage points, from <b>33.9%</b> (6,533 out of 19,296) in 2001 to <b>40.7%</b> (12,086 out of 29,665) in 2011.					During the period 2001-2011 in <b>WHO</b> , the proportion of women <b>increased</b> by <b>8.1</b> percentage points, from <b>31.5%</b> (458 out of 1452) in 2001 to <b>39.6%</b> (900 out of 2272) in 2011.				
Level	% of women as of 31 December 2001	% of women as of 31 December 2011	Total change 2001-2011 (percentage points)	Avg. annual change 2001-2011 (percentage points)	Level	% of women as of 31 December 2001	% of women as of 31 December 2011	Total change 2001-2011 (percentage points)	Avg. annual change 2001-2011 (percentage points)
<b>UG</b>	15.6	29.0	13.4	1.3	<b>UG</b>	18.2	36.8	18.7	1.9
<b>D-2</b>	20.8	27.4	6.6	0.7	<b>D-2</b>	14.3	23.7	9.4	0.9
<b>D-1</b>	21.3	30.2	8.8	0.9	<b>D-1</b>	25.3	20.9	-4.5	-0.4
<b>P-5</b>	24.1	33.1	8.9	0.9	<b>P-5</b>	24.4	33.2	8.8	0.9
<b>P-4</b>	31.3	39.4	8.1	0.8	<b>P-4</b>	33.6	41.2	7.6	0.8
<b>P-3</b>	40.3	45.2	5.0	0.5	<b>P-3</b>	46.5	53.5	7.0	0.7
<b>P-2</b>	53.3	56.9	3.6	0.4	<b>P-2</b>	50.9	64.2	13.4	1.3
<b>P-1</b>	63.6	60.2	-3.4	-0.3	<b>P-1</b>	66.7	66.7	0.0	0.0

Source: CEB (2001), UN System Entities (2011). Prepared by the Focal Point for Women, Coordination Division, UN Women, December 2012.

Website: <http://www.unwomen.org/en/how-we-work/un-system-coordination/women-in-the-united-nations/>

<p>As of 31 December 2011, women in the <b>UN System</b> constituted:</p> <ul style="list-style-type: none"> <li>• <b>40.7%</b> (12,086 out of 29,665) of all staff in the professional and higher categories with appointments of one year or more</li> <li>• <b>29.5%</b> (787 out of 2,672) of all staff D-1 to UG</li> <li>• <b>41.9%</b> (11,299 out of 26,993) of all staff P-1 to P-5</li> </ul> <p>• Gender parity achieved: <b>P-1:</b> 60.2% (71 out of 118); <b>P-2:</b> 56.9% (1,746 out of 3,070)</p> <p>• Largest increase: <b>UG:</b> 13.4% (from 15.6% in Dec. 2001 to 29.0% in Dec. 2011)</p> <p>• Largest decrease: <b>P-1:</b> -3.4% (from 63.6% in Dec. 2001 to 60.2% in Dec. 2011)</p>	<p>As of 31 December 2011, women in <b>WHO</b> constituted:</p> <ul style="list-style-type: none"> <li>• <b>39.6%</b> (900 out of 2272) of all staff in the professional and higher categories with appointments of one year or more</li> <li>• <b>22.4%</b> (59 out of 263) of all staff D-1 to UG</li> <li>• <b>41.9%</b> (841 out of 2009) of all staff P-1 to P-5</li> </ul> <p>• Gender parity achieved: <b>P-1:</b> 66.7% (10 out of 15); <b>P-2:</b> 64.2% (70 out of 109); <b>P-3:</b> 53.5% (185 out of 346)</p> <p>• Largest increase: <b>UG:</b> 18.7% (from 18.2% in Dec. 2001 to 36.8% in Dec. 2011)</p> <p>• Largest decrease: <b>D-1:</b> -4.5% (from 25.3% in Dec. 2001 to 20.9% in Dec. 2011)</p>
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### Representation of Women in Appointments, Promotions and Separations (P-1 to UG): 1 January 2010 to 31 December 2011

THE UNITED NATIONS SYSTEM	WORLD HEALTH ORGANIZATION (WHO)
APPOINTMENTS	
<ul style="list-style-type: none"> <li>• All Appointments (P-1 to UG): <b>42.1%</b> (2,899 out of 6,885)</li> <li>• D-1 to UG Appointments: <b>29.1%</b> (123 out of 422)</li> <li>• P-1 to P-5 Appointments: <b>43.0%</b> (2,776 out of 6,463)</li> <li>• Gender parity in Appointments achieved: <b>P-1:</b> 64.1% (59 out of 92); <b>P-2:</b> 58.0% (728 out of 1,255)</li> <li>• Highest proportion of female Appointments: <b>P-1:</b> 64.1% (59 out of 92)</li> <li>• Lowest proportion of female Appointments: <b>D-2:</b> 28.5% (35 out of 123)</li> </ul>	<ul style="list-style-type: none"> <li>• All Appointments (P-1 to UG): <b>41.1%</b> (78 out of 190)</li> <li>• D-1 to UG Appointments: <b>41.7%</b> (5 out of 12)</li> <li>• P-1 to P-5 Appointments: <b>41.0%</b> (73 out of 178)</li> <li>• Gender parity in Appointments achieved: <b>P-1:</b> 80.0% (4 out of 5); <b>P-2:</b> 75.0% (9 out of 12); <b>P-3:</b> 51.7% (15 out of 29); <b>UG:</b> 100.0% (1 out of 1)</li> <li>• Highest proportion of female Appointments: <b>UG:</b> 100.0% (1 out of 1)</li> <li>• Lowest proportion of female Appointments: <b>D-2:</b> 0.0% (0 out of 1)</li> </ul>
PROMOTIONS	
<ul style="list-style-type: none"> <li>• All Promotions (P-2 to D-2): <b>42.6%</b> (1,495 out of 3,507)</li> <li>• D-1 and D-2 Promotions: <b>29.1%</b> (141 out of 485)</li> <li>• P-2 to P-5 Promotions: <b>44.9%</b> (1,354 out of 3,013)</li> <li>• Gender parity in Promotions achieved: <b>P-1:</b> 66.7% (6 out of 9); <b>P-2:</b> 58.6% (116 out of 198); <b>P-3:</b> 54.0% (379 out of 702)</li> <li>• Highest proportion of female Promotions: <b>P-1:</b> 66.7% (6 out of 9)</li> <li>• Lowest proportion of female Promotions: <b>D-2:</b> 25.5% (28 out of 110)</li> </ul>	<ul style="list-style-type: none"> <li>• All Promotions (P-2 to D-2): <b>36.5%</b> (112 out of 307)</li> <li>• D-1 and D-2 Promotions: <b>20.4%</b> (21 out of 103)</li> <li>• P-2 to P-5 Promotions: <b>44.6%</b> (91 out of 204)</li> <li>• Gender parity in Promotions achieved: <b>P-2:</b> 71.4% (10 out of 14); <b>P-4:</b> 54.5% (36 out of 66)</li> <li>• Highest proportion of female Promotions: <b>P-2:</b> 71.4% (10 out of 14)</li> <li>• Lowest proportion of female Promotions: <b>D-2:</b> 6.7% (1 out of 15)</li> </ul>
SEPARATIONS	
<ul style="list-style-type: none"> <li>• Women constituted <b>39.8%</b> (2,583 out of 6,488) of all Separations (P-1 to UG), which is <b>lower</b> than their representation in the UN System (40.7%)</li> <li>• The proportion of female separations was higher than the proportion of women at these levels: <b>P-2:</b> 46.8% separations vs. 45.2% representation; <b>P-3:</b> 60.7% vs. 56.9%</li> </ul> <p><b>Major causes of separations at these levels:</b></p> <p>At the <b>P-2</b> level 61.2% (131 out of 214) of women separated because of appointment expirations and 30.8% (66 out of 214) because of resignation; At <b>P-3</b>, 62.0% (258 out of 416) because of appointment expirations, and 25.7% (107 out of 416) because of resignation.</p>	<ul style="list-style-type: none"> <li>• Women constituted <b>46.4%</b> (117 out of 252) of all Separations (P-1 to UG), which is <b>higher</b> than their representation in WHO (39.6%)</li> <li>• The proportion of female separations was higher than the proportion of women at these levels: <b>P-1:</b> 100.0% separations vs. 66.7% representation; <b>P-3:</b> 67.4% vs. 53.5%; <b>P-4:</b> 48.7% vs. 41.2%; <b>P-5:</b> 38.7% vs. 33.2%; <b>UG:</b> 75.0% vs. 36.8%</li> </ul> <p><b>Major causes of separations at these levels:</b></p> <p>At the <b>P-1</b> level 100.0% (1 out of 1) of women separated because of resignation; At <b>P-3</b>, 29.0% (9 out of 31) because abolishment of post, and 25.8% (8 out of 31) because of resignation; At <b>P-4</b>, 46.0% (17 out of 37) because of resignation, and 27.0% (10 out of 37) because of appointment expirations; At <b>P-5</b>, 45.8% (11 out of 24) because of resignation; At <b>UG</b>, 66.7% (2 out of 3) because of appointment expirations.</p>

# **Mentoring women: A win-win approach to growing internal talent**

*GLN, 6 October 2015*

# Closing the gap

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UNAIDS Secretariat [Gender Action Plan](#) to achieve gender balance and the empowerment of women staff in the UNAIDS Secretariat by 2015

*“Learning and training initiatives which focus on the identification and capacity-building of internal staff are key activities.”*

- ➡ Women Leadership Programme
- ➡ Mentoring Programme for Women

# Design & development

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Review of existing UN and private sector practices revealed...

- ... necessity of support system, including training for mentors and mentees.
    - ⇒ **Training component** developed by EnCompass LLC focussing on strengthen mentoring skills especially on addressing challenges women typically face in their professional life.
  - ... careful **matching** is crucial for success.
    - ⇒ Criteria for pre-selection of eligible staff established and application forms developed.
  - ... managing **expectations** is key.
    - ⇒ Clear guidance material emphasizing programme's focus on learning.
  - ... importance of integrating continuous feedback and periodic review.
    - ⇒ Formal mid-term and final **evaluation** of mentoring programme included as well as informal channels established.
-

# Goal and objectives

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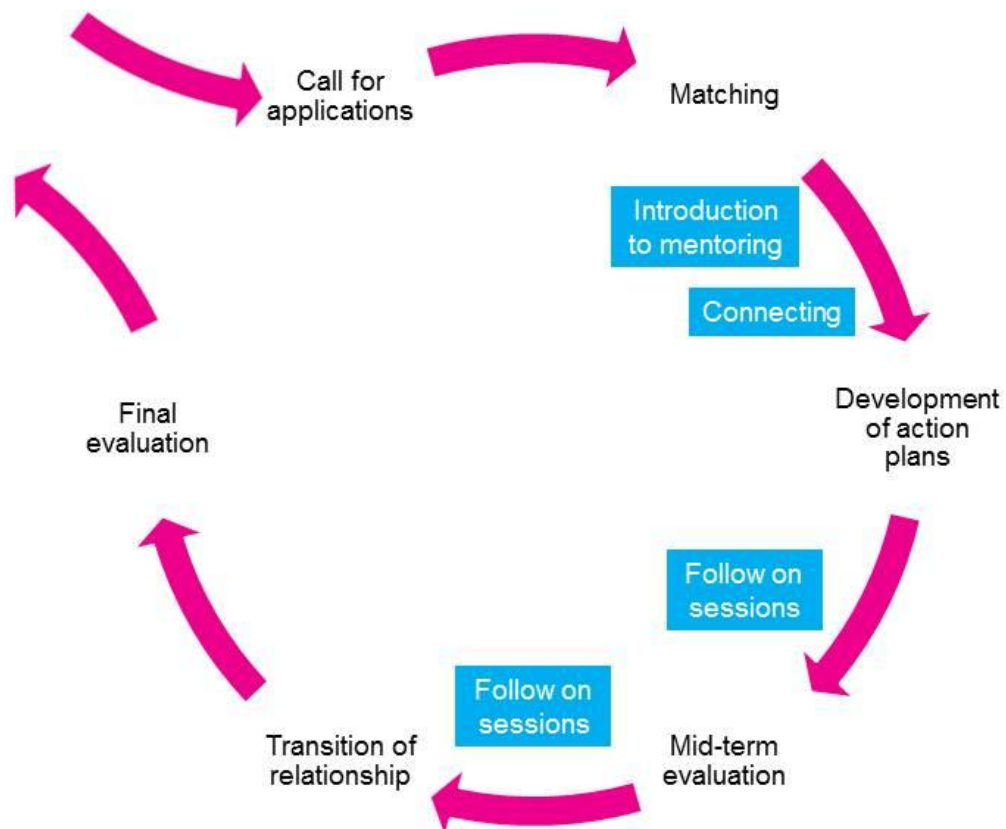
The **goal** of the programme is to improve career development, job satisfaction, and retention of women in UNAIDS.

While the developmental objectives of each mentee must be established based on individual needs, the programme has the following **objectives**:

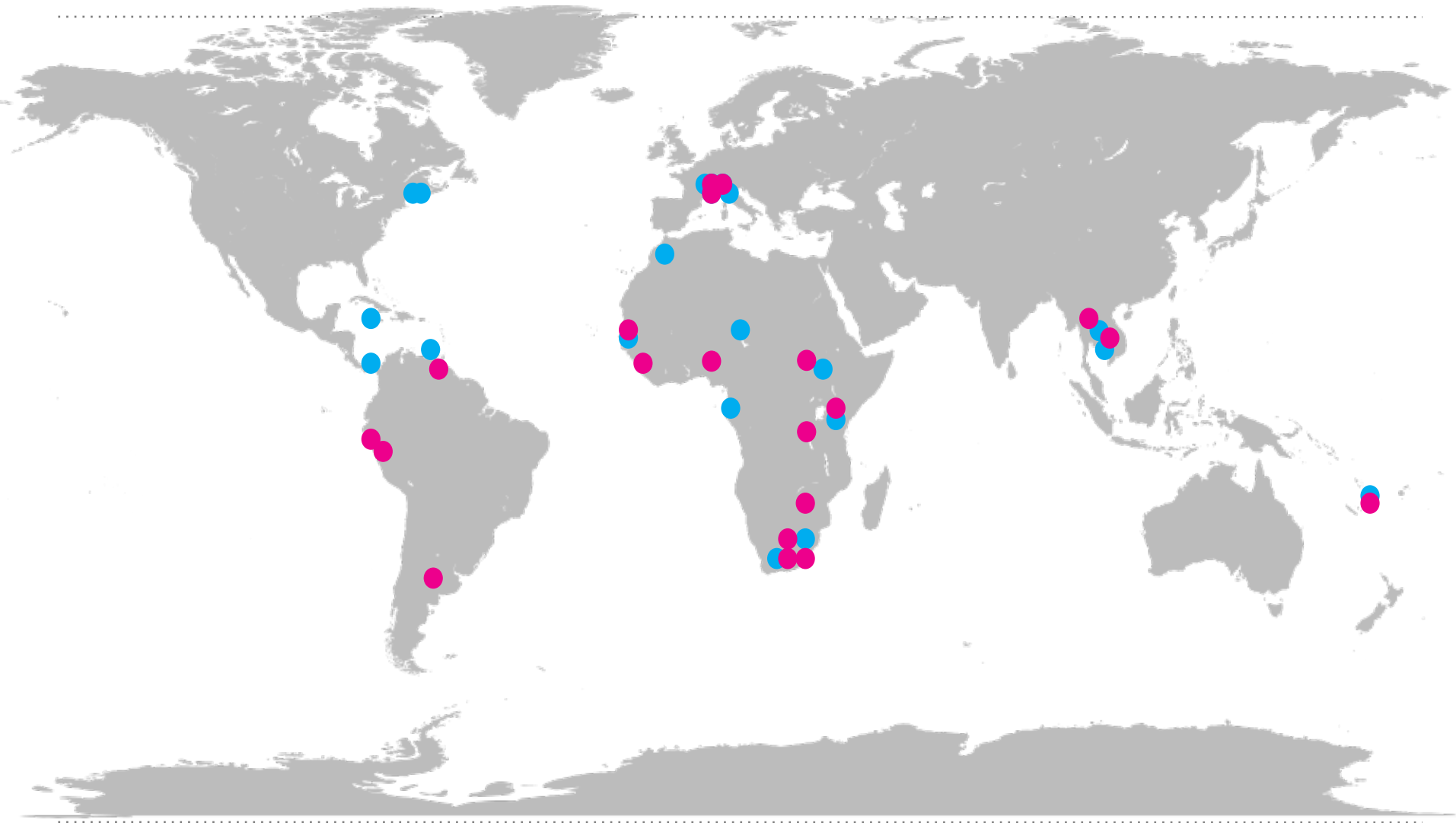
- Reinforce core and managerial competencies;
- Strengthen technical competencies and/or programmatic knowledge;
- Address work-related challenges affecting performance and career development.

# Mentoring cycle

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# Programme participants



Getting to zero





# Innovative elements

- First Mentoring Programme for Women in the UN
- Programme implemented entirely at distance
- Highly interactive virtual learning component delivered via WebEx:
  - Chat,
  - polls,
  - individual reflection,
  - breakout activities,
  - whiteboard

Executive Presence	Personal Branding or Reputation
<p>Michel Sidibe!</p> <p>Catheleen Cravero</p> <p>dress the way you want to be addressed</p> <p>I do not really see the executive presence in the traditional way we associate it with UN</p>	<p>Professionalism/respect/trust/reliable</p> <p>Be helpful, assisting others when possible</p> <p>Always available in giving a helping hand</p> <p>responsible with regards to presence, manner absence reports</p> <p>Saying the right thing at the right time</p> <p>Our reputation impacts in Unaid branding</p> <p>Make sure that people now what you do on a c</p>
Strategic Thinking	Power and Influence
<p>Being a UN aid is recognized for for good global strategies that proved to be succesful</p> <p>everyday work environment</p> <p>Right q/a to right people</p> <p>Managing people or resources</p> <p>Need to understand the larger context to be able</p> <p>Self-learning to improve skills when necessary</p> <p>Knowing when to speak in a decision making n</p> <p>make strategic decisions</p> <p>know the fact, consider the advantages &amp; disa</p> <p>be strategic in your timing</p> <p>Following the vision and mission of the organization</p> <p>Innovation</p> <p>Innovative and embracing</p> <p>At the forefront in engagement broadly</p>	<p>Knowing when to speak in a decision making n</p> <p>know the fact, consider the advantages &amp; disa</p> <p>be strategic in your timing</p>

**Chat**

From Juliane (000, tech support) to All Participants (02:47:00 PM): Turn to pages 11-12 in your Participant Guide, and take the next three minutes to review the statements listed there. Select 'yes' or 'no' for each statement.

From UNAIDS Mentoring to All Participants (02:47:14 PM): Turn to pages 11-12 in your Participant Guide, and take the next three minutes to review the statements listed there.

From Emma Fowlds to All Participants (02:48:35 PM): I find statement 9 to be a mix of two different ideas so difficult to reply

From Kathy to All Participants (02:49:58 PM): I see your point Emma. Feel free to answer each of the two statements in that sentence differently if there are different answers

From Vladanka to All Participants (02:50:22 PM): agree with Emma on Q#9

From Gabriela to All Participants (02:53:02 PM): I am in

From Rosemary-GSD Helpdesk to All Participants (03:11:38 PM): ok

From Nina Talley to All Participants (03:13:47 PM): Please let us know if you have to step away from your screen by indicating with the emoticon: coffee cup

From Nina Talley to All Participants (03:14:37 PM): Una, did you have a question? Feel free to type it here in chat or Kathy will get to you in a moment.

From Hege to All Participants (03:16:18 PM): great comment.

Polling		
h.I participated in last year's pilot as a mentor.	0/21 ( 0%)	
i.I participated in last years' pilot as a mentee.	0/21 ( 0%)	
No Answer	7/21 ( 33%)	

----- Start:02:37:56 PM -----

2.Read the statements below and select the ones you believe to be true. (Apply:02:39:53 PM)

Statement	Count	Percentage
a.In order to get a promotion, I need to do my job exceedingly well.	15/23	( 65%)
b.I need to be part of the 'old boys' network' to advance at UNAIDS.	8/23	( 35%)
c.Women are supportive and helpful advocates of each other.	6/23	( 26%)
d.There are no real benefits of moving into a higher position—just more hard work!	0/23	( 0%)
e.I will have to give up my personal life to move up at UNAIDS.	5/23	( 22%)
f.Those at the "D" level are born leaders.	1/23	( 4%)
No Answer	6/23	( 26%)

Getting to zero

## Participants' feedback - overall satisfaction

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Overall the mentoring programme has met my expectations.



# Participants' feedback - lessons learnt

The **matching process** is strengthened.

- ⇒ Consideration of preferences & needs expressed in application form, career history and tacit knowledge. Pre-matching consultation introduced.



# Participants' feedback - lessons learnt

The **matching process** is strengthened.

- ⇒ Consideration of preferences & needs expressed in application form, career history and tacit knowledge. Pre-matching consultation introduced.

**Expectations** are better managed.

- ⇒ Clearer communication that mentoring programme aims to support the professional development not a shortcut to a promotion.

## UNAIDS Mentoring Programme for Women – at a glance



### What is the UNAIDS Mentoring Programme for Women?

- Designed to support professional development of women at all levels in the organization.
- A formal, structured one-year programme offering support and guidance to mentors and mentees.

### Why a mentoring programme?

- Mentoring is a means to enhance learning and support career development using internal talent and resources.
- Mentoring can strengthen staff satisfaction, productivity and knowledge management.
- A cost-effective addition to traditional training programmes with the potential to positively impact women in the organization.

### What are the benefits of the mentoring programme?

#### For a mentee

- An opportunity to work with a mentor with whom you will be matched in line with your professional development objectives.
- An opportunity to share professional experiences and receive guidance and advice on how you can address work-related issues.

#### For a mentor

- An opportunity to share and transfer your experience and knowledge, as well as support the professional development of a UNAIDS colleague.
- Become a teacher, a guide and a role model for others.
- Contribute to the success of UNAIDS.

### How will the mentoring programme engage you?

#### As a mentee, you will

- Receive training and a handbook to help you get started and guide you through the programme.
- Be matched with and introduced to your mentor through a connecting session.
- Be provided with support from the Department of Human Resources Management.
- Be expected to have at least one mentoring session per month, over the course of one year.
- Include your participation in the programme as a learning objective in your PER, and your engagement will be considered as working time.

#### As a mentor, you will

- Receive training to strengthen your mentoring skills and a handbook to guide you through the programme.
- Be matched with your mentee and introduced through a connecting session.
- Be provided with support from the Department of Human Resources Management.
- Be offered follow-on training sessions to help you address challenges or questions you might face as a mentor.
- Be expected to have at least one mentoring session per month, over the course of one year.
- Include your participation in the programme as a learning objective in your PER, and your engagement will be considered as working time.

### Mentoring is:

- ✓ Helping people to manage their careers successfully
- ✓ A relationship designed to build confidence and help individuals take initiative for personal development
- ✓ A shared responsibility requiring equal commitment and investment from both mentee and mentor

### Mentoring is not:

- ✗ A path to guaranteed success
- ✗ A career accelerator or route to promotion
- ✗ A substitute for individual effort and contribution
- ✗ On-the-job training
- ✗ A tool to provide all the answers
- ✗ Counselling for personal issues

# Participants' feedback - lessons learnt

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The **matching process** is strengthened.

- ⇒ Consideration of preferences & needs expressed in application form, career history and tacit knowledge. Pre-matching consultation introduced.

**Expectations** are better managed.

- ⇒ Clearer communication that mentoring programme aims to support the professional development not a shortcut to a promotion.

**Mentoring agreements** are more realistic.

- ⇒ Stronger emphasis on suggested areas for mentoring during training and quality check of each agreement.

# Participants' feedback - lessons learnt

---

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All **mentoring pairs** meet regularly.

- ⇒ Individual connecting sessions where needed. Follow up to support pairs in maintaining their mentoring relationship.

# Participants' feedback - lessons learnt

---

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All **mentoring pairs** meet regularly.

- ⇒ Individual connecting sessions where needed. Follow up to support pairs in maintaining their relationship.

Mentoring relationships are adequately **phased out/transitioned** at end of cycle.

- ⇒ Make 2nd follow up webinar also accessible to mentees.
-

# Participants' feedback - in their own words

*"[I appreciated] connecting with my mentee and creative ideas from colleagues on developmental activities." (Mentor)*

*"I will continue my career in UNAIDS." (Mentee)*

*"The programme helped in clearly setting my career objectives and identifying what I need to boost my career. My interaction with the mentor is very appreciable, because I get guidance and other advices that I could not easily access to." (Mentee)*

*"It shows that UNAIDS cares for its staff." (Mentee)*

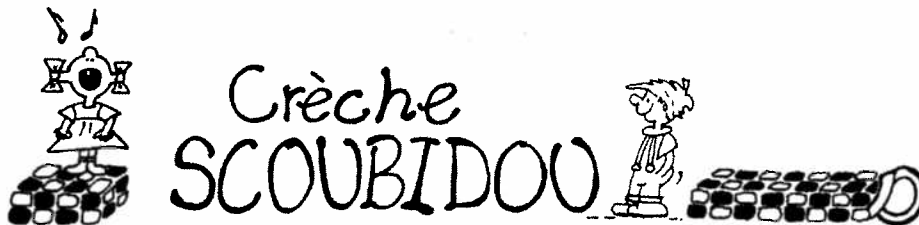
*"Clear and positive approach to this additional learning and mentoring opportunity. Feedback session was useful, as well as storytelling." (Mentor)*

*"Was really great. It would have been nice to have this kind of exercise 15 years ago." (Mentee)*

*"I really think the programme is an opportunity to identify and unleash the full potential of UNAIDS' employees, mentors and mentees alike. From a staff development perspective, I believe the organization has everything to gain from creative, motivated and ambitious employees. By providing the tools to harness female professionalism and strength, the programme has the potential to place UNAIDS at the forefront of gender equality." (Mentor)*

*"I experienced great support, and appreciate the effort so that I want to be part of 'giving back' and helping others grow." (Mentee)*





Le présent accord de principe est établi pour permettre l'aboutissement définitif d'une convention entre la Crèche Scoubidou et l'ONUSIDA et pour ne pas retarder le début d'une collaboration pour la rentrée 2009 et 2010.

### **Prestations pour l'ONUSIDA**

Dans la limite des places disponibles à la Crèche, l'ONUSIDA a une priorité sur tous les autres parents en liste d'attente et annonce, sur la base des pré-inscriptions, ses besoins en matière de placement au plus tard le 14 mai précédant la rentrée scolaire. Toutefois, la Crèche ne peut fournir aucune garantie de disposer immédiatement ou à court terme d'une place en cas de besoin, car elle est tributaire de la libération de places par d'autres enfants.

- Le nombre de places à disposition de l'ONUSIDA peut être variable en fonction des besoins réels.
- Le financement par l'ONUSIDA se fait en fonction de la situation réelle (nombre de places utilisées, revenus des parents).
- Un employé de l'ONUSIDA aura la priorité sur les parents se trouvant en liste d'attente.
- La Crèche prend entièrement en charge la gestion administrative, la gestion des places, la facturation et l'encaissement de la part de la pension mensuelle incombant aux parents, après détermination par l'ONUSIDA du tarif applicable selon le barème de la Ville de Genève en vigueur depuis le 17 février 2004 (en annexe).
- La Crèche s'engage à informer les Ressources de l'ONUSIDA de toute modification du barème.
- La Crèche s'engage à ne pas excéder un coût mensuel par place de CHF 2.250 pour les années scolaires 2009-2010 et 2010-2011.
- Il n'y a aucune obligation pour la Crèche d'avoir à disposition un nombre minimal de places, l'attribution des places se fait sur la base des places disponibles au moment de la demande.

### **Financement**

L'ONUSIDA verse à la Crèche le montant correspondant au prix complet annuel des places réservées en priorité avant la fin du mois de mai 2009 pour les années scolaires 2009-2010 et 2010-2011. Ce montant n'excèdera pas la somme de CHF 300.000 ("montant global") par année.

Le département des Ressources Humaines de l'ONUSIDA détermine le prix de la place en fonction des revenus des parents selon les tarifs pratiqués par la ville de Genève et le montant de la participation de l'ONUSIDA.

La Crèche facture par mois aux parents les places en Crèche selon l'exemple suivant :

Exemple : Enfant ABBAA

Pension pour le mois de septembre	2'250.00
./. Participation minimale des parents correspondant au tarif en vigueur en ville de Genève déterminé par l'ONUSIDA en fonction des revenus cumulés	- 720.00
Participation maximale de l'ONUSIDA déduite du montant global	1'530.00

Une facture est adressée chaque mois aux parents, tant que l'enfant est en Crèche. La facturation et la participation à charge de l'ONUSIDA cesse dès que l'enfant quitte la Crèche.

La Crèche s'engage à fournir trimestriellement à l'ONUSIDA un décompte qui justifie sa participation par parents.

A la fin de l'exercice, il sera possible de constater le montant de la participation de l'ONUSIDA réellement utilisé. Ce sera donc le montant correspondant à cette participation qui sera ajoutée par l'ONUSIDA au mois de mai de l'année suivante, afin de reconstituer le montant global à disposition de la Crèche. Pour information, l'exercice se déroule sur l'année scolaire, soit du 1<sup>er</sup> septembre au 31 août de l'année suivante.

Si la collaboration n'est pas renouvelée au-delà des 2 années initiales, le montant global restant sera restitué à l'ONUSIDA.

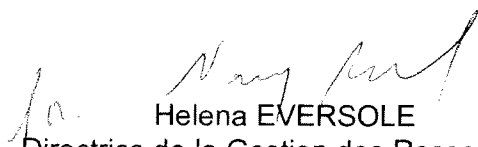
### Informations complémentaires

La mise en place de la gestion des places dévolues à un partenaire représente un important investissement en temps et un lourd surcroît de travail durant la période initiale. Pour cette raison, la Crèche facture à l'ONUSIDA un forfait annuel supplémentaire pour la gestion de CHF 1'500 par place utilisée et souhaite un engagement pour une période initiale de deux ans, renouvelable d'année en année.

Une renonciation à cette collaboration devra nous être annoncée par écrit à la Crèche au moins 6 mois avant le terme.

Le montant de la pension est calculé en prenant en compte le coût annuel, divisé en 12 mensualités. L'absence de l'enfant durant les semaines de vacances ou de maladie, durant les jours fériés ou durant la fermeture de fin d'année, ne donneront pas droit à une réduction du montant de la pension.

Fait à Genève, le 20 mai 2009

  
Helena EVERSOLE  
Directrice de la Gestion des Ressources

  
Dominique EGGER  
Pour le Comité



Chemin des Colombettes 5

1202 Genève

Tél : +41 (0)22.920.16.75

Fax : +41 (0)22.920.16.76

Email: creche.scoutidou@bluewin.ch

Compte postal 17-502907-5

Non soumis à la TVA

IBAN : CH38 0900 0000 1750 2907 5

BIC : POFICHBEXX

ONUSIDA

Ressources Humaines

Avenue Appia 20

Case postale

1211 Genève 27

## Facture N° 14799

Genève, le 27 mai 2009

Désignation	Unité	Nbre	Prix	Total
ONUSIDA - Capital initial en faveur des parents	place	7.0	27'000.00	189'000.00
ONUSIDA - Frais d'administration annuels pour places prioritaires		7.0	1'500.00	10'500.00

Sous-total **199'500.00**

Avec nos remerciements.

Net à payer **199'500.00**

Tous les montants sont exprimés en francs suisses.

Paiement net à 60 jours

Vor der Einzahlung abtrennen / A détacher avant le versement / Da staccare prima del versamento

Empfangsschein / Récépissé / Ricevuta

Einzahlung Giro

Versament Virement

Versamento Girata

Einzahlung für / Versement pour / Versamento per

Einzahlung für / Versement pour / Versamento per

**Crèche SCOUTIDOU**  
Chemin des Colombettes 5  
1202 Genève

**Crèche SCOUTIDOU**  
Chemin des Colombettes 5  
1202 Genève

Keine Mitteilungen anbringen  
Pas de communications  
Non aggiungere comunicazioni



Referenz-Nr./N° de référence/N° di riferimento

**0 01479 90001 16600**

Konto / Compte / Conto **01-47358-8**

CHF

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Einbezahlt von / Versé par / Versato da

**0 01479 90001 16600**

ONUSIDA  
Ressources Humaines  
Avenue Appia 20  
Case postale  
CH-1211 Genève 27

Konto / Compte / Conto **01-47358-8**

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CH-1211 Genève 27

609

Die Annahmestelle  
L'office de dépôt  
L'ufficio d'accettazione

0100199500009>0014799000116600+ 010473588>

**EXTRAIT DU TARIF APPLICABLE POUR LE CALCUL DES PRIX DE PENSION EN E.V.E. ET CRECHES EN VILLE DE GENEVE**

REVENU ANNUEL DETERMINANT NET		TAUX D'EFFORT	ORGANISATIONS INTERNATIONALES
TRANCHES EN CHF			PLEIN-TEMPS
DE	A		CHF
1	30'000	12.00%	720.00
30'001	32'000	12.05%	771.20
32'001	34'000	12.10%	822.80
34'001	36'000	12.15%	874.80
36'001	38'000	12.20%	927.20
38'001	40'000	12.25%	980.00
40'001	42'000	12.30%	1'033.20
42'001	44'000	12.35%	1'086.80
44'001	46'000	12.40%	1'140.80
46'001	48'000	12.45%	1'195.20
48'001	50'000	12.50%	1'250.00
50'001	52'000	12.55%	1'305.20
52'001	54'000	12.60%	1'360.80
54'001	56'000	12.65%	1'416.80
56'001	58'000	12.70%	1'473.20
58'001	60'000	12.75%	1'530.00
60'001	62'000	12.80%	1'587.20
62'001	64'000	12.85%	1'644.80
64'001	66'000	12.90%	1'702.80
66'001	68'000	12.95%	1'761.20
68'001	70'000	13.00%	1'820.00
70'001	72'000	13.05%	1'879.20
72'001	74'000	13.10%	1'938.80
74'001	76'000	13.15%	1'998.80
76'001	78'000	13.20%	2'059.20
78'001	80'000	13.25%	2'120.00
80'001	82'000	13.30%	2'181.20
82'001	84'000	13.35%	2'242.80
84'001	86'000	13.40%	2'304.80
86'001	88'000	13.45%	2'367.20
88'001	90'000	13.50%	2'430.00

REVENU ANNUEL DETERMINANT NET		TAUX D'EFFORT	ORGANISATIONS INTERNATIONALES
TRANCHES EN CHF			PLEIN-TEMPS
DE	A		CHF
90'001	92'000	13.55%	2'493.20
92'001	94'000	13.60%	2'556.80
94'001	96'000	13.65%	2'620.80
96'001	98'000	13.70%	2'685.20
98'001	100'000	13.75%	2'750.00
100'001	102'000	13.80%	2'815.20
102'001	104'000	13.85%	2'880.80
104'001	106'000	13.90%	2'946.80
106'001	108'000	13.95%	3'013.20
108'001	110'000	14.00%	3'080.00
110'001	112'000	14.05%	3'147.20
112'001	114'000	14.10%	3'214.80
114'001	116'000	14.15%	3'282.80
116'001	118'000	14.20%	3'351.20
118'001	120'000	14.25%	3'420.00
120'001	122'000	14.30%	3'489.20
122'001	124'000	14.35%	3'558.80
124'001	126'000	14.40%	3'628.80
126'001	128'000	14.45%	3'699.20
128'001	130'000	14.50%	3'770.00
130'001	132'000	14.55%	3'841.20
132'001	134'000	14.60%	3'912.80
134'001	136'000	14.65%	3'984.80
136'001	138'000	14.70%	4'057.20
138'001	140'000	14.75%	4'130.00
140'001	142'000	14.80%	4'203.20
142'001	144'000	14.85%	4'276.80
144'001	146'000	14.90%	4'350.80
146'001	148'000	14.95%	4'425.20
148'001	150'000	15.00%	4'500.00
150'001	ET PLUS	15.00%	15% REVENU÷5

**CRECHE SCOUBIDOU****CALCUL DE PENSION - ANNEE 2009-2010**

FREQUENTATION	CHF	POURCENTAGE
<b>Pension Mensuelle à Plein Temps</b>	2,250.00	
Journée Entière	103.56	100.00%
Matinée Jusqu'à 11h00 (sans repas)	43.40	41.91%
Matinée Jusqu'à midi (avec repas)	55.71	53.79%
Matinée Jusqu'à 14h00 (avec repas et sieste)	70.16	67.75%
Après-Midi dès 14h00	48.21	46.55%

**CRECHE SCOUBIDOU****CALCUL DE PENSION - ANNEE 2010-2011 (tel que confirmé par Scoubidou)**

FREQUENTATION	CHF	POURCENTAGE
<b>Pension Mensuelle à Plein Temps</b>	2,500.00	
Journée Entière	115.10	100.00%
Matinée Jusqu'à 11h00 (sans repas)	58.80	51.09%
Matinée Jusqu'à midi (avec repas)	66.30	57.60%
Matinée Jusqu'à 14h00 (avec repas et sieste)	93.20	80.97%
Après-Midi dès 14h00	58.80	51.09%

**CRECHE SCOUBIDOU****MONTHLY FEE FOR STAFF MEMBER AND UNAIDS CONTRIBUTION FOR FAMILY INCOMES BELOW CHF 150,000/YEAR****INDIVIDUAL CALCULATION**

Staff Name	SMITH, Mr John
Grade/Step	P3/1 (D)
Spouse Status	Dependant/Unemployed

Child Name	Anna
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Exchange Rate	Sep-2015	0.962
Post Adjustment	Sep-2015	9100.00%

	USD	CHF
Staff Net Salary	59,200.00	56,950.40
Post Adjustment	5,387,200.00	5,182,486.40
<b>TOTAL</b>	5,446,400.00	5,239,436.80
Spouse Allowance		0.00
Child Allowance (in CHF)		3,764.00
Sec. Dependant Allowance (in CHF)		0.00

**TOTAL INCOME STAFF MEMBER** 5,243,200.80

Spouse Revenue	0.00
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**GRAND TOTAL PER FAMILY** (rounded to CHF 500) **114,000.00**

**TO CALCULATE THE DAILY FEE REFER TO TARIF IPE**

Daily Fee/Year (Ville de Genève)	<b>3,282.80</b>
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## CRECHE SCOUBIDOU

### MONTHLY FEE FOR STAFF MEMBER AND UNAIDS CONTRIBUTION FOR FAMILY INCOMES ABOVE CHF 150,000/YEAR

#### INDIVIDUAL CALCULATION

Staff Name	SMITH, Mr John
Grade/Step	P5/1 (D)
Spouse Status	Dependant/Unemployed

Child Name	Mary
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Exchange Rate	Sep-2015	0.962
Post Adjustment	Sep-2015	91.00%

	USD	CHF
Staff Net Salary	85,615.00	82,361.63
Post Adjustment	77,909.65	74,949.08
<b>TOTAL</b>	163,524.65	157,310.71
Spouse Allowance		0.00
Child Allowance (in CHF)		3,764.00
Sec. Dependant Allowance (in CHF)		0.00

**TOTAL INCOME STAFF MEMBER** 161,074.71

Spouse Revenue	0.00
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**GRAND TOTAL PER FAMILY** (rounded to CHF 500) **163,000.00**

Daily Fee/Year (Ville de Genève) (15% of Family Inc. ÷ 5) **4,890.00**

# CRECHE SCOUBIDOU

## MONTHLY FEE FOR STAFF MEMBER AND UNAIDS CONTRIBUTION FOR FAMILY INCOMES ABOVE CHF 150,000/YEAR

### INDIVIDUAL CALCULATION

Staff Name	SMITH, Mr John
Grade/Step	P5/1 (D)
Spouse Status	UN STAFF - P4/1 (S)

Child Name	Mary
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Exchange Rate	Sep-2015	0.962
Post Adjustment	Sep-2015	91.00%

	USD	CHF
Staff Net Salary	85,615.00	82,361.63
Post Adjustment	77,909.65	74,949.08
<b>TOTAL</b>	163,524.65	157,310.71
Spouse Allowance		
Child Allowance (in CHF)		3,764.00
Sec. Dependant Allowance (in CHF)		
<b>TOTAL INCOME STAFF MEMBER</b>		<b>161,074.71</b>

Spouse Net Salary	66,482.00	63,955.68
Spouse Post Adjustment	60,498.62	58,199.67
<b>TOTAL</b>	126,980.62	122,155.36
Spouse Allowance		
Child Allowance (in CHF)		
Sec. Dependant Allowance (in CHF)		
<b>TOTAL INCOME SPOUSE</b>		<b>122,155.36</b>

**GRAND TOTAL PER FAMILY** (rounded to CHF 500) **286,000.00**

Daily Fee/Year (Ville de Genève) (15% of Family Inc. ÷ 5) **8,580.00**



## PENSION MENSUELLE PAR MEMBRE DU PERSONNEL ET CONTRIBUTION ONUSIDA

Nom du membre du personnel	M. John SMITH
Nom de l'enfant	Anna
Mois de fréquentation	septembre 2013

Calcul de la pension mensuelle basée sur le TARIF IPE 2004* et sur le pourcentage journalier de fréquentation			
Tarif d'abonnement crèche pour 1 jour par semaine à plein temps pendant 12 mois			4,890.00
Jour de la semaine	Type de fréquentation	Pourcentage Fréquentation Journalière	Montant Journalier Par An
Lundi	Journée Entière	100.00%	4,890.00
Mardi	Journée Entière		0.00
Mercredi	Journée Entière	100.00%	4,890.00
Jeudi	Journée Entière		0.00
Vendredi	Journée Entière	100.00%	4,890.00
Pension annuelle basée sur le pourcentage de fréquentation			14,670.00
Pension mensuelle basée sur pourcentage de fréquentation			1,222.50

Calcul de la pension mensuelle chez Scoubidou basée sur le pourcentage de fréquentation			
Pension mensuelle à plein temps chez Scoubidou			2,780.00
Jour de la semaine	Type de fréquentation	Pourcentage Fréquentation Journalière	Montant Journalier Par Mois
Lundi	Journée Entière	100.00%	556.00
Mardi	Journée Entière	0.00%	0.00
Mercredi	Journée Entière	100.00%	556.00
Jeudi	Journée Entière	0.00%	0.00
Vendredi	Journée Entière	100.00%	556.00
Pension annuelle basée sur le pourcentage de fréquentation			20,016.00
Pension mensuelle basée sur pourcentage de fréquentation			1,668.00

Calcul des contributions	
Pension mensuelle chez Scoubidou	1,668.00
Pension mensuelle à payer par le membre du personnel	1,222.50
Contribution ONUSIDA	445.50

\* basé sur "Extrait du tarif applicable pour le calcul des prix de pension en e.v.e. et crèches en Ville de Genève" du 17.02.1004.







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