

Vera Kalm

Dear Sylvia -

This is nothing great -  
lots of statistics -  
but hopefully a good  
basis for future work.  
Thanks for your interest.  
I'll be in town on  
my return.  
Much love

Vera



EXECUTIVE BOARD

Seventy-ninth Session

Provisional agenda item 16

RECRUITMENT OF INTERNATIONAL STAFF IN WHO:  
EMPLOYMENT AND PARTICIPATION OF WOMEN

Report by the Director-General

This report is presented in accordance with the request contained in resolution WHA38.12. It reviews the progress made towards reaching the target of 30% for the proportion of all professional and higher-graded posts in established offices to be occupied by women. It also presents additional indicators of the extent of women's involvement in the work of the Organization, both as staff members and in other capacities, and describes the measures which the Director-General has already initiated and those he plans for the future to enhance the overall participation of women in WHO. A draft resolution is proposed for the Board's consideration.

1. Introduction

1.1 In January 1985 the Executive Board reviewed the proportion of professional and higher-graded posts in established offices occupied by women, and recommended to the Health Assembly that it raise the target, first set for this purpose in 1979, from 20% to 30%. The Health Assembly, in resolution WHA38.12,<sup>1</sup> accepted the Board's recommendation.

1.2 The Director-General, in response to the Health Assembly's request in operative paragraph 5 of the same resolution, presents this report describing the progress achieved toward the target of 30%, on the basis of data on staffing in October 1986 compared with corresponding figures for October 1984. In addition, the report contains information, covering the period October 1985 to October 1986, on short-term assignments and consultancies held by women and on their participation in technical meetings and expert groups at headquarters. Experience has shown that service in these capacities is a good introduction to the Organization and may lead to recruitment into staff positions; membership of technical/expert groups, in particular, also provides an opportunity to contribute, at the advisory level, to the decision-making process in WHO. The Director-General therefore considered that such additional indicators would enable the Board to gain a more complete picture of the extent of women's involvement in the work of the Organization. For the Executive Board's information, the report also sets out some of the measures initiated by the Director-General to enhance the overall participation of women in WHO.

2. Current situation

Staff in established offices and projects

2.1 Resolution WHA38.12 set the target for the proportion of all professional and higher-graded posts in established offices to be occupied by women at 30%.

<sup>1</sup> Document WHA38/1985/REC/1, page 9.

2.2 By 1986 the percentage of such posts had risen to 20.3% from 18.2% in 1984.<sup>1</sup>

2.3 In both established offices and projects, in all locations, the percentage of professional and higher-graded posts occupied by women had increased by 1986 to 18.5% from 16.6% in 1984. The following table provides a summary of the numbers of staff in all posts during this period:

<u>Staff</u>	October 1984			October 1986			Net increase/ decrease		
	Women	Men	Total	Women	Men	Total	Women	Men	Total
Established offices	164	739	903	199	780	979	+35	+41	+ 76
Projects	77	474	551	65	386	451	-12	-88	-100
Total	241	1 213	1 454	264	1 166	1 430	+23	-47	- 24
<u>Proportion of posts occupied by women</u>									
Established offices	18.2%		20.3%			+2.1%			
Projects	14.0%		14.4%			+0.4%			
Total	16.6%		18.5%			+1.9%			

2.4 At headquarters the proportion of posts occupied by women reached 23.4% in 1986, compared with 21.0% in 1984, and in the regions it rose to 16.9% from 14.8%.

2.5 The number of women in the Organization has increased since 1984, both in absolute terms and in relation to men. This is true at practically all levels of professional staff.

2.6 There are now 43 women in the P.5 and above categories (eight more than in 1984), representing 6.3% of the total staff in these grades, as compared with 5.4% in 1984, in 16 out of 29 divisions/programmes.

2.7 At the P.4 level there has also been an increase from 16.6% in 1984 to 20.3% in 1986; and at the P.1-P.3 levels from 36.4% to 38.3%.

2.8 The number of women directors (D.2) has risen to four, from one in 1984.

2.9 There are four newly appointed women WHO Representatives (P.5). In 1984 there were none.

2.10 There are now 12 women physicians on the staff at headquarters, compared with eight in 1984. The corresponding figures for men are 154 and 152.

2.11 The proportion of women among new staff joining the Organization is higher than that among staff already in place, showing a positive trend. From October 1985 to October 1986, 65 new appointments, excluding reassignments, were made in all locations. Of these, 16, or 24.6%, were women, distributed evenly over the grades P.5, P.4 and P.1-P.3. At the P.6/D.1 and D.2 levels, the recent appointments of women were due to promotions and reassignments. The percentage of women among new appointees was highest at headquarters - 32.1%, compared with 18.5% in the regions and 20.0% in projects.

<sup>1</sup> The figure cited in the report to the Board in January 1985 (document EB75/1985/REC/1, Annex 2) concerning the proportion of women in posts in established offices in 1984 was 19.1%; this did not include staff in WHO Representatives' Offices. These staff have now been included under "Established offices"; hence the difference in the figures cited for 1984.

2.12 It is evident from the above and the more detailed figures in the tables in Annex 1 that, while the ratios of women/men are still low in relation to the 30% target, there has been progress in placing women in posts with higher levels of responsibility. There is, however, no woman in a position above D.2, i.e., among the 14 higher, ungraded posts. The majority (over 50%) of WHO's professional women are in administrative and support functions (P.1 to P.3), where they have always been well represented.

#### Short-term staff, temporary advisers and members of technical groups at headquarters

2.13 As already mentioned, service in these capacities is important, both because it may lead to recruitment by the Organization and because it enables participation in the work of WHO at the advisory level.

2.14 834 persons served as consultants/advisers and short-term professional staff at headquarters during the period October 1985 to October 1986, excluding conference staff. 177, or 21.2%, were women. Women accounted for 33.1% of the numbers of weeks worked.

2.15 In all, 204 technical and scientific groups, expert committees and consultations were convened at headquarters from October 1985 to October 1986. 73 groups had no women members, 41 had one, and 90 more than one. 17.7% of the 2064 participants were women.

2.16 Analysis of the membership of WHO's 54 expert advisory panels (Annex 2) shows that in October 1986 10.7% of the 2307 members are women.

2.17 The largest numbers of women (10 or more, and above the overall percentage) serving either as short-term consultants/advisers or as members of technical groups were in the areas of diarrhoeal diseases, family health, health manpower development, human reproduction, public information and education for health, noncommunicable diseases, and strengthening of health services.

2.18 While it is generally recognized that there is a greater concentration of women professionals in some disciplines relevant to WHO's work than in others, there is room for improvement in involving women in all areas, both as consultants/advisers and as members of technical groups and committees. The composition of the expert advisory panels, important as sources of technical guidance and advice for the Organization, deserves special attention. The proportion of women on these panels is much lower than in other areas, and needs to be improved.

#### Participation of women in WHO's fellowships programme

2.19 The WHO fellowships programme is an important resource for Member States in training staff and preparing them for leading positions in their national health systems; staff thus trained may also be in a better position to collaborate with WHO in various capacities.

2.20 In 1975 - more than 10 years ago - the Health Assembly, in resolution WHA28.40, urged governments "to nominate women at an increasing rate for WHO fellowships for training abroad so that fellowships are shared more equally".

2.21 The resolution does not appear to have had any impact on the pattern of fellowship awards. Between 1975 and 1985 the proportion of fellowships awarded to women varied little, and remained between 26% and 30%; about half of them were fellowships in nursing.

#### Women participants in the Governing Bodies of WHO

2.22 A notable indicator of women's involvement in the determination of WHO's programmes and policies on behalf of their governments is their participation in the Health Assembly and the Executive Board. Comparative figures for 1986 and 1984 are as follows:

World Health Assembly

	<u>1986</u>	<u>1984</u>
No. of countries with delegations including women as delegates or alternates	68 (41.9%)	65 (42.2%)
No. of delegations headed by women	17 <sup>1</sup> (10.5%)	8 (5.1%)
No. of women delegates (including chief delegates)	43 (9.6%)	36 (8.1%)
Total No. of women participants (delegates, alternates and advisers)	148 (15.0%)	132 (13.8%)

Executive Board

At present, of the 31 members of the Executive Board 3 (i.e. 9.6%) are women. In January 1984, of the 29 members 2 (i.e. 6.9%) were women.

2.23 The participation of women in the Health Assembly increased between 1984 and 1986 regarding not only their numbers but also their responsibilities. On the other hand, their participation in the Executive Board has changed only slightly in the two years.

3. Measures to meet the recruitment target and enhance the involvement of women in WHO's work

3.1 The Director-General has initiated some special measures in order to enhance significantly the participation of women in the work of the Organization. Since some of these measures are recent, their effects are not yet reflected in the situation described above.

3.2 In 1984 the Director-General invited Dr Maureen Law, Deputy Minister, Department of Health and National Welfare, Canada; former Chairman of the Executive Board, to undertake a study and suggest new approaches and strategies, focusing in the first instance on staffing at WHO headquarters. Dr Law informed the Board of her findings in January 1985,<sup>2</sup> and shortly thereafter submitted her report and recommendations to the Director-General. The Director-General was able to accept most of those recommendations.

3.3 Following Dr Law's report, the Director-General requested all directors and programme managers at headquarters to actively seek qualified and experienced women for service with WHO and to make special efforts to involve them as staff members, short-term consultants/advisers, or as members of scientific and technical groups.

3.4 The Director-General moreover agreed to monitor the extent of women's participation in the work of the Organization in various capacities and to include the resulting data in the document he presents to the Executive Board every two years on the recruitment of international staff. The first extended monitoring exercise for the period October 1985 to October 1986 has been completed at headquarters in cooperation with all the divisions and programmes. The information generated has been incorporated in the relevant sections of this report and will serve as a baseline for the next biennial assessment.

3.5 With the cooperation of the regional offices, national women's organizations and other suitable associations in under-represented countries are being approached for WHO vacancy notice distribution in order to broaden recruitment sources for professional women.

<sup>1</sup> Belgium, Equatorial Guinea, Finland, France, Federal Republic of Germany, Ghana, Iceland, India, Portugal, San Marino, Senegal, Seychelles, Somalia, Sweden, Trinidad and Tobago, Tunisia, Yugoslavia.

<sup>2</sup> Document EB75/1985/REC/2, pages 333-334.

3.6 The updating and streamlining of the central roster of applicants, with the assistance of the units concerned at headquarters, are nearing completion. The roster now lists 10 309 candidates available for short- or long-term assignments; of these, 1896 (18.4%) are women. Work has begun on identifying and grouping women in various professional categories in order to facilitate follow-up on particularly promising applicants to fill anticipated needs.

3.7 The Organization took an active part in the first inter-agency meeting on cooperation in the recruitment of women, organized under the auspices of the Administrative Committee on Coordination (ACC) in June 1986. The meeting initiated a useful exchange of information and experience among organizations, particularly on the development of rosters and of recruitment sources.

#### 4. Staff development and career progression of women employed in WHO

4.1 Within the structure of a highly technical and decentralized organization such as WHO, planned career development is not possible. For the most part appointments are made to specific posts, requiring precisely defined qualifications and experience. Promotions occur upon application by, and selection of, staff members for higher graded vacancies, or by reclassification of posts. Within these parameters, the Director-General is making every effort to provide opportunities for advancement for staff members with demonstrated ability, whenever possible. Thus, between October 1984 and October 1986, six women were promoted to positions at the level of P.5 and above (including three posts of Director D.2), and 14 to P.4 posts. The Director-General recognizes, however, that, in the interests of the Organization above all, but also of the individuals serving it, additional ways need to be found to broaden access to staff development. Staff management issues are therefore continuously kept under review. Among the measures considered, for example, is the improvement and better use of the Staff Resources Inventory for locating candidates to fill specific or anticipated posts. The Director-General is also envisaging making a careful assessment of the development potential of all men and women in the Organization, and offering appropriate involvement of selected staff in the new health-for-all leadership initiative. While such measures are intended equally for all staff, it is hoped that they will provide fresh opportunities for qualified women working in the Organization.

#### 5. Summary and conclusions

5.1 The preceding analysis and the figure in Annex 3 show that, while some progress has been achieved in raising the proportion of women in professional and higher-graded posts in established offices by about 2% from 1984 to 1986, the target of 30% is still distant. Although there are now more women in higher positions, including at the level of directors, they still represent only 6.3% of the total staff at that level in all locations. 16.3% of the total number of women employed are at those levels (P.5 and above), while over half of the women professionals are in the lower professional grades. The reverse is true for men. A majority amongst them, 54.6%, occupy higher-level posts. Recent recruitment data for women, with more even distribution over the higher and lower grades, are encouraging.

5.2 The percentage of women serving as short-term consultants/advisers and as experts also needs to be increased to enable women to make greater contributions to the Organization's work.

5.3 Dr Law's study in 1984 and the first monitoring exercise at headquarters for October 1985 to October 1986 revealed a number of constraints on greater participation of women, some of them real and more intractable, others perceived but capable of being removed.

5.4 It is too easy, for example, to claim that efforts towards the greater involvement of women in the Organization, both as staff members and in short-term capacities, could in many cases be achieved only at the expense of the highest standard of technical competence and quality. Such a perception illustrates the need for attitudinal change, since the number of women in responsible positions in many disciplines is already high and is steadily increasing. What is required is a determined effort, by governments as well as by WHO's administration, to locate women recognized for their excellence and suitable for working in and with WHO.

5.5 This is not to say that it is always easy in all disciplines to find qualified and experienced women prepared to serve WHO in any part of the world. They are not necessarily able to accept positions in locations where, for example, it is impossible for their spouses to find employment - a constraint which in fact also applies to men with professional wives.

5.6 The Director-General intends to look further into ways of meeting some of these problems - inter alia, by considering possibilities for recruiting more staff among the younger and older age groups, who might be more readily available. There is also scope to expand the Associate Professional Officer programme, particularly for service in the field; 31.4% of the 35 Associate Professional Officers employed in 1986 were women, as compared with 17.8% in 1984.

5.7 The main thrust of the Director-General's action will, however, be on more active prospection for potential women candidates for staff positions and short-term assignments, counting on the cooperation of Member States in this effort as an essential prerequisite for success. He intends to take measures internally - inter alia, by requesting the directors and programme managers, initially at headquarters, to intensify their search for qualified women through contacts with national institutions and other sources of expertise, and by further refining existing recruitment tools such as the roster of applicants.

5.8 As regards fellowships, the Director-General will discuss with the Regional Directors ways of obtaining the agreement of governments to include more women, particularly physicians, among the beneficiaries.

5.9 The Board will be informed of the results of these measures in the next biennial report, in 1989.

5.10 The first study and monitoring of women's participation in WHO having been completed at headquarters, the Director-General, in agreement with the Regional Directors, now plans to extend the exercise to two regions in the course of 1987.

5.11 Greater involvement of women in WHO, mandated by the Executive Board and the Health Assembly, is necessary not merely to redress an imbalance in the composition of the staff. The Director-General again appeals to governments to assist in the implementation of the decisions they reached collectively, in the conviction that the Organization can only benefit from the positive contributions qualified women can bring to its work.

#### 6. Draft resolution

6.1 The Board may wish to consider adopting a resolution along the following lines:

The Executive Board,

Having considered the report of the Director-General on the employment and participation of women in the work of WHO;

1. TRANSMITS that report and the record of its discussion to the Fortieth World Health Assembly;
2. RECOMMENDS to the Fortieth World Health Assembly the adoption of the following resolution:

The Fortieth World Health Assembly,

Noting the report of the Director-General and the views of the Executive Board with regard to the employment and participation of women in the work of WHO,

Recalling earlier resolutions of the Health Assembly and the Executive Board on this subject, and in particular resolution WHA38.12;

Noting the progress made by October 1986 regarding the proportion of women on the staff and the information presented on the participation of women in WHO's programmes as consultants, temporary advisers, members of technical groups, and fellows;

1. DECIDES to maintain the target of 30% for the proportion of all professional and higher-graded posts in established offices to be occupied by women;
2. URGES Member States to assist the Director-General in his efforts to find ways of increasing the participation of women in the programmes of WHO by proposing potential women candidates for long- and short-term assignments and by encouraging the increased participation of women in technical meetings and meetings of WHO's governing bodies;
3. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts in this regard;
4. REQUESTS the Director-General to report on the employment and participation of women in the work of WHO to the Executive Board and the Health Assembly in 1989.



TABLE 1. NUMBERS OF WOMEN AND MEN PROFESSIONAL STAFF FOR ALL LOCATIONS  
(1984 AND 1986)<sup>1</sup>

	Total		Women		Men		% Women	
	1984	1986	1984	1986	1984	1986	1984	1986
In all locations	1 454	1 430	241	264	1 213	1 166	16.6	18.5
<u>In established offices</u>	903	979	164	199	739	780	18.2	20.3
Headquarters	490	517	103	121	387	396	21.0	23.4
Regional offices and IARC	413	462	61	78	352	384	14.8	16.9
AFRO	91	95	7	9	84	86	7.7	9.5
AMRO	57	52	18	12	39	40	31.6	23.0
SEARO	50	78	2	8	48	70	4.0	10.3
EURO	70	72	15	19	55	53	21.4	26.4
EMRO	52	66	4	8	48	58	7.7	12.1
WPRO	47	48	5	8	42	40	10.6	16.7
International Agency for Research on Cancer	46	51	10	14	36	37	21.7	27.5
<u>In projects</u>	551	451	77	65	474	386	14.0	14.4

<sup>1</sup> See footnote to paragraph 2.2.

TABLE 2. NUMBERS OF WOMEN AND MEN PROFESSIONAL STAFF, BY GRADE, FOR ALL LOCATIONS  
(1984 AND 1986)

	Grade categories	Total		Women		Men		% Women	
		1984	1986	1984	1986	1984	1986	1984	1986
In all locations	P1-P3	390	381	142	146	248	235	36.4	38.3
	P4	385	369	64	75	321	294	16.6	20.3
	P5	518	512	31	37	487	475	6.0	7.2
	P6-D1	112	115	3	2	109	113	2.7	1.7
	D2	35	39	1	4	34	35	2.9	10.2
	UG	14	14	-	-	14	14	-	-
<u>In established offices</u>	P1-P3	223	252	96	108	127	144	43.0	42.8
	P4	178	203	39	53	139	150	21.9	26.0
	P5	349	371	25	32	324	339	7.1	8.6
	P6-D1	106	102	3	2	103	100	2.8	2.0
	D2	33	37	1	4	32	33	3.0	10.8
	UG	14	14	-	-	14	14	-	-
Headquarters	P1-P3	109	118	58	63	51	55	53.2	53.4
	P4	104	114	27	37	77	77	26.0	32.5
	P5	197	208	14	16	183	192	7.1	7.7
	P6-D1	44	39	3	2	41	37	6.8	5.1
	D2	28	31	1	3	27	28	3.6	9.7
	UG	8	7	-	-	8	7	-	-
Regional offices	P1-P3	114	134	38	45	76	89	33.3	33.6
	P4	74	89	12	16	62	73	16.2	18.0
	P5	152	163	11	16	141	147	7.2	9.8
	P6-D1	62	63	-	-	62	63	-	-
	D2	5	6	-	1	5	5	-	16.7
	UG	6	7	-	-	6	7	-	-
International Agency for Research on Cancer	P1-P3	20	29	8	13	12	16	40.0	44.8
	P4	14	11	1	-	13	11	7.1	-
	P5	6	6	1	1	5	5	16.7	16.7
	P6-D1	5	3	-	-	5	3	-	-
	D2	-	1	-	-	-	1	-	-
	UG	1	1	-	-	1	1	-	-
<u>In projects</u>	P1-P3	167	129	46	38	121	91	27.5	29.5
	P4	207	166	25	22	182	144	12.1	13.3
	P5	169	141	6	5	163	136	3.6	3.5
	P6-D1	6	13	-	-	6	13	-	-
	D2	2	2	-	-	2	2	-	-

TABLE 3. NUMBERS OF WOMEN AND MEN PROFESSIONAL STAFF, BY GRADE, IN THE REGIONAL OFFICES  
(1984 AND 1986)

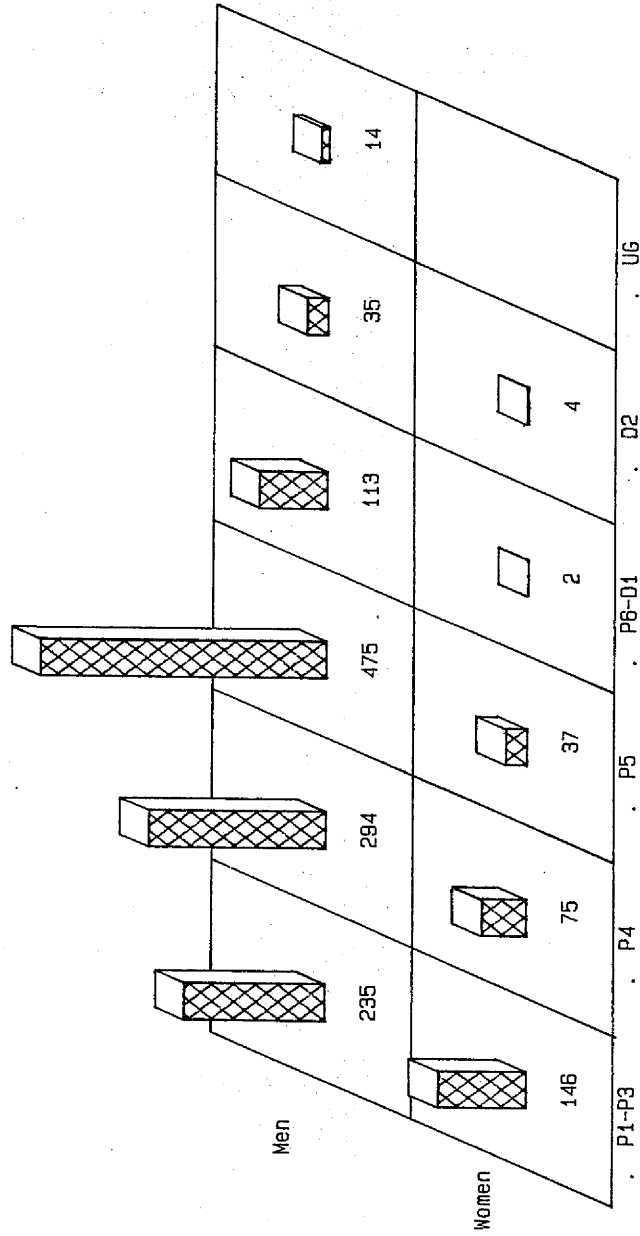
Regional office	Grade categories	Total		Women		Men		% Women	
		1984	1986	1984	1986	1984	1986	1984	1986
AFRO	P1-P3	29	30	4	4	25	26	13.8	13.3
	P4	14	11	1	1	13	10	7.1	9.1
	P5	33	40	2	3	31	37	6.1	7.5
	P6-D1	15	12	-	-	15	12	-	-
	D2	-	1	-	1	-	-	-	100.0
	UG	-	1	-	-	-	1	-	-
AMRO	P1-P3	25	17	12	4	13	13	48.0	23.5
	P4	11	13	4	6	7	7	36.4	46.2
	P5	20	21	2	2	18	19	10.0	9.5
	UG	1	1	-	-	1	1	-	-
SEARO	P1-P3	7	13	-	2	7	11	-	15.4
	P4	7	17	-	2	7	15	-	11.8
	P5	20	28	2	4	18	24	10.0	14.3
	P6-D1	14	18	-	-	14	18	-	-
	D2	1	1	-	-	1	1	-	-
	UG	1	1	-	-	1	1	-	-
EURO	P1-P3	15	15	7	9	8	6	46.7	60.0
	P4	15	20	4	5	11	15	26.7	25.0
	P5	31	30	4	5	27	25	12.9	16.7
	P6-D1	7	5	-	-	7	5	-	-
	D2	1	1	-	-	1	1	-	-
	UG	1	1	-	-	1	1	-	-
EMRO	P1-P3	10	18	3	6	7	12	30.0	33.3
	P4	5	10	1	1	4	9	20.0	10.0
	P5	26	22	-	1	26	21	-	4.5
	P6-D1	8	14	-	-	8	14	-	-
	D2	2	1	-	-	2	1	-	-
	UG	1	1	-	-	1	1	-	-
WPRO	P1-P3	8	12	4	7	4	5	50.0	58.3
	P4	8	7	1	1	7	6	12.5	14.3
	P5	16	16	-	-	16	16	-	-
	P6-D1	13	11	-	-	13	11	-	-
	D2	1	1	-	-	1	1	-	-
	UG	1	1	-	-	1	1	-	-

EXPERT ADVISORY PANELS AS OF OCTOBER 1986  
 (Showing total number of members, and number of women members -  
 in order of number of women members)

Members	Women	Subject
11	0	Drug policies and management
34	0	Environmental health
18	0	Health of seafarers
5	0	Health research
34	0	Leprosy
9	0	Neurosciences
0	0	Prevention of deafness and hearing impairment
0	0	Vaccine development
8	0	Virus diseases - Antivirals and interferon
25	1	Acute diarrhoeal diseases and enteric infections
37	1	Drug evaluation
7	1	Health and biomedical information
8	1	Human reproduction
60	1	Immunology
14	1	Rabies
17	1	Radiation
22	1	Trachoma and prevention of blindness
34	1	Tuberculosis
15	2	Brucellosis
33	2	Chronic degenerative diseases (Diabetes and rheumatic diseases)
28	2	Health laboratory services
35	2	Human genetics
44	2	Nutrition
97	3	Cardiovascular diseases
29	3	Environmental pollution and hazards
35	3	Human blood products and related substances
25	3	Organization of medical care
26	3	Rehabilitation
21	3	Respiratory infections
33	3	Traditional medicine
23	4	Accident prevention
60	4	Biological standardization
59	4	Food safety
61	4	Malaria
68	4	Oral health
77	5	Cancer
72	5	Drug dependence and alcohol problems
38	5	Information, education, communication for health
37	5	Venereal diseases, treponematoses and <u>Neisseria</u> infections
46	5	Zoonoses
74	6	International pharmacopoeia and pharmaceutical preparations
77	6	Occupational health
70	6	Public health administration
54	7	Smoking and health
68	8	Health situation and trend assessment
128	8	Parasitic diseases (Filarial infections, general parasitology, schistosomiasis, trypanosomiasis)
70	8	Vector biology and control
67	9	Acute bacterial diseases
28	9	Health of elderly persons
63	10	Health manpower
115	10	Mental health
89	10	Virus diseases
45	15	Maternal and child health
54	50	Nursing
2 307	247 (10.7%)	Total

# Women's Participation in WHO

Numbers of women and men professional staff by grade  
in 1986 — for all locations together



GRADE CATEGORIES

Data as of October 1986