

Evaluation of the use of consultants and Agreements for Performance of Work by WHO

Volume 1: Report

November 2021



**World Health
Organization**

WHO Evaluation Office

Acknowledgments

The evaluation team would like to thank WHO staff across the Organization for their valuable insights, either through being interviewed or responding to a structured questionnaire. The contribution of representatives of United Nations and other agencies who generously gave their time to inform this evaluation is also greatly appreciated.

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Acronyms

APW	Agreement for Performance of Work
BCA	Biennial Collaborative Agreement
CRC	Contract Review Committee
CFE	Contingency Fund for Emergencies
CCS	Country Cooperation Strategy
DOA	Delegation of Authority
ECVS	Early Career Visiting Scientist
EQ	Evaluation question
GPW13	WHO Thirteenth General Programme of Work 2019–2023
GOARN	Global Outbreak Alert and Response Network
GSM	Global Management System
HLCM	United Nations High-level Committee on Management
HQ	WHO headquarters
HRT	WHO Department of Human Resources and Talent Management
HWCO	Heads of WHO offices in countries, territories and areas
IARC	International Agency for Research on Cancer
ICA	Individual Contractor Agreement
ILO	International Labour Office
IOAC	Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
IOS	WHO Office of Internal Oversight Services
JIU	Joint Inspection Unit of the United Nations
LTA	Long-term Agreement
PAHO	Pan American Health Organization
PSA	Personnel Service Agreement
RO	Regional Office
SDG	Sustainable Development Goal
SSA	Special Service Agreement
STOP	Stop Transmission of Polio program
SUP	WHO Department of Procurement and Supply Services
TMA	Tailor-made Agreement
ToR	Terms of reference
TSA	Technical Services Agreement

UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
WCO	WHO Country Office
WHE	WHO Health Emergencies Programme
WIPO	World Intellectual Property Organization

Executive Summary

At its 146th meeting in February 2020, the Executive Board requested that the Evaluation Office include on its biennial evaluation workplan for 2020-2021 an evaluation of the use of consultants and Agreements for Performance of Work (APWs) by WHO. While focusing on the policies, regulations and practices for the use of consultant and APW contracting modalities, the evaluation provides a broad situation analysis of why and how WHO outsources work/expertise in support of its mandate.

The purpose of the evaluation was to inform WHO senior management in its decision-making in relation to the most effective and rational utilization of consultants and APWs (both with individuals and companies) and to contribute to the ongoing discussion on contractual modalities, including the deliberations in the Organization-wide Task Force on Contractual Modalities, established under the “building a motivated and fit-for-purpose workforce” workstream of the WHO transformation.

Its overall objective was to assess why and how WHO has employed these contracting modalities towards the effective delivery of WHO’s mandate, within the broader context of external sourcing of expertise to support WHO’s work. The evaluation documented the added value of using these contractual modalities, challenges and best practices in order to provide lessons learned and recommendations for future use by management to inform policy and decision-making.

The scope of the evaluation covered the period from 2018 until completion of the evaluation and explored the evolution of the use of consultants and APWs during this period at the three levels of the Organization (not including the Region of the Americas which has its own separate procurement policy). It assessed the contributions and added value of APWs and consultants in relation to delivering results in response to the outputs and outcomes identified by the key WHO strategic instruments, i.e. the Thirteenth General Programme of Work, the biennial programme budgets and the Country Cooperation Strategies/Biennial Collaborative Agreements, but did not have a major focus on the outcomes or impact of the use of consultants and APW contractual modalities given the lack of measurable data in this regard.

Five high-level evaluation questions were identified to frame this evaluation:

- 1) How well aligned are WHO’s practices of issuing APWs and consultant contracts with its policies and strategic priorities? (*Relevance*)
- 2) How well aligned are WHO’s practices of issuing APWs and consultant contracts with international labour practices within the UN system? (*Relevance*)
- 3) What are the specific contributions and added value of APWs and consultants in relation to achieving WHO’s results? (*Effectiveness*)
- 4) How efficiently has WHO been using the APWs and consultant contracts to achieve its results? (*Efficiency*)
- 5) What have been the main internal and external factors influencing WHO’s ability to use APW and consultant contracts in the most relevant, effective, and efficient manner possible? (*Cross-cutting*)

The overall process and methodological approach followed the principles set forth in the WHO Evaluation Practice Handbook and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation. The evaluation relied on a cross-section of information sources, using a mixed-method approach which included: (i) document review of a wide range of existing secondary data; (ii) questionnaires for hiring managers across the three levels of the Organization;¹ (iii) key informant individual and group interviews with key stakeholders, including staff of the Human Resources and Talent Management and the Procurement and Supply Services

¹ The Region of the Americas was not included in this evaluation as it has its own separate procurement policy.

Departments at headquarters; directors of programme management and directors of administration & finance in the regional offices and IARC; regional HR and procurement officers; staff at headquarters with oversight functions; and (iv) focus group discussions/questionnaires for staff associations and the headquarters consultant group. For the purpose of benchmarking, interviews were also conducted with heads of procurement/human resources from selected United Nations agencies and the World Bank.

Summary findings

The external sourcing of expertise in WHO is increasing over time and non-staff contracts account for a significant proportion of the total workforce. As the scope of work of the Organization has evolved from a predominantly normative role to taking up a leadership position on global health issues, including the international response to outbreaks, crises and emergencies, the deliverables expected of the Organization have significantly increased. Due to limited human resource capacity, particularly at country and regional levels, the Organization relies heavily on outsourced expertise, particularly during protracted emergencies and humanitarian crises, to respond to countries' needs in a timely and efficient manner.

In many cases, the external sourcing of expertise is associated with the existing workload and inadequate staffing levels in critical programmatic areas. This lack of available technical capacity within the Organization has also been due to the Organization's funding model – the lack of predictable, flexible and sustainable financing and the Organization's high dependence on voluntary contributions compromises the full implementation of the biennial workplans and the Country Cooperation Strategies/Biennial Collaborative Agreements. The financial constraints under which many budget centres operate result in them opting for cheaper outsourced short- or medium-term contractual arrangements rather than the more sustainable long-term solution of recruiting staff. Finally, in cases where funds are available to recruit staff, the longer recruitment procedure for hiring staff as compared with the timeliness of delivery under outsourcing arrangements serves as another significant dissuasive factor.

While the Organization uses many different non-staff contracts to outsource services (including long-term agreements, tailor-made agreements, technical service agreements for research activities and other contracts which are managed by external entities such as standby Personnel, Junior Professional Officers and United Nations Volunteers), consultant and APW contracts are the most commonly-used of such modalities.

A **Consultant** is an individual who is a professional, specialist, expert or recognized authority in a specific field, contracted in an advisory or consultative capacity or to deliver a piece of work, with clearly defined deliverables outlined in the Terms of Reference on a time-bound basis. A consultant must have specialized skills or knowledge that is not readily available within WHO, and for which there is no continuing need in the Organization. A consultant shall not perform any of the existing functions or responsibilities of staff members. The work of a consultant is based on deliverables and normally involves analysing problems, directing seminars or training courses, preparing documents/carrying out research, or writing reports on matters within their area of specialization or expertise. Consultants are neither staff members nor officials of the Organization. Consultants perform the services under the contract as an independent contractor in a personal capacity and not as representatives of a government or of any other entity or authority external to the Organization.

An **Agreement for Performance of Work (APW)** is used for arrangements whereby a specific product such as a report, an article, or translation and editing of a document is prepared and delivered; or technical services such as organization of a seminar is arranged by an individual or a firm, at the request of WHO, without direct supervision by an officer of the Organization. Normally, the individual contractor or firm will not carry out the work on WHO premises. The individual or entity engaged under an APW is expected to deliver a results-oriented piece of work/services (specialized or non-specialized) in a time-bound manner.

Consultant and APW contractors contribute to the objectives and outcomes of WHO by virtue of the fact that they enable WHO to access wider specialist expertise than that available in-house and bring innovative ideas to the Organization, providing opportunities for capacity building and essential surge capacity when needed. They have also proven to be a very cost-effective and efficient means of acquiring temporary specialist expertise for the purpose of providing specific deliverables.

A revised version of the WHO consultant policy, which had been under review for some 5 years, was issued on 8 September 2021, and its contents were still being assimilated by staff during the data collection phase of this evaluation. This revised policy provides clarification on certain aspects, for example maximum duration of consultant contract and the difference between on-site and off-site consultants. However, the interpretation of when it is more appropriate to use an APW contract with an individual or a consultant contract remains an area of ambiguity. Opinions are divided as to whether APW contracts should continue to be issued to individuals or if they should just be issued to companies (firms). The flexibility offered by this type of contract and the rapidity with which they can be issued is appreciated by many hiring managers and, if appropriately used and effectively managed, this contractual modality can effectively and efficiently respond to a recognized need.

Although gender balance and geographical diversity considerations are mentioned in the policies for contracting consultants and APWs, there is no evidence that this is consistently applied. Furthermore, the procurement module of the Global Management System does not register such data and there are strong expectations that the new enterprise resource planning system that will replace the Global Management System will address this issue.

Overall, the policies and associated guidelines for issuing consultant and APW contracts are considered to be clear and rational. However, the policies are not being implemented in a uniform manner across the Organization and both consultant and APW agreements are being used beyond their original intent. While the flexibility and agility that both agreements allow compared to staff contracts is appreciated across the Organization and indeed necessary, given the fact that needs in countries differ greatly to those at other levels of the Organization, this flexibility is sometimes pushed to its limit, for example in cases where individuals are contracted on APW contracts to conduct work that would not be possible under a consultant contract due to United Nations security restrictions.

Where the flexibility oversteps the limit is when consultants are contracted to perform functions of staff members of the Organization, and this for extended periods of time, which could eventually lead to the Organization losing oversight of core functions and services if they are increasingly transferred to a temporary workforce. Such situations lead to the formation of two parallel workforces with different rights and entitlements and result in significant frustration, causing tension and low morale among the workforce. These consultants consider themselves part of a hidden workforce that does not benefit from fair and equitable treatment for similar work in terms of appropriate remuneration and other working conditions of staff. Furthermore, the precarious situation in which these consultants find themselves can detract them from providing the best possible service to WHO.

Although initiatives to rejuvenate the workforce are to be encouraged, care needs to be taken to avoid practices such as the recruitment of interns or individuals at the start of their careers to consultant positions as this runs counter to the definition of a consultant as a “professional, specialist, expert or recognized authority in a specific field”. On the subject of developing career paths, the Early Career Visiting Scientist modality, although specific to IARC is a concept worthy of further consideration.

While budgetary and staff head-count restrictions result in budget centres outsourcing work in order to deliver, the Organization has a duty of care to its entire workforce and situations where contracts are used in an inappropriate manner expose the Organization to significant risks. Similarly, ineffective internal control and performance monitoring systems for both consultant and APW contracts can jeopardise the credibility, capacity and utility of the Organization, especially as such contractors are associated with the Organization, particularly in the field, even though they have no legal authority to act on behalf of WHO.

Of significant concern also is the institutional knowledge gap in the Organization as a result of the over-reliance on external sourcing of expertise. The high rotation of non-staff contractors due to low job security ultimately means that the Organization is not able to reach the critical mass necessary to ensure long-term support, thus compromising the quality of WHO's work and its results.

Moreover, many country offices with smaller budgets have difficulty in attracting the best experts as budget constraints prevent them from offering the best terms compared to market prices, resulting in the Organization not getting the best value for money.

The revised consultant policy has made efforts to streamline the contractual process through using Stellis as the unique electronic platform for approvals but, given concerns as to whether Stellis is a sufficiently robust platform to be able to cope with this process on an Organization-wide level, the Organization should be further guided by the findings and recommendations of the recently completed audit of the recruitment process through Stellis, conducted by the Office of Internal Oversight Services.

Other specific areas where more work is required include the introduction of harmonized systems across the Organization for management of both consultant and APW contractors, particularly as regards background checks and due diligence processes, and the development of a centralized system for performance management, including access to past appraisals.

The importance of a well-functioning roster system was widely recognized as a means of enabling faster recruitment from a pre-selected pool of experts. Existing rosters are used to varying degrees of success in the Organization, mainly due to the fact that dedicated staff time is required to manage and maintain such rosters as this is a particularly time-intensive process.

There is an identified need across the Organization for capacity building of all staff involved in the contractual process (technical staff requesting the service, administrative and quality assurance staff and the managers who are ultimately accountable for the entire process) on the various steps in the contractual process for both consultants and APWs (development of terms of reference, outreach, selection, background check/due diligence, roster management and performance management) and indeed on the use of all the other available contractual modalities.

Other alternatives to outsourcing include the temporary assignment of existing staff to other duty stations where there is a need for additional support. While the WHO Emergencies Programme currently has an internal surge roster for staff within the Organization who are willing to be deployed in the case of emergencies, its success is limited due to the fact that supervisors are reticent to release staff as this in turn creates staffing problems for them. In addition, greater use of available resources at regional and country level to complement staffing needs, such as multi-country assignment teams, regional hubs and collaborating centres should be considered as a more sustainable means of building national capacity in the long term.

The issues and challenges surrounding the processes and practices for the external sourcing of expertise are not unique to WHO. Other United Nations agencies are also continuously re-examining their contractual modalities and there is recognition that this would benefit from being streamlined across the United Nations system.

A benchmarking of WHO's contracting practices with those of other United Nations agencies showed that WHO's shift of the responsibility for consultants from procurement to HR is in line with the practice in most other agencies consulted. However, unlike in most other agencies consulted, where all contracts with individuals are managed by HR, the situation in WHO is more fluid and APW contracts in WHO can be used for contracts with both companies and individuals and are processed in the procurement module of the Global Management System. Other agencies are experiencing similar challenges to WHO in terms of performance monitoring and roster management. Lessons can be learned from the experiences of other agencies in overhauling their contractual modalities and the service offered by some agencies, such as UNOPS and UNDP, whereby they contract individuals on

behalf of partner United Nations entities for project-based work, is a concept that would seem particularly suited to situations where speed and flexibility are of the utmost importance.

The COVID-19 pandemic has highlighted the importance of being able to quickly adapt and respond to changing environments and contexts and within weeks teleworking became the norm for the vast majority of staff in 2020. As the Organization capitalizes on the lessons learned from this experience in its discussions on the most appropriate contractual modalities for the Organization moving forward, including through the deliberations of the Task Force on Contractual Modalities, the work of the United Nations High-Level Committee on Management task force on the future of the United Nations system workforce is very relevant for any future discussions in this regard.

Recommendations

Based on the above analysis, the following recommendations are proposed.

1. The WHO Secretariat should develop a coherent strategy for sourcing external expertise, based on a needs-centred approach and tailored to the specific contexts of each major office. This strategy should address the strengthening of existing modalities and further streamline processes for contracting consultants and APWs, including:
 - i. Development of a harmonized process across the Organization for background checks and due diligence;
 - ii. Establishment of a robust Organization-wide platform for performance monitoring, which would also act as a repository for performance appraisals that would be accessible across the Organization;
 - iii. Establishment of rosters at headquarters, regional and country office levels;
 - iv. Enhanced efforts, as relevant, to ensure that consultants and APW contractors are selected from the widest possible geographical base and that due consideration is given to gender balance in the selection process;
 - v. Elaboration of a reporting matrix in the new enterprise resource planning system that encompasses all relevant metrics on the levels of use of consultant and APW contracts in the Organization;
 - vi. Taking into consideration rates across the United Nations system, a review of existing pay band structures to ensure that the Organization is competitive and can attract the best talent/expertise available globally.
2. The WHO Secretariat should build on current efforts to address capacity building needs by dedicating resources to awareness-building and the provision of mandatory training for all staff involved in sourcing external expertise, including hiring managers. Specific actions include:
 - i. Development of a guide for all staff on the most appropriate contractual modality/ies to use in different settings and country complexities, taking into account all the different contractual modalities at the Organization's disposal, in order to ensure that the right people are in the right place with the necessary expertise to deliver what is expected; while ensuring that the boundaries of each contractual modality are respected, this guide should avoid rigorous prescription as each major office has its own specificities;
 - ii. Provision of mandatory training across the Organization for all staff involved in sourcing external expertise on the different contractual arrangements available and their appropriate use, including all stages of the contractual process (creation of terms of reference; outreach and selection process, including roster management; background checks and due diligence; and performance management);

- iii. Extension of the current mandatory training for staff on prevention of sexual exploitation and abuse and sexual harassment to the entire workforce, supported by a platform that enables monitoring of the completion of such training.
- 3. WHO's human resources network at headquarters and in regional offices should provide strategic support to budget centres for workforce planning to determine the most cost-effective means of filling skills gaps and managing peaks in workload, including ensuring that all potential internal options are exhausted before resorting to external sourcing and consideration of greater use of existing contractual modalities other than consultants and APWs. Specific focus areas include:
 - i. Greater use of retainer contracts and Long-term Agreements with service providers such as academic institutions and collaborating centres, or for standard services, such as translation, editing, software development services;
 - ii. Consideration of opportunities to temporarily assign existing staff to other duty stations where there is a need for additional support;
 - iii. Greater use of available resources at regional and country level to complement staffing needs, such as multi-country assignment teams, regional hubs and collaborating centres, as a more sustainable means of building national capacity in the long term;
 - iv. Conduct of functional reviews of departments that rely heavily on long-term consultants to identify exact staffing needs and initiate a staged plan to resource accordingly.
- 4. The WHO Secretariat should consider the experiences of other United Nations agencies in introducing new modalities for outsourcing services and ensure that all outsourcing efforts are aligned with ongoing United Nations reform processes, in particular the discussions at the United Nations High-level Committee on Management on the future of the United Nations system workforce.
- 5. The WHO Secretariat should:
 - i. Continue high-level advocacy efforts to sensitize donors to the need for predictable, sustainable and flexible funding across the Organization in order to optimize staffing levels and performance, applying results-based management principles as opposed to resource-based management;
 - ii. Consider the recommendations of functional reviews that have already taken place across the Organization to ensure that the necessary resources are made available to implement the recommendations with regard to staffing needs.
- 6. The WHO Secretariat should undertake a review of the implementation of the WHO consultant policy after 2 years of implementation.

1. Introduction

1. At its 146th meeting in February 2020, the Executive Board requested that the Evaluation Office include on its biennial evaluation workplan for 2020-2021 an evaluation of the use of consultants and Agreements for Performance of Work (APWs) by WHO. While focusing on the policies, regulations and practices for the use of consultant and APW contracting modalities, the evaluation provides a broad situation analysis of why and how WHO outsources work/expertise in support of its mandate.

1.1 Background

2. The issue of WHO's contracting modalities has been on its agenda for many years and the fact that this evaluation was specifically requested by the Executive Board demonstrates the importance of the issue.

3. The Thirteenth General Programme of Work 2019-2023 (GPW13) represents a framework not only for how the Organization will achieve results from 2019-2023, but also how it will drive public health impact at country level in a manner that maximizes its contributions to the achievement of the Sustainable Development Goals (SDGs).² Toward this end, the GPW13 envisions WHO as becoming more focused and effective in its country operations, working closely with partners, engaging in policy dialogue, providing strategic support and technical assistance, and coordinating service delivery, in close alignment with the country context. Within the context of outsourcing of expertise, APWs (both with individuals and companies) and consultants, by sheer virtue of their numbers and volume, play a role in realising the goals outlined in the GPW13 and, by extension, the SDGs.

4. Indeed the WHO transformation, launched in 2017, conceived as an organizational change initiative aimed at better equipping WHO to achieve the goals of the GPW13, includes as one of its seven workstreams "building a motivated and fit-for-purpose workforce", which incorporates an initiative on new/enhanced contracting modalities. As part of this initiative, an Organization-wide Task Force on Contractual Modalities was also launched in 2020, chaired by the Assistant Director-General, Business Operations, and with representation from across the three levels of the Organization.

5. Although a substantial proportion of services are procured by WHO through APW and consultant contracting modalities, especially in headquarters (HQ) and specific WHO regions, there has been no Organization-wide internal review or independent evaluation to assess how WHO has been utilizing these contracting modalities in delivering its mandate, the challenges associated with them, and to propose measures to improve current practices.

6. Despite the lack of specific evaluations on APWs and consultant contracts to date, internal evaluative exercises have pointed toward the need for a closer assessment of these contractual modalities. Moreover, while there have thus far been no Organization-wide audits of hiring, management and administrative processes of consultants and APWs across the Organization, WHO's Office of Internal Oversight Services (IOS) conducted an audit of APWs issued at HQ in 2015. In addition, IOS includes the review of the use of consultants and APWs as part of its internal audits of many WHO country offices (WCOs), regional offices and HQ units. Audits to date have highlighted the need for a review of the policy in relation to consultants and APWs with individuals, and for greater clarity on the use of consultants versus temporary positions and the use of consultants in emergencies. Audits have also made a number of recommendations in the areas of maintaining rosters, recruitment, remuneration/pay band, declaration of interests, local work permits, monitoring/review of deliverables and performance management of consultants and APWs.

² [Thirteenth General Programme of Work 2019-2023](#). Geneva: World Health Organization; 2018.

7. To date, no other United Nations (UN) agency is known to have conducted an evaluation on this topic. However, some of the reviews conducted by the United Nations Joint Inspection Unit (JIU) in recent years have addressed the issues and challenges surrounding the processes and practices for contracting non-staff personnel (which include consultant and APW contracting modalities), and external outsourcing of services to commercial service providers in the UN System. These reviews identified many challenges related to the contracts of non-staff personnel and external outsourcing of services and issued several recommendations. For example, the Review of individual consultancies in the UN system (2012) highlighted the need for: (a) overarching criteria to choose between staff and non-staff contract modalities; (b) clear consultancy policies; (c) sound management of individual consultants; and (d) effective monitoring and oversight. Similarly, the Review of the use of non-staff personnel and related contractual modalities in the UN system Organizations (2014) found that the system of hiring non-staff across the UN system was inconsistent with international good labour practices, operated without real oversight and accountability and presented risks for the organizations.

1.2 Evaluation purpose, objective and scope

8. Responding to a request from the Executive Board, the **purpose** of the evaluation was to inform WHO senior management in its decision-making in relation to the most effective and rational utilization of consultants and APWs (both with individuals and companies) and to contribute to the ongoing discussion on contractual modalities. From a learning standpoint, it offers WHO an opportunity to clearly understand how it has been utilizing these contractual modalities, their added value, the challenges associated with them, and how it could most effectively utilize them in future. From an accountability standpoint, it provides WHO's external stakeholders (including its Member States) with an objective, impartial perspective on these same issues in a manner that can help them better understand these challenges.

9. The **overall objective** of the evaluation was to assess why and how WHO has employed the these contracting modalities towards the effective delivery of WHO's mandate, within the broader context of external sourcing of expertise to support WHO's work. The evaluation specifically focused on the policies, regulations, and practices for issuing APWs and consultant contracts and the management of conflicts of interest. The evaluation also documented added value of using these contractual modalities, challenges and best practices in order to provide lessons learned and recommendations for future use by management to inform policy and decision-making.

10. The **scope** of the evaluation covered the last two biennia (2018-2019 and 2020-2021 to date) and explored the evolution of the use of consultants and APWs (both with individuals and companies) during this period at the three levels of the Organization (not including PAHO which has its own separate procurement policy). The evaluation considered the relevance, effectiveness and efficiency (and, where feasible, the impact and sustainability) dimensions of using APWs and consultants. It assessed the contributions and added value of APWs and consultants in relation to delivering results in response to the outputs and outcomes identified by the key WHO strategic instruments, i.e. the GPW13, the biennial programme budgets and the Country Cooperation Strategies (CCSs)/Biennial Collaborative Agreements (BCAs). The evaluation did not have a major focus on the outcomes or impact of the use of consultants and APW contractual modalities given the lack of measurable data in this regard.

11. Five high-level evaluation questions (EQs) were identified to frame this evaluation and are presented below (and in Annex 2).

- EQ1: How well aligned are WHO's practices of issuing APWs and consultant contracts with its policies and strategic priorities? (*Relevance*)
- EQ2: How well aligned are WHO's practices of issuing APWs and consultant contracts with international labour practices within the UN system? (*Relevance*)

- EQ3: What are the specific contributions and added value of APWs and consultants in relation to achieving WHO's results? (Effectiveness)
- EQ4: How efficiently has WHO been using the APWs and consultant contracts to achieve its results? (Efficiency)
- EQ5: What have been the main internal and external factors influencing WHO's ability to use APW and consultant contracts in the most relevant, effective, and efficient manner possible? (*Cross-cutting*)

1.3 Methodology

12. Guided by the WHO Evaluation Practice Handbook³ and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation,⁴ the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The methodology (developed further in Annex 2) ensured impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach (e.g. quantitative and qualitative data) with triangulation of information from different stakeholder groups gathered through a variety of means.

13. The evaluation was conducted between June and November 2021 and relied mostly on desk review, key informant interviews and questionnaires.

- The **desk review** included a review of all available reports, policies and progress reports, including the governing bodies reports and updates, JIU review reports, and reports from other UN system agencies. The full list of documents reviewed is contained in Annex 3.
- **Questionnaires** for hiring managers were issued to directors at HQ and in the five regional offices and to heads of WHO offices in countries, territories and areas (HWCO) (not including the Region of the Americas). All were invited to consult with staff in their respective areas of responsibility who have responsibility for administering non-staff contracts and to submit one consolidated response per department/country office. A total of 20 directors at HQ, 16 directors in regional offices and 38 heads of WHO country offices provided feedback on the questionnaires. A questionnaire was also issued to management officers/senior executive officers at HQ and 7 responses were received. The questionnaires are available in Annex 4.
- A total of 44 semi-structured **key informant individual and group interviews** were conducted. Internally this included: (i) staff of the Human Resources and Talent Management (HRT) and the Procurement and Supply Services (SUP) Departments at HQ; (ii) directors of programme management and directors of administration & finance in the regional offices and IARC; (iii) regional HR and procurement officers; and (iv) staff at HQ with oversight functions. For the purpose of benchmarking, interviews were also conducted with heads of procurement/human resources from selected UN system agencies and the World Bank. The full list of people interviewed can be found in Annex 5.
- Focus group discussions were also offered to representatives of the HQ and regional Staff Associations and members of the HQ consultant group. Twenty consultants availed themselves of this option. The option to respond to a questionnaire was also offered to these two groups and written responses were received from four HQ and regional Staff Association representatives and six HQ consultants.

³ [WHO Evaluation Practice Handbook](#). Geneva: World Health Organization; 2013.

⁴ [Norms and Standards for Evaluation](#). New York: United Nations Evaluation Group; 2016.
[UNEG Ethical Guidelines for Evaluation](#). New York: United Nations Evaluation Group; 2008.

1.4 Limitations

14. Availability of data was found to be a limitation. Consultant and APW contracts are managed within the procurement module of the Global Management System (GSM) which, by virtue of its design, does not record data such as gender, age and nationality for the contracts issued, data which is of relevance in the case of contracts with individuals. Furthermore, the way in which expenditures are recorded in the procurement module is such that obtaining an accurate readout of the total number and value of contracts with individuals is not straightforward. Additional data cleansing is also required to prepare the annual financial statements which report against expenditure codes as opposed to contract types. In addition, online surveys were initially foreseen with (a) APW contract holders; and (b) consultant contract holders, but, it was not possible to extract from GSM the email addresses of these contract holders spanning the period within the scope of the evaluation in a timely fashion in order to issue and manage the online surveys within the timeframe of the evaluation.
15. The evaluation took place during an ongoing COVID-19 pandemic which restricted the ability to conduct face-to-face interviews and forced greater reliance on virtual means. It also affected the ability of respondents focussing on COVID 19-related work to engage in the evaluation process within the planned timeline.
16. An online survey for all staff on the use of contractual modalities, organized by the Task Force on Contractual Modalities, was issued during the same timeframe as this evaluation which may have led to confusion among staff and affected the response rate to the questionnaires for hiring managers.
17. The revised consultant policy was issued on 8 September 2021, during the data collection phase of this evaluation and, as such, was still being assimilated by staff. This has been taken into account to the extent possible in the data analysis.
18. Finally, the scope of the evaluation covers the period 2018 to date, which is limited in duration as well as recent, and therefore not conducive to a longer perspective on results achieved. While focusing on this brief and recent time period for maximum relevance and utility, the evaluation also included pertinent information on the subject prior to this period as a means of establishing a historical perspective. However, although the scope only covered 2 biennia, it did provide valuable information on the use of these contractual modalities.

2. Findings

19. The findings of the evaluation are presented following the main evaluation questions and sub-questions identified in the Terms of Reference (see Annex 1 for the full list).

20. The sourcing of external expertise by WHO is guided by the relevant policies contained in the eManual which is available internally to all staff members (see Boxes 1 and 2 below). It is also guided by the WHO Procurement Strategy, issued in April 2015. While acknowledging the contracting of non-staff services as an integral part of procurement of services, the Procurement Strategy indicates that a separate strategy was to be developed to cover non-staff contracts, based on the notion that individuals holding non-staff contracts are part of the human resources of the Organization, assisting in the delivery of WHO's programme of work.⁵

Box 1: WHO policy governing the contracting of individuals as consultants⁶

*The policy governing the **contracting of individuals as consultants** is contained in the Human Resources section of the eManual, under the sub-section non-Staff contracts. This sub-section also covers the engagement of individuals under temporary adviser, Special Service Agreement and intern arrangements. While managed by HRT and processed through an online platform (Stellis) individual consultant contracts continue to be issued from the procurement module of the Global Management System (GSM).*

*A **Consultant** is an individual who is a professional, specialist, expert or recognized authority in a specific field, contracted in an advisory or consultative capacity or to deliver a piece of work, with clearly defined deliverables outlined in the Terms of Reference on a time-bound basis. A consultant must have specialized skills or knowledge that is not readily available within WHO, and for which there is no continuing need in the Organization. A consultant shall not perform any of the existing functions or responsibilities of staff members. The work of a consultant is based on deliverables and normally involves analysing problems, directing seminars or training courses, preparing documents/carrying out research, or writing reports on matters within their area of specialization or expertise. Consultants are neither staff members nor officials of the Organization. Consultants perform the services under the contract as an independent contractor in a personal capacity and not as representatives of a government or of any other entity or authority external to the Organization. They are neither "staff members" under WHO Staff Regulations and Staff Rules nor "officials" for the purposes of the 1947 Convention on the Privileges and Immunities of the Specialized Agencies. Depending on the nature of the activities to be performed, they may, however, be accorded the status of "experts" performing missions for WHO within the meaning of Annex VII of the 1947 Convention on the Privileges and Immunities of the Specialized Agencies.*

***Nil-remuneration consultants** are issued in cases where individuals, whose experience and professional background would allow them to make a contribution to the work of a technical programme, are authorized to carry out specific activities on a voluntary basis for WHO. Examples of such cases include (i) experienced professionals or academics on sabbatical, who are volunteering to provide their technical specialization/expertise for specific WHO programmes/activities; (ii) experts of the Global Outbreak Alert and Response Network and Polio STOP Programme partners contracted by WHO for field deployments to support WHO's response to emergencies/the Polio Programme; and (iii) experts identified to support WHO, who are employed or contracted by non-State actors, subject to a due diligence process.⁷*

*In rare cases, **consultant contracts are issued to companies (firms)**, an example of which is the Information Management and Technology department where it is more cost-effective to outsource specific services to consultant companies. In such cases, HRT has no oversight on the management of the individual consultants hired under such agreements.*

⁵ WHO Procurement Strategy. Geneva: World Health Organization; 2015.

⁶ WHO eManual, [section III.16.2, Consultants](#).

⁷ In the case of non-State actors, the due diligence process is conducted by the Due Diligence & Non-State Actors unit within the Office of Compliance, Risk Management and Ethics.

Box 2: WHO Policy governing the external sourcing of services⁸

The policy governing the **external sourcing of services by WHO** is contained in the procurement section of the WHO eManual, under the sub-section procurement of goods and services. Here the types of agreement to use for the acquisition of services are set out, which may be provided by individuals, companies (firms), institutions or other non-profit organizations. The types of agreement that can be used for the acquisition of service are Agreement for Performance of Work, Long-term Agreement, Tailor-made Agreement, Technical Services Agreement and consultant contract (with companies/firms). All the above are processed in the procurement module of GSM.

An **Agreement for Performance of Work (APW)** is used for arrangements whereby a specific product such as a report, an article, or translation and editing of a document is prepared and delivered; or technical services such as organization of a seminar is arranged by an individual or a firm, at the request of WHO, without direct supervision by an officer of the Organization. Normally, the individual contractor or firm will not carry out the work on WHO premises. The individual or entity engaged under an APW is expected to deliver a results-oriented piece of work/services (specialized or non-specialized) in a time-bound manner.

A **Long-term Agreement (LTA)** is an agreement between the Organization and a supplier for the provision of certain defined services at a fixed price during a defined period of time (e.g. 2-3 years). This type of agreement does not constitute an obligation on the part of WHO to procure any (minimum quantity of) services from the company nor does it prevent WHO from purchasing similar services from other sources. LTAs are processed in the procurement module in GSM by using a non-grant Letter of Agreement obligating document.

A **Tailor-made Agreement (TMA)** is any agreement with an external party which is not a standard WHO agreement and is used for the procurement of services where it is not appropriate to use an APW, consultant contract, TSA or LTA. As with LTAs, TMAs are processed in the procurement module in GSM by using a non-grant Letter of Agreement obligating document.

A **Technical Services Agreement (TSA)** is an agreement specifically for research or other technical projects/investigations.

Other types of non-staff contract include **Standby Personnel** (specific to emergency situations), **Junior Professional Officers** and **United Nations Volunteers**, who undertake advisory or technical operational roles under the supervision of a WHO staff member, but their contracts are managed by an external entity.

21. Emergency procurement of goods and services is covered within a separate section of the eManual.⁹ For graded emergencies, or when notification of a pre-graded event or situation is provided by an authorized staff member of the WHO Health Emergencies Programme (WHE), the regular procurement process may be modified so as to cater for the urgency of the situation. In such cases, competitive bidding is not mandatory; the approval of the Contract Review Committee (CRC) before the award of the contract (for procurement above the applicable threshold and for waivers of the competitive bidding requirements) is not required; cumulative value (or total contractual expenditure) is not applicable; and monitoring and evaluation of contract performance is recommended but not mandatory. However, a three-monthly post-facto report is submitted to the CRC at HQ or in regional offices as appropriate, including relevant details of the purchase requests authorized.

22. In 2017, the World Health Assembly approved the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.¹⁰ These individuals, whose experience and professional background would allow them to make a contribution

⁸ WHO eManual, [section VI.2.3 Service agreement types and GSM obligating documents](#).

⁹ WHO eManual, [section XVII.9.3.4, Procurement for emergencies](#) and [section XVII.8 Human Resources](#).

¹⁰ [Engagement with non-State actors – criteria and principles for secondments from nongovernmental organizations, philanthropic foundation and academic institutions](#) (A70/53); see also document WHA70/2017/REC/3, summary records of Committee B, fourth meeting.

to the work of a technical programme, are authorized to carry out specific activities on a voluntary basis for WHO. They can also be recruited as nil-remuneration consultants (see also box 1 above). Nil-remuneration consultants can be contracted for a maximum period of six months with a possible extension of up to a maximum of 11 months. It was noted that, since the implementation of these criteria and principles by the Secretariat, the number of secondments being proposed by non-State actors has significantly decreased while the number of nil-remuneration consultants identified to support WHO, who are employed or contracted by non-State actors, is increasing.

2.1 Level of alignment of WHO's practices of issuing APWs and consultant contracts with its policies and strategic priorities (relevance)

2.1.1 Why WHO outsources services

23. In response to a question as to why WHO outsources its work, there was overwhelming agreement among all key stakeholder groups on the causal factors: limited available capacity in-house; lack of predictable, flexible and sustainable financing; and timeliness of delivery through outsourcing as opposed to lengthy recruitment processes for staff positions. Box 3 below captures these causal factors in the specific example of the WHE Programme.

Limited available capacity in-house.

24. The main reason put forward by stakeholders was to procure expertise that is not available internally or for which an independent external opinion is required (e.g. peer review, evaluation). Hiring managers also reported resorting to outsourcing in cases where expertise is available internally but there are insufficient capacities to deliver, due either to: (i) existing workload burden, which is heightened during emergency situations, and also affects the ability of regional offices and HQ to backstop and provide the needed support to countries; or (ii) insufficient or temporary shortage of expertise, including at country and regional levels, where technical staff have to deal with many portfolios. However, it was noted that some regional offices reported having made considerable progress in limiting the occurrence of consultants doing the work of staff.

Predictable, flexible and sustainable financing.

25. Inextricably linked to available capacity in-house was the issue of funding constraints. WHO has evolved from a predominantly research and norms-driven body to an organization that also considers the development perspective and assumes a position of proactive leadership on global health issues, including the international response to outbreaks, crises and emergencies, and the deliverables expected from it have increased dramatically.¹¹ The dependence of WHO on voluntary contributions for more than 80% of its funding results in priorities set by the Organization not being adequately funded. In addition, hiring managers are limited by the conditions of voluntary funding agreements, which often specify that funds can only be used for activities and not to fund staff positions. Moreover, in cases where staff recruitment is foreseen in such agreements, the staff contract duration is limited by the duration of the agreement.

26. Furthermore, within the context of budget ceilings applied to budget centres at the beginning of each biennium, the level of availability of funds within a budget centre unit was often put forward by hiring managers as a deciding factor, given the cost-effectiveness and perceived cost-efficiency of outsourcing compared to recruiting staff. It was also noted that the Organization increasingly undertakes new initiatives without necessarily having adequate technical staff on board to undertake the resulting activities. In such situations, when projects are initiated on ad-hoc basis, without the necessary planning process to ensure the HR plan updates, it is difficult to hire staff in a timely manner, which jeopardizes/delays the implementation of the activities.

¹¹ [WHO budgeting and financing – a historical overview](#), (EB/WGSF/1/4).

27. WHO's commitment to strengthen its work at country level, a key focus of the GPW13, has yet to be met by increased financial resources for country offices resulting in a critical mass of staff at country level not being reached. Indeed one of the recommendations of the evaluation of WHO transformation (2021) was for the WHO Secretariat to *"invest dedicated attention – and resources – towards supporting country level transformation"* and that *"specific targets should be established for the number of positions increased (moved or newly created) in country offices"*.¹² In this vein, some key informants referred to the functional reviews that were performed in country and regional offices in certain WHO regions which provided details on critical staff positions that needed to be created but, due to lack of financial resources, have yet to be acted on in many cases.

Timeliness of delivery.

28. Time constraints and project duration were other important considerations, with outsourcing reported to be particularly efficient and effective in cases where technical expertise/assistance is required urgently, especially in the field, but there is no continuing need for this service.

HR considerations.

29. Finally, lengthy recruitment processes for hiring staff were reported as a significant dissuasion to choosing to hire staff rather than outsource work even in cases where it was clear that the work required was a core staff function. However, this was more the case for HQ respondents than in regional and country offices. Staff quotas assigned to budget centres and external recruitment freezes, themselves a result of funding gaps within the Organization, were also reported as additional frustrations of the recruitment process.

Box 3: WHO Health Emergencies Programme (WHE)

WHE relies heavily on consultants, particularly in times of crises, and the programme needs flexibility to rapidly deploy personnel on the ground in case of emergencies as part of its no-regrets policy.¹³ Globally, more than 1 000 emergency consultant contracts were issued in 2020-2021 for COVID-19 and other emergencies.

The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) commented on overly long recruitment processes¹⁴ and reported significant staffing gaps¹⁵ in the WHE Programme as of March 2021: 377 positions were vacant out of the total 1 583 planned, with country offices reported as having weak human resources capacity.

WHE benefits from the Contingency Fund for Emergencies (CFE) mechanism to rapidly hire and deploy personnel on the ground¹⁶ and, in 2019, General Contractual Services accounted for 34% of total CFE expenditure.¹⁷ Despite this mechanism, the IOAC has pointed to the lack of flexible and predictable funding of WHE as a key factor for its understaffing.

¹² [Evaluation of WHO transformation](#). Geneva: WHO Evaluation Office; 2021.

¹³ [Emergency response framework, 2nd ed.](#) Geneva: World Health Organization; 2017.

¹⁴ [Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, Looking back to move forward](#), (A73/10).

¹⁵ [Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme](#) (A74/16).

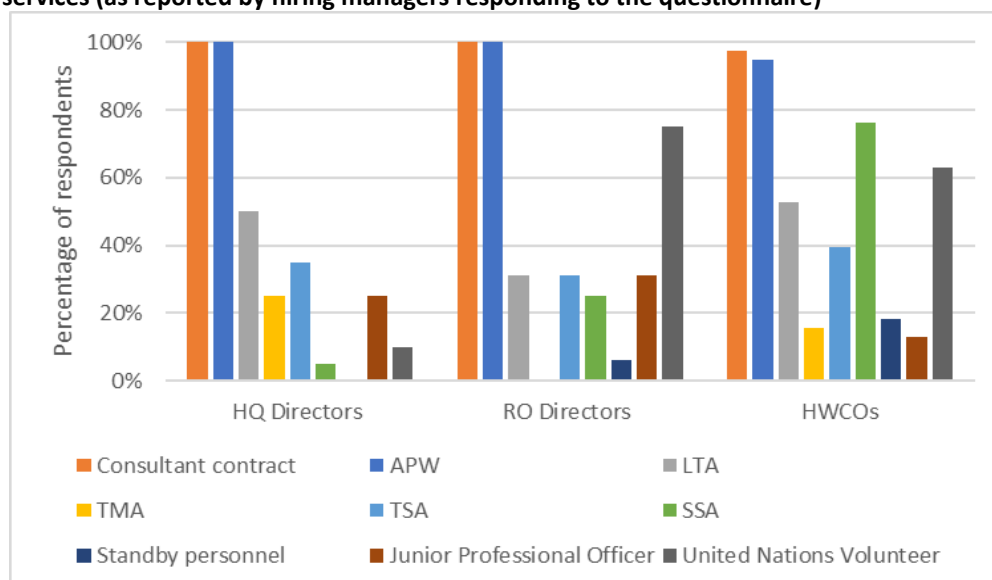
¹⁶ [WHO Contingency Fund for Emergencies, 2019 Annual Report](#). Geneva: World Health Organization; 2020.

¹⁷ [WHO Contingency Fund for Emergencies, 2019 Annual Report](#), Annex 2. Geneva: World Health Organization; 2020.

Extent of use of different contractual modalities

30. According to questionnaire responses from hiring managers at the three levels of the Organization, consultant and APW contracts are by far the most commonly used contractual modalities throughout the Organization, with country offices also using SSAs to a large extent (76% of respondents).¹⁸ The United Nations Volunteer contractual modality is also widely used in regional and country offices (see Figure 1).

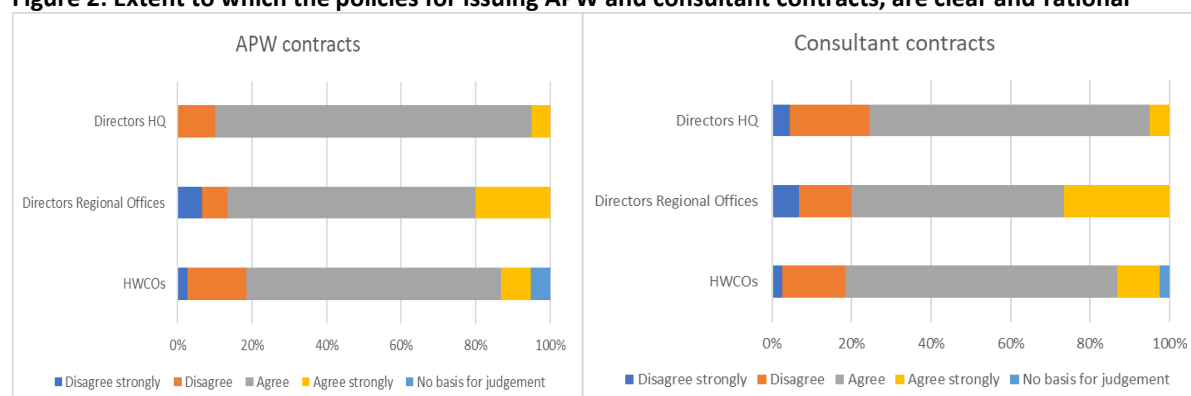
Figure 1: Extent of use of different types of contractual modality for external sourcing of services (as reported by hiring managers responding to the questionnaire)



Level of clarity of policies

31. The overall perception among hiring managers across the Organization who responded to the questionnaire (see Figure 2) was that the policies governing the outsourcing of expertise, as contained in the relevant sections of the eManual, are clear and rational, with a noticeably greater percentage of country office (19%) hiring managers disagreeing or disagreeing strongly in the case of APWs. With regard to the consultant policy, a significant 27% of HQ respondents considered that the policy is not clear and rational. Opinions were divided among other stakeholders.

Figure 2: Extent to which the policies for issuing APW and consultant contracts, are clear and rational



¹⁸ While some hiring managers from HQ and regional offices reported using SSAs, it is noted that an SSA is a contract between the Organization and a national or resident of a host country for use of his/her services on a specific national project or activity.

32. It is important to note that, while the data collection phase of this evaluation commenced at the end of August 2021, a revised version of the consultant policy was issued on 8 September 2021 and was still being assimilated at the time of data collection. The process of updating the consultant policy had been ongoing since 2016 as a result of the shift of the contract management of individual consultants from procurement to human resources, even though the contracts themselves are still processed through the procurement module of the GSM. While the revision process was reported to have included extensive consultation across the Organization, including regional HR colleagues, Staff Associations and oversight functions at HQ, key informants at regional level indicated they were not consistently involved in the revision process. The protracted nature of the revision process could have been a contributing factor.

33. The revised consultant policy seeks to enhance HR oversight of consultant contracts and promote a consistent and transparent application of the policy, while working on a staged implementation plan as the necessary operational systems are developed in the Organization.¹⁹ Provisions that were revised/added include: introduction of a revised maximum duration of consultant contracts; additional detailed provisions on issuance of nil-remuneration consultant contracts; updating of provisions/conditions for contracting; timely issuance of consultant contracts and fulfilment of requirements prior to issuance of the contract; and introduction of a revised Declaration of Interest (DOI) form for consultants.

34. As the revised consultant policy was still being assimilated during the data collection phase of this evaluation, confusion was expressed with regard to certain areas of the revised policy, particularly the maximum duration of consultant contracts and the distinction between on-site and off-site consultants. However, it was noted that updates to the consultant policy have been made since 8 September 2021 in order to provide further clarifications where it was deemed necessary (e.g. on the issue of off-site consultants who are requested to travel on behalf of the Organization). HRT has indicated that the eManual is the repository for all information with regard to the revised consultant policy.

35. Some key informants noted that, while the revised consultant policy states that “Until further notice, APW contracts to individuals may continue to be issued”, this practice has been very limited in many regional and country offices for the past few years, as the guidance received from HQ at that time was to discontinue their use; meanwhile, APW contracts with individuals continue to be widely used at HQ. The revised consultant policy states that APW contracts with individuals should be limited to the translation or editing of a document/publication; lay-out and graphic design work; and purchase of services of a local conference organizer for the logistics of a meeting or other event. It was noted that consultations are ongoing across the Organization on the exact conditions under which APWs with individuals can be issued.

36. Another area of ambiguity frequently mentioned by both key informants and through the questionnaire responses, relates to the interpretation of when it is more appropriate to use an APW contract with an individual or a consultant contract. In the opinion of oversight functions, the nature of the work to be delivered should drive the modality. From both questionnaire respondents and key informant interviews, the lengthy and relatively heavy administrative burden of the consultant contractual process compared to the APW process was a significant frustration, and hiring managers appreciate the flexibility offered by APW contracts, particularly in situations of urgent need. It was suggested that greater clarity in this regard would help to mitigate inappropriate use of both contractual modalities. The comparison table below (extracted from the eManual) presents the currently-defined distinction between consultant and APW contracts and staff appointments.

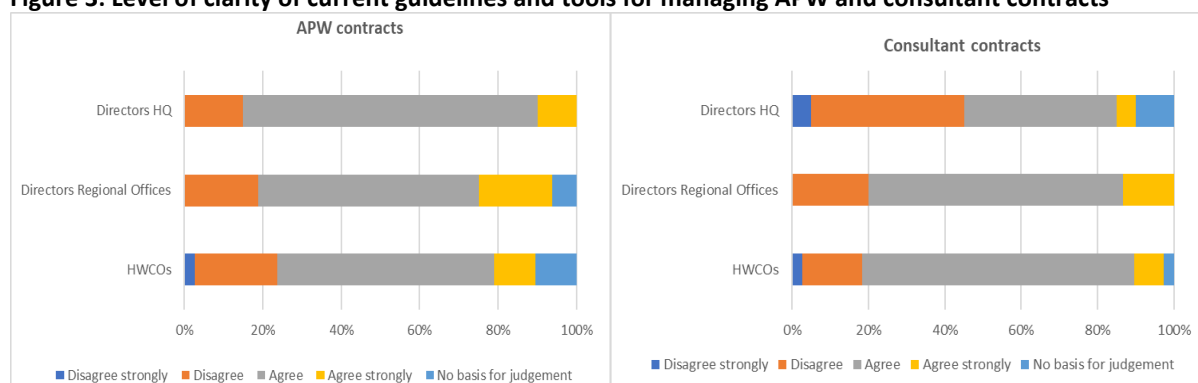
¹⁹ WHO Information note: 17/2021.

Table 1: Comparison table of different contract types

Contract type/ Criteria	Consultant	APW	Staff appointment
Category	Non-Staff	Non-staff	Staff Member
Duration	Maximum 22 months over a 24 months period	Not applicable as contract is product specific.	Refer to WHO eManual III.3.3
Type of services	Technical Advisory or Consultative capacity for specialized services	Deliver piece of work (specialized or non-specialized)	Staff functions cover technical/administrative/managerial/supervisory/executive/representative work
Technical guidance	Requires WHO technical guidance and oversight	Does not require WHO technical guidance and supervision	Requires WHO technical guidance and supervision
Remuneration	Daily, monthly or all-inclusive fixed sum/ maximum amount	All-inclusive fixed sum/ maximum amount	All applicable entitlements for staff appointment type
Travel	Work may require individual to undertake travel for WHO (additional living expenses/per diem, if applicable) but does not represent WHO in meetings.	Does not represent WHO in meetings nor undertake travel for WHO.	Work may require individual inter alia to represent WHO and undertakes travel for WHO.
Presence on WHO premises	Typically performs work off-site/home-based. Is not required to work on a regular visit) schedule in the same manner as staff members and may be required to work on premises (on-site) for a time limited period.	Does not work on WHO premises (except for occasional visit)	

37. In response to a question on the clarity of the current guidelines and tools for managing APW and consultant contracts, on the whole, the response from hiring managers who responded to the questionnaire was positive (see Figure 3), and in line with opinions on the clarity of the policies. It is noted that almost half of hiring manager respondents from HQ considered that the guidelines and tools for managing consultant contracts were not clear and nearly a quarter of HWCO respondents considered that the guidelines and tools for managing APWs were not clear.

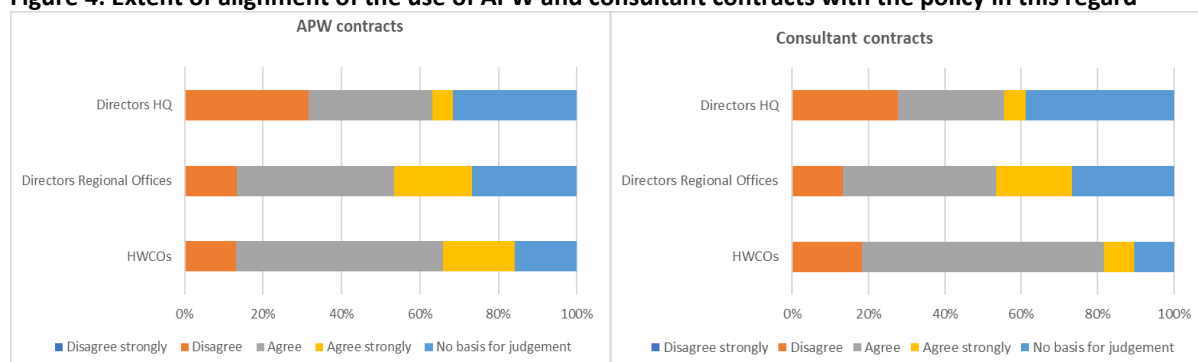
Figure 3: Level of clarity of current guidelines and tools for managing APW and consultant contracts



2.1.2 Level of alignment of practices with policies

38. When it comes to the level of alignment of practices with the policies, the overall perception varied across the Organization, as can be seen from the responses from hiring managers across the Organization who responded to the questionnaire (see Figure 4). HWCO respondents largely agreed or agreed strongly that alignment is complete, but for regional office respondents this sentiment was less widely shared, and even less so by HQ respondents. Most key informants and other questionnaire respondents were of the opinion that the modalities are used beyond their original intent.

Figure 4: Extent of alignment of the use of APW and consultant contracts with the policy in this regard



39. Most key informants highlighted the increasing tendency, in cases where budget centres are under-staffed, to contract consultants to carry out staff functions, which often also results in the maximum duration of a consultant contract, as foreseen in the policy, being overrun. From key informant interviews it was noted that this practice is more prominent in HQ and that regional offices were particularly vigilant to avoid inappropriate use of consultant contracts. Furthermore, the reported practices of consultants participating in the procurement processes of budget centres and consultants managing other consultants is not at all in line with the definition and purpose of the consultant contract mechanism.

40. Among the reasons for non-alignment of practices with policies provided by key informants include the fact that the needs at country level are very different to those at HQ. At times, there is work to be done which is clearly within the Organization's mandate but, due to a lack of appropriate available contractual arrangements for specific situations, such as working in security-compromised areas, APW contracts are issued to individuals in place of the more appropriate consultant contract because the necessary UN security clearance for such areas would not be provided to a consultant. While understanding the limitations of existing contractual modalities to address this particular situation, many key informants highlighted the Organization's duty of care to its entire workforce and the greater risk for the Organization in such situations.

41. A particular area of concern noted was the reported practice of recruiting interns as consultants, particularly in emergency situations. This is not in keeping with the intent of the

consultant contract as, by definition, a consultant is a professional, specialist, expert or recognized authority in a specific field. Therefore, while the need for career management and career pathways in WHO has already been highlighted in previous evaluations,²⁰ particularly in a context rejuvenating the workforce, it was noted that this practice sets a precedent that presents its own risks for the Organization. An interesting model of engaging younger early-career professionals is the Early Career Visiting Scientist (ECVS) contractual modality used in IARC. This modality accounts for about a third of the workforce and is based on the rules and regulations of the WHO Fellowship Programme but adapted to meet the needs of IARC. Through this modality the Agency attracts young researchers, including masters students, post doctorate students, visiting scientists and also senior visiting scientists, who come to IARC to acquire the professional skills needed to pursue their training and career path. The salary scale is similar to that of UN Volunteers. The advantage of this modality over an internship is that the duration can be from 1 month to a maximum cumulative duration of 5 years depending on the category.

42. Another practice commented by some key informants which is not in alignment with organizational policies was the situation where hiring managers issue successive lower value APW contracts to the same individuals in order to stay within threshold monetary values to avoid scrutiny in contracts.

43. For contracts above US\$ 25 000, requests for waivers of the normal competitive bidding processes for procurement of products or services (including APWs with individuals and companies) are considered on a case-by-case basis by the CRC at HQ and Directors of Administration and Finance in the regions, depending on the delegation of authority applicable in the regions.²¹ As mentioned in paragraph 21, separate procedures exist for emergency procurement of goods and services. The most common justifications provided for such waivers at HQ level include short timeframes provided to produce deliverables and the supplier's satisfactory previous experience with WHO. The CRC noted that at least 70% of the requests they received in 2018 and 2019 were for waivers and this figure is increasing. While this could suggest that budget centres are not allowing/being given sufficient lead time to conduct a competitive bidding process, it could also suggest that the currently available modalities and procedures are not responding adequately to the needs of budget centres.

44. Finally, some flexibility in interpretation of the policy due to extenuating circumstances was also noted, for example in cases where consultants who contract diseases (e.g. malaria) in the course of their work with WHO are exceptionally granted additional days no-cost extension if they are not able to complete the assignment within the duration of the contract.

2.1.3 Level of alignment of practices with WHO's strategic priorities

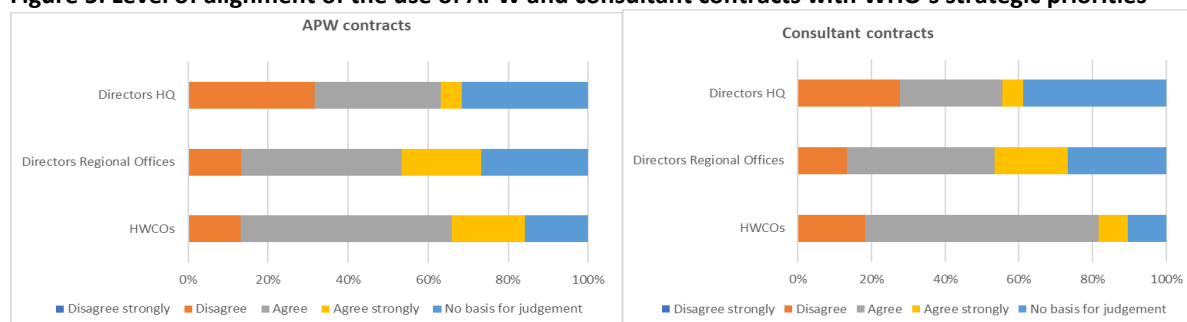
45. In response to a specific question on whether the use of APW and consultant contracts within the Organization is completely aligned with WHO's strategic priorities, questionnaire respondents from country offices were more positive than regional office or HQ respondents (see Figure 5). Overall, the opinion of key informants was also less positive in this regard.

²⁰ [Summative evaluation of the implementation of the WHO Geographical Mobility Policy during its voluntary phase](#).

Geneva: WHO Evaluation Office; 2019. [Evaluation of WHO transformation](#). Geneva: WHO Evaluation Office; 2021.

²¹ For individual consultants, waivers of the normal competitive bidding process are within the purview of Director, HRT, at HQ and the Director of Administration and Finance in the regions, depending on the delegation of authority applicable in the regions.

Figure 5: Level of alignment of the use of APW and consultant contracts with WHO's strategic priorities



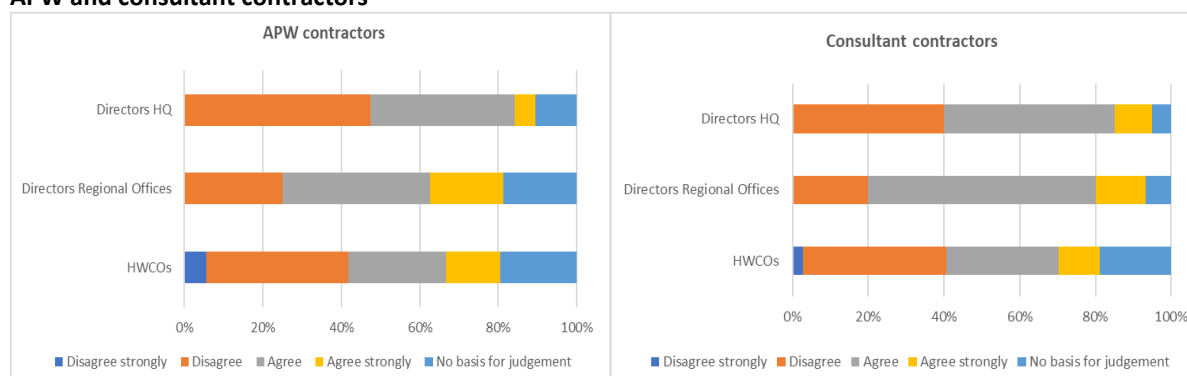
2.1.4 Gender balance and geographical diversity considerations

46. There is no specific mention of **gender balance and geographical diversity** considerations in the policies governing the use of consultants and APWs, apart from a condition in the consultant policy that “as far as possible, every effort should be made to select consultants from the widest possible geographical base and due regard shall be paid in selection process to the need for gender balance” and the mention that the procurement principle of effective competition should include “competition on as wide a geographical basis as practical and suited to market circumstances”.²² A common perception among key informants was that APWs with companies would be excluded from such considerations in any case.

47. The **procurement module in GSM** does not record data such as gender, age or nationality for contracts issued thus rendering a gender analysis of the use of such contracts impossible. It is widely hoped that these shortcomings will be taken into consideration in the design of the new enterprise resource planning system which is intended to replace GSM.

48. Among hiring managers who responded to the questionnaire, opinions varied as to whether **gender balance** considerations are taken into consideration in the selection process for APW and consultant contractors (see Figure 6) with at least 40% of hiring managers at HQ and HWCos disagreeing with this statement in the case of both APWs and consultant contracts). Most key informants considered that this is a work in progress and that more efforts need to be made in this regard, including in the area of emergencies where the gender imbalance among consultants and APW holders is historically more pronounced.

Figure 6: Extent to which gender balance considerations are taken into account in the selection process for APW and consultant contractors

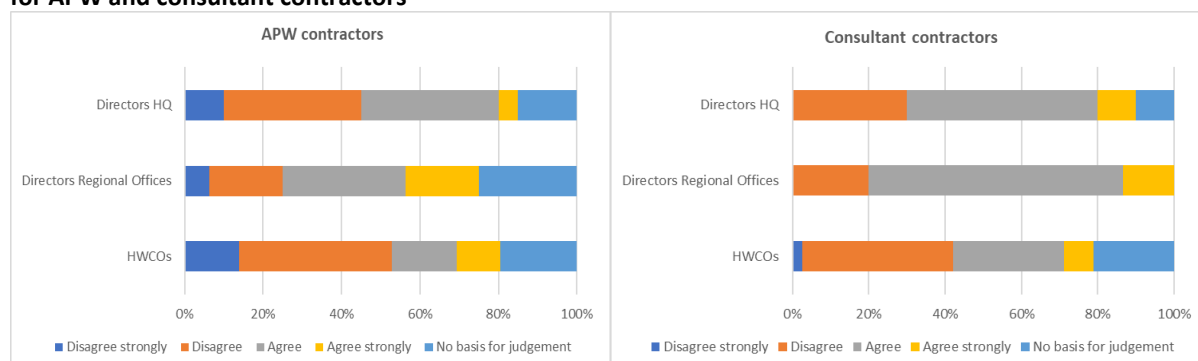


49. With regard to **geographical diversity**, here again the overall sentiment among HWCos respondents was that such considerations are not taken into account in the selection process for both contract types. This opinion was particularly strong in the case of APW contractors, with over half of the respondents disagreeing or disagreeing strongly, and this sentiment was also largely shared by

²² WHO eManual, [section VI.1.2 Principles of WHO procurement](#).

hiring manager respondents at HQ (see Figure 7). It was noted that geographical diversity is not always applicable in country offices as they often require local contractors due to language or local knowledge requirements.

Figure 7: Extent to which geographical diversity considerations are taken into account in the selection process for APW and consultant contractors



2.2 Level of alignment of WHO's practices of issuing APWs and consultant contracts with international labour practices within the UN system (relevance)

2.2.1 Extent of alignment of WHO's use of APWs and consultant contracts with international labour policies and practices within the UN system and associated challenges

50. As already mentioned, within the UN system, the issues and challenges surrounding the processes and practices for the external sourcing of expertise are not unique to WHO. Indeed, the JIU Review of the use of non-staff personnel and related contractual modalities in the UN system organizations (2014) found that the situation where organizations have a dual workforce, one with full rights and entitlements and another with no or limited entitlements, working in the same organizations was in line with neither international labour principles nor the values promoted by the United Nations.

51. In order to prevent inappropriate use of employment contracts at ILO, the Office introduced, since 2002, measures to ensure fair and equitable treatment in terms of appropriate remuneration and other working conditions of all persons employed by the ILO, regardless of their contractual basis, and to avoid creating situations whereby temporary employees are led to harbour expectations of continued employment in the Office without there being a reasonable prospect of that goal being realized. Given its mandate and the labour standards it seeks to promote, the ILO follows the principle of equal pay for work of equal value and does not employ any "non-staff" personnel. All personnel performing duties of regular and ongoing nature are employed under an employment contract (short term, fixed term or without limit of time) giving them the status of fully-fledged ILO officials. The Office also issues external collaboration contracts with individuals for purposes of performing a specific, well-defined task or one that is technical/advisory in nature for durations specified in the terms of reference.

52. UNDP recently overhauled its contractual modalities as part of its 2030 Agenda by introducing a new non-staff contractual modality in 2021 called the Personnel Service Agreement (PSA), which, going forward, is intended to replace the previous individual contractor and service contractor modalities. The new PSA contract enables a contractual relationship with rights and obligations on both sides, and individuals recruited through PSA have a range of benefits and entitlements.

53. UNICEF reported that it is also exploring the possibility of phasing out individual contractors in areas where such contractors perform temporary functions similar to those of staff and offering

them temporary staff contracts instead, thus acknowledging them as core personnel, despite some differences remaining in terms of benefits and entitlements.

54. Table 2 below provides an overview of the different types of non-staff service contracts used by other UN agencies consulted and the World Bank. A more detailed analysis is included as Annex 6.

Table 2: Types of non-staff service contracts in UN agencies and World Bank

Agency	Non-staff contracts with individuals (contract management by HR services)	Service contracts with companies (contract management by Procurement services)
ILO	External collaboration contract	Service contract
UN Secretariat	Consultant	Vendor contract
	Individual contractor	
UNDP	Personnel Services Agreement (International, national and partner)	Contract for goods and Services
UNFPA	Individual consultant	Contract for professional services
UNHCR	Individual consultant	Contract for the provision of services
	Individual contractor	
UNICEF	Consultant	Service contract
	Individual contractor	
UNOPS	Individual contractor	Service contract
WIPO	Individual contractor	Contract for the provision of goods and services
World Bank	Short-term consultant/extended-term consultant ²³	Goods and/or Services Contract

55. In most agencies consulted, contracts with companies (firms) are a procurement responsibility and contracts with individuals are a HR responsibility. One notable exception is the case of WIPO where, due to its particular financing rules, expenditures are either considered staff-related or pertaining to procurement of goods and services, resulting in the management of all external contracts, both with individuals and companies, by the Procurement and Travel Division. In this regard, WHO has a more fluid structure, with APWs with individuals as well as with companies being processed in the procurement module of GSM, and consultant contracts being managed by HR but processed in the procurement module of GSM.

56. Across the agencies consulted, the policies for contracting individual consultants are relatively similar in that consultants are considered experts in their field who are contracted to provide specific deliverables and for whom there is a fixed maximum contract duration. They should not carry out core activities of the organization and, in cases where benefits and entitlements are provided, they are not at the same level as those received by staff.

57. The equivalent of the APW contract type also exists in most other agencies consulted, with the distinction that these contracts are specifically for individual contractors, and separate contractual mechanisms exist for contracts with company contractors, whereas in WHO APWs are issued both to individuals or companies.

²³ Staff rules apply for both these contracts despite differences in benefits and entitlements compared to staff.

58. In addition, in most agencies consulted, the fee calculation is generally based on the complexity and level of technical specialization of the work/expertise required to complete the task. UNOPS negotiates fees directly with the individual contractor taking into account these factors, and UNICEF reported that consultant fees are based on the deliverables at comparable market rates and such assessment is made by the hiring office using the 'best value for money' principle.

59. Many agencies consulted also encourage the use of rosters to facilitate the outsourcing of services, with UNOPS using them extensively.

60. Most agencies consulted also noted the importance of having centrally-managed electronic platforms for the performance management of consultants and individual contractors but indicated that this is still an area that requires strengthening.

61. Some agencies consulted also contract individuals on behalf of partner UN entities for project-based work. While more expensive than direct contracting of individual contractors, this arrangement proffers the advantages of flexibility, adaptability, agility and speed with accurate financial predictability and cost efficiency.

- UNOPS offers Individual Contractor Agreements (ICAs) for the provision of services, which can take the form of (i) international ICA, (ii) local ICA specialist or (iii) local ICA support agreements. Short-term contracts can last for 1 hour to 3 months and longer-term contracts can be established without a pre-determined end date. Remuneration levels, benefits and entitlements can be customized to the partner's policies. UNHCR reported using this arrangement often – but not exclusively – to recruit contractors that are urgently needed on the ground to support interventions in refugee situations and work related to Refugee Status Determination as well as assistance to Governments. WHO is also currently availing of this service in order to be able to rapidly deploy staff on the ground in emergency situations in the Eastern Mediterranean Region.
- UNDP also offers its PSA model to partner entities whereby it engages non-staff personnel through the Personnel Service Agreement as a service to its client UN entities. This contractual modality is offered in two versions: international and national, both with home-based or office-based arrangements, as well as regular and retainer formats. Contract lengths can be anywhere between one hour and four years and are extendable beyond the four years, provided the type of functions and project-funding sources have not changed. Remuneration levels, benefits and entitlements are also customizable to the specific needs of organizations, their operating modalities and the nature of their work. UNDP also offers additional select services as part of its catalogue of HR services, both to individuals and to partner organizations.

62. At the UN level, discussions are ongoing at the High-level Committee on Management (HLCM) on the future of the United Nations system workforce.²⁴ The HLCM Task Force on the Future of the UN Workforce, was established in 2019 and is organized around three workstreams: contractual modalities, new ways of working and leveraging technology. The contractual modalities workstream has been looking into contractual modalities which would enable UN organizations to ensure they are prepared for the future and able to adapt and respond to changing environments/contexts. The aim is to explore additional staff contract modality/ies which would be complementary to existing ones, consider remote or virtual working situations and offer greater flexibility for UN system organizations to deliver against their specific business models and in line with programmatic needs, while considering the needs of a future workforce.²⁵ Discussions in the contractual modalities workstream have also been taking into account duty of care considerations, particularly for the UN workforce in the field.

²⁴ <https://unsceb.org/topics/future-work>.

²⁵ Progress Report of the CEB Task Force on the Future of the United Nations System Workforce, document CEB/2021/HLCM/6, 11 March 2021.

2.3 Specific contributions and added value of APWs and consultant contracts in relation to achieving WHO's results (effectiveness)

2.3.1 Extent to which the planned objectives and outcomes of WHO have been achieved by using APWs and consultant contracts

63. While the evaluation did not have a major focus on the outcomes of the use of consultants and APW contractual modalities given the lack of measurable data in this regard, there was general agreement on the part of all stakeholders consulted that the work produced under consultant and APW contracts contributes to the objectives and outcomes of WHO as identified in the GPW13, the biennial programme budgets and the CCSs/BCAs. They allow the Organization to access wider specialist expertise, bring innovative ideas, provide opportunities for capacity building in-house and also to strengthen capacities in-country and provide essential surge capacity, particularly in the field, for the Organization to complement its existing workforce as the scale and scope of its work continues to expand. Indeed, one regional office reported that consultants are often paired with National Professional Officers to build national capacity, which has the added advantage of reducing long-term reliance on consultants. These types of contracts are considered most effective when the ToRs are accurately defined, and the contractor meets the requirements of the ToRs and is actively managed by the responsible officer.

2.3.2 Extent to which WHO's use of APWs and consultant contracts has produced unintended outcomes

64. As already mentioned, funding constraints due to a high dependency on voluntary funds and internal considerations such as budget ceilings, staff caps and lengthy staff recruitment processes all result in greater reliance on outsourcing. The majority of key stakeholders highlighted the increasing tendency, in cases where budget centres are under-staffed, to contract consultants to carry out staff functions, which often also results in the maximum duration of a consultant contract, as foreseen in the policy, being overrun. Key informants across the Organization noted that this practice is particularly prominent in HQ, where the greatest concentration of on-site consultants is located. One regional office reported being particularly vigilant in managing consultants' expectations by providing clear guidance to consultants on the terms of their contract at the onboarding stage. Apart from building expectations among consultants of continued employment that often do not materialize, consultants in this situation consider themselves part of the hidden workforce of WHO, with no due recognition for their contribution to the Organization, and no entitlements (e.g. annual, sick, parental and compassionate leave) or benefits (e.g. medical insurance coverage and pension fund participation) that staff enjoy, despite working on extended contracts. In addition, the frustration caused by such precarious situations can detract consultants from providing the best possible expertise to WHO.

65. Another unintended outcome of the use of APWs and consultant contracts was the common concern expressed by both key informants and through questionnaire responses that there is a significant risk to the credibility, capacity and utility of Organization as a result of ineffective internal control systems with regard to background checks, due diligence as regards CVs and declarations of interest, and the performance monitoring and appraisal processes in the case of both consultant and APW contractors. In addition, despite the fact that consultants and APW contract holders are not legally authorized to represent WHO towards external parties, they are nevertheless labelled "WHO staff" and therefore there is need to ensure their knowledge of, and compliance with, WHO's policies²⁶ as they are "representing" WHO, and this is particularly important in the field. A revised Declaration

²⁶ Both consultants and APW contractors are required to comply with WHO's policies, which means collectively (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy on Preventing and Addressing Abusive Conduct; (iii) the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; (iv) the WHO Code of Conduct for Responsible research; (v) the WHO Policy on Whistleblowing and Protection Against Retaliation; and (vi) the UN Supplier Code of Conduct.

of Interest form was introduced with the recent revision of the consultant policy with the intention of strengthening this aspect, but the responsibility remains with the hiring unit to assess the veracity of the information contained in the Declaration of Interest form, in consultation with CRE if necessary. Key informants noted, however, that such checks are not systematically conducted at any level of the Organization, either for reasons of lack of time or due to unfamiliarity with the process. In recognition of this gap, it was noted that CRE is considering developing communication material to support staff learning and understanding of the policy and procedures in relation to due diligence.

66. In its report to the 146th session of the Executive Board in January 2020, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme cautioned that the heavy reliance on external sourcing of expertise for emergency deployment could pose potential risks for the Organization on the subject of sexual harassment and sexual exploitation and abuse.²⁷ Furthermore, one of the recommendations of the report of the Independent Commission on Allegations of Sexual Exploitation and Abuse during the Response to the 10th Ebola Outbreak in the Democratic Republic of Congo, was to *“make the successful completion of a knowledge test on prevention and response to sexual exploitation and abuse a prerequisite for the deployment of staff to emergency areas, whether they are staff of the organisation, consultants, contractors or other service providers”*.²⁸ Training on the prevention of sexual exploitation and abuse and sexual harassment has been mandatory for all WHO staff since 2018 and this is currently being extended to all members of the WHO workforce.

67. Another unintended outcome mentioned across all stakeholder groups was that over-reliance on external sourcing of expertise inevitably leads to an institutional knowledge gap in the Organization. Linked to this, confidentiality and ethics concerns in the area of norms and standards were also highlighted through the questionnaire responses. Stakeholders considered that, as a knowledge-based organization, WHO needs to ensure a healthy balance between in-house knowledge and outsourcing flexibility. However, the high rotation due to low job security among non-staff contractors results in the Organization losing high-performing individuals with the loss of knowledge that ensues.

2.3.3 Areas of particularly higher and lower effectiveness of using APWs and consultant contracts in WHO

68. Hiring managers and other questionnaire respondents across the three levels of the Organization considered that APW and consultant contracts prove to be particularly cost-effective means of acquiring external expertise without incurring any long-term commitments. The flexibility in contractual arrangements and agility afforded by both contract types was appreciated. It was however noted that, while the procedure for issuing APWs is considered straightforward, the administrative procedure for contracting consultants was considered to be significantly more cumbersome, and they can be more costly than APWs when travel and per diem considerations are included. There was nevertheless appreciation of the fact that some revisions to the consultant policy have simplified processes, for example an outreach or competitive selection process is no longer required for any contract or series of cumulative contracts with the same terms of reference, which is issued by the same technical unit for up to 3 months. It was also noted that HRT aims to streamline the process through using Stellis as the platform for approvals as opposed to the lengthy approval process that previously existed in the eWorkflow. However, many key informants and questionnaire respondents expressed concern as to whether Stellis was a sufficiently robust platform to be able to cope with this process on an Organization-wide level. An audit of the recruitment process through Stellis, conducted by IOS, was ongoing at the time of data collection.

²⁷ [Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, Public health emergencies: preparedness and response \(EB146/16\)](#).

²⁸ [Independent Commission on the review of sexual abuse and exploitation during the response to the 10th Ebola virus disease epidemic in DRC, 2021](#).

69. Despite the acknowledged cost-effectiveness of such contracts compared to staff recruitment, areas of ineffectiveness were noted at all stages of the contracting process.

70. There were several comments from across the Organization proposing greater delegation of authority (DOA) to budget centres for the contracting of external expertise with the associated responsibility, as it was felt that this DOA exists in principle but is not effective in practice, as demonstrated by the existence of lengthy clearance processes, particularly for consultant contracts. It was also noted that if ADGs are properly informed and empowered to review the structures of the Departments for which they are responsible, this would help avoid the inappropriate use of the different contractual modalities. One regional office commented that DOA needs to be simultaneously accompanied by increased HR capacity to properly manage the recruitment process, as exemplified during the COVID-19 pandemic.

71. A particular concern for country offices with limited budgets, was that, due to inadequate financial resources, outreach processes were often ineffective as it was not always possible to recruit the best experts as budget constraints prevented them from offering the best terms compared to market prices, thus compromising the quality of WHO's work. Also, the limited HR capacity in many country offices was also considered to be a contributing factor due to unfamiliarity with outreach and screening processes and preparation of selection reports.

72. While several questionnaire respondents from regional offices and country offices cited the rigorous selection process for contracting consultants as a positive, other key informants considered that the limited control over the selection process can lead to inappropriate use of different contractual modalities and fast tracking which can then compromise checks and lead to hiring of the wrong people. The selection process for contracting individual APW contractors was considered by some key informants to be less effective as no clear guidelines exist on how hiring units should evaluate candidates and there are no systematic internal controls in place.

73. Another area of low effectiveness reported by most key informants is the lack of a streamlined process for background checks and due diligence as regards CVs and declarations of interest in the case of both consultant and APW contracts. This responsibility falls on the hiring unit but in practice it is not being applied in a systematic or effective manner at any level of the Organization when hiring contractors and this presents a significant risk for the Organization. It was also noted that there is no blacklist system in place that can be shared across the Organization.

74. The performance monitoring process for both consultants and APWs was considered by most key informants to be ineffective and inconsistent across the three levels of the Organization. The performance evaluation is considered merely as an administrative requirement which does not provide enough evidence to evaluate the technical capacity of the consultants and APW contractors. There is no Organization-wide repository for performance assessments and the general sense among many key informants and questionnaire respondents was that Stellis was not suitable to become the repository for this information on an Organization-wide level in its current configuration. Stellis was introduced as a recruitment platform and was not intended as a system for performance management but, with the introduction of the revised consultant policy, is providing an interim solution in this regard. Indeed, as indicated in Information Note 17/2021, it is recognized that the operational systems required to facilitate the implementation of the revised consultant policy are not yet in place and, as a result, the policy is being implemented in a staged manner across the Organization.

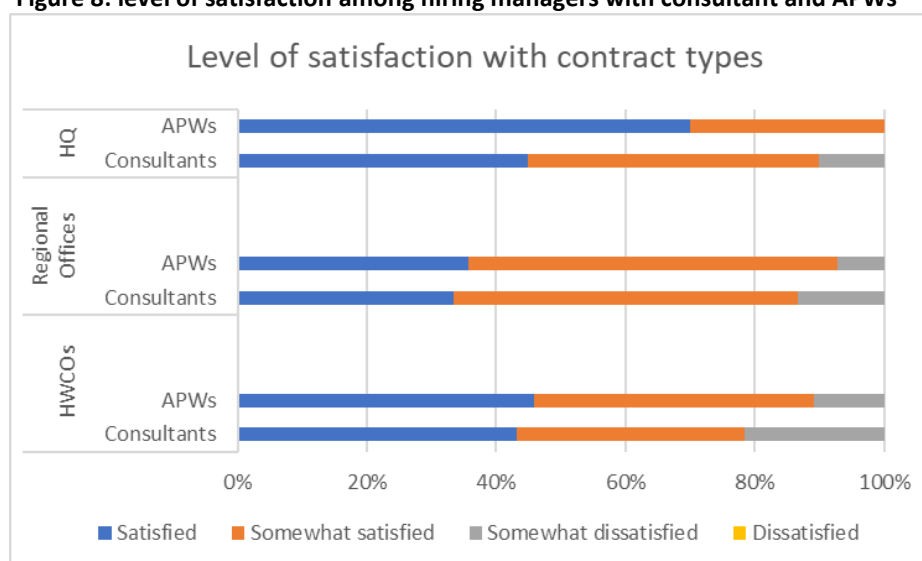
2.4 How efficiently has WHO been using the APWs and consultant contracts to achieve its results? (efficiency)

2.4.1 How successfully has WHO delivered services using APWs and consultant contracts in a timely manner?

75. As mentioned in the previous section, it is quicker to outsource work than to recruit staff. In 2020, the average time to recruit a staff member was 126 days (with a range of 36 to 216 days).²⁹ That said, lengthy processes for contracting consultants as opposed to issuing APWs was reported to often lead to inappropriate use of APW contracts, which are quicker to process.

76. Most questionnaire respondents and key informants considered APW and consultant contracts to be an efficient means of obtaining specific deliverables in a defined amount of time and appreciated the speed with which these contracts can be processed compared to staff contracts, particularly if rosters are used. Hiring managers across the Organization that responded to the questionnaires reported that their overall level of satisfaction with each contractual modality was high, with the vast majority of respondents either declaring themselves to be somewhat satisfied or satisfied (see Figure 8 below). It is noted that the level of satisfaction with APWs is greater at HQ (70%) than in the regional and country offices, which could be explained by the fact that regional and country offices have to a large extent ceased using APWs for contracting individuals, while HQ continues to do so.

Figure 8: level of satisfaction among hiring managers with consultant and APWs



77. A few questionnaire respondents considered that there are advantages to contracting institutions over individuals as institutions provide the security of having a team to support the work. Others considered that institutions limit diversity and their fees are generally based on market rates so can be very expensive. Hiring managers generally consider the band ranges to be a useful guide but perhaps not adequate to attract the best global expertise, especially in the area of IT. Hiring managers also appreciate the possibility to negotiate fees in APWs with individuals but there is a sense that, in the absence of clear remuneration guidelines, rates are inconsistently applied across the Organization. Some hiring managers nevertheless consider that contracts with institutions are also long and tedious to administer.

78. Some key informants and questionnaire respondents suggested that the Organization should also consider greater use of existing staff resources through temporary assignments to other duty

²⁹ [Human resources: annual report, Report by the Director-General](#) (A74/25).

stations where there is a need for surge capacity. However, WHE reported that its internal surge roster for staff within the Organization who are willing to be deployed in the case of emergencies faces significant challenges in ensuring ongoing maintenance and they face regular reluctance on the part of supervisors to release staff for this purpose as the supervisors then face difficulties in replacing those staff that are deployed for the emergency.

79. As alternatives to using consultants and/or APW contracts, one region indicated a desire to use UNVs more extensively as they represent a highly-skilled workforce despite their limited years of experience. Some regions also highlighted the potential of working closely with WHO collaborating centres in their region (through long-term agreements for example) or of using regional hubs more extensively, and the experience of one region in creating Multi-Country Assignment Teams has significantly contributed to bringing diversity, inclusion and rapid support to country-level operations when needed and has also been an efficient and effective way to build country capacity in the long-term.

2.4.2 Efficiency gains of using APWs and consultant contracts in WHO

80. In 2020, the *contractual services* category was the second-largest category of expenses for the Organization (representing 28% of total expenses or US\$ 986,1 million) and reflected the cost of contracts with experts and service providers who support the Organization in achieving its planned objectives. The main components of this category are *direct implementation* (activities such as vaccination campaigns implemented by WHO in collaboration with national governments), representing US\$ 246 million and *contractual services - general* (agreements for performance of work for outsourcing professional services, outreach activities, construction services, programme-related operating costs, etc.) representing US\$ 575,3 million (see Table 3 below).³⁰ Some of the most commonly procured services include international and local consultants, conference organizing, project management, IT services, evaluation services, translation, editorial and proofreading services, training and development, and transport, warehousing and storage.³¹

Table 3: Extract from WHO Audited Financial Statements for the year ended 31 December 2020³²

Description	31 December 2020	31 December 2019
	US\$ thousands	
Direct implementation	246 042	300 768
Contractual services general	575 317	543 633
Consultants and research contracts	34 742	39 265
Special service agreements	82 363	76 569
Security and other costs	26 743	28 087
Services in-kind	20 919	
Total contractual services	986 126	988 322

81. Several WHO contractual modalities for the acquisition of services fall under the overarching category of *contractual services - general*, the most commonly used being long-term/tailor-made agreements (39% of total expenditure under this category in 2020), APWs (31% in 2020) and consultants (20% in 2020).³³ This includes contracts both with companies and with individuals.

³⁰ [Audited Financial Statements for the year ended 31 December 2020](#) (A74/29).

³¹ <https://www.who.int/about/finances-accountability/procurement/what/en/>.

³² [Audited Financial Statements for the year ended 31 December 2020](#) (A74/29).

³³ 2020 Audited Financial Statement supporting figures provided by FNM 30 July 2021.

82. According to the 2020 WHO procurement report,³⁴ in 2020 procurement of services accounted for 48% of total procurement. The breakdown of costs between consultants and APWs and between APWs with companies and APWs with individuals is not provided in this report.³⁵

83. As can be seen from Table 4 below, which reflects the information from HR Workforce Data reports which are presented on a 6-monthly basis to the governing bodies, data from 2018-2020 show that the number of consultants and individuals holding APWs in WHO grew from 997 full-time equivalents in 2018 to 1674 in 2020, representing an increase of approximately 68%. During the same period, the number of individuals holding APWs increased from 4581 in 2018 to 4694 in 2020 (reaching 5153 in 2019) and the number of individuals holding consultant contracts increased from 3004 in 2018 to 4329 in 2020 (reaching 4391 in 2019). Each individual APW or consultant contract holder can have more than one contract during the year. The growth in the overall number of consultants and individuals holding APWs is significant when compared to WHO staff data: as at 31 December 2020 the total number of WHO staff members was 8447,³⁶ an increase of about 6% compared with the total as at 31 December 2018 (7958)³⁷ compared to the 68% increase in use of consultant and APW contracts with individuals.

Table 4: Number of individuals holding other contractual arrangements, by major office (2018-2020)

Major Office	Agreement for performance of work						Consultants					
	N° individuals holding other contractual arrangements			Estimate of full-time equivalents*			N° individuals holding other contractual arrangements			Estimate of full-time equivalents*		
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
Headquarters	1493	1715	1834	178	202	268	1169	1459	1513	303	383	485
Africa	481	656	498	33	43	31	586	1091	840	95	418	316
South-East Asia	545	537	312	50	48	22	92	212	220	16	44	43
Europe	1288	1445	1052	61	72	57	405	514	746	72	95	134
Eastern Mediterranean	528	555	758	48	57	61	472	609	480	68	84	82
Western Pacific	246	245	240	18	20	22	280	506	530	54	109	153
Total	4581	5153	4694	389	442	461	3004	4391	4329	608	1133	1213

* Estimated by dividing the total cost by the WHO Consultant Band B maximum daily rate of US\$ 540 and then dividing by 240 working days, which is assumed to be the amount of days worked by one full-time equivalent

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84. While the COVID-19 pandemic slowed the delivery of planned country-level public health activities in 2020, the response to the pandemic resulted in increased contractual services expenditures, and this increase was highest at HQ.⁴⁰ WHO HQ issued about 58% of the full-time equivalents of APW contracts with individuals during 2020 (N=268). About 40% of the full-time equivalents of consultant contracts were issued by WHO HQ (N=485), with the WHO African Region accounting for 26% (N=316), and the WHO Regions of the Western Pacific, Europe, Eastern Mediterranean, and South-East Asia accounted for the remaining 34% (N=153, 134, 82 and 43 respectively).⁴¹

³⁴ [WHO Procurement Report 2020](#). Geneva: World Health Organization; 2021.

³⁵ It was noted that, as at 12 July 2021, five consulting firms alone accounted for agreements for a value of US\$ 16.5 million in the 2020-2021 biennium (source: GSM).

³⁶ This includes staff in special programmes and collaborative arrangements hosted by WHO. It does not include staff working with PAHO, IARC or any agencies administered by WHO.

³⁷ [Human resources: annual report, Report by the Director-General](#) (A73/21).

³⁸ [Human resources: annual report, Report by the Director-General](#) (A73/21).

³⁹ [Human resources: annual report, Report by the Director-General](#) (A74/25).

⁴⁰ [Audited Financial Statements for the year ended 31 December 2020](#) (A74/29).

⁴¹ [Human resources: update](#), Workforce data as at 31 December 2019, Annex to A73/21, Table 20, p.24.

2.4.3 Areas of higher and lower efficiency in using APWs and consultant contracts

85. The advantages of using rosters in terms of having a pool of pre-selected candidates, and for continuity and institutional memory, is encouraged across the Organization and was widely recognized among key respondents. They are nevertheless reported to be used to varying degrees of success across the Organization due to the fact that a considerable amount of time and effort is required to maintain them. The Polio Eradication Programme has a particularly efficient roster and performance monitoring and evaluation system (see Box 4). WHE has internal and external rosters and also uses partner rosters to recruit GOARN experts and Standby Personnel. However, it was noted that its internal surge roster for staff within the Organization who are willing to be deployed in the case of emergencies is less efficient as supervisors are reluctant to release staff, particularly for multiple deployments, as this in turn results in staff shortages for them. Some guidance on building and managing rosters is included in the eManual, but many stakeholders considered that more capacity building in the development and maintenance of rosters would be useful.

86. Other areas of lower efficiency cited by stakeholders stem from the absence of the necessary systems to conduct the processes in a more efficient manner, such as a harmonized Organization-wide approach to background checks/due diligence and a central platform for performance monitoring; insufficient familiarity of outreach and screening processes among HR staff in country office teams; and insufficient HR capacity in teams, particularly at regional and country level, in order to ensure that the appropriate contractual procedures are followed in the most efficient manner.

Box 4: Polio Eradication Programme – a good model for roster and performance management

The Polio Eradication Programme maintains a large-scale roster (1000+) to support immediate deployment of epidemiologists, communications experts, logisticians and data managers in the field to support polio campaigns when required. Other expertise areas are included when necessary. Each year Polio deploys between 70-90 consultants around the world, but mainly to the African and Eastern Mediterranean regions. The polio roster started on an Access database, but was moved to an online WHO platform (EXPERT) in 2014. The EXPERT roster includes pre-screened candidates for international non-staff consultancies suggested for country and regional offices' consideration and selection. The EXPERT makeup is mainly sourced from 'Stop Transmission of Polio' (STOP) alumni.

The STOP Programme (a joint CDC-WHO venture for over 20 years) recruits and deploys about 250 STOP field consultants for 11 month missions per year. Several thousand applicants apply for STOP each year. Selected STOP consultants have at least 5 years of experience in their field of expertise and go through a rigorous screening process and interview. First-time STOP consultants attend a 2-3 week in-person training in Uganda before being deployed to the field. The STOP training includes focus on how to conduct polio campaigns, surveillance on polio and other vaccine preventable diseases, administrative challenges, conduct expectations, security, and prevention of sexual abuse, exploitation and harassment. The STOP alumni are added to the international consultants roster (EXPERT) which includes an assessment of expertise and performance evaluations of each STOP mission.

The Polio Programme also maintains a robust performance monitoring and evaluation system for all consultants it contracts. Polio requests and stores performance evaluations of all international consultants and STOP consultants since 2014. Final payments are not made unless performance evaluations and mission reports have been submitted. Based on deployment feedback, consultants are rated as top, average or low performers with additional triangulation completed when required.

Since January 2019, two online trainings on prevention of sexual exploitation and abuse and prevention of sexual harassment have been mandatory for all paid polio consultants and STOP consultants. New training certificates were initially required every three years. Since the publication in September 2021 of the Report of the Independent Commission on the review of sexual abuse and exploitation during the response to the 10th Ebola virus disease epidemic in the Democratic Republic of the Congo, the requirement was changed to yearly. Consultants also complete other non-staff mandatory trainings.

2.5 Main internal and external factors influencing WHO's ability to use APW and consultant contracts, in the most relevant, effective and efficient manner possible (cross-cutting)

2.5.1 Main internal factors enabling and inhibiting WHO's ability to use APWs and consultant contracts in the most relevant manner possible

87. The policy provisions on APWs and consultant contracts, which offer hiring managers an option for a more flexible and agile workforce, were considered a significant enabling factor by all key stakeholders.

88. However, the majority of stakeholders also noted that, while the flexibility and agility offered by these contractual modalities is considered essential in order to be able to rapidly respond to the different needs on the ground, particularly in emergency situations, it is of equal importance to ensure appropriate oversight at all stages of the process and manage the associated risks.

89. Many stakeholders across the Organization considered that the administrative procedures were too cumbersome, particularly in the case of consultant contracts. Hiring managers reported losing good consultants to other agencies/organizations because they recruit faster and offer better fees than WHO.

90. Responding to a recommendation in the 2015 Audit report on the use of APWs at HQ, and as part of the implementation plan of the Procurement Strategy (April 2015) the Supply Department developed a Procurement Training Strategy that included the development and release in 2019 of a mandatory Global Procurement Training Programme.⁴² The purpose of this programme, which covered both the procurement of goods and services, was to increase awareness among staff members of the risks and responsibilities pertaining to each activity undertaken, and to train them in risk mitigation with the aim of rendering the procurement process more compliant and efficient. Four groups were identified according to their respective roles in the procurement process: technical/medical officers as owners of the content, purpose and expected impact; administrative staff; quality check officers; and managers, who are ultimately accountable for the entire process. Completion of this programme was a mandatory prerequisite for administrative staff to have access rights to enter contracts in the procurement module in GSM but it was not made mandatory for approvers.

91. Despite these efforts, many key informants and questionnaire respondents considered that there is insufficient training of both hiring managers and support staff on the appropriate use of the different contractual modalities available to the Organization and the various steps in the contractual procedure, including the preparation of good terms of reference and selection reports. Some regional offices prepared guidelines for managers on the formulation of terms of reference and organized training for staff on how to issue and manage contracts and they reported that the clarity and quality of the processes improved greatly as a result of these initiatives, resulting in consultant requests now being cleared more quickly by regional HR colleagues.

2.5.2 Main external factors enabling and inhibiting WHO's ability to use APWs and consultant contracts in the most effective manner possible

92. As already mentioned, the main external inhibiting factor was found to be the funding structure of WHO and the lack of predictable, flexible and sustainable financing, coupled with restrictions in donor agreements which has led to budget centres having great difficulty in ensuring sufficient levels of funding to enable recruitment to staff positions. Additionally, lengthy recruitment

⁴² [WHO Procurement Strategy](#). Geneva: World Health Organization; 2015.

processes for staff contracts have further affected the ability of budget centres to deliver on their workplans and resulted in them resorting to external sourcing of expertise to fill the gap.

93. Furthermore, again due to inadequate financial resources, countries, regions and HQ report not always being able to offer the best contractual terms in order to recruit the best experts which compromises the quality of WHO's work.

2.5.3 Extent to which WHO has monitored the performance of APW contract holders and consultants, learned from this information and knowledge and fed these sources of learning into improved policies and practices

94. The majority of hiring managers attested to having a system in place for monitoring and reporting on the performance of APW holders, but, while informal meetings and progress updates are reported to occur, the assessment would seem to be limited to monitoring timelines and the quality of deliverables as payment is made upon receipt of deliverables. There is a function in GSM whereby a performance report is required for APW contracts with companies above US\$ 50 000, but this performance reported is not considered to be detailed enough to provide a useful assessment. While APWs offer the advantage of not requiring direct supervision, some hiring managers considered this a disadvantage as they report no control in shaping the end product. In addition, as payment is on receipt of deliverable, hiring managers also reported that there are no incentives to complete performance assessments for APW contractors as they have no impact on payment.

95. Likewise, most hiring managers also have a consultant performance system whereby a consultant performance evaluation form is required to be completed by the hiring manager at the end of the assignment and which may also be accompanied by a report that would trigger final payment release. Again, it is considered that the level of detail required in this report is not sufficient to enable an evaluation of the technical capacity of the consultant. Some hiring managers reported having regular contacts with their consultants and/or that achievement reports are provided by consultants on a regular basis.

96. Despite the existence of performance reports at hiring unit level, audit reports confirm that they are not systematically checked at any level of the Organization and their effectiveness depends on the rigour of the hiring unit.

97. In addition, many key informants, and in particular regional offices, regretted the lack of an Organization-wide performance monitoring system which would also assist in ensuring that low performing contractors from one region would not be inadvertently recruited in another region. It was noted however that any such system should ensure the necessary level of privacy.

3. Conclusions

98. The external sourcing of expertise in WHO is increasing over time and non-staff contracts account for a significant proportion of the total workforce. As the scope of work of the Organization has evolved from a predominantly normative role to taking up a leadership position on global health issues, including the international response to outbreaks, crises and emergencies, the deliverables expected of the Organization have significantly increased. Due to limited human resource capacity, particularly at country and regional levels, the Organization relies heavily on outsourced expertise, particularly during protracted emergencies and humanitarian crises, to respond to countries' needs in a timely and efficient manner.

99. In many cases, the external sourcing of expertise is associated with the existing workload and inadequate staffing levels in critical programmatic areas. This lack of available technical capacity within the Organization has also been due to the Organization's funding model – the lack of predictable, flexible and sustainable financing and the Organization's high dependence on voluntary contributions compromises the full implementation of the biennial workplans and the CCSs/BCAs. The financial constraints under which many budget centres operate result in them opting for cheaper outsourced short- or medium-term contractual arrangements rather than the more sustainable long-term solution of recruiting staff. Finally, in cases where funds are available to recruit staff, the longer recruitment procedure for hiring staff as compared with the timeliness of delivery under outsourcing arrangements serves as another significant dissuasive factor.

100. While the Organization uses many different non-staff contracts to outsource services (including long-term agreements, tailor-made agreements, technical service agreements for research activities and other contracts which are managed by external entities such as standby Personnel, Junior Professional Officers and United Nations Volunteers), consultant and APW contracts are the most commonly-used of such modalities.

101. Consultant and APW contractors contribute to the objectives and outcomes of WHO by virtue of the fact that they enable WHO to access wider specialist expertise than that available in-house and bring innovative ideas to the Organization, providing opportunities for capacity building and essential surge capacity when needed. They have also proven to be a very cost-effective and efficient means of acquiring temporary specialist expertise for the purpose of providing specific deliverables.

102. A revised version of the WHO consultant policy, which had been under review for some 5 years, was issued on 8 September 2021, and its contents were still being assimilated by staff during the data collection phase of this evaluation. This revised policy provides clarification on certain aspects, for example maximum duration of consultant contract and the difference between on-site and off-site consultants. However, the interpretation of when it is more appropriate to use an APW contract with an individual or a consultant contract remains an area of ambiguity. Opinions are divided as to whether APW contracts should continue to be issued to individuals or if they should just be issued to companies (firms). The flexibility offered by this type of contract and the rapidity with which they can be issued is appreciated by many hiring managers and, if appropriately used and effectively managed, this contractual modality can effectively and efficiently respond to a recognized need.

103. Although gender balance and geographical diversity considerations are mentioned in the policies for contracting consultants and APWs, there is no evidence that this is consistently applied. Furthermore, the procurement module of GSM does not register such data and there are strong expectations that the new enterprise resource planning system that will replace GSM will address this issue.

104. Overall, the policies and associated guidelines for issuing consultant and APW contracts are considered to be clear and rational. However, the policies are not being implemented in a uniform manner across the Organization and both consultant and APW agreements are being used beyond

their original intent. While the flexibility and agility that both agreements allow compared to staff contracts is appreciated across the Organization and indeed necessary, given the fact that needs in countries differ greatly to those at other levels of the Organization, this flexibility is sometimes pushed to its limit, for example in cases where individuals are contracted on APW contracts to conduct work that would not be possible under a consultant contract due to UN security restrictions.

105. Where the flexibility oversteps the limit is when consultants are contracted to perform functions of staff members of the Organization, and this for extended periods of time, which could eventually lead to the Organization losing oversight of core functions and services if they are increasingly transferred to a temporary workforce. Such situations lead to the formation of two parallel workforces with different rights and entitlements and result in significant frustration, causing tension and low morale among the workforce. These consultants consider themselves part of a hidden workforce that does not benefit from fair and equitable treatment for similar work in terms of appropriate remuneration and other working conditions of staff. Furthermore, the precarious situation in which these consultants find themselves can detract them from providing the best possible service to WHO.

106. Although initiatives to rejuvenate the workforce are to be encouraged, care needs to be taken to avoid practices such as the recruitment of interns or individuals at the start of their careers to consultant positions as this runs counter to the definition of a consultant as a “professional, specialist, expert or recognized authority in a specific field”. On the subject of developing career paths, the ECVS modality, although specific to IARC is a concept worthy of further consideration.

107. While budgetary and staff head-count restrictions result in budget centres outsourcing work in order to deliver, the Organization has a duty of care to its entire workforce and situations where contracts are used in an inappropriate manner expose the Organization to significant risks. Similarly, ineffective internal control and performance monitoring systems for both consultant and APW contracts can jeopardise the credibility, capacity and utility of the Organization, especially as such contractors are associated with the Organization, particularly in the field, even though they have no legal authority to act on behalf of WHO.

108. Of significant concern also is the institutional knowledge gap in the Organization as a result of the over-reliance on external sourcing of expertise. The high rotation of non-staff contractors due to low job security ultimately means that the Organization is not able to reach the critical mass necessary to ensure long-term support, thus compromising the quality of WHO’s work and its results.

109. Moreover, many country offices with smaller budgets have difficulty in attracting the best experts as budget constraints prevent them from offering the best terms compared to market prices, resulting in the Organization not getting the best value for money.

110. The revised consultant policy has made efforts to streamline the contractual process through using Stellis as the unique electronic platform for approvals, but given concerns as to whether Stellis is a sufficiently robust platform to be able to cope with this process on an Organization-wide level, the Organization should be guided by the findings and recommendations of the recently completed audit of the recruitment process through Stellis, conducted by IOS.

111. Other specific areas where more work is required include the introduction of harmonized systems across the Organization for management of both consultant and APW contractors, particularly as regards background checks and due diligence processes, and the development of a centralized system for performance management, including access to past appraisals.

112. The importance of a well-functioning roster system was widely recognized as a means of enabling faster recruitment from a pre-selected pool of experts. Existing rosters are used to varying degrees of success in the Organization, mainly due to the fact that dedicated staff time is required to manage and maintain such rosters as this is a particularly time-intensive process.

113. There is an identified need across the Organization for capacity building of all staff involved in the contractual process (technical staff requesting the service, administrative and quality assurance staff and the managers who are ultimately accountable for the entire process) on the various steps in the contractual process for both consultants and APWs (development of ToRs, outreach, selection, background check/due diligence, roster management and performance management) and indeed on the use of all the other available contractual modalities.

114. Other alternatives to outsourcing include the temporary assignment of existing staff to other duty stations where there is a need for additional support. While WHE currently has an internal surge roster for staff within the Organization who are willing to be deployed in the case of emergencies, its success is limited due to the fact that supervisors are reticent to release staff as this in turn creates staffing problems for them. In addition, greater use of available resources at regional and country level to complement staffing needs, such as multi-country assignment teams, regional hubs and collaborating centres should be considered as a more sustainable means of building national capacity in the long term.

115. The issues and challenges surrounding the processes and practices for the external sourcing of expertise are not unique to WHO. Other UN agencies are also continuously re-examining their contractual modalities and there is recognition that this would benefit from being streamlined across the UN system.

116. A benchmarking of WHO's contracting practices with those of other UN agencies showed that WHO's shift of the responsibility for consultants from procurement to HR is in line with the practice in most other UN agencies consulted. However, unlike in most other agencies consulted, where all contracts with individuals are managed by HR, the situation in WHO is more fluid and APW contracts in WHO can be used for contracts with both companies and individuals and are processed in the procurement module of GSM. Other agencies are experiencing similar challenges to WHO in terms of performance monitoring and roster management. Lessons can be learned from the experiences of other UN agencies in overhauling their contractual modalities and the service offered by some agencies, such as UNOPS and UNDP, whereby they contract individuals on behalf of partner UN entities for project-based work, is a concept that would seem particularly suited to situations where speed and flexibility are of the utmost importance.

117. The COVID-19 pandemic has highlighted the importance of being able to quickly adapt and respond to changing environments and contexts and within weeks teleworking became the norm for the vast majority of staff in 2020. As the Organization capitalizes on the lessons learned from this experience in its discussions on the most appropriate contractual modalities for the Organization moving forward, including through the deliberations of the Task Force on Contractual Modalities, the work of the UN HLCM task force on the future of the United Nations system workforce is very relevant for any future discussions in this regard.

4. Recommendations

118. Based on the above analysis, the following recommendations are proposed.

1. The WHO Secretariat should develop a coherent strategy for sourcing external expertise, based on a needs-centred approach and tailored to the specific contexts of each major office. This strategy should address the strengthening of existing modalities and further streamline processes for contracting consultants and APWs, including:
 - i. Development of a harmonized process across the Organization for background checks and due diligence;
 - ii. Establishment of a robust Organization-wide platform for performance monitoring, which would also act as a repository for performance appraisals that would be accessible across the Organization;
 - iii. Establishment of rosters at headquarters, regional and country office levels;
 - iv. Enhanced efforts, as relevant, to ensure that consultants and APW contractors are selected from the widest possible geographical base and that due consideration is given to gender balance in the selection process;
 - v. Elaboration of a reporting matrix in the new enterprise resource planning system that encompasses all relevant metrics on the levels of use of consultant and APW contracts in the Organization;
 - vi. Taking into consideration rates across the United Nations system, a review of existing pay band structures to ensure that the Organization is competitive and can attract the best talent/expertise available globally.
2. The WHO Secretariat should build on current efforts to address capacity building needs by dedicating resources to awareness-building and the provision of mandatory training for all staff involved in sourcing external expertise, including hiring managers. Specific actions include:
 - i. Development of a guide for all staff on the most appropriate contractual modality/ies to use in different settings and country complexities, taking into account all the different contractual modalities at the Organization's disposal, in order to ensure that the right people are in the right place with the necessary expertise to deliver what is expected; while ensuring that the boundaries of each contractual modality are respected, this guide should avoid rigorous prescription as each major office has its own specificities;
 - ii. Provision of mandatory training across the Organization for all staff involved in sourcing external expertise on the different contractual arrangements available and their appropriate use, including all stages of the contractual process (creation of terms of reference; outreach and selection process, including roster management; background checks and due diligence; and performance management);
 - iii. Extension of the current mandatory training for staff on prevention of sexual exploitation and abuse and sexual harassment to the entire workforce, supported by a platform that enables monitoring of the completion of such training.
3. WHO's human resources network at headquarters and in regional offices should provide strategic support to budget centres for workforce planning to determine the most cost-effective means of filling skills gaps and managing peaks in workload, including ensuring that all potential internal options are exhausted before resorting to external sourcing and

consideration of greater use of existing contractual modalities other than consultants and APWs. Specific focus areas include:

- i. Greater use of retainer contracts and Long-term Agreements with service providers such as academic institutions and collaborating centres, or for standard services, such as translation, editing, software development services;
 - ii. Consideration of opportunities to temporarily assign existing staff to other duty stations where there is a need for additional support;
 - iii. Greater use of available resources at regional and country level to complement staffing needs, such as multi-country assignment teams, regional hubs and collaborating centres, as a more sustainable means of building national capacity in the long term;
 - iv. Conduct of functional reviews of departments that rely heavily on long-term consultants to identify exact staffing needs and initiate a staged plan to resource accordingly.
4. The WHO Secretariat should consider the experiences of other United Nations agencies in introducing new modalities for outsourcing services and ensure that all outsourcing efforts are aligned with ongoing United Nations reform processes, in particular the discussions at the United Nations High-level Committee on Management on the future of the United Nations system workforce.
5. The WHO Secretariat should:
 - i. Continue high-level advocacy efforts to sensitize donors to the need for predictable, sustainable and flexible funding across the Organization in order to optimize staffing levels and performance, applying results-based management principles as opposed to resource-based management;
 - ii. Consider the recommendations of functional reviews that have already taken place across the Organization to ensure that the necessary resources are made available to implement the recommendations with regard to staffing needs.
6. The WHO Secretariat should undertake a review of the implementation of the WHO consultant policy after 2 years of implementation.