Human Resources
Status of the implementation of the HR strategy (January 2014 – October 2016)

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<th>PILLAR ONE: ATTRACTION TALENT</th>
<th>What we have done so far</th>
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| Sourcing Talent and Recruitment | - An **harmonized Selection Process for Longer-Term Positions in the Professional and Higher-Level Categories** is in force across the Organization since March 2014. The percentage of selections completed within 15 weeks (from publication of the vacancy notice to the signature of the selection report) increased from 65 to 70%.<br>- **Joint recruitments** to both expedite selection processes and ensure consistency in the selection of multiple positions have been conducted, e.g. joint panels for Health Cluster Coordinators positions in 24 countries and for the new internal justice system positions in the WHO Budapest Centre.<br>- **Fast-track selection procedures for Emergencies** developed to expedite the recruitment of international professional longer-term positions in case of a formally declared “public health emergency of international concern”, and/or a graded emergency.<br>- **Weekly emails** containing WHO vacancies for international positions (fixed-term and temporary), are sent to 469 officials (Permanent Missions, Ministries of Health, Ministries of Foreign Affairs) of 144 Member States for outreach purposes (since December 2013).<br>- In 2015, Longer-Term Agreements were concluded with four **Executive Search Firms** to assist major Offices in the identification of highly qualified candidates for longer-term positions in the professional and higher-level categories, with a strong focus on female candidates and candidates from diverse backgrounds. | - **New recruitment platform** to be rolled out globally early 2017, will allow:<br>  - To expedite the recruitment and appointment process from selection to contract issuance for staff and non-staff<br>  - To manage global and local rosters<br>  - To search for profiles through a **skills inventory** using common taxonomy<br>  - To address specific staffing needs of **Emergency programme** with the provision of an agency portal through which WHO can communicate its staffing requirements for specific incidents to partner networks, including GOARN and Stand-by Partners. The relevant Secretariats will disseminate the call throughout their networks and channel profiles of suitably pre-qualified candidates to WHO through the portal.<br>- **Emergency rosters** (internal and external staff).<br>- **Harmonized selection process for locally recruited staff.**<br>- **UN joint reference checking centre**: the UN HR Directors Network is working on establishing a centre that will be available to all UN organizations for reference checking activities, thus allowing consistency in workforce management within the UN and cost-
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<td>unrepresented and under-represented countries who are qualified for senior positions.</td>
<td>effectiveness.</td>
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| - ♂♀🌀 HR Specialists participated in 11 **career fairs** in 7 countries over the last three years. Student Groups of Universities from 7 countries visited HQ in 2015, and were informed about career possibilities in WHO. | - ♂♀🌀 Improve **gender and diversity**: two of the 2016-17 Programme Budget indicators aim:  
  • to improve the overall male/female ratio of staff from 58/42 to 55/45;  
  • to decrease the percentage of un and under-represented countries in WHO’s staffing from 33 to 28%. |
| - ♂♀🌀 **Gender** (data as of 31/07/2016): Women in Professional and higher categories account for 42.8%; female representation in this category improved by 6.4% in 10 years (2.4 % between January 2014 and July 2016). Likewise, the percentage of female candidates is steadily increasing from 33.2% in 2013 to 34.4% in 2016. In addition, women account for 39.5% of the external candidates that were recruited to longer term positions in the professional and higher categories in 2016¹. | - ♂♀🌀 **Heads of WHO offices Global Roster**: Strengthen the skills and competencies of candidates on the roster with demonstrated skills on programme management and emergency response. |
| - ♂♀🌀 **Diversity**: 34% of WHO Member States are un-/ under-represented in the international professional staff category² (vs 27% in January 2014). | |
| - ♂♀🌀 In 2014, upon decision of the Global Policy Group, a new internal assessment process for candidates for positions as **Heads of WHO offices** (HWOs) was introduced. The candidates found suitable are placed on a global roster of pre-qualified candidates. There are currently more than 200 candidates in the Roster (as of 31.07.2016), of which one third are female. Both HWOs and Deputies HWOs are selected from the Roster. | |
| - ♂♀🌀 **GS Roster** in headquarters was reactivated in April 2016. As of 31.08.2016, it contains 224 candidates in the GS fixed-term Roster (G4 and G5), i.e. 211 internal and 13 external; and 154 in the GS short-term Roster (G4 and G5). Similar GS rosters exist in Regional Offices. | |
| - ♂♀🌀 WHO strengthened its efforts to promote the internship programme and expanded the outreach for **Interns** through LinkedIn, Facebook, Collaborating Centres and the WHO Intern board³. As a result, between January and July 2016, WHO has received 659 Interns, from which 74% were female, and 22% from developing countries. The total number of Interns increased by 8% in 2015 compared to 2014, and the number of nationalities represented improved from 78 in 2014 to 82 in 2015. Active efforts were made to promote internship opportunities at all levels of the Organization⁴ (between January and July 2016, Regional Offices have 162 interns – 25% of the total and Country |


³ In line with the document *WHO’s internship programme: update* (EBPBAC23/2 of 27 November 2015)

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### What we have done so far

- **Contractual modalities**
  - **Continuing appointments**: stricter criteria applied for the eligibility for continuing appointment of staff holding a fixed-term appointment on 1 February 2013 and discontinuation of eligibility for continuing appointments for staff joining WHO on and after February 2013 (following EB resolution EB132.R10 of January 2013).
  - **Temporary appointments**: since January 2015, changes were brought to the travel and related entitlements aiming at a reduction of costs.
  - Revised **remuneration of international staff**: following UNGA resolution 70/244 on the recommendations made by the International Civil Service Commission, amendments to the Staff Rules and upgrade of the GSM were undertaken for an entry into force in 2017.
  - **Non-staff**
    - Since 2015, phased transfer of non-staff contracts management from Procurement to Human Resources;
    - HR certification put in place to ensure compliance in the use of Consultant contracts;
    - Global review of all non-staff contractual modalities with a view to improving compliance and streamlining.
  - **Framework of engagement with non-State actors** (FENSA): following WHA 69 approval of the framework the Secretariat has provided for additional criteria and principles applicable to secondments.
  - **UN Volunteers**: country offices can hire UNVs on ad hoc basis through their local UNDP office. Between 2013 and 2015, a total of 84 UNVs have been working for WHO, mainly in specialized technical functions, and in Sub-Saharan Africa. In 2015, 54% of the UN volunteers were female.

### What still needs to be done

- **Non-staff**
  - Completion of the transfer of non-staff contracts management from Procurement to Human Resources;
  - Review of the contractual framework, and of the policies, including on Special Services Agreements and Temporary Advisors;
  - Implementation through the new recruitment platform.

- **UN Volunteers**: WHO is in the process of concluding an umbrella agreement for a consistent use of UN Volunteers across the Organization.

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1. See EB document (reference pending): Amendments to the Staff Regulations and Staff Rules, paragraphs 12 – 33
3. See EB document (reference pending): Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions
### What we have done so far

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<th>Workload and the Organization’s long-term liabilities.</th>
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### What still needs to be done

- Global policy for the **restructuring of Offices** to describe the process of organizational change during times of restructuring, downsizing and abolition of posts, and to be applied consistently across the Organization.

- **UN joint classification centre**: the UN HR Directors Network is working on establishing a centre that will be available to all UN organizations for classification activities, thus allowing consistency in workforce management within the UN and cost-effectiveness.

- **Succession planning** of international professional positions will be enhanced when geographical mobility becomes mandatory (2019) when the need for positions vacated by staff reaching their standard duration of assignment will be reassessed.

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| HR planning and Organizational design | - **Generic job descriptions**: WHO developed a set of 75 generic, pre-classified position description which cover frequently used mainstream activities in WHO (from public health to epidemiologist to Admin, HR, Finance and other support areas).  
- **Generic job descriptions for Heads of Country Offices**, and Deputy Heads of Country Offices. Approximately 20 HWOs positions were classified in line with the generic position description.  
- **Generic post descriptions for Emergencies-related functions**, including for Emergencies **Rosters**  
- **Succession Planning for retirees**: an annual Organisation-wide exercise for retiring staff has been conducted since 2014. It allows for a better alignment of the staffing structure with WHO’s evolving needs as some positions vacated by retiring staff were proposed for abolition and other advertised with different post descriptions.  
- **Mandatory Age of Separation** was raised to 65 for staff recruited since 1 January 2014; following UN General Assembly resolution 70/244, the Secretariat is submitting amendments to Staff Rules to apply the extension to 65 to staff recruited prior to 1 January 2014, taking into account their acquired rights.  
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| Performance Management | - **A Performance Management and Development Framework** supported by two policies “Recognizing and Rewarding Excellence” and “Managing Underperformance”; and by a tool, the enhanced electronic Performance Management and Development system(ePMDS+) entered into force in February 2015. This promulgation was accompanied with capacity building activities.  
- **The Managing Underperformance policy** put an emphasis on probationary period and Performance Improvement Plans (PIPs): as a result, in 2015, across WHO, 27 probationary periods were extended, 12 appointments were not confirmed at the end of the probationary period, and 22 PIPs were established.  
- **The policy on “Recognizing and Rewarding Excellence” includes a** |
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8 For retiring staff data projections, see tables 7, 8 and 9 in the document entitled “Human resources: update, Workforce data, As at 31 July 2016” at: http://www.who.int/about/finances-accountability/budget/en/  
9 See EB document (reference pending): Amendments to the Staff Regulations and Staff Rules, paragraphs 34 - 56
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<td>Simplified approach to publicly recognizing outstanding performance by staff members. First exercise in 2016 for 2015: in December 2015, all staff members were invited to nominate staff members or teams for the four types of rewards: DG’s, DDG’s, RD’s or Health Emergency Team Rewards. 176 staff across WHO voted. 6 teams (in HQ, EMRO and EURO) and 6 individuals (from HQ, AFRO, EMRO, SEARO and WPRO) received awards and opted for either special leave or learning activities.</td>
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<td>- The enhanced electronic Performance Management and Development system (ePMDS+) was designed to establish a link between performance assessment and consequences by emphasizing Accountability and results-based work planning through which PMD becomes a “Shared Responsibility” between staff members and the supervisors based on Collaboration. The compliance rate has steadily increased (currently above 90%).</td>
<td>- Career Paths: further develop roadmaps for WHO Career Paths.</td>
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<td>- An enhanced WHO Global Competency Model was launched across the Organization in March 2015, aiming at defining the required behaviour at the level of staff roles and responsibilities and at harmonizing standards in recruitment and selection, performance management and learning activities.</td>
<td>- To build a Career Development culture where staff take ownership of their career, career conversations are part of the PMDS dialogues between supervisors and staff members, where functional and geographical mobility are seen as opportunities to acquire or enhance new skills and competencies; where temporary assignments (including in different duty stations) are offered to staff to get exposed to higher level responsibilities or different work environments.</td>
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<td>Career Management</td>
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<td>- The Corporate Framework for Learning and Development 2014-2020 introduced in August 2015 represents WHO’s commitment to promoting a culture of learning and staff development to maintain WHO as a knowledge based organization.</td>
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<td>- New governance for the Global Learning Development Committee (GLDC) allowing a strategic disbursement of funding for learning activities across WHO based on priorities and expected return on investment.</td>
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<td>- Career Paths are the foundation for career management and mobility. A pilot “roadmap” of the possible positions career moves of staff members was designed for the Tuberculosis-related functions.</td>
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<td>- Career Management and Counselling:</td>
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<td>• As of September 2016, 8 HR professionals have been certified for career counselling;</td>
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<td>• Career management workshops and individual career counselling sessions are being provided at HQ (including targeted approach for specific programmes under reorganization, e.g. Emergency programme) and in the Regions (including PAHO). In total, more than 120 staff members have availed themselves of this initiative;</td>
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<td>• Staff who participate in the annual mobility exercise have received specific support for their career move (e.g. language training);</td>
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### What we have done so far

- **Mentorship programme with a gender component** has been put in place (more than 45 senior staff have volunteered as mentors).

  - **iLearn**, the WHO learning platform for on-line on-demand training and for registering and monitoring learning activities, was rolled out in 2013, in Regional and Country Offices in 2014, and in AMRO/PAHO in 2016. Globally, over 60 learning administrators are using the system to create and advertise learning activities. The system currently hosts over 334 learning activities offered in the catalogue covering budget and finance, communications, human resources, public health, IT training, compliance and orientation training.

  - **Development of managerial skills**: the Management Development Programme was piloted at headquarters with 60 managers at P4 and P5 level trained in two cohorts (in 2013 and 2014). It was discontinued because of funding sustainability issue.

  - **The in-house managerial trainings** have been replaced by less expensive programmes already developed in the UN System (ONE UN approach), engaging with the United Nations System Staff College (UNSSC) and the Knowledge Centre for Sustainable Development Goals (SDGs):
    - “Leadership, Women and the UN” will offer state-of-the-art learning on leadership to 42 female staff members at the P4/P5 level from across the Organization in 2016-17;
    - Among the range of UNSCC programmes online, *Supervisory management skills – coaching* is offered to WHO managers since July 2016.

  - **Strengthening of Country Offices**: As a corporate priority approved by the GDLC, and since January 2014, the *United Nations Country Team Programme* is now mandatory for candidates who join the WHO global roster for Heads of WHO Country Office. 11 candidates have participated since January 2014.

  - **Standards of higher education** for jobs in WHO: while staff members are encouraged to engage in continuous learning and study leave may be granted for that purpose, their attention was drawn to the importance of seeking out accredited/recognized institutions for higher education which can be checked from the UNESCO World Higher Education Database (WHED). Likewise, the verification of education credentials of candidates has been strengthened.

### What still needs to be done

- **Develop culture of on-line training** through a redesigned eLearning platform and an increased level of collaboration:
  - Systematic reporting to business owners and return on investment
  - Support to staff in improving their performance and adherence to WHO culture and in developing their skills and competencies for career development purposes
  - Building partnership with the UN to share training content, avoid duplication and increase cost-effectiveness
  - Mandatory training and certification to ensure common standards of conduct and performance across WHO.

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**Mobility**

- **The geographical mobility policy** was promulgated in January 2016 with

- **The three-year voluntary phase (2016-2018) implementation**
### What we have done so far

- All the major offices subject to the policy offered positions to the first *mobility compendium of international positions* issued in January 2016. It was the first time that a certain number of international professional positions located in different major offices had been simultaneously filled in a corporate manner, and it resulted in a higher than usual number of moves from one major office to another. 44 positions were advertised, 71 eligible candidates applied, and 12 placements were endorsed by the Director-General following recommendations made by the Global Mobility Committee.

- The number of moves of international professional staff members has increased, from 146 in 2014 (which represents 7.4% of the total number of Professional and higher category staff members) to 182 in 2015 (which represents 9% of the total number of Professional and higher category staff members). For the first semester of 2016, 129 Professional and higher category staff members have moved to another position (increase of 43% compared to the first semester 2015). One objective of the managed mobility scheme is to improve cross-fertilization among regions and between headquarters and regions: current data show an increase from 55 changes between regions in 2014 (i.e. 2.8% of Professional and higher category staff members) to 80 changes between regions in 2015 (i.e. 4% of Professional and higher category staff members). So far, for the first semester 2016, 52 Professional and higher category staff members have moved among regions or between headquarters and regions.

- In 2016, a voluntary mobility database has been established to facilitate the geographical mobility between two compendia. As of August 2016, more than 60 staff members have posted their profile and more than 20 checks for staffing international positions have been conducted.

- Functional mobility of locally recruited staff members is encouraged, in particular move from local to international career stream: between January 2014 and July 2016, 70 General Service or National Professional staff have been promoted to international longer-term positions through competitive process (19 in 2014, 34 in 2015 and 17 between January and July 2016).

### What still needs to be done

- is being evaluated annually and the lessons learned from the voluntary phase will inform the Organization on how to implement the policy effectively on a mandatory basis, with the policy and processes being adjusted accordingly.

- Ad hoc vacancies highlight the experience acquired in other levels of the Organization and different duty stations as added value.

- More systematic approach for Temporary assignments in other duty stations to get exposed to different work environments: this mechanism will further enhance the competency of staff involved in Emergency response and in Emergency rosters.

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12 The WHO Evaluation Office will undertake the evaluation of the voluntary phase of the Geographical Mobility Policy. As a first step an evaluation framework was developed, and the evaluation of the first compendium exercise will be undertaken during the 4th quarter of 2016. The findings and recommendations of this evaluation exercise will inform the second compendium exercise planned for early 2017. The findings and recommendations will be presented in the annual report of the Evaluation Office to 141st Executive Board in May 2017.
**What we have done so far**

**Ethical work environment**
- Gender 🌈 ⚽️ ⚽️: Annual circulars informing all staff members of concluded *disciplinary proceedings* are published to raise awareness on standards of conduct and action taken by the Administration to address violations of such standards (41 disciplinary actions were taken between January 2012 and March 2016).
- Male ♂: Staff Rules were amended in January 2015 to expand the range of *disciplinary measures* and ensure proportionality, consistency, and to reinforce staff financial responsibility.
- Female ♂: A global survey on a respectful workplace in the context of the *Respectful Workplace Initiative* was conducted jointly by the Staff Association and the Management in December 2015, and its results were shared with all staff in May 2016. A video with Director-General and Regional Directors was created to raise awareness about respectful workplace, and more awareness-raising material is being developed, such as a calendar and a respective intranet site. A training was conducted in December 2015 in HQ to help building and sustain a respectful and health workplace.
- Female ♂: *Verification of Dependency Status* exercises are conducted on a yearly basis, to improve compliance and limit the Organization’s liabilities for undue payment of dependency allowances. Concretely, USD 384,800 were recovered from 104 staff members through the exercises conducted for 2013 and 2014.
- Female ♂: The *separation procedures* have been revised to avoid any unrecoverable amount from ex-staff.

**Modern staff management**
- Gender 🌈 ⚽️ ⚽️: The Secretariat is maintaining an *ongoing consultative partnership* with Staff Representatives, through:
  - Consultation on all policies and processes related to conditions of service (93 communications were addressed to the members of the Global Staff Management Committee between November 2013 and September 2016);
  - Annual meetings of the Global Staff Management Committee, with management and staff representatives from all Major Offices, making recommendations to the Director-General on HR policies;
  - Regular meetings between administration and staff representatives in all Major Offices (weekly in HQ);
  - Joint administration and Staff Association initiatives: *Reform of the*...

**What still needs to be done**

- Gender 🌈 ⚽️ ⚽️: *Interagency mobility*: WHO is working with other UN agencies to further enhance interagency mobility.
- Female ♂: Improvements in the *management of harassment cases* through emphasis on informal resolution, revised policy and timely investigating process.
- Female ♂: Further training to foster a *respectful workplace*, including workshops across the Organisation.
**What we have done so far**

- **♀♂** Occasional *teleworking* policy was promulgated in 2014.
- **♀♂** Maternity leave was extended to six months (from 16 or 20 weeks to 24 weeks) to align HR policies with WHO recommendations on maternal health and exclusive breastfeeding.
- **♀♂** WHO policy on personal status of staff members has been aligned with the changes in the UN with respect to the *marriage and domestic partnership*.
- **♀♂** WHO has been part of two *global Occupational Health activities*: “*Walk the Talk*” and “*Global Corporate Challenge*”, which are meant to improve physical and mental well-being of WHO staff, and to help them embody WHO’s recommendations on nutrition and physical activity.
- **♀♂** An *induction programme* for staff members was introduced in headquarters in October 2014 for new staff members both as a way to facilitate their on boarding, and to strengthen internal control framework. Between October 2014 and September 2016, 14 Induction Sessions have taken place for 400 attendees. The Permanent Missions are invited to send new delegates interacting with WHO.
- **♀♂** Detailed *“on boarding” (entry) and exit questionnaires* aiming at understanding why staff members join and leave WHO and having insight into their experience with the Organization were introduced across the Organization in July 2015. Between August 2015 and July 2016, around 200 on boarding questionnaires and 540 exit questionnaires were completed. These responses inform the Administration on areas for improvement.
- **♀♂** Global *Staff Health and Wellbeing* initiatives have been set in place:
  - Streamlining of medical examinations policies;
  - Strengthening of psychosocial support in major Offices through the development of standard Staff Counsellor’s position description;
  - Delivery of 30 Stress management/Mindfulness training programmes for a total of 469 staff members in HQ in English or in French.
- **♀♂** In the context of *Ebola outbreak response*, in addition to the significant increase of appointment medical clearances and vaccinations, WHO provided pre-mission briefings and conducted pre- and post-mission individual psychosocial interviews to individuals deployed to the affected countries. WHO played a key role in the UN Medical Doctors Working Group and in the medical

**What still needs to be done**

- **♀♂** Developing an Organization-wide policy on *flexible working arrangements*, including long-standing teleworking, in response to modern staff management and current operational demands.
- **♀♂** Development of further *policies on parental leave*, more adapted to modern parenting.
- **♀♂** Induction programmes will be rolled out across the Organization with more online training to increase newcomers’ knowledge of WHO and its procedures.
- **♀♂** Developing and implementing a *Return to Work policy*, providing guidance to both staff and managers in support of a smooth return to work after long sick leave.
- **♀♂** Reinforcement of the *Staff Health and Wellbeing services network* (HQ and Regional Offices) to be better equipped in case of deployment of WHO staff members for Emergency response.
- **♀♂** Emergencies: The lessons learned from the Ebola outbreak response inform the medical support procedures to be put in place in Emergency response.
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| evacuations of staff involved in the Ebola response UN-wide. | - 🎉 A review of the Internal Justice System was conducted in 2014 by an external panel of experts jointly commissioned by the administration and staff representatives. In line with the experts’ recommendations, and the Administration has undertaken a reform of its internal justice system\(^\text{13}\), including the following key features:  
  - Emphasis on informal resolution of disputes, including through a new policy on mediation and enhanced Ombudsman function;  
  - Institutionalization of an administrative review process as a first step in the appeals process;  
  - Centralization of the appeals mechanism under a “Global Board of Appeal”.
- 🎉 A new WHO Centre was created in the lower-cost location of Budapest to accommodate the significant additional resources, including a full-time Chair and Deputy Chair for the Global Board of Appeal, required to implement the new system as of November 2016. | - 🎉 Greater awareness and access to informal resolutions across the Organization.  
- 🎉 Building a culture of trust through speedy resolution of disputes, timely investigation of allegations and responsive Internal Justice System. |
| Administration of Justice | | |
| **HR Accountability** | Audits | |
| - 🎉 HRD managed to close 122 Audit recommendations since October 2013. As of 30 September 2016:  
  - No pending recommendations with the Office of Internal Oversight Services;  
  - No pending recommendations with the Joint Inspection Unit;  
  - 90 External Audit recommendations closed. | - 🎉 4 recommendations from the External Auditors to be addressed. |