



WORLD HEALTH ORGANIZATION

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Statement by the representative of the WHO staff associations

Mr Chairman, honourable members of the Executive Board, Director-General, Regional Directors, colleagues,

1. On behalf of the staff associations of WHO in the regions, at headquarters and in IARC, I have pleasure in submitting this statement to the Executive Board. We appreciate this opportunity to address the Board on matters concerning the Organization's human resources policy, to report on staff/management relations and to highlight the leading issues of interest to staff.
2. Within their respective mandates, the staff associations seek to be active partners and contributors in the ongoing process of establishing an institutional framework for due process and staff rights that is fair and equitable and in keeping with the standards and practices of the United Nations system and other international agencies.
3. Since the signing of the United Nations Universal Declaration of Human Rights, the agencies of the United Nations system have increasingly adopted a human rights approach as the foundation for their work. Within the framework of United Nations reform, in May 2003 the agencies signed a Declaration of Collective Understanding, which outlines the use of a common human rights approach both for their work and the institutional governance of the system.
4. Through the present document, the staff associations wish to inform the governing bodies about the main issues of interest to staff and about staff/management relations. At the same time, we wish to request the support of the Executive Board for the issues included in this statement.
5. **Work stoppage at headquarters.** We would like to bring to your attention issues related to the breakdown in communication between headquarters staff and management that led to a one-hour work stoppage at headquarters on 30 November 2005. Starting in February 2005, the headquarters staff association regularly and consistently raised a series of staffing matters, a number of which related specifically to the strategic direction and competency review exercise, through established channels such as the monthly formal staff/management meetings and regular memoranda to General Management staff. Access to the Director-General to report on, discuss and solve staffing problems has been very limited. The staff association has, in good faith, respected the existing lines of authority and communication.
6. Nevertheless, by October 2005, all available channels for dialogue had been exhausted and many staffing issues and matters remained unresolved. The current human resources policies and practices are increasingly jeopardizing WHO's technical productivity, professional reputation and staff morale. This was highlighted when a majority of headquarters staff (in response to a staff poll) endorsed a work stoppage as a strategy not only to draw management focus to these issues, but also to

demonstrate staff commitment to WHO's mandate and work. A high number of staff participated in the work stoppage. The principal issues concerned included, but were not limited to, the exclusion of staff representatives from the overall decision-making process with regard to the conditions of service of staff, and of staff representatives from the most critical phases of the strategic direction and competency review; documented cases of abuse of discretionary decisions concerning recruitment and promotions; very high levels of harassment, as identified by an independent external survey of staff; and a ponderous and ineffective internal justice system for addressing individual and systemic problems.

7. Let us share with you just two concrete examples of human resources policy and practice that were addressed by the work stoppage. Disregarding the recommendation of a working group of staff and management representatives set up to review recruitment and selection procedures, a unilateral and contradictory decision was made by the administration to discontinue the participation of staff representatives and neutral parties on selection panels. We are pleased to report that, after further discussions involving the headquarters staff association, this decision will be reconsidered. Secondly, the administration has refused to reconsider or abolish the "four years and out" rule, which will be implemented in June 2006. Two hundred and eighty staff – 199 of them women – will have to leave the Organization after a maximum of four years' service, simply because they do not have a fixed-term contract. Staff at headquarters have strongly opposed this, not only because it entails the unfair victimization of hard-working staff but also because it is damaging to the delivery of WHO's programme of work owing to the loss of expertise to the Organization that is involved. For the record, the headquarters staff association does not oppose downsizing or transfer of resources to regions and countries.

8. The headquarters staff association firmly believes that full participation of staff in the decision-making process is vital to the good functioning of the Organization. We call on staff and management to reopen discussions in good faith to overcome the outstanding issues. We urge Member States to consider carefully the minimal demands for staff representation in the context of universally recognized rights of association, taking into account the expertise and experience of long-serving staff committed to the fulfilment of WHO's mandate.

9. **Imminent loss of valuable human resources and planning in human resources.** We wish to bring to your attention the imminent loss to the Organization of personnel currently classified as short-term staff due to the "four year and out" rule. As you will recall, in 2002 substantive changes were proposed to the Staff Regulations within the framework of the reform of human resources, and the use of short-term contracts and short-term professional contracts was better defined, in order to avoid the abuse of short-term contracts for long-term tasks. Short-term contracts were thus prioritized as a more comprehensive option to contract staff with some of the benefits of staff with regular contracts, such as broader health insurance and contribution to the pension scheme. These contracts were not intended to perpetuate a situation in which staff would perform regular tasks without benefiting from regular conditions of employment. The four-year limit on such contracts was expected to provide time for the Organization to develop a system for human resources planning. A human resources planning system should be able to identify the gaps in assignments across the Organization, convert short-term contracts to regular or fixed-term positions, relocate staff according to technical cooperation demands and the country focus strategy, keep a gender balance, and define clear procedures for mobility and rotation. This planning process and thinking never happened.

10. Both at headquarters and in some regions, the majority of the staff are serving under short-term contracts. For many of them the four-year term will expire in 2006, when a series of "non-voluntary" separations will take place. Organization-wide, 45% of staff are in this category, and 280 of them will reach the four-year limit by 30 December 2006. In view of this critical situation, the staff association

at headquarters has requested the administration for a moratorium on the application of this rule until January 2007 in order to allow time for the implementation of a human resources planning proposal.

11. To avoid this unnecessary loss of valuable staff, the staff associations would like to propose a moratorium on the application of the four-year rule until January 2007, while the Organization develops a strategy to regularize short-term staff. The strategy could be based on a staff assessment at the departmental level, including a skill mix in line with the Organization's requirements for carrying out its mission in the new century. This has been done successfully by other international organizations, such as the World Bank, which faced a similar situation in 2000. The staff associations stand ready to assist the administration in the development of the strategy. Our proposal is quite different from the methodology of the strategic direction and competency review that is currently in process.

12. **Strengthening internal due process, fairness, and staff rights.** Over the last few years, within WHO, steps have been taken to move staff/management relations towards a partnership approach, in line with good practices in modern organizations elsewhere. A set of guiding principles for joint work was agreed in 2003 at the Global Staff/Management Council, an annual event where representatives of all WHO staff associations and administrations meet to discuss issues of common concern. In 2004, the Council reaffirmed the guiding principle of partnership between staff and management and recommended that this approach should be extended beyond the Council into the mainstream of the Organization, as far as conditions of service are concerned.

13. The Global Staff/Management Council is an excellent platform for discussing staff/management matters globally. If we believe in one WHO, the Organization should be able to strengthen the Council in order to streamline good practices across the Organization, monitor and evaluate regularly the application of rules and procedures, identify issues or topics that require joint efforts among staff and management at regional level, as well as promote transparency and due process in the Organization.

14. WHO's staff manual, amended in 2004, already contains the "Staff/management relations – guiding principles". Furthermore, we believe that good communication, open dialogue, and good faith should be the driving forces behind the discussions between the administration and the staff so as to foster Organization-wide collaborative work. We have noticed that not all the regional offices are in line with the Global Staff/Management Council's recommendations approved by the Director-General and, therefore, we formally request a review of the application of these principles. Our intent is to strengthen transparency in the work processes of the Organization, increase the accountability of the administration, and improve work practices in order to respond better to the needs of Member States.

15. **Incorporating a gender approach towards equality.** Within the framework of the 2002 WHO gender policy, currently being implemented by all regions, we believe that there is need for a comprehensive proposal on how to address gender issues within the administration of the Organization, both in staff appointments and in decisions regarding staff mobility and rotation. The goal of this policy is to contribute to the achievement of gender equality through research, policies, and programmes that give due attention to gender differences in health and its determinants, and actively promote equality and equity between women and men. It is also in harmony with the decision now being implemented across the United Nations system that integration of gender considerations – gender mainstreaming – must become standard practice in all policies and programmes.

16. **Rehiring retired staff and its implications for staff development.** The staff associations recognize the value of all staff in the Organization and appreciate the contribution made by former staff. However, we consider that the rehiring of retired staff is not a best practice and we request Executive Board members to instruct the administration to develop a policy on this matter. The staff

associations have always insisted that retired staff must not be systematically rehired upon retirement. This practice hampers opportunities for the development of current staff.

17. We restate our deep concern about the consistent hiring of retired staff to carry out tasks within the Organization that may be considered regular activities in the unit or area concerned, primarily because that practice tends to lead to long-term contracts. Furthermore, we are not in agreement with rehired retired staff having managerial responsibilities or authority to supervise. We urge our administration to take action on this issue of great importance to the overall management of the Organization and we alert the governing bodies to this practice. The rehiring of retired staff can interrupt or delay knowledge transfer to current junior staff, and the new generation deserves a fair chance to develop. The practice can also be conducive to unclear roles and responsibilities, and retired staff rehired in this way are not subject to sanctions for dereliction of duty or bad practices. Even though this practice occurs within the framework of specific contracts, the dynamics generated internally are not beneficial in terms of performance, accountability, and transparency.

18. **Reciprocity with PAHO.** At this point, WHO does not recognize time served under PAHO contracts, and restricts or delays PAHO staff from being immediately eligible for service appointments when transferred to WHO. This is the only WHO region that suffers from this disadvantage. Additionally, when PAHO staff are transferred to WHO positions, they should not have to undergo a probationary period. PAHO immediately recognizes WHO staff as eligible as internal candidates and takes their time of service in WHO into consideration when they are moved to positions in PAHO. We believe that a change of the Staff Rules in WHO to give recognition for time served under PAHO would be a great improvement for both organizations.

19. **Service appointments.** WHO sees the award of service appointments, which are considered a more favourable type of contract that WHO can offer to fixed-term staff members, as part of its human resources reform strategy to strengthen the internal recognition process within the Organization. Service appointments were reinstated in 2003 in all parts of WHO with the exception of the Regional Office for Europe and the Regional Office for the Americas. The staff associations have long supported the creation of this type of appointment and urge the administration to institute such appointments as soon as possible in the two regional offices mentioned above, so that their staff may benefit in the same way as their colleagues in other regional offices.

CONCLUSIONS

20. Our role as WHO staff associations at headquarters and regional levels and in IARC is to support the application and enforcement of the principles that regulate the international civil service and WHO's mission. For that reason we promote internal due process, fairness and the development of a work environment that encourages good practices and rewards integrity as well as mutual respect.

21. We believe that the active participation of the staff associations and the staff in general, throughout this process, is crucial in building trust between the administration and staff and in ensuring transparency and integrity in all aspects of staff/management relations. Our definition of integrity is based on the premise that all parties involved have a role to play to ensure application of appropriate checks and balances, and that adequate levels of staff participation are critical to achieving meaningful and sustainable institutional goals.

22. We respectfully request the Executive Board to comment on the issues presented in this document and to provide guidance to the administration on the following topics:

- strengthening constructive staff/management dialogue and relationships, updating the “Staff/management relations – guiding principles” and revising the practice of staff/management relations at regional level;
- defining a clear policy and streamlining regulations in all the regions to avoid rehiring retired staff;
- the staff associations’ request for a moratorium until January 2007 on the application of the “four years and out” rule in order to discuss the implementation of a human resources planning proposal and seek solutions at the forthcoming Global Staff/Management Council.

23. We, the staff of WHO, recognize and appreciate the trust placed in us by the governing bodies and reiterate our commitment to continue working for international technical cooperation in health and to accomplish the mandates of the Organization. We encourage the Board to continue guiding our actions for the betterment of the international civil service and the benefit of the populations of our Member States.

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