

Report of the Ombudsman¹

1. The Ombudsman² issues annual reports of its activities respectively to all staff, as well as the Executive Board, as part of the office's accountability. This is the third report submitted by the Ombudsman to the Executive Board. The aims of the document are: to describe the activities of the office during the past year; to outline the most relevant systemic issues identified during that period. The administration's response to the recommendations made in the second report of the Ombudsman to the Board is described in a separate report.³
2. The primary role of the Ombudsman is to provide confidential assistance to staff members⁴ who voluntarily approach the office. Based on those confidential conversations, the Ombudsman monitors trends in order to enable the early detection of issues of potential relevance, provides feedback to senior management, and advises them on appropriate remedial and preventive action.⁵
3. While the focus of the report is on a few outstanding systemic issues, much of the Ombudsman's work involves the informal resolution of individual problems. However, the Ombudsman could not successfully contribute to addressing these problems without close interaction with different actors across the Organization in an example of constructive cooperation. In that endeavour, the Ombudsman regularly engages with senior management, including the Director-General, regional directors and other stakeholders, notably the staff associations, with a view to finding effective ways of addressing issues of concern informally. Many of the successful outcomes involving the Ombudsman would not, therefore, have been possible without the engagement of different stakeholders in WHO, led by the Director-General.

¹ This information document is submitted to the Executive Board in line with the conclusions of the Board at its 141st session in May 2017 regarding the recommendation of the United Nations Joint Inspection Unit that all legislative bodies in the United Nations system "make it possible for the Ombudsman to report to them on identified systemic issues on a regular basis" (See document EB141/2, noted by the Board at its 141st session, and document EB141/2017/REC/1, summary records of the first meeting, section 6).

² This document has been prepared by the Office of the Ombudsman and Mediation Services in consultation with all WHO's regional ombudsmen. It reflects, therefore, the views of all WHO ombudsmen and thus any mention of the Ombudsman refers to the work of both the Office of the Ombudsman and Mediation Services and the regional ombudsmen.

³ See documents EB144/INF./2 and EB146/INF./3.

⁴ Hereinafter referred to as "visitors".

⁵ Background information on the role of the Ombudsman and the structure of the Ombudsman's services has been attached in the Annex to this report.

RECENT FIGURES AND TRENDS

4. Currently, only the Office of the Ombudsman and Mediation Services in headquarters and the Regional Office for the Americas gather and publish statistical data through an annual report distributed to all staff members. In the Regional Offices for Africa and Europe, the respective ombudsmen provide senior management and other stakeholders with relevant information in the course of their regular interactions.

5. At the Office of the Ombudsman and Mediation Services in headquarters, the number of cases dealt with in past years was as follows: 333 in 2015; 345 in 2016; 333 in 2017; and 392 in 2018.¹

6. On the basis of the type of cases received over the last year, the issues and trends identified are very much in line with those in previous reports. Thus, most of the cases dealt with by the Ombudsman involved issues pertaining to the following categories by order of relevance: (i) evaluative relationships;² (ii) peer and colleagues' relationships;³ (iii) job and career-related issues;⁴ and (iv) legal, regulatory, financial and compliance issues.⁵

CHALLENGES AND THE WAY FORWARD

7. Based on confidential interactions with visitors, a major task for the Ombudsman is to monitor trends with a view to identifying early on issues of potential significance for the Organization, and then to provide feedback and advice to senior management and other key partners. On the basis of the work undertaken in the past year, the key systemic issues that the Ombudsman has identified and brought to the attention of senior management include:

- next steps for the successful implementation of the newly defined WHO corporate values as reflected in the Values Charter;
- the lack of an effective means of quickly reassigning staff members facing critical situations.

8. It is important to note that systemic issues are often the result of interwoven problems which can therefore only be addressed from a holistic perspective. In previous reports, the Ombudsman drew the Organization's attention to a number of significant systemic issues, such as the need to improve managerial skills, particularly interpersonal ones;⁶ the value of recognition;⁷ the strengthening of career

¹ From these figures, the number of cases corresponding to WHO visitors to the Office of the Ombudsman and Mediation Services is as follows: 288 in 2015; 287 in 2016, 301 in 2017; and 336 in 2018.

² Problems between supervisors and supervisees, largely resulting from dysfunctional communication, which often has a negative impact on the annual performance assessment.

³ Communication problems among staff with no supervisory relationships.

⁴ Problems concerning recruitment, post classification, and, most importantly, career development.

⁵ Cases involving, among others, alleged instances of harassment and discrimination.

⁶ 2018 Report of the Ombudsman to the Executive Board, document EB142/INF./2, paragraphs 15 and 16.

⁷ See document EB142/INF./2, paragraph 22.

management;¹ or the lack of mechanisms for the urgent reassignment of staff.² Although it has been acknowledged that action was needed in those areas, and plans are being implemented to address many of them, further improvements could be made. Thus, the systemic issues addressed in the present report stem partly from slow progress in responding to past recommendations.

Implementing WHO's values: the case for a revamp of the Organization's practices

9. Including organizational values as key components of WHO's day-to-day operations has been a focus of the Ombudsman's work, as an integral part of the office's mandate. The Ombudsman plays a pivotal role in fostering fundamental organizational values, notably respect, integrity, tolerance and non-discrimination.³ In that vein, the 2018 Report of the Ombudsman to the Executive Board included the recommendation that the Secretariat should reconsider how the Organization was living through its core values.⁴ Given that mandate, the Ombudsman has strongly supported the definition of a new set of corporate values in the context of the current change process within WHO known as the transformation agenda.

10. Recognizing that organizational change requires an institutional culture that enables genuine staff engagement with the goals and strategy of the change process, the 2017 transformation agenda included the redefinition and alignment of WHO's corporate values as one of its pillars. Taking account of the importance that staff attached to cultural values in the responses given to an open request made by the Director-General in 2017, in a survey dated November 2018, and following broad consultations across the Organization, senior management decided that the definition and alignment of WHO's corporate values should be a key component of the wider WHO transformation process. Subsequently, a broad dialogue with staff was launched aimed at defining deeply held beliefs that guide staff behaviour and capture WHO's distinctiveness. The results of this dialogue were consolidated in the WHO Values Charter. Five major values have been singled out as the bedrock of WHO's corporate culture: Trust, Excellence, Integrity, Collaboration and Care.

11. Work is currently under way to embed these values in the daily work of the Secretariat with the support of a wide network of nominated staff and managers, the so-called "change supporters", who should help to drive cultural change across WHO. Such a cultural shift does not operate in isolation, but is part of a comprehensive change strategy which encompasses a new WHO strategy reflected in the Thirteenth General Programme of Work, 2019–2023; the redesign of new core processes on technical, external, and business and administrative matters; and the optimization of a new operating model.

12. The initiative merits particular recognition. The Ombudsman is mindful that, by setting out an ambitious blueprint for change, WHO is leading the way within the United Nations family in an extraordinary soul-searching exercise. It should be acknowledged that, for the first time in its history, WHO held an Organization-wide conversation involving all staff about what constitutes its corporate values.

¹ See document EB142/INF./2, paragraphs 20–22.

² 2016 Annual Report of the Ombudsman to staff, paragraphs 34–36.

³ Under the terms of reference of the function, the Ombudsman, inter alia, "[c]ontributes to developing and strengthening a workplace and culture that uphold the values of the Organization, its ethical and functional integrity, respect for the dignity, diversity and rights of staff".

⁴ 2018 Report of the Ombudsman to the Executive Board, document EB142/INF./2, paragraph 18.

13. A change of mindset across the Organization cannot be achieved, however, by simply proclaiming the principles enshrined in the WHO Values Charter. The Ombudsman notes that organizational culture, unlike the more classical model of national culture, is not anchored in a set of values or principles, but instead results from the way staff perceive how prevailing practices operate in an institution, notably key decision-making processes.¹ WHO should therefore review with candour and honesty potential obstacles resulting from its current practices, which fail to honour the statements made in the Values Charter.

14. For example, there will be no Trust if colleagues remain unwilling to speak up for fear of retaliation, or managers are not fully committed to having an open-door policy in order to listen to team members.² Promoting Excellence will sound hollow if staff do not feel that opportunities are provided for advancing their career paths,³ or managers are not given the opportunity to acquire proper interpersonal skills before being appointed to supervisory positions.⁴ Claims that Integrity is important will not be taken seriously if there is a widespread perception that abuse of power and harassment are tolerated, without a timely and proper response from management.⁵ Staff will not seek to Collaborate with each other if internal communications are ineffective and colleagues appear unwilling to engage.⁶ Lastly, avowals that the Organization Cares may not be believed if staff do not feel respected or appreciated and their accomplishments are ignored, or, at best, are barely acknowledged or recognized.⁷

15. The Ombudsman is mindful that the Secretariat is aware of the issues that could hinder the development of a new cultural mindset for the Organization and has indeed taken concrete actions through different policy initiatives. Thus, the Ombudsman welcomes the changes being made in recruitment, onboarding of new employees and staff training, induction processes, performance management, and awards and recognition of staff members.

16. Recognizing that the implementation of the policy initiatives required to revamp WHO practices and decision-making processes cannot be completed overnight, key signals that the wheels of change have in fact been set in motion should be given to staff. To that end, the example of senior management leading the way and signalling their commitment to the new values in their key decisions and day-to-day actions, as well as in all communications to staff, is of paramount importance. In the same vein, the role of managers generally (directors, coordinators and team-leaders) as “first responders” when key decisions must be made, or difficulties confronted, is also key to the success of this change process. Staff will look to them for evidence of a demonstrable link between their actions and WHO values. In addition to senior management and all managers playing a pivotal role in the process, staff members also bear much of the responsibility for ensuring that WHO values are successfully embedded in the life of the Organization by engaging and showing commitment towards a change in the WHO mindset.

¹ Some key decision-making processes may change the current direction, cause controversy or lead to misunderstandings; or they may have an impact on key players.

² 2019 Report of the Ombudsman to the Executive Board, document EB144/INF./2, paragraphs 14 and 15.

³ 2018 Report of the Ombudsman to the Executive Board, document EB142/INF./2, paragraphs 20–22.

⁴ See document EB142/INF./2, paragraphs 15 and 16.

⁵ See document EB142/INF./2, paragraphs 17–19.

⁶ See document EB144/INF./2, paragraphs 13–15.

⁷ See document EB142/INF./2, paragraph 22.

17. As a way forward, the Ombudsman recommends the following actions, in order to set WHO on the path to a new corporate culture.

- A proper assessment of current practices that may be hindering progress along the path of change – including key decision-making processes – needs to be undertaken.
- Senior management across the Organization should be particularly attentive to mirroring the values enshrined in the new corporate culture while operational changes are being implemented. To that end, the leadership should be upholding those values in the manner in which they take, communicate and implement key decisions, and by taking every opportunity to communicate their commitment to those values. Transparency about the challenges faced, including honest discussions on areas for improvement, would be needed at this stage.
- Managers, as “first responders” when conflicts arise, or relevant decisions have to be made will play a key role in this process, and therefore their engagement will be essential for its success. Accordingly, proper support to managers in guiding them through the process of cultural change, by means such as coaching, mentoring and training, is of the essence, being mindful that managers should be made accountable if, at the end of the process, their behaviour does not align with WHO values.
- Staff members at all levels should be encouraged, guided and supported to follow the example of leaders and managers, while also showing adherence to WHO values in the implementation of their responsibilities. Training in this area, as well as focus group discussions, could be relevant instruments in ensuring the engagement of all staff in the new WHO mindset.
- Staff surveys on perceptions about cultural change should continue, including whether there is evidence that WHO values have moved off the page and into the lives of all WHO staff. Lessons learned will inform this effort and provide guidance on the way forward.

Facilitated reassignment of staff members confronting untenable situations

18. One of the frequent situations brought to the Ombudsman’s attention involves visitors whose primary request is to be moved from their current position. Often, visitors making such requests face a difficult working environment in their current position, which, over time, comes to be perceived as constituting abuse of power or harassment. The staff experiencing such a situation do not seek reassignment as a matter of convenience, but because they sense that unless action is taken their well-being will be affected.

19. In many of these cases, the Ombudsman works in collaboration with health services and human resources to find solutions, while being mindful of the respective roles of those concerned. As a result, some staff members have been reassigned through the decisive intervention of key stakeholders and the relevant technical departments, with the support of the Regional Directors and the Director-General.

20. Notwithstanding the eventual reassignment of many staff members, it is generally acknowledged that the current mechanisms for addressing this type of situation are time consuming and inefficient. Financial considerations appear to be a significant stumbling block in reaching appropriate solutions as it is unclear how the costs of reassignment should be allocated: should they be shared between the department of origin and the receiving department, covered by the Organization as a whole, or absorbed more specifically by the Department of Human Resources Management?

21. The lack of a proper mechanism to address such matters leads to frustration among affected staff and a loss of productivity in their teams, while also taking a toll on the Organization's morale in general. The problem is compounded when the staff member concerned is employed in one of the WHO partnerships. Moreover, some colleagues appear to be of the view that moving a staff member simply displaces the problem: either it gives the impression that the staff member in question is the origin of the problem or it is seen as an expedient that ignores underlying critical issues, including the possibility that the supervisor is responsible for the situation.

22. This is not a new problem as it has been addressed in previous Ombudsman's reports, although only in the case of allegations of harassment.¹ It is important for WHO to effectively deal with this type of situation, not only in cases involving allegations of harassment, but more generally for other exceptional situations.

23. As a way forward, the Ombudsman recommends that WHO should consider establishing a clear mechanism to define the process of reassigning staff members in specific situations as mentioned above. Such a mechanism should provide greater clarity on the process of reassignment in those circumstances, defining roles and responsibilities, particularly for the Department of Human Resources Management, as well as establishing the financial mechanisms to fund the process.

24. The Ombudsman is mindful, however, that an effective mechanism for the quick reassignment of staff in exceptional circumstances cannot be a substitute for the Organization's addressing the root causes of a dysfunctional working environment.

UPDATE ON PROGRESS FURTHER TO LAST YEAR'S RECOMMENDATIONS

25. The Ombudsman is mindful that, as the 2015 report of the Joint Inspection Unit noted, it is not the Ombudsman's task to prescribe a specific course of action on systemic issues and then monitor it, but rather to draw attention to such matters and thus elicit a proper response from management. In this vein, a report by the Secretariat, describing the recommendations made in the 2019 Report of the Ombudsman to the Executive Board, will be issued in a separate document² and will provide an update on the actions taken by the administration to address those matters.

26. The Ombudsman acknowledges with appreciation the significant efforts the Secretariat has made to address the recommendations. As there may be outstanding matters requiring further work, the Ombudsman is prepared to engage with the Secretariat in order to explore future opportunities for improvement in those areas.

¹ 2015 Annual Report of the Ombudsman to staff, paragraphs 32 and 33 and 2016 Annual Report of the Ombudsman to staff, paragraphs 34–36.

² Document EB146/INF./3.

ANNEX

ROLE OF THE OMBUDSMAN

1. As set out in the current Staff Rules, prevention, early response and informal justice are fundamental components of the WHO new standardized system of internal justice. In that framework, the Ombudsman plays a key role as the primary pillar for the informal resolution of disputes. In line with international standards of practice developed by the International Ombudsman Association, the Ombudsman is an independent and neutral interlocutor who provides confidential assistance for the informal resolution of work-related difficulties. The Ombudsman listens impartially to those seeking assistance; develops options for the informal resolution of concerns; provides confidential, informal, independent and impartial advice to visitors; mediates disputes; and identifies systemic trends. The Ombudsman does not advocate on behalf of any particular individual, issue or interest, but rather for fair and equitable processes. The Ombudsman does not represent any side in a dispute, conduct formal investigations or participate in formal processes.

2. The main task of an ombudsman is therefore to assist staff members in dealing with work-related concerns through informal means, thereby preventing conflict and avoiding escalation of the problem. In addition, through confidential exchanges with visitors and other stakeholders within the Organization, the Ombudsman may act as an “early warning” mechanism by detecting problems that go beyond individual issues and relate instead to broad systemic matters. In such a role, the Ombudsman provides feedback to senior management and advises them on appropriate remedial and preventive action to correct those systemic problems, thereby averting unexpected risks for the Organization.

3. The Ombudsman’s major functions are therefore: to mediate and facilitate conflict resolution; to monitor trends in support of early detection of potentially significant issues and provide feedback to senior management; to support preventive action; and to foster a workplace culture that upholds WHO’s fundamental values, most notably a respectful workplace environment.

4. The establishment of the office of the Ombudsman represents a commitment by the Organization to promoting the well-being of its employees and improving the policies, rules and practices that affect its working environment.

OMBUDSMAN SERVICES IN WHO

5. Ombudsman services in WHO are decentralized. In addition to the Ombudsman and Mediation Services unit in headquarters, which is available to all WHO staff members regardless of type of contract and location, most regional offices have established their own ombudsman positions to promote informal resolution within their geographical areas.

6. The Ombudsman and Mediation Services unit in headquarters comprises a small team of two ombudsmen, who have professional experience and are fully dedicated to the function of the position, and one assistant. It provides informal resolution services to staff members of WHO as well as those of the Joint United Nations Programme on HIV/AIDS, the International Agency for Research on Cancer and the United Nations International Computing Centre.

7. The regional offices for Africa, the Americas, Europe and South-East Asia have established positions for dedicated, professional ombudsmen. The Regional Office for the Eastern Mediterranean may follow the same path in the future, although at present it has one part-time ombudsman who carries

out this function in addition to her technical duties. The Regional Office for the Western Pacific has four part-time ombudsmen who, in addition to their technical duties, carry out this function with the assistance of an external consultant.

8. WHO aims to ensure an ombudsman practice across the Organization aligned with international professional standards. To that end, the Ombudsman and Mediation Services in headquarters provides coordination and support to all regional ombudsmen. New standardized terms of reference for all WHO's ombudsman positions are under consideration in headquarters and it is expected other regional offices will follow the same course.

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