



## Statement by the representative of the WHO staff associations

1. The issues taken up by the representative of the WHO and IARC staff associations at the Executive Board in May 1997 continue to cause concern in the Organization and among its staff. These are: difficult working conditions, insecurity (both physical and psychological), the lack of involvement of staff in decision-making, personnel policy, global issues affecting conditions of employment and salaries, insurance matters, and the need to promote a climate of trust and mutual respect. Other issues have been prominent during the intervening period, such as staff development and training, and the effects of the ILO Administrative Tribunal's decisions in the cases of appeals by staff of the former Global Programme on AIDS.
2. **Insecurity** is a major issue for staff in all regions. The Day of Global Action, organized by the Federation of International Civil Servants Associations (FICSA) on 13 November 1997, put this well in the forefront of our causes for concern. Security has many faces. We hear of United Nations staff being detained, kidnapped and even killed in the performance of their duties. WHO has so far been spared many of the excesses experienced by other organizations, possibly owing to its reputation for being one of the least political of the United Nations agencies. There is, however, still cause for concern about the physical security of our staff in some areas of the world, and we urge Member States to spare no efforts in improving the situation.
3. At the same time, staff in all regions are experiencing a growing feeling of **insecurity in their jobs**. This does not encourage teamwork; anxiety and lack of job satisfaction, combined with increasing workloads, are beginning to take their toll on staff at all levels, and can only result in poorer service to the Organization. The draft "WHO personnel policy" promotes the idea of a small group of "core staff", supplemented by a majority of "non-core staff"; for the many staff who have served the Organization loyally for many years this raises the question who would be considered "core staff", with a reasonable expectancy of job security, and what criteria would be used in choosing them.
4. Insecurity also affects staff in the Eastern Mediterranean Region faced with relocation from Alexandria to Cairo. Internationally-recruited staff will face the upheavals caused by such a move, including consequences for family life, schooling, employment of spouses, etc. Locally-recruited general service staff will experience other problems as their homes are in Alexandria, and they are still in ignorance of their future livelihoods. This all adds up to a feeling of unrest and considerable anxiety.
5. The issue of **consultation with staff** is considered to be of prime importance by the WHO staff associations. Ironically, in a United Nations system which professes to be the defender of human rights, many examples of total disregard for staff work can be found. One serious offender in this respect is the International Civil Service Commission (ICSC), which persists in totally ignoring staff views. This has resulted in a boycott of the Commission by FICSA, which is continuing.
6. Of particular concern to staff is the lack of continuous consultation in the development of the **new personnel policy**. Regions report that no results have been seen so far, nor has feedback been forthcoming to

indicate whether comments submitted on the draft in November 1996 are being considered. The current status of the document is unclear, although one office has already put into effect some of the provisions of the draft policy.

7. Within WHO, consultation with staff is often impeded when unreasonable deadlines are set by management for receipt of comments on important documents, such as proposed changes to the WHO Manual or to the Staff Rules. However, we are pleased to report that in some offices the system of consultation between staff and management is improving greatly, and is proving to be of mutual benefit both to management and to staff. One specific example is at headquarters, where a joint management/staff group initiated at the time of the 1995 reduction-in-force continues to meet and monitor the effects of reform on the staff.

8. Staff in several regions have called for greater involvement in **reform in the United Nations system** as a whole. One region, in particular, is extremely concerned about the effect that consolidation will have on resources, staffing, levels of responsibility and decision-making powers. Every effort should be made to meet the concern of staff, particularly those in the field, who feel that the reorganization of the United Nations is being carried out at their expense.

9. A new draft **United Nations code of conduct** is under review. This has been the object of much adverse criticism by staff throughout the United Nations system. We feel that in an organization which aims to recruit and retain staff of the highest calibre, there is no need for a new code of conduct, especially one that: (1) discriminates against staff representatives and their fundamental right to associate, to demonstrate, to work to improve the conditions of service of staff, and to talk to the press; and (2) infringes staff members' basic right to privacy and personal freedom, particularly with the inclusion of an obligation for staff and/or spouses and children to provide financial statements.

10. To recruit and retain staff of the highest possible calibre, the World Health Organization must be able to offer its staff **appropriate working conditions and remuneration**. Efforts by ICSC to whittle away the salaries of United Nations staff will eventually result in inability to recruit the high-quality staff needed. The **salary increase** finally accorded early in 1997 to **P-grade staff** was ludicrously small compared to increases for staff in equivalent positions in the private sector. The changes in the general service local salary survey methodology proposed by ICSC have the sole purpose of holding back the salaries, so that they are no longer equivalent to the best prevailing local rates. The Noblemaire and Flemming principles, the cornerstones of WHO recruitment policy, are being disregarded. It is heartening that two regional offices were allowed to carry out comprehensive local salary surveys in 1997 using the current methodology. It is regrettable that understaffing and unrealistic workloads in PER at headquarters have hindered the speedy implementation of an increase resulting from one of the surveys carried out in the middle of 1997.

11. The continuing shift towards employment of **short-term staff** with few, if any, entitlements is eroding the loyalty that used to characterize WHO and of which we have been justly proud. At the same time, almost all WHO offices are in the absurd situation of employing the short-term staff again and again, so that in some cases their total service exceeds that of fixed-term staff. The **conditions of service of short-term staff** must be thoroughly reviewed. A step was taken in the right direction in 1997 when the Staff Health Insurance scheme admitted some short-term staff to full membership, but much more should be done.

12. **“Downsizing” of staff**, but not of programmes, in the name of reform has resulted in stress and overwork, creating in turn a greater likelihood of error, and poor working relations and teamwork. Downsizing has grave consequences for the Organization as a whole, the welfare of its staff, and the successful execution of its programmes.

13. The results of the appeals by former staff of the **Global Programme on AIDS (GPA)** to the ILO Administrative Tribunal have had major consequences for the Organization, clarifying the legal situation with regard to different types of posts and contracts. Many problems could have been avoided had the views of staff representatives been taken into account at the time. WHO staff in several offices went through the traumatic

experience of a reduction-in-force (RIF) in 1995. As a result of the GPA appeal decisions, they are now faced with a further RIF exercise. One very clear conclusion that has emerged is the need for a revision of the rules governing reduction-in-force so that they apply to all staff, regardless of the source of funding.

14. The Administration, instead of **ensuring adequate resources** for the work that needs to be done, has yielded to more and more pressure by Member States to recruit their nationals for high-level posts which despite recent decreases, remain unacceptably numerous. Staff find it inadmissible that in some cases this pressure includes threats to withdraw funding if demands are not met.

15. The introduction of a **merit award scheme**, mentioned in many WHO and ICSC documents during the past year, is again being discussed. Staff are concerned about how such a scheme would work, emphasizing that it should in no way replace the current annual step increases, which are automatically given for satisfactory performance until the staff member reaches the top of his or her grade. A merit award scheme should supplement the current system, not replace it, and clear guidelines should be established. A working group, which includes staff representatives, has been established at headquarters.

16. Training has been a regular item in these statements to the Executive Board; it is encouraging to see that progress seems to be being made. Questions remain, however: What are the Organization's intentions with regard to training? Will training possibilities increase in the future? Will practical training be provided as and when needed, rather than people being expected to teach themselves? Will more money be allocated for training purposes? The recruitment of a consultant at headquarters to conduct a survey of WHO staff training and development needs is a step in the right direction. In this connection, a questionnaire was recently sent to all regions, and some staff were interviewed. Staff associations in some offices have been invited to give their views, and their contribution has been positively received by management. It is hoped that all staff associations will be given this opportunity.

17. Other issues raised by staff include:

- the apparent failure of WHO to implement the provisions of the "Work/family agenda" drawn up in 1995 by the Consultative Committee on Administrative Questions (CCAQ), including leave for maternity, paternity or adoption, and for family emergencies;
- concern for the social welfare of internationally-recruited staff when they return to their home country, and the need for Member States to make arrangements for their reintroduction in the social service structure compatible with those for their peers in the national context;
- raising the age of retirement for all staff who so wish to 62 years, but with greater restrictions on the continued employment of retired staff;
- the problem of staff (often general service staff) being required to carry out the duties of a higher-graded post without appropriate recognition/remuneration.

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