



# WORLD HEALTH ORGANIZATION

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## **Statement by the representative of the WHO staff association on matters concerning personnel policy and conditions of service**

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

1. This speech is dedicated to the caring, feeling human beings that we are, a notion that modern management seems to forget when it formulates policy on “human resources” as if we were yet another exploitable and expendable commodity.
2. When we last met in January, we discussed certain critical issues of the human resources reform that needed attention: the precarious contractual conditions of the long-serving temporary staff, the contract system in general, age of retirement, staff/management relations regarding funding, freedom of association, communication, consultation and the fundamental right of staff to negotiate their employment conditions through collective bargaining. In this context, we raised the question of the International Computing Centre (ICC) and its imminent transfer, planned without any consultation with the Staff Association.
3. Two years ago the reform of human resources management started in all its pomp and glory. Much energy and money and many staff hours were devoted to this effort. World-renowned and expensive consultants were brought in to confirm what we have been saying all along. Their advice has been more or less ignored. A set of constructive proposals was made. For the staff, the priority was the resolution of the long-term/short term issue.
4. To date, not much has been done to remedy the situation. As part of the solution to the long-term/short-term problem, we had proposed a moratorium on hiring temporary staff until the staffing situation could be straightened out. Meanwhile, short-term staff are being recruited at a fantastic rate. The walls are bursting at the seams with them. A new parking lot has been paved to hold the increasing number of cars; new makeshift edifices have been installed to deal with the overflow. Staff members are doubling, even tripling up, in the annexes. Halls reduced to corridors now house makeshift workspaces, which are ergonomically unsafe and unhealthy.
5. One of the most flagrant examples of the inequities in relation to long-serving temporary staff is the absence of paid maternity leave. A proposal by the administration has been put forth for eight weeks paid maternity leave for short-term staff with the option of an additional eight weeks of leave without pay. Although this is a step in the right direction, we reject anything less than 16 weeks. This proposal is not in compliance with WHO’s own recommendations based on scientific review. It is in direct contradiction with WHO’s international policy (16 weeks, as WHO recommends to ILO), which

has been approved by Member States, and which to our knowledge, does not specifically exclude women working within international organizations.

6. On the basis of fairness, equity and consistency with its own policies and of its review of evidence based on the health of mothers and newborns, WHO should provide equal maternity-leave benefits to all WHO staff (women with short-term or fixed-term appointments). Is WHO prepared to continue advocating one set of standards for Member States and two sets of standards for its own staff? We count on your support to assure that this type of discrimination is stopped in its tracks.

7. We are pleased to report that the ICC issue has been resolved, thanks to open discussions and negotiation between staff and management. ICC will stay within WHO. This is a practical example of what can be achieved when staff and management work together through communication, consultation and negotiation.

8. Communicating with staff fosters loyalty, assures job satisfaction and continued productivity. Based on this kind of evidence, why then are these simple but essential methods seldom put into practice? It is well known that failure to communicate, on the other hand, breeds fear and that fear leads to conflict, absenteeism, dysfunctional behaviour, employee turnover and low productivity. Communication, consultation, negotiation – they cannot be stressed enough.

9. We greatly appreciate the willingness and openness of the Director-General in giving us the opportunity to meet her on a regular basis. Through the Global Staff/Management Council we have been able to address a number of human resource issues. At the end of the month, the Council will meet again to discuss, *inter alia*, contracts, rotation and mobility, rewards and recognition.

10. WHO has never been richer; more and more money is pouring in. Donors trust the new WHO. They have expectations that we will meet our global responsibility. They know we can deliver. And we want to deliver.

11. From the outside we are looking good, we are looking strong; from the inside, our collective walls are weakening and in need of buttressing.

12. A recent staff survey shows that morale and job satisfaction in-house are low and that staff are losing their sense of loyalty and feeling of ownership. Although, there are those “in academia” who will discredit the results of such surveys, especially when the outcome is unsatisfactory to them, we maintain that this survey has merit and that the message is clear and should be heard. For those who remain sceptical, increasing number of appeals, increased consultations with the various employee-assistance professionals – Staff Counsellor, Ombudsman, Joint Medical Service staff, and increased visits to outside self-help professionals attest to the distress of staff.

13. Staff are becoming less optimistic about WHO’s ability to fulfil its mandate, given the current levels of stress and dissatisfaction. Success of an organization, the loyalty of the staff, the level of production are determined by how staff, all staff, are treated. If staff are spending energy dealing with situations where rules and due process are not consistently followed, consultation is disregarded, excellence is not rewarded, employment decisions are politically or personally motivated, career prospects are diminished, staff skills are used inappropriately or not at all, and where employment for long-serving temporary staff is unattainable, that means energy not being spent on being productive. When people are treated well, they work energetically, smartly, enthusiastically and productively.

14. Staff search for consistency, honesty, accountability and mutual respect at all levels of management. I have a petition with almost 1200 signatures collected from all staff – professional and general support staff, fixed-term and short-term, appointees, WHO Representatives – asking for equity for the long-term staff. I am expecting similar petitions from the Regional Office for Europe and IARC. Ladies and gentlemen, this is not a problem unique to WHO headquarters, it is a problem prevalent in the regions, field offices and all other organizations of the common system. The high number of signatures reflects frustration not only with the deplorable short-term/long-term staffing problem, which has a ripple effect on all staff, but with the overall way in which staff are treated in general. This is a clear message that we need to start repairing our walls.

15. **Morale, belief in a fair and capable management and productivity** are highly interdependent. Ladies and gentlemen, the needs are there, the funds are there, and the people are there. We have the capacity to deliver.

16. Our message is a very simple one – do what is right by your staff and staff will do right by you.

## Response by the Director-General

The WHO Secretariat provides responsive and high-quality advice and guidance on all health matters to government and civil society within all Member States. Despite constraints due to a standstill budget and increasing demands, WHO staff work efficiently and effectively, communicating regularly on issues. I am pleased that the Geneva Staff Association appreciate their regular meetings with me. I am also pleased that the Global Staff/Management Council, established shortly after I took over the leadership of WHO, is seen as a valuable means of strengthening staff-management dialogue.

The statement from the Geneva Staff Association generally does not reflect the tone of our discussions, so this time I am responding in writing. Paragraph 8 in the statement contains the assertion that, within the Organization, supervisors and those who they supervise are seldom communicating with each other. I plan to review the evidence on which this assertion was based.

During the last three years we have worked hard to encourage more effective communication and team work among staff at all levels and to improve phone and E-mail communication throughout the WHO network. There are many practical examples of achievements gained through consultation and discussion: the decision to maintain WHO as host to the ICC was based upon recommendations made to me by a variety of groups – including, of course, the Staff Association.

The statement in paragraph 10 that WHO has never been richer only tells part of the story. As was clear from discussions earlier this week in the Fifty-fourth World Health Assembly, the value of our regular budget income is decreasing and the increase in WHO's income is a result of greater extra-budgetary funding. This has big implications for our human resources policies **and** practice.

I agree that human resources (HR) are vital to the effective work of WHO. That is why I set up a Task Force on HR Reform and sought the advice of management consultants. A number of their recommendations have already been implemented. These include a policy for preventing and dealing with harassment; measures to improve diversity and the balance between work and the rest of life; improvements to the systems for assessing staff performance; and the repositioning of the HR function – at the Cabinet level.

There is work under way on other reforms. We are designing an improved contract system that will meet the concerns of all, including Member States and other parts of the United Nations system. It will be presented in final form at the January 2002 Executive Board.

We are developing a plan for staff rotation and mobility (including mobility between Geneva, regional offices and country teams) and a systematic approach to rewards and recognition for good performance. Like everyone else, I would like to see this work move more quickly. A cooperative working relationship with the Staff Association means that we can work together, without distraction, to a shared purpose.

Uncertainties about the duration of voluntary funded projects create an environment in which a minority of short-term staff who seek a succession of contracts is able to secure them. I appreciate that these “long-term, short-term” personnel are seeking better terms and conditions. Their concerns are being addressed, but they are not easily solved. Contract reform presents many challenges.

Meanwhile, on the basis of discussions with the headquarters Staff Association, an interim package has been developed and is planned for implementation as of 1 July 2001. This includes improvements in health insurance coverage; systematic performance appraisal; guidelines for the grading of short-term staff; improved recruitment processes, and maternity break for short-term staff.

It is inevitable that Member States will have an interest in both the duration of maternity leave provision for short-term staff, and the amount of this leave that is paid, given that the longest short-term staff contract on offer is 11 months. In the interim package, up to 16 weeks' leave is possible – as eight weeks of paid leave and eight weeks unpaid leave within a contract period. This is in line with what is done within the United Nations and several other United Nations system's organizations. The ILO recommended minimum maternity leave for all workers under the Maternity Protection Convention is 12 weeks and a two week extension, supported by WHO, is now under discussion.

Paragraph 12 contains an assertion that stress levels among staff are on the increase. I do not have any access to confidential statistics on the frequency with which staff consult our well-qualified medical and counselling personnel in WHO Geneva and the extent to which they are affected by work-related stress. But I do know that if support services are good, they are used.

The survey of WHO staff covers about one-third of the Geneva-based staff, some from IARC, and virtually none from the regional offices. I see from the results that the majority of respondents report that they enjoy their work. I also note the positive comments from staff on the mutual respect between respondents and the hierarchy above them; on the extent to which skills and competence are utilized; and on the extent to which assignments are clearly defined.

The finding that staff are less convinced that their tasks match their job descriptions is one sign that ours is a changing organization. There are several other issues that need our collective attention. All staff who supervise, or provide support to, others will be encouraged to take account of the findings as they seek ways to contribute optimally to the work of the organization.

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