

Statement by the representative of the WHO staff associations

1. Mr Chairman, honourable members of the Executive Board, Director-General, Regional Directors, colleagues, before beginning this speech, we would like to give you some forewarning: during this speech you will witness a breaking of traditional Executive Board practice. We hope you will take it in the positive spirit in which it is intended.

2. On behalf of the WHO staff associations, we are pleased to have the opportunity to address this session of the Executive Board to brief you on the current state of staff/management relations at WHO. For this particular occasion, we would like to focus and expand on one simple idea: the notion of “one WHO”. The WHO staff associations and the administration of each office, we believe, all accept this principle. Each of us comes to this Organization with a common vision that the principles of evidence-based science and the experience of effective practice – synthesized, shared and applied – can have a great positive impact on improving the level of health of populations across the globe, and on serving our Member States. This vision is captured most eloquently in the 1948 Constitution of WHO, whose words are as appropriate and vital today as they were 60 years ago: “The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.” At this fundamental and profound level, we are all “one WHO”.

3. The uniqueness of this Organization within the United Nations system has been both a strength and an obstacle in efforts to realize the vision of “one WHO”. WHO is a comparatively democratic organization in which planning, budgetary and implementation activities are shared and increasingly decentralized among the regional offices, and in which the Regional Directors are directly elected by the Member States of their regions, rather than being appointed centrally. This allows for regional approaches to be applied to regional problems.

4. However, with any diversification, there needs to be a level of overarching coordination and common standards of procedure in order to ensure maximum efficiency and effectiveness. With the launch of the global management system, a great stride forward has been achieved in the harmonization of business processes at WHO. Despite this, and although we have heard from our Director-General and our Regional Directors that staff are our greatest asset, we have yet to achieve a basic common vision of the terms and conditions of service of staff. Each regional office has interpreted basic staff mechanisms in its own way, because of administrative independence, lack of coordination, or regional governing bodies that are not aligned with a common global vision.

5. Currently, processes at WHO’s offices demonstrate varying degrees of harmonization. Although most offices have harmonized contract processes, selection procedures vary across the Organization, administration of justice and conflict resolution mechanisms are not universally available, and staff/management mechanisms are unequally applied and supported.

6. Now, traditionally, at this point in a staff association speech to the Executive Board, we would go into detail on a sampling of individual issues in each office and summarize our demands to administration.

7. But our question is, is this the most effective way to engage members of the Board? Our guess is that it is not. It is sufficient for you to know that we are working with the administration on these issues through the Global Staff/Management Council as one global team, and not as regions or as staff representatives versus the management. There are disagreements to be resolved, but the consensus is that they are all resolvable and will be resolved. Not without dispute and compromise, but with a determined belief that we do have a common goal and a common vision.

8. For this speech, let us try something different.

9. What we are trying to portray is an evolution in staff/management relations. If “one WHO” is to be more than a shorthand phrase for a global federation of regional health offices, we need to change our culture and our behaviour. In any cultural change, it is easy to say that it is the other person who has to do the changing. However, rather than focusing on that other person, we, the staff associations of WHO, would like to describe the change we are committing ourselves to.

10. Staff associations are not primarily advocates for staff members with individual grievances, which given the numbers, time and resources involved is an impossible role; for many years, we have been developing and strengthening a more normative function for ourselves. By listening to individual grievances and offering guidance on staff rights and rules and on how the processes available to staff can best be used, the staff associations help staff members to see themselves no longer as “aggrieved parties” but rather as informed and empowered individuals. As a result, there is more conflict resolution than simple conflict.

11. Communicating with and listening to staff also permits data to be gathered on trends in the Organization that affect the terms and conditions of service of staff. Using this data to better work with management on improving policy at large leverages our work in a much more scalable way.

12. Some of you may have recognized the analogy we are trying to draw here: if as staff we practise behaviours with each other that are evidence-based and that use normative approaches to generate the greatest impact with the least resources, these behaviours will be better reflected in our technical work as well.

13. We will now stretch this analogy further.

14. One inconsistency across the Organization concerns our approach to performance management, which in many ways underpins better selection, promotion and staff/management relations.

15. The Director-General has noted that performance management at WHO has to be more robust and honest in order for WHO to increase its effectiveness and we agree. However, it is not simply an issue of “getting tougher” on staff in evaluations. As long as managers and staff see evaluation as the reporting of performance after the fact, it will fall prey to the pressures of confrontation and negotiation. If however, performance management is seen as a continuous dialogue between staff and management with the common goal of improving WHO’s objectives, rather than a personal judgement, then we start moving away from a corporate “reporting culture” to a “learning culture”. And if we embody such behaviour in our own actions – in the office between peers, and at the level of staff/management relations – could it affect our technical work? What would happen if our technical

work in Member States moved from a “top-down” reporting approach to a peer-to-peer learning approach? Could that change the way public health is delivered in countries, allowing greater honesty, exchange, innovation and local empowerment?

16. How might that change the format of Executive Board sessions?

17. As an experiment, let us imagine a meeting of the Executive Board which does not involve the reporting of facts, but rather which is a learning exercise. What might that look like on, for example, the topic of performance management?

18. I will ask a colleague of mine to help demonstrate. This is from a series we have developed for staff that we call “Jerks at Work”.

[A negative scenario of a role play exercise on performance management will be performed]

19. Now we will give our suggestions on what they could have done differently. Normally this would be improvised based on suggestions from the audience.

[A positive scenario will be performed]

20. We offer this as a concrete example of how we in the staff associations do more than complain. We try to live the change we expect in others and not presume we know the answers. We accept that consistent and harmonized processes are necessary, but only to provide a learning and productive environment, not for their own sake. In this way, with our common vision of health being a key aspect of a fulfilled and productive life, we recognize that management *is* staff, and that we are *all* members of the staff association. If the staff association changes for the better, then WHO changes for the better.

21. On behalf of the WHO staff associations, thank you for your time and indulgence in letting us try things a little differently.

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