

Statement by the representative of the WHO staff associations

1. A “learning organization” is the term given to a company that facilitates the learning of its members and continuously transforms itself. Learning organizations develop as a result of the pressures facing modern organizations and becoming a learning organization enables them to remain competitive in the business environment. A learning organization has five main features: systems thinking, personal mastery, mental models, shared vision and team learning.
2. Much has been said in this forum about WHO becoming a learning organization in order to remain relevant in the changing global public health environment. WHO is no different from other organizations that are facing the same pressures, and that have experienced similar successes and challenges.
3. It is instructive to look at WHO from the point of view of the five characteristics of the learning organization referred to above.
4. Like many organizations formed in the mid-twentieth century, WHO has inherited an organizational structure based on vertical hierarchies. Such structures, if horizontal modes of communication are not well established, can lead to internal competition, territoriality, and fragmented approaches to problems. WHO is not immune to such problems, and has made efforts over the years through mechanisms such as performance monitoring and the strategic objective focal point system to encourage communication and planning across discrete areas of the Organization. However, there has been little training or discussion concerning systems thinking, one of the characteristics of the learning organization that can help make such efforts effective.
5. We observe through our participation in staff selection that most managers whose posts involve supervisory responsibility are hired as technical experts, with little managerial experience and few managerial skills. Coming from primarily academic backgrounds, these experts often see themselves more as gatekeepers of knowledge rather than enablers of learning, either for themselves or others. In the WHO environment, over time, even their technical skills may diminish, and the work of the Organization becomes increasingly process- rather than results-oriented. We have also observed that through the introduction of competency-based interview techniques, “soft skills” are more easily and effectively identified in the selection processes, and this has in turn led to an improvement in management skills over the last few years. The second characteristic, personal mastery, needs more attention after the selection process has been completed.
6. The third characteristic of the learning organization calls for an organization to challenge its own mental models. Are the academic and public health mental models substantively challenged at WHO? As in many organizations, the culture of openness and trust needed in order to allow such mental models to be challenged and pave the way for true learning and transformation does not exist

consistently at WHO. Although there are many positive examples in WHO of paradigms being challenged in order to help to foster innovative solutions – through the use of communities of practice, group decision-making, peer learning, or other such mechanisms that are somewhat contrary to the “expertise model” that is prevalent in academic institutions – such methods, although gaining footholds, are not universally practised. In order to create such a culture, behaviour must be institutionalized from the top down. The Director-General and the Regional Directors can set the example by attaching value to appropriate experience as well as expertise, using greater outreach both to WHO staff and to line workers in the field as an essential input into strategic decisions. Without this, regardless of how much money is spent on training, there will be no learning. In our observation, WHO currently has many of the mechanisms needed to challenge its own mental models to positive effect, but only uses this approach selectively and intermittently.

7. Thanks to the rich intellectual traditions of public health as a discipline, WHO has fundamentally many elements of a shared vision, the fourth characteristic of the learning organization. We have a constitution that is as relevant today as it was 60 years ago. We have the fundamental belief in evidence-based decision-making, which can often cut through the most obstinate of vertical biases and orthodoxies. We, as WHO staff, have an unswerving commitment to improving the health and well-being of all Member States. This is a tremendously powerful shared vision, and a firm foundation for an increasingly effective learning organization.

8. In order to increase WHO’s effectiveness in an increasingly challenging global environment, the Organization’s shared vision needs to evolve to include partnership and collaboration in a real and fundamental way. The 1948 Constitution was based on an assumption that WHO would be the central authority on global public health issues. WHO no longer has a monopoly, and is now evolving its role, not just as the defining technical authority, but also as an enabler of other key institutions and partners. To do this effectively, WHO needs a different set of skills that goes beyond technical expertise to involve fostering a shared sense of ownership and collective use of knowledge outside our own comfort zones.

9. Which leads us to the fifth characteristic of the learning organization, namely team learning. Again, there have been some notable improvements at WHO in creating the trusting environment where honest experience and technical knowledge are shared openly without fear or regard to hierarchy and are applied to group problem-solving. This is as true in the technical areas as it is in staff–management relations. There is still considerable room for further and more homogenous improvements. Without team learning, all too often critical problems become recurring and cyclical ones. In this respect, the roll-out of the Global Management System constitutes both a negative and a positive example. In the initial roll-out, there were a number of examples of “group think”, in which staff members who identified critical problems were labelled “negative”, thus many avoidable issues remained to plague the System. However, in the roll-out of the System to the regions in January 2010, many of the mistakes in the headquarters roll-out were identified, discussed openly and avoided. The ability of the Organization to recognize its own mistakes and collectively solve problems in this case gives us cause for optimism.

10. Of course, the same principle applies to staff–management relations.

11. Recently eight staff members working in the area of information technology at headquarters or at the Global Service Centre in Kuala Lumpur were laid off. As budgetary considerations were the only reasons given, the indications are that many other departments may face similar difficult choices in the near future.

12. Unlike previous downsizing exercises of medium-to-large scale, in which the WHO staff associations played an active role both in planning the process and in its oversight, in this recent case the WHO staff associations were only informed after the fact and without any opportunity to review or have a substantive input into the process. The staff associations could not guarantee to staff that due process was followed as we could not verify either its transparency or its accountability.

13. Our initial discussion with management was discouraging as, contrary to the spirit of our own Staff Regulations, the new view seemed to re-enforce the notion that the staff associations have no say in management processes affecting termination. We made our views known within the staff-management consultative processes and when no movement was apparent, through public outreach on the issue to staff.

14. The result was an effort mediated by the Director-General, which at the time this document was finalized had established a consensus view between the staff associations and management that meaningful staff involvement in such processes does not undermine the authority of management, but merely ensures better decision-making and therefore better confidence in the decision as staff have the assurance that due process has been followed. At a fundamental level, this jointly led action represented all the aspects that we have been describing as characteristics of the learning organization. Rather than being reactive to a challenge from the staff associations, the management showed systems thinking by considering how such involvement could have systemic benefits. Both sides showed a willingness to recognize that they could improve in their approach, showing personal mastery. Both sides challenged their own mental models of the role of management and of the staff associations. Both sides respected each other's commitment to a shared vision of working towards better health and basing decisions on evidence; and both sides realized the necessity of engaging not as opponents, but as members of the same team even if our perspectives vary. If all the characteristics of a learning organization are harnessed and the acquired rights of participants respected, a new policy can be adopted and implemented consistently. If accomplished, this could lead to a breakthrough in staff-management relations, giving us the additional confidence that we are indeed making strides to becoming a learning organization.

15. Currently, different WHO offices have different levels of staff committee participation in these processes. As "one WHO", we believe there should be one approach to collaborative decision-making between staff and management. Headquarters, for instance, has for years had staff representation on selection panels with full voting rights. Such participation is not seen as in any way diluting management responsibility or authority – far from it. Management still has the ultimate decision-making authority and responsibility, but with direct staff participation managers are simply making better decisions.

16. With the full impact of the global financial crisis still ahead of us, and its full effect on jobs at WHO still very much uncertain, staff are increasingly anxious, and management increasingly opaque in its plans. We would like to ensure that across the Organization, in key areas of decision-making in which staff members' job security and rights are affected, the staff associations play the role of an open partner so that such decisions are not taken entirely behind closed doors.

17. If we are indeed entering a period of downsizing, then the transformation to become a learning organization is all the more crucial, as such an organization must have the flexibility and creativity to function better with less.

18. The key element to achieve this transformation is for the administration to demonstrate its trust in staff by practising inclusion and transparency. We would like as a foundation to establish as a first principle for all WHO offices that in matters of hiring and reorganization, full staff representation be

part of the process from the beginning through to completion. This would be a fundamental step towards transforming WHO into a learning organization.

19. Only in this way will staff have the confidence that the administration sees its staff as “our greatest asset”, as something to be empowered rather than exploited. With this trust and confidence, the difficult challenges ahead will be faced by staff and management as one team, learning from each other, rather than two separate constituencies locked in the stalemate of mutual distrust.

20. We ask for your support on this issue and to encourage management to adopt such a policy globally at all levels of the Organization. We believe this will make WHO a more effective organization and therefore directly benefit health in Member States.

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