

## **Statement by the representative of the WHO staff associations**

Mr Chairman, honourable members of the Executive Board, Dr Chan, delegates, and colleagues,

1. We open our statement by extending our best wishes to the Director-General, Dr Margaret Chan, and to all Executive Board members. The 10 staff associations<sup>1</sup> representing United Nations employees serving under WHO Staff Regulations and Staff Rules appreciate the opportunity to address the Executive Board. We are working closely with the Director-General for a strengthened WHO that can make true its mandate of being the leader in the global health arena. We appreciate the opportunity for this important dialogue with Member States.
2. We have been following closely the discussion on the Twelfth General Programme of Work, where several priorities have been highlighted, and on which staff are committed to assist the Organization to deliver. We have noted the focus on the six strategic leadership priorities that give focus and direction to WHO's work, the Secretariat and staff. We have also noted that part of the WHO reform focuses on harmonizing the governance process, enhancing strategic decision-making and streamlining reporting and communication, which together can improve accountability and effectiveness. The revitalization of the managerial process and organizational structures is in line with staff members' views and our strong commitment to a more effective, responsive, objective, transparent and accountable Organization.
3. Yet staff are concerned about the loss of morale and a reduced ability to deliver on priorities. In a 2013 survey carried out by the administration, 40% of WHO staff reported that they have no confidence in WHO and its work. Various technical units find they are less able to retain and attract renowned health leaders. Managers struggle to sustain staff loyalty and independence among the temporary appointees who seek job security wherever they will find it. Institutional memory routinely walks out the door. This growing insecurity undermines capacity and performance at all levels. We believe this situation requires the urgent attention of Member States.
4. Governments and other stakeholders have high expectations of WHO, as do WHO staff. In the above-mentioned survey which included 3500 people, 80% of respondents outside WHO and 94% of WHO staff affirmed the importance and leading role of WHO in improving people's health. Overall, 90% of respondents characterized WHO as the "most effective organization influencing health", and 90% also viewed WHO's information as reliable. We want to protect these strengths and aim to improve further. Staff take very seriously the fact that 24% of external respondents expressed lack of confidence in WHO and its work, and that 21% – over 1 in 5 – feel that WHO presently lacks the ability to take the necessary measures to act independently of inappropriate industry influence. In our view, it is imperative

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<sup>1</sup>The staff associations for headquarters, the African Region, the South-East Asia Region, the European Region, the Eastern Mediterranean Region, the Western Pacific Region and the Global Service Centre (Kuala Lumpur) and those for PAHO, UNAIDS and IARC.

that WHO management, in dialogue with members of our governing bodies, take action to ensure that changes to the Staff Rules promote an enabling environment for excellence and integrity.

5. However, we also note that maintaining competitive conditions of service for staff goes hand in hand with ensuring a strong and sustainable WHO. We are concerned about recent Staff Rule changes and proposed reforms that threaten our ability to attract and retain the best people from around the world. We are concerned that such changes are proposed without evidence of potential savings or other possible benefits for the Organization. The most recent proposed changes to policy on accrued leave have undermined morale across all major WHO offices. The payment of up to 60 days' accrued leave upon separation is particularly important for prospective retirees, given the well-known time gap between separation from the Organization and payment of pension. We are certain that such deteriorations were not intended outcomes of WHO reform.

6. In February 2013, a number of Staff Rule changes went into force to support a so-called "flexible WHO workforce model". Notable among these were the increase in service time required to be eligible to participate in a reassignment process, and the discontinuation of continuing appointments. Such changes are taking place in the context of a rapid reduction in the WHO workforce, and are seemingly out of line with the priorities and mandates that Member States expressed during the Executive Board at its 132nd session, and in the discussions during the Sixty-sixth World Health Assembly when we finalized our statement. As matter of fact, the WHO leadership's priorities and relevant programmes expected to support these priorities are the ones that have had, and will have, posts abolished, and for which funding is not secured.

7. Although staff believe in the value of flexibility as a principle, we see the recent and proposed changes as destructive for the Organization. Rather than investing in staff skills and improving performance management and accountability systems, the changes limit the ability of WHO to offer a career path to prospective staff or serving staff – a very important proposition when trying to attract and retain the best people, not to mention develop a viable staff mobility scheme. WHO has lost a number of highly experienced, long-serving staff in recent years, and it is projected that a significant proportion of the workforce will be lost to retirement in the not-too-distant future (983 staff are due to retire during the next five years and 2114 over the next 10 years). While it can be an opportunity for the Organization to renew its workforce and identify new talent, we also see an increased reliance on so-called "non-staff" that may have a contradictory impact. There are over 5500 individuals with such contracts, as documented by the administration for the whole of WHO; their relationship with and commitment to the Organization is limited and is costing the Organization about US\$ 300 million each biennium – over 15% of the total expenditure of the Organization.

8. Since our last statement to the Executive Board in January 2013, the WHO staff associations have continued their efforts towards fruitful dialogue and collaboration with the management. We are pleased to report that in February 2013, through discussion with the Director-General, three common priority areas for action were agreed on for this year. These include the elaboration of options for internal justice reform, the development of an unemployment insurance scheme, and the improvement of performance evaluation to ensure management accountability. We briefly note the status of each.

9. On internal justice reform, through our statements to the Executive Board over the past several years, we have shared evidence and expressed concern that the internal justice system does not meet United Nations criteria, notably that it be "independent, professional, transparent, effective, efficient, timely and fair" (see United Nations General Assembly resolution 59/283). We also note that the benchmark for resolving a case is three months. However, even with the additional resources provided during 2012, at present staff currently wait up to three years for a decision after a WHO headquarters Board of Appeal process; a second-level appeal at the ILO Administrative Tribunal can take another

two to three years. As to fairness, WHO staff expressed concerns that victims are experiencing immediate retaliation and that bullies and harassers are protected by the length of the process or because of their higher grade. Moreover, regional staff expressed the need for a provision to obtain direct representation on the headquarters Board of Appeal and in processes contributing to second-level appeals at the ILO Administrative Tribunal. Processes within WHO and at the ILO Administrative Tribunal, as organs of an international organization, must abide by standards required of an independent judiciary pursuant to United Nations criteria, customary international law and general principles of international law, including independence and impartiality, the right to public hearings, and provision for review of decisions. As part of an effort spearheaded by the Federation of International Civil Servants' Associations, the WHO staff associations are supporting the collection of evidence and deliberation on internal justice reform options. We have proposed to hold a meeting in November 2013 to consider options for internal justice reform that meet United Nations criteria; we will also address how the Organization can strengthen internal, informal mechanisms to support prevention and early action. We are pleased to report that the Director-General has committed herself to supporting further work in this area, and that management is interested in implementing a reform of the internal justice system during the next biennium.

10. Turning to the second priority, to date, the WHO staff performance management system has too often been a "one way road map", used as a punitive tool against staff, rather than the constructive tool for dialogue and staff development that it should be. WHO staff associations support the current work on revision of the Performance Management and Development System and advocate for a comprehensive and fair 360-degree performance management system. This should link holistically with team goals and an overall organizational performance review, supported by periodic, independent evaluation of WHO departments and programmes in line with the WHO General Programme of Work.

11. Finally, based on global evidence, we see that the threat of job loss has a negative effect on staff morale and sense of security in any workplace and creates unnecessary disturbance in staff-management relations. However, for international civil servants, the potential impacts are heightened as staff generally do not have the protection of their national social security mechanisms. This is a fact that cannot be overlooked and we have described impacts in former statements to the Executive Board. So what are we doing about this? Several staff associations have initiated discussions with management on the possible development of an unemployment protection scheme. We look forward to opportunities to advance our dialogue and elaborate possible options in the lead up to the Global Staff/Management Council in 2013.

12. To conclude, we thank you for the opportunity to address the Executive Board today. Effective, respectful and meaningful staff-management relations are one of the conditions for an enabling working environment and a stronger WHO. For greater transparency, we recommend that the next human resources report add a section on staff-management relations that can provide insights and quantify staff morale and the quality of such relations. As we have underscored on previous occasions, staff care deeply and feel strongly about the future of the Organization. We feel strongly that our current path of reform vis-à-vis the Staff Rules and conditions of service is destructive, with undesirable and potentially far-reaching consequences for WHO's position in global health. The WHO staff associations invite WHO's leadership and the Executive Board to consider conducting a joint, in-depth mid-term evaluation of the impact of WHO reform and its workforce model, across all levels of the Organization.

13. We look forward to our continued engagement and dialogue, towards a strengthened WHO that can deliver on the high expectations of Member States and for the health of people around the world.

Thank you very much.

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