

Statement by the representative of the WHO staff associations

Chairman,

Honourable members of the Executive Board,

Distinguished delegates and colleagues,

1. We would like to thank you on behalf of the WHO, UNAIDS and IARC Staff Associations for the opportunity to follow up on some of the important topics we discussed earlier this year, in our statement to the Executive Board in January 2015.
2. Our positive working relationship with management has allowed for an increasingly open dialogue on issues that are of concern to staff. Management engages actively when issues are brought to them and the Staff Associations remain strong partners in observing and acting on matters that breach staff rights.
3. As with any relationship and within any organization, there are successful outcomes and less successful outcomes. There are areas that require improvement, and there are concerns to be addressed. We would like to outline some of the issues that we consider important:

Emergencies

4. The April 2015 earthquake disaster in Nepal required a rapid response for rescue and relief, placing another surge demand on WHO staff at country, regional and global levels. This adds to the number of emergencies that an overstretched and under-funded WHO has to deal with now.
5. In addition, and as we mentioned in our January statement, the Ebola epidemic in West Africa highlighted the extreme commitment of WHO staff from around the world in responding to the outbreak's many challenges. Staff's professionalism, skills and unwavering energy contributed to the massive response operation launched by WHO and to achieving its health objectives. We commend the Organization for quickly designing and delivering pre-deployment training for many of the staff who were despatched to the field to support the Ebola response. In January we upheld the request that Member States and main donors provide the Organization with resources adequate to meet its mandate, in order to avoid placing untrained staff in challenging and dangerous situations over long periods, which may present a risk to their health and survival.
6. Staff are eager to support the current efforts of the Organization to increase the pool of experts for deployment in future emergencies, such as the earthquake in Nepal, and to ensure that WHO remains the "directing and coordinating authority in international health". However, to achieve this

aim, we must strengthen the support given to staff in emergency response before the next health emergency strikes. Let us not forget that as a result of recent staff cuts, there was a reduced number of qualified staff available, which hindered our rapid response to the Ebola virus disease outbreak. This is why planning for the future – both for the short- and the long-term – implies an allocation of sufficient funds for adequate staffing. Furthermore, it is essential to have a strong mechanism to train and prepare WHO staff to work in challenging conditions, such as those that arise during disease outbreaks or other public health emergencies.

RESPECTFUL WORKFORCE AND WORKPLACE

7. The concept of respectful workplace covers a number of principles for working together in an ethical and health-promoting manner. Respectful workplace initiatives link to a number of ongoing activities and services within the Organization, notably those of the Staff Health and Wellbeing Services; Headquarters Board of Appeal; Internal Oversight Services; Compliance and Risk Management and Ethics, the Office of the Ombudsman, and Staff Development and Training. The goal of all Staff Associations in 2015 and beyond is to ensure that practical steps are undertaken to make WHO a respectful workplace. Such steps include policy messages by the Director-General and Regional Directors that promote the principles and concepts of a respectful workplace; surveys, interviews and outreach to measure WHO staff perceptions and standards for WHO as a respectful workplace; and training and other awareness-raising activities in team building, conflict resolution, and organizational performance.

GEOGRAPHICAL MOBILITY

8. More discussion has taken place on the proposed geographical mobility policy for **international professionals**. The *principle* of geographical mobility has been approved by the Global Staff Management Council (GSMC) and the Executive Board. Owing to the operational complexity of such a policy, its practicability and cost-effectiveness needs to be documented for and demonstrated to all WHO offices before any actions or further decisions are taken.

9. Staff are not inherently opposed to the principle of mobility. They are, however, concerned about implementation and whether this will be undertaken in a fair and reasonable manner. One concern is that the Organization will not be able to provide sufficient positions to accommodate every mobile staff member. Another concern is that benefits to the Organization have not been clearly articulated. The result is the development of a policy structure that does not necessarily ensure the achievement of such benefits.

10. Many questions remain unanswered: Why are we planning to implement new internal mobility for such a specialized agency instead of making use of interagency agreements to allow us to “Deliver as One”? What are the incentives for staff (both those serving and those considering joining the Organization)? What are the costs of mobility and are these justified by the benefits? How will it work in practical terms with only a few staff dedicated to its functioning? Will our conditions of employment be changed retroactively? – an action that lawyers are strongly advising against. Or will the Organization consider changing employment conditions proactively? Do Member States want WHO to be staffed with experts in health matters or with generalists?

11. WHO’s dedicated staff rightly expect a win-win situation that takes into account their professional competencies, as well as their family and personal situations. Such issues still need to be addressed by WHO management. We foreshadowed possible loss of expertise in certain areas of work, as some International Professional staff have specific skills that are not represented (and/or required)

in more than one office. Concerns were raised that so-called generic post descriptions may not be the best solution and we understand that the Human Resources Department is not pursuing these, but is in the process of defining those posts which are rotational and those which are not. We previously outlined that while we are all keen on moving towards a more flexible and responsive workforce, we need to ensure that mobility does not lead to a loss of expertise. The mobility process must be fair and equitable, otherwise the Organization's credibility as a technical and specialized agency will be undermined.

12. Clearly, mobility is about competence building and should neither be used as a tool to reduce the number of staff members at headquarters nor compromise the rights of staff. Systems must be put in place to ensure that staff do not lose their jobs if no adequate alternatives are available. Efforts are ongoing to define a simulation tool that can assess the feasibility of the proposed mobility policy within the unique structure of WHO headquarters alongside its regional and country offices. This simulation tool needs to take into account technical issues, as well as plan for what is unforeseen. Even the unforeseen can be predictable.

13. We note with grave concern that changes to Staff Rules and Staff Regulations were presented to the Executive Board in January 2015 by WHO managers – without adequate prior consultation with the Staff Committee, as was the standard practice in the past. This was discussed with executive level managers, including the Director-General's Office and we voiced our dismay. We pointed out that the long-term impact of these mobility changes on staff are unknown at this point, since the details of the policy and its practical implementation are lacking and/or remain to be shared with staff.

14. The date of entry into force of the new mobility policy may adversely affect current staff members and existing conditions of their employment. Lack of opportunity for promotion and for suitable incentives to move to another duty station may create serious reservations among staff and, in turn, may have a negative impact on motivation and efficiency. In addition lack of opportunity to return to the former duty station after acquiring experience may also have a negative impact. We read the slogan "retaining talent", yet increasingly these words are lacking substance. All of this needs to be part of the discussion.

15. Career progression has been a key word in many United Nations documents and surveys on mobility. The WHO mobility framework should adhere to these standards.

16. Staff representatives are to have an integral role to play in the implementation process, as was decided at the 2014 Global Staff Management Council (GSMC). Together with Management we aim to develop a clear and workable mobility policy that adheres to Staff Regulations and Staff Rules, and whose implementation is based on a proper match of organizational and staff needs.

17. Hence, we will be looking for:

- (a) a mechanism in place to ensure Staff Associations' early input into any proposal for changes in Staff Regulations and Staff Rules prior to their submission to any of the WHO's governing bodies meetings – and that these inputs are meaningfully considered as part of our cooperation;
- (b) a mobility policy adequately tested for feasibility, and appropriate measures to ensure job security is in place;
- (c) career development through mobility; and

- (d) a clear evaluation mechanism of the mobility policy that includes staff satisfaction and indicators of career progression across all grades and locations (of posts subject to mobility), as well as,
- (e) clearly defined benefits of the mobility scheme to the Organization.

INTERNAL JUSTICE

18. In January 2015, we informed you about an external expert review of the internal justice system. The external panel issued its report in October 2014, with a detailed description of gaps and concerns, and a series of recommendations to improve three areas:

- (1) prevention and early response;
- (2) informal dispute resolution; and
- (3) formal dispute resolution.

19. Many of these concerns reflect issues that staff have raised through staff surveys, interviews and appeals. We are pleased that management also shares many of these concerns, and we are working together to prioritize what can be done to improve the functioning of the internal justice system, role clarity, and fair outcomes. This year, the focus is on strengthening informal mechanisms and ensuring that staff are not fearful of using them, nor fearful of reporting harassment or retaliation in general.

20. Another goal is to reduce the time taken for cases to come before the Board of Appeal. Ideally, this would mean 12 months or less elapsed from the date of the submission of the appeal to the reporting of a decision. In order to gain the confidence of staff and to ensure their trust in the fairness of processes and outcomes, it is vital to demonstrate the independence of the investigatory process.

21. We also require concrete evidence that the system protects victims and punishes wrongdoers, irrespective of grade or location. Overall, this means ensuring equal treatment of all staff. It also means providing open access to information relating to: updated and comprehensive statistics on processes, cases and outcomes; as well as to the costs of the internal justice system within WHO's overall budget.

STAFF HEALTH INSURANCE

22. Following the audit last year, many steps have been taken to improve the **WHO Staff Health Insurance** service. Health insurance is part of WHO staff working conditions and benefits. The services provided are generally good and the fund is in a healthy state. However, the level of service provided to staff in a number of country offices is poor compared to the service provided to staff in headquarters. Efforts are under way to ensure that services provided by Staff Health Insurance are equitable for all WHO staff, and access to services is obtained in a timely manner, particularly in the event of life-threatening situations.

23. Through the Global Staff Management Council (GSMC), the Staff Associations requested Staff Health Insurance to:

- (a) Put in place minimum service standards applicable to all staff in all WHO duty stations;
- (b) Provide a 24 hour, 7 days per week service throughout the Organization;
- (c) Establish an online mechanism that allows submission of health claims by staff regardless of duty stations; and
- (d) Expedite the refund of claims to staff who hitherto had experienced long delays. In addition, Staff Health Insurance provides for fast-tracking access to the required services in the event of life-threatening situations.

NON-WHO STAFF CONTRACTS

24. More and more individuals are being hired by WHO on “non-staff” contracts. A 2014 United Nations Joint Inspection Unit (JIU) report highlights that this occurs commonly in many United Nations organizations, and states that using *non-staff for staff work* is a violation of international labour laws. The headquarters Staff Committee has observed that since the re-profiling exercise in 2011–2012, the number has increased of individuals who have been hired on non-staff contracts to perform staff functions. Furthermore, this is frequently of a long-term nature, as individuals are often hired on repeated non-staff contracts of six to 12 months. Included in their terms of reference are staff functions (but without the required authority), and in some occasions consultants have taken over tasks of existing WHO staff. Additionally, they are often sent on duty travel to replace WHO staff, but without the equivalent WHO health insurance coverage provided to staff members. This puts WHO’s good name and the non-staff contractors at risk. People with non-staff contracts do not have the same entitlements as staff, nor do they have access to the WHO internal justice system. This type of employment practice carries risks to the credibility and integrity of the Organization, violates well-established international labour rules, and contradicts the United Nations principle of “equal pay for work of equal value”, as well as undermining WHO’s organizational performance.

25. We would like to see the hiring of individuals on non-staff contracts as a human resources process rather than as a procurement one. Discussions on this topic have been held with the Human Resources Director. In January this year, we counted in headquarters 344 consultants and Agreements for Performance of Work,¹ which is more than 10% of all staff at headquarters. There needs to be a review of the appropriate use of staff/non-staff contracts across the different levels of the Organization. We encourage the Human Resources Department to include these in its hiring practices. We understand that the Organization needs the flexibility to hire people to do very short-term work. However, staff work should not be undertaken by those on long-term non-staff contracts. We want staff who work for the Organization, particularly on its premises or who travel on its behalf, to be selected based on merit, to be accountable to Staff Regulations and Staff Rules, and be paid correctly for the work they do.

26. We will continue to request more transparency and regular updates from WHO administration on the numbers and trends in terms of the use of WHO non-staff. We will also continue to provide

¹ Consultants and other individuals who work on WHO premises often do not have insurance coverage.

input into new proposals in the interests of harmonizing use of non-staff contracts and contractual mechanisms at WHO, and in order to protect WHO staff and WHO's integrity and performance.

27. In conclusion, we thank you again for the opportunity to outline some of the organizational successes to which staff have contributed, as well as some needs for improvement and further development, particularly in better equipping staff for emergency responses, more research and answers on geographical mobility, and the current and increasing trend in the long-term use of non-staff.

28. Please be assured that we are fully committed to continuing the constructive dialogue with the administration to safeguard staff rights and through that, to actively contribute to our Organization's mission by regular meetings with the administration, joint staff-management working groups and representation in all Committees that concern staff rights. We hope that you view our comments and concerns as a contribution to the success of the Organization's mission. As always, we thank you for this opportunity to report to the Executive Board.

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