

Statement by the Representative of the WHO Staff Associations

1. The collective staff associations of WHO, IARC, PAHO and UNAIDS, representing over 9000 staff globally, appreciate the statement made by the Director-General at the 146th session of the Executive Board in which he said that the guiding principle he and his Management abide by in relating to the staff associations is that “there is no “us” and “them”.

2. Based on our own work ethics, we the staff associations embrace this guiding principle and are at all times ready to work closely with management for a WHO that is healthy both internally and externally. We are happy to report that a positive and professional working relationship between the staff associations and senior management has been maintained. Furthermore, management is making a commendable effort to address many staff issues and concerns that are brought to its attention.

3. As WHO staff, our attention is focused outwards, to monitor and improve the health of the populations of Member States and reach the triple billion objective set out by the Director-General and supported by us, WHO staff. At the same time, we look inwards and take stock of the internal temperature of WHO staff, as the staff is pivotal to the success of the Organization. We are encouraged that this is recognized by the Director-General, who indeed alluded to it in one of his early speeches, and we quote: *“unless we are internally healthy, we cannot fulfil what we want to achieve as an Organization. We simply can’t”*

4. We fully agree with his statement and in that spirit wish to bring you up to speed on developments since our last statement in January this year. Firstly, however, we want to comment on the current, unprecedented coronavirus disease (COVID-19) pandemic. WHO staff globally remain dedicated to the principles of our constitution and strive together to bring an end to this current crisis.

TRANSFORMATION

5. We are happy to report that the WHO transformation at headquarters did not result in job losses. The transformation exercise has continued throughout the active period of this pandemic and we have requested that management accelerate closure of the process phase and move on to the implementation phase.

6. The process in headquarters is being replicated in regional and country offices. Besides the purpose of having a transformation that increases our impact at country level, it is essential that this process ensures alignment of WHO across all its regional and country offices. The staff associations therefore hope and expect that the process in the regions and countries will be shorter, and that the outcome of job security will be replicated across the board.

7. In addition to transformation at production level, the staff associations very much look forward to a process that would streamline and coordinate administrative procedures. In doing so, stress at place of work will be reduced and amount of time spent for non-technical work increased.

8. Finally, we would welcome an evaluation of the whole process in the foreseeable future, by an independent external company.

INTERNAL JUSTICE SYSTEM

9. For any community to thrive, it must be healthy and safe. Safety means a workplace where staff are free from undue work-related stress, bullying and harassment in all its forms. It also means that when such harassment occurs, staff know that the Organization will take immediate measures to put a stop to it. Safety also allows staff to concentrate on the job for which they were recruited and to which they are committed. Although we have seen improvements in efficiency and effectiveness of the internal justice system since the reform in 2016, we feel that a lot remains to be done to ensure that staff have access to an internal justice system that is efficient, effective, and trusted by users. We expect equal access for staff in all duty stations to informal and formal conflict resolution mechanisms that are fair and transparent. We also expect accountability and integrity to underpin our internal justice system. Hence, we advocate for an internal justice system that reinforces these standards and ensures access to justice for all staff of the Organization, regardless of their unique personality traits and/or their duty stations.

10. Case investigation and resolution on average still takes more than one year. This reduces the momentum to protect against abuse and toxic work environments, and impedes the Organization's ability promptly to detect and correct unethical and unacceptable behaviour, fraud and other forms of misconduct. Indeed, WHO staff have expressed concerns that bullies and harassers are unfairly protected by the length of the process or because of their higher grade.

11. We all agree that the internal justice system is an important part of the Organization. This is why we call upon Member States and management to ensure that the resources required to make the system function at its best are put in place, particularly with respect to investigations. Specifically, human resources in this area must be increased to ensure that the work is carried out in a timely, efficient and effective manner.

12. We appreciate that a review of the accountability functions of the Secretariat is on-going, as reported to the thirty-first meeting of the Programme, Budget and Administration Committee,¹ and we hope that its inputs and findings will provide feedback to the internal justice system. We stand ready to work with management to build on the reforms from 2016, so that it can provide better services to all staff.

MOBILITY

13. Geographical mobility aims to contribute to the fulfilment of WHO's mandate and strategic goals, it enables the Organization to respond effectively and efficiently to delivering on its mandate in a changing environment, and also serves to enrich professional development through enhancing staff members' knowledge, skills and competencies at different levels of the Organization. However, WHO should ensure that the diverse circumstances of its staff are taken into account in the implementation of the programme, by providing social security, support and reasonable accommodation measures required in relation to family obligations, illness and disability and other individual circumstances of staff. The

¹ See document EB146/3.

changing world and “new normal” have implications for mobility, such as restrictions on travel, mandatory quarantines and isolations, and separation of families. As WHO continues to respond to the COVID-19 pandemic, which has forced the Organization to revisit issues around way of working, we appreciate that the Organization has recently created two task forces, to discuss flexible working arrangements and contract modalities. The recommendations from these two task forces may have a reasonable impact on the way mobility will be conducted and implemented. We therefore request that the geographical mobility programme take into consideration recommendations from these two task forces before implementation begins.

14. Mindful of experience drawn from various United Nations entities, it is evident that geographical mobility works best when, together with other incentives, the scheme creates win-win situations for staff and the Organization, advances professional development, and remains family-friendly in its implementation. It is therefore important that WHO renews its focus on creating an enabling working environment as it takes steps towards implementing the geographical mobility programme, and we look forward to ongoing dialogue with management on how to strengthen the existing enabling work environment for geographical mobility purposes. Just as organizations need flexibility, staff – with their diverse personal and family circumstances – also need flexibility. Our personal and professional situations evolve over time. For example, when children are born, when staff are striving to enhance their professional qualifications or are dealing with an unexpected illness, either personal or of loved ones.

STAFF HEALTH INSURANCE (SHI)

15. We appreciate the effort put in by our SHI colleagues to improve the SHI services, especially in meeting the needs of staff and their families. However, we believe that more can still be done. We recognize that many countries do not have good health care systems, however, all participants should have access to health care, as this could represent a serious risk to health and well-being, especially when health emergencies arise. The staff associations have received feedback from staff regarding the lack of recognition of the WHO SHI cards by health care providers. In addition, certain locally recruited, country-based staff have reported that their access to health care providers are significantly delayed by demands for immediate, high upfront payments. Moreover, when they submit claims for reimbursement, there are lengthy delays that cause them unnecessary hardship.

16. We would like to take this opportunity to thank the Director-General for approving last year a pilot initiative in the African and Eastern Mediterranean regions to expand access to treatment with over 5000 health care providers, which will also facilitate direct payments and discounted prices. We hope that this will help address the above serious concerns and we will monitor the situation carefully and believe that the pilot should be expanded to the other regions in the not too distant future. We would also like to show our appreciation for the decision taken by the Director-General in 2019 to revise the composition of the SHI Global Oversight Committee (SHI/GOC), to have greater representation from the Staff Associations.

17. In light of the above, we ask the Director-General through the SHI/GOC to undertake an urgent and rapid review of the situation and options for reform, so as to put in place a modern system that ensures: (a) implementation as soon as possible of the new pilot initiative for greater access to health care providers, with consideration given to expanding as soon as feasible to other affected regions to improve direct payments and to ensure cost containment and better health care costs for all participants of SHI; (b) implementation of the changes to the SHI/GOC structure so that the Staff Associations can be directly involved in making improvements to SHI as necessary; and (c) that the reimbursement time for submitted claims remains stable with a maximum delay of two weeks.

INTERNATIONAL CIVIL SERVICE COMMISSION

18. With regard to the International Civil Service Commission, at the last council of the Federation of International Civil Servants' Associations (FICSA), we learned that the Commission was reviewing the post adjustment rules as well as the operational rules to assess their efficacy with respect to the compensation policy objectives established by the Commission. This is highly appreciated by the WHO staff associations as well as by our counterparts from several international organizations in the United Nations common system, which have repeatedly requested this review. We hope that the review will address the concerns expressed by staff in the United Nations common system over the past years. We also acknowledge that the International Civil Service Commission is reviewing the salary survey methodologies for general service and related categories.

19. In light of the above, we would like to request the Executive Board to consider tasking the International Civil Service Commission with (i) ensuring some measure of equality in general service staff salaries globally so that their pay is commensurate with the cost of living of their respective countries and to close the gap between duty stations; and (ii) reviewing the differences in salaries between international professional and general service staff where the currency of the host country is unstable and subject to fluctuations and deflation.

HARASSMENT POLICY

20. We flagged this issue at the 146th session of the Executive Board. We reiterate that addressing all forms of harassment must be of the utmost priority for the Organization. At present, an outdated 2010 policy is the reference document for addressing concerns in this area. There also appears to be reduced momentum in revisiting and updating the current policy. The domino effect of the delay is an increased number of unreported cases, as the existing policy exposes affected staff to retaliation and subtle, or sometimes overt, forms of marginalization. Where staff muster the courage to follow through their grievances in this area, those grievances are inadequately addressed, and the staff concerned are compelled to seek justice and redress at the Administrative Tribunal of the International Labour Organization.

21. We are aware that the administration has for the past 18 months been working on a policy on sexual harassment in line with the United Nations System Chief Executives Board for Coordination model policy on sexual harassment. We are keen to have a final version that reflects input from WHO staff representatives as well as those of technical colleagues. We therefore call on the administration to hasten efforts to produce that policy, and also to ensure that the policy on other forms of harassment is urgently reviewed, revised and promulgated.

FLEXIBLE WORKING ARRANGEMENTS

22. We welcome the 2019 revision to the current policy, on the addition by the Director-General of one day per month. However, WHO's current teleworking policy was developed in 2014 and was only intended to be an interim policy until a comprehensive one was finalized and implemented. Six years later, WHO still does not have a modern and comprehensive policy but continues to use a process which is unevenly and unfairly applied across the Organization. The months of compulsory flexible working arrangements because of COVID-19 have taught us a lot and proved the efficacy of teleworking. In line with what is being observed in countries and throughout the working world, WHO should use this as an opportunity to build trust with its employees and have the courage to embrace teleworking and expand it. As mentioned above, the staff associations appreciate the recently created task force to discuss flexible working arrangements and hope that the task force will soon come up with revised

comprehensive recommendations that will build into the policy. We also hope that the policy will be implemented soon.

CONCLUSION

23. We expect that our concerns raised with regard to transformation, the internal justice system, geographical mobility, staff health insurance, and harassment, including sexual harassment, in the workplace will be, or already are being, addressed, and we hope to report on progress in those areas in our verbal statement to the Executive Board.

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