

Statement by the representative of the WHO staff associations

1. This statement of the staff associations of WHO, IARC, PAHO and UNAIDS to the Executive Board highlights perspectives of almost 9000 staff members on issues of critical importance for our Organization. The oral statement to the Executive Board will be delivered during the Board's 148th session to complement this report and reflect on developments in the current rapidly changing environment.

2. The challenges of the past year were unprecedented for the world and challenging for the Organization and every staff member. As acknowledged by the Director-General in his opening statement to the Seventy-third World Health Assembly in November, "every day, our staff all over the world are working in ways most people never see, to promote health, keep the world safe, and serve the vulnerable" making a vital difference to the lives of billions of people. Over the past year the staff have shown more dedication, hard work, determination, agility, and caring than ever before. We have delivered high results despite extreme workloads and other challenges and it is only logical that, in December, it has been decided to award 2020 Director-General's Awards for Excellence to all members of the WHO workforce.

3. During these critical times, the mutually beneficial collaboration of staff and management at global, regional and country levels has been more important than ever. The staff associations have of late regularly reported to Member States on consistently active staff-management relations, and this year this collaboration reached another level with leadership being open, receptive for suggestions and prompt in responding.

TRANSFORMATION

4. WHO has been transforming during the past years, and the pandemic has put this transformation to the test. Many recent initiatives have been taken in response to the changing realities and the staff associations welcome: the progress made by the WHO Academy in aligning career pathways development; the task force formed on the mental health of the WHO workforce; advances in flexible working arrangements, and plans to improve the use of existing contractual arrangements, in particular regarding temporary appointments and the extensive use of consultancies.

5. The restructuring process, which started in headquarters more than a year ago, is still ongoing in regional and country offices. To meet the goals of the General Programme of Work, 2019–2023, and to increase impact at country level, it is essential that this process ensures alignment across all WHO's regional and country offices. Senior management has committed to no job losses, and the staff associations therefore hope and expect that the process in the regions and countries will have job security as an objective across the board. As requested during the 147th session of the Executive Board, it is important that an evaluation of the whole restructuring process, both in Geneva and the regions, is conducted by an independent external company in a timely manner.

MOBILITY

6. The finalization of the geographical mobility policy was understandably delayed for a year because of the response to the pandemic of coronavirus disease (COVID-19). The simulation exercise aimed at testing the policy and guiding its implementation, promised to Member States at the 146th session of the Executive Board, was only initiated at the end of 2020. The staff associations are participating in the simulation exercise, and consequently we look forward to receiving the requested clarifications to many concerns, such as the absence of criteria to ensure handling deferral requests in a transparent and systematic manner, and the extent to which the simulation exercise will inform the development of human resource support measures. We expect the implementation plan following the simulation exercise to define the priority criteria for the first wave of mobility starting with the staff exceeding standard duration of assignment in hardship duty stations, those who have exceeded standard duration of assignment at their current duty station, who want to move, and who have put in a request to do so.

7. It is unfortunate that some key and central issues crucial for successful and efficient implementation of mobility have still not been addressed to date, such as:

- the absence of a unified system of position descriptions and classifications across all major offices with the introduction of an inventory of skill sets per function and grade level to ensure equal pay for work of equal value across the Organization;
- the lack of transparent and sustainable human resources plans for professional positions in headquarters and all regions;
- the lack of appropriate information management systems which can capture relevant information regarding staff needs and how duty stations can accommodate those needs;
- the need for an estimated costing of mobility implementation during the simulation, accompanied by a cost-benefit analysis.

8. The ongoing simulation is not designed to embrace the realities of the “new normal” and its implications for mobility, such as travel restrictions, mandatory quarantines, isolations, and separation of families. As WHO continues to respond to the COVID-19 pandemic, a temporary suspension of the mobility exercise would be a logical step.

STAFF HEALTH INSURANCE

9. As the leading authority in public health, WHO must be the trailblazer in providing the best protection for its staff and their families. The staff associations have repeatedly expressed the need for the WHO staff health insurance card to be widely recognized. Some signed agreements do not cover all the treatments available, making it even more difficult for staff to find the best health care providers. The current COVID-19 situation has increased the need for a valid card for all staff, possibly issued by third-party insurance. Increased recognition of the staff health insurance card is crucial to ensure that our colleagues, especially country-based locally recruited staff, have access to proper and immediate medical care. This must be treated as a priority component of universal health coverage and of the Organization’s duty of care towards its staff members.

10. We acknowledge the new, strengthened governance of the staff health insurance which will give staff associations more representation and thus a greater voice in governance, and we look forward to

contributing to the staff health insurance through this platform. We also appreciate recent changes to the WHO manual, removing the requirement for the uploading of medical certificates, an issue which was repeatedly criticized for breaching confidentiality. We recognize and appreciate the significant efforts by the staff health insurance to improve the service provided to WHO staff members in recent years. At the same time, we also wish to advocate for more transparency in data management and in respect of confidentiality, better usability of the staff health insurance card, and fixed reimbursement times for claims.

MENTAL HEALTH

11. The COVID-19 pandemic has sparked a crisis that has impacted the mental health of United Nations personnel on a scale never experienced by the current generation of staff. It is therefore of utmost importance to consider the needs, challenges, and the steps required to ensure that staff have access to high-quality mental health resources and services in a manner that is timely and sensitive, to protect their well-being.

12. Recent studies, including the United Nations system-wide COVID-19 Staff Health and Well-being Survey 2020, and other surveys on similar topics in WHO regions, found that up to 40% of staff reported their health and well-being negatively affected during the pandemic, with disorders including various levels of depression and anxiety, pain and sleeplessness. The findings provide some insights into the mental health impact of this pandemic: staff members in need of psychosocial support should feel comfortable accessing services and supported by their supervisors, and should not feel stigmatized when they admit that they need counselling for mental health reasons.

13. The Organization must embrace a cultural change that promotes and ensures mental health in the workplace. Mental health and psychosocial support are important components of the occupational safety and health of our workforce and must become part of the essential services offered routinely to staff members, not just to decrease their stressors, but to prevent their distress from impacting their performance at work.

14. There is a direct correlation between the mental health and well-being of staff and many of the issues and concerns raised in this statement. For this reason, it is important for us to note, as staff associations, the significant impact that delays in addressing these issues and concerns have on the mental health and well-being of staff.

HARASSMENT POLICY

15. We again reiterate that addressing all forms of harassment must be of the utmost priority for the Organization and repeat our request that the WHO policy on preventing and addressing harassment, sexual harassment, discrimination, and abuse of authority, and its corresponding implementation plan, should be reviewed, revised and promulgated. We call for this to be done in 2021, to ensure that addressing harassment and its related impact is treated as an urgent requirement for staff safety and well-being.

16. We look forward to having the points raised by staff associations reflected in the policy document, including:

- more attention given to the protection for, and duty of care towards, witnesses and impacted individuals. Being a witness in an investigation is stressful, especially if it involves fear of retaliation or other negative consequences;

- sufficient measures to address “group harassment” or “mobbing”, as in most cases mobbing takes place with the involvement of peers and supervisors;
- the current policy must also offer protection to those informally reporting abusive conduct, as the whistle-blower policy only protects against retaliation in cases where the person has made a formal complaint or has participated in an audit of investigation;
- aligning the WHO policy on preventing and addressing harassment, sexual harassment, discrimination, and abuse of authority with the International Labour Organization standards adopted in June 2019, namely: the Violence and Harassment Convention, 2019 (No. 190), and the Violence and Harassment Recommendation, 2019 (No. 206).

17. Given the crucial importance of the topic for both the welfare of staff and the successful functioning of WHO, the staff associations expect Member States to be consulted on the draft policy before finalization.

FLEXIBLE WORKING ARRANGEMENTS

18. The new realities during the most difficult months of the pandemic showed us and the world that remote working and other flexible arrangements are contemporary, effective and efficient ways of ensuring productivity together with safety and health, and can contribute towards cost-saving. The positive change in the management-perception of teleworking was acknowledged by the Director-General during his September 2020 townhall session. We welcome the establishment of the Organization-wide Task Force on Flexible Working Arrangements tasked with conceptualizing a global framework as the basis for anchoring respective major office policies across the three levels of the Organization, and eventually to modernize the ways WHO empowers its workforce, building on the best practices and lessons learned, including during the recent and current compelled teleworking arrangements. We believe that such a framework must be effectively implemented across all three levels of the Organization and the modalities adopted should be determined by post functions and other factors, to ensure appropriateness. This will enable WHO to evolve in line with the external environment and promote inclusivity while remaining productive and responsive to the needs of the workforce and our stakeholders.

CONCLUSION

19. We appreciate the attention that Member States pay to staff matters, concerns and initiatives and to the recommendations of the Executive Board at its 147th session to the Secretariat, following our statement in November. We expect that our concerns raised with regard to restructuring of the offices, geographical mobility, staff health insurance and harassment, will continue to be at the forefront of the priorities to be addressed, and we hope to be able to report on progress in those areas in our oral statement to the Executive Board.

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