

Statement by the representative of the WHO staff associations

1. This statement is presented to the Executive Board on behalf of the staff associations of WHO, IARC, PAHO and UNAIDS, which represent the views of over 9000 staff of the United Nations system. This statement will highlight areas of concerns as well as progress made over the years on previous issues brought to the Board's attention.
2. We, the staff associations, appreciate the efforts made by the Director-General and senior management to nurture a healthy staff-management relationship. The Director-General's commitment to meeting regularly with staff representatives and engaging actively with us demonstrates his willingness to find solutions that benefit the Organization and its employees, immediately as well as in the medium and long terms.
3. We appreciate the collaboration of the Director-General with the staff associations and staff as a whole, in particular through the monthly meetings with the headquarters staff association, the bi-monthly meetings with the global staff associations and through the Thursday open-door policy with individual staff. Not only does this show cooperation and recognition of the positive role of the staff associations in policy development within the Organization, it is also a good way to lend a much-needed ear to staff as a whole. We are pleased to note this systemic improvement of the staff/management consultative process at headquarters. It is imperative that the same spirit of active partnership is further extended to all WHO offices.
4. Other important issues that we have highlighted in the past include, but are not limited to, as follows.

INTERNAL JUSTICE

5. In our last statement to the Executive Board, we called for all staff across the Organization to have equal access to internal justice, including the removal of financial and other potential barriers thereto. We are pleased that management replaced the headquarters-based Board of Appeal with the Global Board of Appeal located in Budapest to ensure equal access for all staff. We further call for more resources to be allocated to the internal justice system, so as to ensure that the system operates efficiently and effectively.

MOBILITY

6. We would like to follow up on mobility in general, and more specifically, request that the findings, updates and feedback on the mobility simulation be shared with staff. Furthermore, we would like to clarify whether there is any possibility that the mobility exercise will lead to a downgrading of positions.

7. We would also like to see a mobility exercise that offers staff members the chance to apply for posts at a higher grade, if they are eligible.

MENTAL HEALTH AND DUTY OF CARE

8. We cannot reiterate enough that duty of care and staff mental health are of utmost importance for any organization. For us, more needs to be done in this respect. There has been difficulty in getting counsellors on board, particularly at the country and regional levels. At WHO headquarters, there are just a few counsellors. The world is currently confronting an aggressive coronavirus disease (COVID-19) pandemic against the backdrop of lockdowns and great uncertainty. Therefore, now more than ever, duty of care must focus on the mental, psychological, and emotional well-being of staff.

9. We can and must do better to support the mental health of staff members who are facing and have faced issues of harassment. We need to invest more resources in duty of care and mental health support and take the required practical measures to complement WHO mental health staff in most, if not all, offices, including by appointing dedicated staff counsellors or recruiting networks of mental health service providers. We must ensure a holistic approach to mental health that takes into account the variety of factors at play.

10. We also need to ensure that staff who seek mental health support services are afforded full confidentiality and privacy. This is essential since we must factor in the stigma and discrimination that comes with mental health in general.

11. Action should similarly be taken to address how and what staff medical information is reported to Human Resources so as to ensure that staff receive adequate medical support in line with duty of care and staff rights, and protecting confidentiality when required.

RETURN TO WORK ON ORGANIZATIONAL PREMISES

12. The current process for determining guidelines for the return to work on the premises must factor in national and regional epidemiological assessments to determine when to consider such a return and the criteria for doing so. However, in many countries in several regions, no such epidemiological assessments have been conducted. Furthermore, the global staff associations are not privy to the standard operating procedures or the methodology that would be used to make those assessments. As far as we understand, assessments are based on the number of cases per country, but not all countries are reporting in a transparent, accurate and timely manner. Moreover, access to COVID-19 vaccines has been very limited in countries across the global South.

13. We have also repeatedly heard management use the phrase “return to work.” Our position is that such phrasing could be considered as pejorative and devalues the fact that staff have been working from home, even at the expense of their own well-being at times. We call on management to use a phrase that is more considerate and respectful to staff across the world who are working tirelessly in new and difficult circumstances away from the office during a pandemic and subsequent lockdowns and having to carefully manage work in the context of more complicated personal and family situations.

14. We similarly urge the regional and country offices that have not yet adopted flexible working arrangements to do so, and in the meantime, to allow staff to continue to work from home and outside of the duty station, as needed.

STAFF HEALTH INSURANCE

15. We have called for WHO, as the leading authority in public health, to set an example to the world and to its Member States of what the minimum standards should be for health insurance. We reaffirmed our calls for access to treatment for all participants of the staff health insurance (and after-service health insurance) regardless of their location, ensuring that quality health care is affordable and accessible to all.

16. We are happy to report that a pilot to improve access to treatment in the African and the Eastern Mediterranean regions began in January 2021. Our staff health insurance colleagues have informed us that this pilot will include outpatient health care in a few countries, with the hope of extending access to such care to all countries in these regions in 2022. The Staff Health Insurance Global Oversight Committee now has greater representation from the regional staff committees and that change, combined with bi-monthly meetings between the staff health insurance secretariat and staff representatives, have brought positive results. Last year, we asked for a global ticketing system to improve customer service and harmonize responses across regions, and we have been informed that this will be rolled out by the end of the year. We also asked that claims be processed and reimbursed in a timely manner and are pleased to see great improvements in this area. We have seen many other positive developments over the last 12 months and have been informed that many more are in the pipeline for 2022 and 2023. We will continue to monitor progress and work closely with the staff health insurance secretariat to ensure that our voices are heard, but more importantly that the staff health insurance grows from strength to strength.

17. Another factor to highlight is that the COVID-19 pandemic has negatively affected the finances of staff members and their capacity to cover medical bills, particularly in the case of upfront payments. We call for further negotiations with the staff health insurance to explore opportunities and avenues for more flexible and affordable payment mechanisms, such as a maximum upfront payment of only 20% of medical bills by staff.

CAREER GROWTH AND SUPPORT

18. A competent and dynamic health workforce is essential to advance global health goals. In order to meaningfully confront the challenges of today and to prepare ourselves for those of tomorrow, we need to invest heavily in our young people. We are therefore pleased with the decision that the WHO's internship programme will now provide stipends to interns, meaning that financial status will no longer be a barrier to participation. We similarly welcome the commitment to diversity in this programme.

19. We further call for a standardized and unified policy mechanism that will pave the way for sustained and tailored career growth and development within our organizations for interns, consultants and staff members of all levels alike, especially entry-level staff. A policy that focuses on knowledge management and sharing, mentorship, flexible and tailored needs-based skill training, and exposure to various distinctive areas of work.

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