
Statement by the representative of the WHO staff associations

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

1. The WHO, UNAIDS and IARC staff associations thank the Director-General, Dr Margaret Chan, for her leadership and guidance at this critical time, when the Organization is going through many internal reforms and international challenges, in particular in leading the response to the outbreak of Ebola virus disease. For our part, and on behalf of staff across the Organization, we are committed to doing our best to meet WHO's objectives and support any effort towards safeguarding better employment conditions, salaries and benefits.

2. We are happy to report that a positive and professional working relationship between the staff associations and senior management has been maintained. The management is making a commendable effort to address many staff issues and concerns brought to its attention. However, there is still room to do much more to address issues that staff face on a daily basis to deliver services effectively.

3. The ongoing **Ebola epidemic** has brought a dimension of urgency to our discussions at this session of the Executive Board. Both Member States and the Secretariat have been challenged, and we must rise to the occasion. Yet let us recall that only four years ago we brought to the attention of the Executive Board the reality of a significant budgetary shortfall. During the period 2010–2012, WHO lost nearly 1000 staff globally. The African Region was hardest hit in terms of staff loss, followed closely by headquarters. At the time, Member States were tightening their budgetary belts to combat shortfalls at home, so the Secretariat could only do likewise.

4. Yet WHO is, and remains, the “directing and coordinating authority for health within the United Nations system”. Even before the Director-General declared the Ebola outbreak to be a global public health emergency, the few remaining staff dedicated to emerging infectious diseases in the African Region and at headquarters were working beyond the call of duty to address what they had already perceived as an overwhelming task, for which they were insufficiently supported. Following the emergency declaration, WHO has deployed and continues to deploy hundreds of our most skilled technical and administrative staff from country and regional offices and headquarters to the affected areas. These staff are working in extremely challenging conditions.

5. To be a “directing and coordinating authority for health” means, in the present circumstances, that WHO staff must work closely with counterparts to count the number of sick and dead, to know where Ebola virus disease is spreading, by whom, to whom and why, so that resources can be directed to where they are needed. It means that we inform and support health workers and local leaders in communities to educate the public on how to protect themselves, and how to avoid infection and spread. It also means that we are working incredibly quickly on innovative therapies and novel

approaches to develop new medicines, biological therapies and vaccines, which can be brought to the forefront of this fight faster than ever before.

6. WHO has the capacity to do this, and we are doing it, but this mobilization has a cost. It directly affects other constitutional functions that WHO staff are charged to carry out; functions mandated to us by our Member States. When we started to feel the effects of the staff cuts in 2010, no one saw an international emergency such as the Ebola outbreak coming. What we experienced was a move away from WHO's then existing workforce model to recruit more short-term staff and to outsource even more of WHO's work. Although this means, by definition, a smaller "staff" budget and a larger "activities" budget, it has resulted in a loss of experience and the deterioration of morale, motivation and commitment at all levels of the Organization. Despite increased health financing available through global health initiatives and partnerships funded in parallel to WHO, Member States and health systems, especially those in Africa, have paradoxically been left even more vulnerable.

7. In 2010, attention about the next global health emergency lost prominence given the economic challenges faced by every capital in the world. Member States, we were told, wanted a WHO that was "fit for purpose". Member States, we understood, wanted "workforce flexibility". Staff losses have hindered our response to this epidemic, and to other global public health threats.

8. The Director-General is charged with finding a delicate balance, walking a tightrope, carrying in one hand the demands of WHO's Member States, while carrying in her other hand the global health challenges of the world. WHO staff are committed to working with her in meeting those challenges and request understanding from Member States and major donors to provide the Organization with the adequate resources to meet its mandate.

9. In October 2014, the staff associations worked closely with the Global Staff/Management Council (GSMC) to discuss openly the new human resources strategy, including staff mobility, career pathways, internal justice, staff health insurance and administrative issues that will directly affect all staff. In addition, regular and institutionalized meetings with senior management at all levels of the Organization have been helpful in strengthening mechanisms for dialogue and partnership between management and the staff associations. These mechanisms also serve as an effective early-warning system in identifying and preventing potential issues of concern from staff.

10. WHO staff at headquarters and in the regional and country offices support, in principle, **geographical mobility of international professionals**. However, the proposed mobility policy lacks one essential component: it has yet to enunciate how its mandatory nature helps WHO to achieve organizational outcomes.

11. Managed mobility will help staff in their careers. It will help to share the burden of hardship duty stations and will result in more rewarding work experiences. But the simple question is still unanswered: how is mandatory mobility going to make WHO more effective and efficient in responding to current and future public health challenges like the Ebola outbreak? As a corollary, we need to clarify the strategic role of a mandatory mobility policy in a normative, technical agency like WHO, as opposed to in an operational agency like UNHCR, or United Nations peacekeeping operations.

12. Mobility is not an end in itself, nor is it primarily for the benefit of staff. As we now know through the experience of the Ebola outbreak, the stakes are simply too high for that kind of gamble. Data tell us that mandatory mobility cannot be implemented, as is now currently foreseen. At the anticipated pace of implementing the proposed scheme, the incoming Director-General in 2017 will oversee a global game of musical chairs affecting hundreds of her or his most long-serving staff. The

proposed amendments to the Staff Regulations and Staff Rules also risk being challenged because an organization cannot modify retrospectively the status of a staff member to his or her detriment.

13. For geographical mobility of international professionals to succeed, we need to create the right incentives, and conduct further research on how it can be effectively implemented. This is an essential element to defend the policy, and also to mobilize the type of support that implementing the policy will require. The staff associations have heard from several senior managers in the Organization about their doubts that the mobility policy as now proposed can be implemented. The policy needs a phased implementation, one based on feasible targets and achievable operational goals. Many of the precursory steps taken by the United Nations Secretariat in developing its policy, such as the wide use of generic job descriptions and the definition of global job networks, have yet to be done at WHO: these need to be achieved before implementation, since we cannot both prepare for the mobility policy and implement it at the same time.

14. Let us turn our attention to the **internal justice system**. It is well known that the average amount of time taken to resolve staff grievances is more than one year, sometimes much longer. This results in a profound lack of effectiveness – and trust – in the system. We therefore very much welcomed the expert review of the system that was carried out in 2014. At the GSMC, we had the opportunity to discuss this issue with management and were pleased that many of our concerns were shared by management, in particular, the emphasis on prevention and early resolution, including an increase in the use of mediation, and the need for all staff members to contribute to a respectful workplace. For our internal justice system to be effective, it is imperative that staff trust the system. Equal access for staff in all duty stations to informal and formal conflict resolution mechanisms that are fair and transparent will be a key consideration. We look forward to working with management over the coming year to create an effective, timely, independent and comprehensive internal justice system for all.

15. Together with the Administration, staff are taking forward the **respectful workplace** initiative for WHO. The Director-General has expressed her commitment to WHO as a respectful workplace through a strong video message to all staff that will be followed by videos with regional directors. It has been well received and has sparked many ideas, excitement and expectations. Many more actions will need to follow, supported by senior management and by the actions and behaviour of each one of us working at WHO independent of our respective professional status.

16. With regard to WHO **staff health insurance**, we are pleased to report that in the last 12 months, WHO's management has retained external consultants to assist with a review of staff health insurance services and administrative arrangements. We applaud the interim steps that have been taken by the Staff Health Insurance Fund to date, particularly with regard to support for individual cases, and look forward to the same standards of service to all staff. However, staff in the field, in particular, continue to report concerns related to the recognition of staff health insurance by health service providers, among other concerns, and new challenges continue to emerge. For example, staff in Guinea, Liberia and Sierra Leone have now lost access to usual destinations for emergency medical evacuation. We request urgent attention to these matters to ensure the health and safety of all our staff.

17. To conclude, let us reiterate our commitment to continued constructive dialogue with the Administration and assure you of our engagement in that dialogue through our participation in the different joint staff-management working groups. We look forward to reporting more on developments in this regard at the next session of the Executive Board. We thank you for this renewed opportunity to report to the Executive Board and furthermore reaffirm our commitment to contributing to the achievement of our Organization's mission.

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