

*executive committee of
the directing council*



PAN AMERICAN
SANITARY
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



34th Meeting
Washington, D. C.
May 1958

CE34/5 (Eng.)
29 April 1958
ORIGINAL: ENGLISH

Topic 6: PROPOSED NEW CONDITIONS OF EMPLOYMENT AND REPORT ON SALARIES
PAID PUBLIC HEALTH WORKERS IN THE AMERICAS

A. Proposed New Conditions of Employment

Recent action of the governing bodies with respect to this subject is summarized below:

1. The Tenth World Health Assembly (1957) requested in WHA 10.49 that the Executive Board (1) consult with the Directing Council of the Pan American Sanitary Organization regarding suitable staff regulations on salaries and allowances adapted to the need of international health organizations and (2) make appropriate recommendations to the World Health Assembly.

2. The Tenth Meeting of the Directing Council (1957) reviewed in detail the question of basic principles for the establishment of new conditions of employment in the PASB and referred a staff paper on this matter back to the Executive Committee for further study, at the same time specifically rejecting the proposal to eliminate "non-pensionable, peripheral allowances."

3. The 21st Meeting of the WHO Executive Board, reviewing the matter of conditions of employment, requested the Director-General to invite all Regional Committees to express their views on this subject and to present a full report to the 23rd Meeting of the Executive Board. 1/

1/ The Director-General, WHO, has circulated to all Regional Offices a draft outline for regional submissions on the Executive Board study of salaries and allowances for professional staff. This information is now being collected and will be the subject of a later report.

The Director therefore has the honor to present for consideration by the Executive Committee the following report which is a summary of the more important principles of his report (CE 32/3) to the 32nd Meeting of the Executive Committee. A supplementary report on "Study of Salaries paid Public Health Workers in the Americas" is also presented as Part B.

Background

During the last eight and a half years in which the Pan American Sanitary Bureau has served as the Regional Office of the World Health Organization in the Americas, much progress has been made in defining the role of an international health agency. Organizational relationships have been clarified and a degree of stability has been reached with respect to plans, budgets, and major programs of both agencies. Programs of consultation and assistance which were initiated in certain fields on a trial basis have proven their value and are now accepted as a continuing responsibility of these organizations.

The present system of personnel administration in the Pan American Sanitary Bureau came into being in 1949, following the signature of the Agreement between the Pan American Sanitary Organization and the World Health Organization, under which the Pan American Sanitary Bureau serves as the Regional Office of the World Health Organization. This personnel system was officially adopted by the Directing Council of the Pan American Sanitary Organization at its III Meeting in 1949. The Staff Rules have been amended periodically to maintain general conformity with those of the World Health Organization. The World Health Organization in turn has developed its personnel system within the broad outlines of the so-called "common system" of the United Nations and its specialized agencies.

The concepts of a common international civil service system has theoretical attractions for many people. It might be thought that there might be advantages for the Organizations concerned and their employees in the establishment of a true "common system." With these possible advantages in mind, those responsible for establishing the current system attempted to develop a system which could be uniformly adopted by all international agencies in the U.N. system. In practice, however, the agencies participating in the U.N. system have not been able to attain this objective. The personnel systems of the International Bank and the International Monetary Fund differ markedly on such matters as grade and pay structure, education grants, pension system, and the like. From a practical viewpoint, there is no transferability with retention of tenure, seniority, pension, leave and other rights from these U.N. organizations to other U.N. agencies.

Even among the U.N. agencies in the so-called "common system" (U.N. Secretariat, WHO, FAO, ILO, ICAO, UNESCO, etc.) there is great variation in implementation of the essential elements of the "common system."

It has been argued that a common system of personnel administration is necessary so that the staffs of different organizations working side-by-side in the same country would receive the same salary and conditions of employment. In practice, however, this is not and should not be the situation. To be satisfactory, the personnel system for any organization must serve the particular mission of that organization. This is why a marked variation in the actual personnel practices and systems followed by the several international organizations has developed. Experience has shown that a single personnel system rigidly adhered to cannot serve equally well the needs of widely differing international agencies. The policy of the World Health Organization (Staff Regulation 3.2) very wisely provides for variations, when necessary, from the "common system." A similar principle was stated by the United Nations Salary Review Committee of 1956, when it declared that the common system "need not be applied with such rigid uniformity that an organization can never deviate from it, even if there is no other solution to its own particular staffing problems."

The international health programs have now reached a stage of development at which a reexamination of the underlying personnel system is greatly needed in order to establish a firm and more permanent basis for future progress and growth.

1. Recruitment and Tenure

A major weakness in the staffing of the Pan American Sanitary Bureau and the World Health Organization programs at the present time is the practice of making a majority of the appointments, particularly in the field, on a limited term basis. This results in unnecessary turnover and unduly costly training programs for new employees.

Moreover, the programs and budgets of the PASO and WHO have reached a size, diversity, and maturity which would not only permit permanent appointments, but make it advantageous both to the organizations and the staff members to have many more permanent appointments.

Today 69% of the physicians, 77% of the nurses, and 86% of the sanitary engineers in PASB/WHO are serving on temporary appointments of 2 years or less. There are, in this group, a number of public health workers with broad training and experience who would be an asset to the permanent staff of our organization and who would be interested in the security of a career appointment.

An even more important justification for an expanded career service in the international health agencies is the real need of these agencies to be able to offer more attractive conditions of service to the capable young public health official, recently graduated from a school of public health, who may be interested in a career in international public health work. To bring in the best of such persons at the entrance grade, provide them opportunity for professional growth and development on a variety of assignments, and to give them more responsible posts and higher salaries as they grow and develop-- this represents the best possible type of a true career service.

If the Bureau adopts a personnel program enabling it to develop its own officials in the future by this means, it will thereby lessen the demand for experienced public health officials from the health ministries of member governments. With the present critical shortage of qualified public health workers, and bearing in mind that national health agencies carry the basic responsibility for providing health services, the international health organizations should not depend on recruitment from national health agencies to the extent they now do.

A substantial body of career service employees would have the advantage of providing a greater degree of flexibility. This would facilitate the easy interchange of staff between field operations and established stations of the Organization. Staff members would no longer think of their employment as limited to only one project, but would expect over a period of time to serve on a variety of projects as well as in some of the established offices. This variety of experience for each staff member would also represent opportunity for professional growth and development and a broader understanding of the work and problems of the Organization.

There are, of course, certain types of program activities, such as malaria eradication, in which specialized personnel are used and which by the nature of the program are needed for only relatively short periods of time. These should be appointed on a limited term basis.

2. Training

A career service, which by definition encompasses the professional development of staff members, can only be successful if it incorporates a truly effective training program. This means that PASO and WHO should adopt a planned program of staff development which will include:

- (1) Varying assignments in the field
- (2) Rotation between headquarters and field assignments
- (3) Educational leave and stipends for specialized and advanced academic training and other educational experience for promising staff members.

3. Use of Secondments

Even with an expansion of the career service concept in PASO and WHO, there will still be many posts in short term projects requiring highly specialized skills which should be filled by the secondment of personnel from private foundations, universities and laboratories and national ministries of health. This will be necessary because of the frequent need for personnel of particular competence to advise governments on problems of a very specialized nature, and because some personnel needs also will be of a definitely limited time duration.

The proper use of secondments will provide for the fullest possible development of individual public health workers and will eventually result in an enrichment of the programs of the agencies loaning as well as those utilizing such personnel. For this reason, it is hoped that governments will, wherever possible, facilitate transfers to international agencies by providing to employees who transfer full reemployment rights, seniority credit, and retirement credit for international service. But it is essential that (1) no transfers be effected which seriously impair the work of a national health ministry, research institution, etc., (2) agreed upon time limits on secondments be rigidly observed, and (3) the needs and interests of the employees be kept in mind at all times.

It must always be borne in mind that the national agencies, and not the international health agencies, carry the basic responsibility for providing health services to people.

4. Compensation

The most important contribution of international health agencies is the competence and experience of its professional and scientific consultants who are responsible for advising and assisting governments in the development of their health services. In order to fulfill their responsibility, the international health agencies must be able to employ the highest competence available in the world. There is abundant evidence that salary rates in international health agencies are no longer adequate for recruitment of professional and technical specialists of high competence and that substantial increases are urgently needed.

The principal users of international public health workers in the Western Hemisphere are the PASB/WHO and ICA. The United States International Cooperation Administration is currently recruiting public health physicians for international assignments at salaries which, at most posts in Latin America, average some \$4,000 more than those offered by the Pan American Sanitary Bureau and the World Health Organization for comparable positions. 1/

1/ See Part B which also includes a report on survey of salaries and other compensations offered public health workers in the Americas.

There should be a realistic reappraisal of the basic salary scale in the Pan American Sanitary Bureau and the World Health Organization to make possible the recruitment of professional health workers of the required high competence.

In addition to a substantial increase in the basic professional staff salaries, there is a need for a reexamination of the grade structure of the present compensation scale. At present, the number of grades is not adequate to reflect the varying levels of responsibility in positions presently established in the Pan American Sanitary Bureau and the World Health Organization.

For all practical purposes in PASE/WHO, there are only 3 grades (exclusive of 2 division chiefs in the Washington office) into which medical officer posts may be classified and graded under the present system. One of these grades is reserved for zone representatives reducing to two the number available for all other medical posts. This covers positions of widely varying responsibilities such as country project subordinates, project leaders, branch chiefs, posts with no supervisory responsibilities, assistant zone representatives, etc. What has been said about medical staff is true also for other professional staff.

The Director believes that at least two additional grades in the professional series should be introduced.

5. Family Allowances

The Directing Council at its X Meeting (1957) discussed the matter of family allowances, and also considered the Director's proposal to eliminate non-pensionable, peripheral allowances. It was the decision of the Directing Council that principle number 4 referring to the elimination of non-pensionable, peripheral allowances should not be included in the approved statement of principles.

However justifiable family allowances may be as means of supplementing salaries paid by national agencies, these justifications do not necessarily apply to international organizations employing highly qualified professional personnel. It is incumbent upon our organization to provide a salary sufficient to permit a staff member to maintain a standard of living appropriate to his professional position and to discharge his responsibilities as head of a family without the need for salary supplementation.

The overemphasis on family allowances has been an important factor in preventing adequate increases in base salaries. This system has also tended to discriminate against the young public health worker with few dependents and the more experienced, veteran official whose children are grown

and no longer qualify as dependents. In both of these classes are well qualified potential recruits for international health work.

In short, a salary scale for international public health workers should be based only on relative difficulty and responsibilities of the job to be done and not on family status or other considerations affecting the incumbent personally.

The Director wishes to report, further, that there are particularly two provisions of the Staff Rules adopted by WHO effective January 1958 which complicate even further the administration of the dependent's allowance. These are: Staff Rule 210.3 (a) which provides that an allowance will not be payable for a spouse who is employed and earns more than US\$1700 per year or the lowest entrance salary of the local scale; and Staff Rule 250 which provides that the allowance for a child will be reduced by the amount which is received, "by reason of such child, from public sources by way of social security payments or tax exemption."

For the Organization to attempt to investigate and record in detail the provisions of social security and tax benefits for children in all countries is an enormous administrative chore. Therefore, the Organization has taken the measure of having each employee furnish this information. Our employees have found it difficult to obtain this information and to make a proper application in their individual cases. As a result they have asked the Personnel Office to make such study and analysis for them so that in the end the result is the same as if the Organization had done the work in the first place.

Staff Rules 210.3 and 250 have served to reduce the amount of allowance payable to some staff members. It has produced some savings to the Organization, but it is questionable whether the savings have not been offset by increased administrative costs. Therefore, it is the opinion of the Director that this restrictive procedure governing the granting of dependency allowances should be discontinued.

6. Post Adjustment System

In order to maintain equity in compensation, it is necessary to maintain parity of real income of internationally recruited staff in accordance with the cost of living of the place of assignment. The United Nations Salary Review Committee of 1956 noted certain difficulties of administration but recommended the continuation of the present United Nations cost-of-living adjustment system with a strengthening of the statistical staff to improve the speed and accuracy of the adjustments. It is believed that this is a sound recommendation which should be implemented as soon as possible. It becomes even more urgent with the expansion of coverage to include project personnel assigned to many stations not now covered by the post

adjustment system. It is hoped that the Executive Board of the WHO will adopt the recommendation of the Directing Council for eliminating the application of minus post adjustments and thereby make possible a single condition of employment for the staff of PASB/WHO.

7. Pensions

An organization which expects to carry on programs of strictly limited duration and employ temporary, fixed-term staff has relatively little need to emphasize adequate pensions for its staff members. On the other hand, an organization which conceives of its program as a continuing one requiring the stability of a permanent career staff requires a complete and adequate pension system as one of the essential elements in the recruitment and retention of permanent staff members. Aside from the need to provide adequately for retired staff members, such an organization cannot afford to be less liberal in the matter of pensions than the principal agencies and organizations with which it is competing for personnel.

The major deficiency in the United Nations pension system is the fact that annuities are based on net salary and not on total compensation received, as is the case in most other systems. This problem was recognized by the heads of the specialized agencies in their joint statement on the report of the Salary Review Committee and it was recommended that further consideration be given to improving the Joint Staff Pension system.

An Expert Group on Pensionable Remuneration has now been appointed by the Administrative Committee on Coordination and it is hoped that recommendations for substantially improving the system will soon be developed by this group.

In view of the foregoing, the Executive Committee may wish to consider the following resolution:

Proposed Resolution

The Executive Committee,

Considering that, in order to assure uniformity of conditions of employment, the Pan American Sanitary Bureau has, since 1949, adopted essentially the staff regulations of the World Health Organization;

Considering that full realization of efforts to establish uniform and equitable conditions of employment for staff of the international health agencies has not been achieved;

Considering that present conditions of employment fail to attract many health workers who should become career officers of the Organization;

Having studied the report of the Director on this matter, including the statement of basic principles for the development of improved conditions of employment for international public health workers (Document CE34/5), and including the report on salaries paid public health workers in the Americas (Part B),

RESOLVES:

1. To recommend to the XV Pan American Sanitary Conference that it approve Document CE34/5 as a statement of basic principles to guide the development of an improved system of personnel administration for international health agencies.
2. To recommend to the Conference that it authorize the Executive Committee to negotiate with the Executive Board of the World Health Organization for the acceptance of these principles and their implementation through the adoption of revised Staff Regulations and Rules based thereon.

B. Report on Salaries Paid Public Health Workers in the Americas

Part 3 of Resolution XVII adopted at the IX Meeting of the Directing Council instructed the Director of the Pan American Sanitary Bureau

"to undertake a comprehensive study of the salaries and other compensations offered to public health workers in the Americas and to present a report on this matter, together with recommendations."

In accordance with this resolution, a study was initiated in the Spring of 1957 to gather data on salaries and other compensation offered to public health employees in the medical, sanitary engineering, and nursing professions in the Americas.

A most important portion of the study was the collecting of information from the health ministries of Latin America by means of a questionnaire. In order to lighten the burden on those responding and to increase the number of countries replying, information was requested only on "certain key medical, engineering and nursing positions." A two-page questionnaire was used. The first page requested such basic data on each job as: (1) title of job and duties, (2) hours per week, (3) number of hours on other paid work, (4) base salary (minimum and maximum) family allowance, annual bonus and other allowances, if any; and (5) average income tax paid. The second page requested data on the so-called "fringe benefits" such as (1) pensions, (2) life insurance and health and disability insurance, (3) medical care, (4) leave and (5) other benefits. This questionnaire was developed and sent to our zone representatives in April 1957 for forwarding to the health ministries.

Since salaries paid public health workers in the U.S. State Health Departments had been the subject of a special study by the U.S. Public Health Service in August 1956, it was decided to make use of these data without the need for a separate questionnaire for the U.S.

Completed questionnaires were returned by 15 of the 20 independent countries for a gross "return rate" of 75%. Also questionnaires were completed by Puerto Rico and by the British and French territories in the Caribbean area.

However, there was a very wide variation in the number of positions on which the ministries reported salary data. Considering only the 15 republics, the number of posts at the national level on which salary data were reported varied from a low of 3 posts in two countries to a high of 27 posts in one large country. This was indicative not only of differing

interpretations of what are "key posts," but even more importantly, indicative of wide variations in the size of countries, their health problems, and the scope and breadth of services provided by their ministries of public health.

As with any questionnaire method of collecting information, some discrepancies and problems of interpretation were noted. For example, the question on income tax paid was misunderstood by a majority of the respondents. Posts in the same country with the same salary were reported with differing amounts for "average tax paid." For another example, average allowances paid were not always consistent: one country reported 2 "Director D" posts, one with a base salary of \$1340 and \$2344 in allowances; the other with only a base salary of \$1340.

The questionnaire requested information on the minimum salary established for each position, not on the salary paid to the current incumbent. This was in an attempt to compare recruitment salary levels, but it resulted in a considerable understatement of the effects of seniority on salary. Seniority in the government --not necessarily in a particular job --is a most significant salary factor in many Latin-American health ministries.

Notwithstanding these problems of questionnaire interpretation, the most important difficulty in a salary study of public health workers in the Americas is the lack of comparability in the concept of a professional career service with full time employment and no supplementation of the health department salary from outside sources. The majority of the ministries of public health accept the principle of full time employment limited to a single position as the ideal for the public health worker of the future. At present, low salaries are delaying the fulfillment of this goal in many countries, and the general practice is for the public health doctor to engage in extensive private practice and, in many cases, to have other salaried employment in addition to his public health post.

In the event that the incumbent of a post is restricted from other employment or the practice of his profession, it is common practice to pay him an additional and rather substantial allowance in compensation for this restriction. The trend in moving toward a full-time, "single job" employment is indicated by the comments of the Minister of Paraguay. He stated that all salaries reported are considered "full time" for 40 hours per week but that in order to give greater emphasis to public health programs, a new type of appointment "tiempo integral" has been adopted to cover those professionals who neither carry on a private practice or have other employment (except for teaching). Additional remuneration is provided for these persons.

Some indication of the tremendous differences in the concepts of

public health work in different countries is revealed by the spread in salaries reported for directors of medical programs. This range was from a low of \$346 per year to \$9,000 per year. Obviously a country paying the equivalent of a few hundred U.S. dollars per year for a medical program director cannot expect him to devote very much time to his public health post.

Because of the vast differences among the countries in the number of hours that a public health worker is expected to devote to his health department post and the variation in amount of other employment permitted, it was decided that the only equitable approach would be to limit the tabulation to data from those health ministries which (1) require essentially full-time employment of a "dedicación exclusiva" nature, and (2) are large enough to have several medical program directors. The following table shows selected salary data for the six countries meeting these two requirements. For purposes of comparison, the salaries were converted into U.S. dollars using the exchange rate in effect in July 1957. The amount shown includes base salary and allowances (at the rate payable to a married official with one dependent child).

Salaries Reported for Selected Public Health
Posts in Health Ministries - 1957

<u>Country</u>	<u>Dir.-General Public Health</u>	<u>Medical Program Director</u>		<u>Chief, San. Eng.</u>
		<u>Lowest Salary Reported</u>	<u>Highest Salary Reported</u>	
	\$	\$	\$	\$
A	14,000	6,600	9,000	6,300
B	7,600	(not reported)		6,700
C	5,700	4,200	5,400	5,400
D	5,400	2,400	4,800	3,000
E	4,800	3,900	4,200	4,200
F	4,400	3,100	3,300	3,900

In the United States, a variety of salary information is available for public health officials at the three levels of government-- federal, state, and city. The Surgeon General of the U.S. Public Health Service and his principal bureau chiefs receive total compensation of over \$20,000 per year. In a salary study made in 1956, one state reported its state health officer's salary at \$18,500; thirteen paid \$15,000 or more per year, and the median of all 48 states was \$12,000. In the same study, five states reported salaries for Directors of Sanitary Engineering of \$13,000 or more.

A fourth of the cities of over 500,000 population reporting salary data in 1957 indicated salaries for health officers in excess of \$23,000.

In emoluments other than salary, public health workers in the Americas have many advantages. Fourteen countries answered questions on such "fringe benefits" as medical care, retirement and leave. Of these 14, nine reported that some provisions are in existence for medical care for their employees. All except two reported provisions for the retirement of employees with a pension. Many questionnaires did not indicate the details of such pension plans, but where such detail was reported very liberal pensions were noted. For example, 3 countries provide for a pension equal to 100% of base salary, payable after 25, 30, or 35 years service respectively. Another provides for a pension, after 20 years of service, equal to two thirds of salary.

Almost all of the countries provide for annual leave and sick leave, and there are various special leave provisions such as leave for maternity reasons, death in the family, leave after 10 years service, etc. Annual leave varies from 15 to 90 days per year. Sick leave varies from a minimum of 12 days per year up to 3 years or in some cases an unlimited amount based on certification of need. The usual practice appears to be quite generous.

Salary and other data listed previously in this report relate to national posts which serve, of course, the health program of a single country. To secure comparative data for international, expatriated health officials who serve as advisers to governments is another problem. The binational programs of the U.S./ICA offer perhaps the best source of data for comparison with the compensation paid by PASB/WHO. The following table indicates the comparative compensation of a medical officer, Grade ICA-4 and PASB Grade P.4 in six typical locations in Latin America.

COMPARISON OF NET COMPENSATION PAID MEDICAL OFFICERS, GRADE 4
BY PASB AND ICA IN SELECTED POSTS - APRIL 1957

CE34/5 (Eng.)
Page 14

	Montevideo		Lima		Rio de Janeiro		Havana		Mexico City		Asunción	
	ICA 4	PASB P4	ICA 4	PASB P4	ICA 4	PASB P4	ICA 4	PASB P4	ICA 4	PASB P4	ICA 4	PASB P4
Base Salary	\$11,500	\$7,300	\$11,500	\$7,300	\$11,500	\$7,300	\$11,500	\$7,300	\$11,500	\$7,300	\$11,500	\$7,300
Post Classification	-	-	-	400	-	1,175	2,160	1,525	-	-	-	-
Hardship Diff.	-	-	-	-	-	-	-	-	-	-	1,725	-
Quarters Allow.	3,000	-	2,500	-	3,000	-	3,000	-	1,800	-	2,500	-
Dependents Allow.	-	500	-	500	-	500	85	500	-	500	-	500
Education Allow.	140	400	230	400	420	400	290	400	250	400	400	400
	14,640	8,200	14,230	8,600	14,920	9,375	17,035	9,725	13,550	8,200	16,125	8,200
Less Est. Inc. Tax	-1,862	-	1,862	-	1,862	-	1,862	-	1,862	-	2,310	-
NET	12,778	8,200	12,368	8,600	13,058	9,375	15,173	9,725	11,688	8,200	13,815	8,200

Note: Above comparisons are based on:

- (1) Allowances payable to a staff member with wife and one child, assuming child to be in 6th grade.
- (2) Assumption that duties and responsibilities of ICA 4 and PASB P4 are generally comparable. This is the usual recruitment grade for both organizations.
- (3) Recruitment of medical officers by ICA at top of grade and by PASB at first step of grade. This is present practice.
- (4) Exclusion of "assignment allowance" (\$1,200 p. a.) paid PASB field staff, on the assumption it is roughly comparable to cost of household goods removal provided by ICA and not by PASB. No assignment allowance is payable by PASB if removal costs are paid.
- (5) If minus post adjustments were included, as required for WHO posts, net compensation would be reduced for Montevideo and Asuncion.