



UNAIDS PROGRAMME COORDINATING BOARD

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Issue date: 20 June 2014

THIRTY-FOURTH MEETING

Date: 1-3 July 2014

Venue: Executive Board room, WHO, Geneva

Agenda item 7

Statement by the representative of the UNAIDS Staff Association

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to: *Takes note of the statement by the representative of the UNAIDS Secretariat Staff Association.*

Cost implications for decisions: none

REPORT OF THE UNAIDS SECRETARIAT STAFF ASSOCIATION (USSA) TO THE UNAIDS PROGRAMME COORDINATING BOARD

INTRODUCTION

1. Since June 2004, the UNAIDS Secretariat Staff Association (USSA) has reported annually to the Programme Coordinating Board. Following a request made at the 28th Programme Coordinating Board meeting, the USSA presented an additional report and statement to the Board at its 29th meeting in connection with the human resources-related recommendations of the Second Independent Evaluation, the workforce functional review, and change processes taking place within UNAIDS at that time.
2. This report highlights key developments since June 2013, focusing on staff priorities identified in the annual USSA staff survey, and will be complemented by an oral presentation to the Board by the USSA Chair. Submission of the present report has been delayed to incorporate the most recent developments related to ongoing advocacy for WHO Staff Health Insurance reform, which this year's USSA staff survey reconfirmed is the top priority for UNAIDS staff around the world.

ADVOCACY FOR WHO STAFF HEALTH INSURANCE REFORM

3. Timely access to health care, without financial barriers – including HIV treatment – is central to the health and security of staff, retirees and their families. It goes to the heart of the mandate of UNAIDS. The ability to offer quality health insurance has also been recognized more generally as an important factor in an organization's ability to attract and retain the best employees, and protect organizational performance by minimizing illness and absenteeism.
4. In 2012 and 2013, the USSA reported that staff, particularly country-based colleagues who transferred to UNAIDS contracts in the context of the move to a Single Administrative System, were expressing serious concerns about the poor quality of service offered by WHO Staff Health Insurance (SHI) in terms of the lack of recognition at local level (and as a result, high out-of-pocket expenditures or complicated pre-payment negotiation), long delays in reimbursement, and outdated, paper-based claim procedures. For country-based staff and dependants in particular, the serious consequences of these problems can include:
 - the inability or delay of staff and their families to access health care, even in emergency situations;
 - changes in health care seeking behaviour, including deferral of needed health care (1 in 5 locally-recruited country-based colleagues report having delayed needed treatment);
 - financial burden to staff and their families in the form of high out-of-pocket up-front expenditures, and higher prices for standard care; and
 - resultant stress for staff in respect of themselves and/or family members which in turn can affect their ability to work with peace of mind.
5. Colleagues have expressed fear that they will not be able to avail of essential care for themselves or their family when a health emergency arises. SHI reform is a "life and death" matter for staff and their families.

6. We are pleased to report that the UNAIDS joint staff-management Task Force on Staff Health Insurance Reform ("Task Force"), established last year and co-chaired by the former Director of Human Resources Management (HRM) and the USSA Chair, completed its work and issued its findings and recommendations to the Executive Director. The report outlines five minimum standards for SHI services:
 - a) Recognition of SHI in health facilities, including direct payment arrangements, in all duty stations as well as other locations where staff, dependants and retirees may travel or reside;
 - b) 24 hour-a-day, 7 days-a-week multilingual support for SHI participants;
 - c) Claim processing time not exceeding 15 calendar days;
 - d) On-line platform for electronic submission of claims and supporting documentation; and;
 - e) Regular information and updates on SHI-related matters for participants, particularly on entitlements, preventive medicine and health promotion.
7. The Executive Director transmitted a copy of the report to the WHO Director-General and discussed with her the concerns of UNAIDS staff. We are grateful for the Executive Director's active engagement and ongoing strong commitment to finding a durable solution to the serious concerns reported by staff.
8. In parallel with the work of the Task Force, UNAIDS staff and management have increased our dialogue with WHO counterparts on SHI matters. Together with WHO staff associations, we successfully advocated for the inclusion of SHI as a topic on the agenda of the WHO Global Staff-Management Council (GSMC) in October 2013. WHO representatives from management and staff associations emphasized that SHI was a cause for concern for WHO staff in all regions and recommended that these concerns be addressed by the WHO Director-General with urgency. The Task Force also met with the SHI and Pension Coordinator in WHO, who informed the group that the WHO SHI Global Oversight Committee would be recommending that the WHO Director-General commission a review of SHI in 2014.
9. We are pleased to report that WHO has retained external consultants to assist with a review of SHI services and administrative arrangements, and that UNAIDS is represented on the steering committee for the review. The USSA is among the key informants for the study, and all SHI participants will have opportunities to share their views and experience through a global survey which has been launched this month. The study is due to conclude by the end of August 2014, and its findings and recommendations will be reviewed by both the WHO SHI Global Oversight Committee and the WHO Global Staff-Management Council in the fourth quarter of 2014. We hope that the study and its recommendations will position WHO to rapidly put in place a lasting solution to the problems that have been reported. Interim, "work-around" measures (e.g. 24 hour-a-day, seven day-a-week emergency support; ability to make upfront payments where SHI cards and guarantee letters are not recognized) will be needed to minimise the shortcomings, risks and burdens on staff, pending this larger reform. As noted in our earlier reports, in addition to the human imperative for change, we see a strong business case to be made.

OTHER PRIORITY ISSUES FOR UNAIDS STAFF

Safety and security

10. UNAIDS staff have reported security and safety concerns across duty stations. In terms of percentage of staff affected, personal security incidents were highest in Middle East and North Africa (MENA) and Latin America (LA), above 10%, followed by Eastern and

Southern Africa (ESA). Residential security incidents were experienced by 4-6% of staff in most regions. Threats were reported especially in West and Central Africa (WCA), Caribbean (CAR) and MENA. Personal security incidents with violence were reported in ESA, WCA, Asia-Pacific, LA and CAR. Security incidents of a sexual nature have been reported by staff in ESA and WCA.

11. The USSA has highlighted safety and security concerns with senior management and advocated that this issue receive increased priority and attention. As a result, the first survey of Minimum Operating Residential Security Standards (MORSS) and Occupational Health and Safety (OHS) was conducted by HRM, with input from the USSA. We are pleased that responses are being used to inform operations workplans and linked to budget allocation for safety/security improvements in field offices in the 2014-2015 biennium.
12. The USSA Executive Committee was very pleased to review and provide input into intranet-based security training for women, which was developed and launched by HRM last year. This initiative emerged in response to a staff association session at a Regional Management Meeting in Eastern and Southern Africa and the views expressed by staff.

Learning, development and professional advancement

13. UNAIDS staff are keen to grow in our contribution to UNAIDS and the HIV response. In last year's USSA staff survey, over 40% of all respondents reported that they did not have adequate time or did not receive the necessary training and learning opportunities to develop skills for current or future assignments. In our dialogue with senior management, we underscored that learning and development needed greater attention and investment to ensure the UNAIDS workforce remains responsive to new generations of country needs, and also to support innovation and efficiency in our business practices. We are pleased that an induction programme for new UNAIDS Country Directors has been launched, and that a number of new learning opportunities are being offered to UNAIDS staff through the UN System Staff College. Importantly, these opportunities are not limited to senior staff but are also available to general service staff and national officers. A mentoring programme for women was launched in April, with a view to increasing job satisfaction and contributing to career development for women staff in UNAIDS. We are also pleased that the new Performance and Learning Management (PALM) platform places a strong emphasis on learning and creates opportunities for staff members and their supervisor to plan and take forward learning objectives throughout the year, including through on-the-job learning. We hope that this central, electronic platform will enable HRM to analyse and respond to the learning needs being identified within specific segments of the UNAIDS workforce, and support an increasingly strategic approach to advancing staff development.

Staff health and wellness

14. In the past 12 months we have increased our engagement with staff on health and wellness issues, including through sessions on staff issues in Regional Management Meetings, communications to staff, and one-on-one coaching and referral to support services (e.g. Staff Counsellor). The USSA provided input to a new Flexible Working Arrangements policy, which was launched in November 2013. In our view, the policy provides a useful framework to support discussion between staff members and their supervisors on how to maximize productivity and results, and ensure that staff can achieve balance between their professional and personal responsibilities. We have seen examples of staff making minor adjustments in arrival or departure time, for example, but

saving significant time that would otherwise be lost to rush hour traffic jams in a large duty station.

15. In the most recent USSA staff survey, there was a nearly 10 point increase in the proportion of staff reporting that UNAIDS fully or mostly supports them in achieving a reasonable work-life balance (now 50% of all staff). We remain concerned, however, that 1 in 7 colleagues report receiving no support in achieving a reasonable balance between professional and personal responsibilities. Additionally, a quarter of survey respondents reported that their performance “fully” or “mostly” suffered due to work-related stress or anxiety. We plan to further explore these issues with colleagues in 2014, towards better protecting staff health and ultimately maximising our collective performance and impact for the HIV response.

Protecting UN conditions of service and the ability of the UN to attract and retain the best people

16. The USSA is an active member of the Federation of International Civil Servants' Associations (FICSA), which works to protect the rights of the staff of the United Nations and its specialized agencies and represents staff interests in the bodies and fora that make decisions and recommendations affecting conditions of service, including the UN General Assembly, the High Level Committee on Management (HLCM) and the International Civil Service Commission (ICSC).
17. Active engagement in FICSA continues to be an important priority of the USSA as part of protecting the interests of UNAIDS staff and promoting a strong United Nations. This work has taken on increased importance due to the initiation of the ICSC's comprehensive review of the staff compensation package, which will have important, far-reaching impacts for staff around the world. The review is expected to continue through 2015. We are advocating for reforms that protect the health, safety and wellbeing of staff and their families, and ensure that the UN is positioned to attract and retain the best people and deliver on its vital mandate into the future.

CONCLUSION

18. The USSA continues to enjoy a productive dialogue with senior management and the Executive Director, to the benefit of both staff and the Organization. One of the most important results of our staff-management collaboration in the past 12 months has been galvanizing action to address the serious concerns with WHO Staff Health Insurance service quality. We will actively engage with the WHO SHI study that is underway and the consideration of the recommendations later in the year. We will also continue regular dialogue with our own UNAIDS management on all matters affecting staff – from health and wellness, to safety and security, to learning and development, and beyond – to ensure a strong UNAIDS workforce that can best advance the vision of “Getting to Zero”.

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