

# 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:**

*Take note* of the statement by the representative of the UNAIDS Secretariat Staff Association.

*Invite* the UNAIDS Secretariat Staff Association to exceptionally provide a statement at the 43<sup>rd</sup> PCB meeting.

**Cost implications for decisions:** none

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

### I. INTRODUCTION

1. Since June 2004, the UNAIDS Secretariat Staff Association (USSA) has reported annually to the Programme Coordinating Board. This report highlights key developments since June 2017, as well as staff priorities identified in the latest annual USSA staff survey. An oral statement to the Board will complement this report.
2. The USSA Executive Committee continues to enjoy a collaborative and productive dialogue with UNAIDS senior management. We thank Joel Rehnstrom for the collaboration as our main counterpart during his time as Deputy Executive Director, Management a.i. We also warmly welcome Gunilla Carlsson as the new Deputy Executive Director, Management, and thank her for the collaborative and collegial approach she has taken to working with the Staff Association. We remain fully committed to working with management to strengthen a supportive working environment that ensures fair and equal employment conditions; has transparent, consistent and accountable human resources management processes; actively prevents harassment or ill-treatment, and takes swift action when such events occur; and promotes the development of staff capacities so as to maximize our collective positive impact on the AIDS response.
3. The USSA began annually surveying all staff via an anonymous online survey in 2011 so that we better understand the concerns of our members, can be more responsive on these issues and use empirical data to inform our advocacy. Since then, the USSA has reported annually to the PCB on the survey findings as they relate to the concerns of UNAIDS staff. In the most recent survey, carried out in April 2018, the response rate was 67%. This compares favourably to responses to staff surveys in other contexts and demonstrates the strong interest and engagement of UNAIDS Secretariat staff.
4. The present statement focuses on three of the priority areas identified by staff in the 2018 survey: (1) addressing harassment, ill-treatment and abuse of authority; (2) staff health insurance; and (3) the protection of UN salaries and conditions of service.

### II. OVERALL UNAIDS STAFF PERSPECTIVE

5. UNAIDS staff continue to be highly committed to UNAIDS and its mandate: 89% of staff who responded to the USSA survey said that what motivates them to come to work each day is their commitment to the goals of the organization. However, recent media and public attention on issues of sexual harassment and abuse of authority in the UNAIDS Secretariat understandably has had an impact on UNAIDS staff, and has prompted discussion among staff and broad concern about the allegations, the management response and the future of the Joint Programme. As a staff association, we are hopeful that this discussion will lead to strengthened policy, awareness, accountability and overall inclusiveness of our workplace. However, we are concerned about the corrosive effects of sensationalist media coverage, as well as the personalized attacks and generalized criticisms of UNAIDS that have surfaced.
6. Many colleagues have reached out to USSA Executive Committee members with their concerns about feeling stressed and anxious, and not knowing what may come next. Management is bound by established policies, principles and due process, including protection of confidential information. This is understandable and desirable, but the result is that colleagues end up feeling frustrated that they are getting news about their workplace from the media, and not knowing how much of the reporting is true. Many colleagues feel

that the media coverage, rather than prompting a constructive discussion or greater transparency, is becoming a distraction that diverts attention and energy from our work to support countries and communities respond to HIV.

7. Many colleagues, both men and women, have also talked to us about feeling offended about the way women and men at UNAIDS have been portrayed in some of the media coverage, especially media reports in which women at UNAIDS are described as mere “window dressing”, as passive victims or as trading sexual favours for career advancement. In response, a group of UNAIDS women spontaneously came together and developed a written statement rejecting such portrayals. At the time of writing, over 240 women staff members had signed this statement, and we understand that the number of signatures has continued to grow. The statement has been shared online and sent directly to many of the media outlets that had been covering the story.
8. As with any organization, there are areas where UNAIDS can and must do better. We need to do better to achieve the goal of zero tolerance and zero impunity for harassment, ill-treatment and abuse of authority. However, the UNAIDS we see portrayed in the media does not reflect the UNAIDS we know—neither in its strengths nor its shortcomings.
9. With regard to our strengths, the USSA believes that many years of constructive staff-management dialogue has facilitated greater equality and inclusiveness within UNAIDS. Problems are proactively identified, and we work together to find solutions. For example, in 2012 a gender imbalance in the organization was recognized, particularly at senior levels and among heads of country offices. The Staff Association called for and contributed to the successful implementation of a Gender Action Plan and an effective Women Leadership Development Programme. UNAIDS has often been a front runner with regard to diversity and inclusion, including through its support to UN Plus and UN Cares, and an early adopter of human resources policies that ensure equal recognition of the personal status of staff in same-sex unions, irrespective of their nationality.
10. It is clear, however, that a new approach is needed across the UN system for addressing harassment, sexual harassment, ill-treatment and abuse of authority—including at UNAIDS. As we outline in this report, UNAIDS staff continue to report experiences of ill-treatment, discrimination, sexual harassment and abuse of authority. This is of grave concern to us all.
11. The USSA welcomes the establishment of the *Independent Expert Panel on Prevention of and Response to Harassment, including Sexual Harassment, Bullying and Abuse of power at the UNAIDS Secretariat* by the Programme Coordinating Board through the PCB Bureau. We hope that, with the benefit of external independent expertise and recommendations, UNAIDS can turn this difficult situation into positive change.

### III. HARASSMENT, ILL TREATMENT AND ABUSE OF AUTHORITY

12. Measuring staff perceptions on harassment, ill-treatment and abuse of authority is an important step towards addressing these issues. The Staff Association has tracked staff perceptions on these issues since 2011. Our survey results have formed the basis for discussion with management, and they have prompted action on these issues. A number of actions have been taken over the years, including the following:
  - Completion of the UN System-wide e-learning module on *Prevention of Harassment, Sexual Harassment and Abuse of Authority in the Workplace* was made mandatory for all UNAIDS staff;
  - Each Department Director, Regional Director and Country Director was notified that they are personally accountable for ensuring that UNAIDS’ policy of zero harassment

is upheld in their respective offices, and that each office was required to convene a meeting of its staff to discuss policies and procedures to follow in the event a staff member is subject to, or witnesses of, harassment in the workplace;

- Disaggregated data was provided to Regional Directors and region-by-region webinars were convened by the Staff Association to enable colleagues to discuss the issues and inform themselves on policies, complaint procedures, and access to legal support where necessary (dues-paying USSA members benefit from a collective legal insurance policy).

13. It is clear, however, that the actions taken so far have not been enough.

### Survey results

14. The percentages of staff reporting experiences of ill-treatment, discrimination, sexual harassment or abuse of authority in USSA surveys have remained stable over the years despite efforts by the organization to address these issues.
15. In the most recent survey, 18 individuals (3.8%) of the 465 respondents reported having experienced some form of sexual harassment in the previous 12 months<sup>1</sup>. 270 respondents (58%) reported that they had experienced some form of ill-treatment at least once<sup>2</sup> by supervisors or peers, 64 (13.7%) reported having been discriminated against<sup>3</sup> and 201 (43.2%) reported having experienced some form of abuse of authority<sup>4</sup>.
16. Only a small fraction of people who indicated that they had experienced these behaviours in the anonymous survey say that they reported the incident(s) either informally to their supervisors, the human resources management or the Ombudsman or formally to the WHO Internal Oversight Services (IOS). For example, of the 64 people who said they had been discriminated against, only 12 said they had reported the incident. Of the 18 people who said they had been sexually harassed, only one reported it. The majority of the people who said that they reported ill-treatment, discrimination, abuse of authority or sexual harassment said the person they reported it to was their supervisor, with smaller percentages of respondents saying they reported to Human Resources Management, to the Ombudsman or to the Ethics Office.
17. The reason cited most frequently for not reporting ill-treatment, discrimination, abuse of authority or sexual harassment was not believing that corrective action would be taken, followed by being concerned about retaliation from a supervisor or colleagues, and not trusting the organization to keep the report confidential.

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<sup>1</sup> Physical conduct of a sexual nature was reported by 11 people; Request for sexual favour was reported by 4 people; Unwelcome or unwanted sexual advances (verbal or written) was reported by 17 people. Respondents were able to select several options.

<sup>2</sup> Receiving criticism of one's private life: 61 people; Being ridiculed in front of others: 103 people; Feeling diminished in one's work by the tasks given (e.g. tasks below the level of competence): 178 people; Being talked badly about behind one's back or spreading false rumours: 169 people; being called obscene or other degrading names: 57 people; being shouted at or scolded in a loud voice: 145 people.

<sup>3</sup> Being offended based on real or perceived HIV status: 2 people; Being offended or humiliated based on one's gender: 27 people; Being made fun of on the basis of disability: 6 people; Being attacked for one's political or religious views: 28 people; Being attacked or ridiculed for one's origin's or nationality: 37 people.

<sup>4</sup> Received threats, direct or indirect, related to continuation of one's job: 54 people; Being repeatedly requested to stay in the office after regular hours: 131 people; Work being appraised incorrectly or in a hurtful manner: 127 people

Goal: zero incidents of harassment, sexual harassment, ill-treatment and abuse of authority by 2020

18. The data in the USSA survey are self-reported, and individual reports of harassment may or may not amount to harassment as defined in the WHO/UNAIDS harassment policy. The reports may also capture incidents that involve people who are not UNAIDS personnel, including colleagues from other UN agencies. But as long as even one person feels that they have been ill-treated, discriminated against or sexually harassed at the workplace, we have a problem. We want to get to zero incidents of harassment. This is what we propose as a collective goal: to reach zero cases of harassment by 2020.

19. To get there, we believe that the following is required:

*i. A modern harassment policy based on international best practice*

20. The USSA is actively contributing towards shaping a strengthened WHO policy on the prevention of harassment and sexual harassment, a policy that will also apply to UNAIDS. Consultations on the draft policy are ongoing through the WHO Global Staff-Management Council, in which both UNAIDS management and the USSA participate. Based on our most recent Global Staff-Management Council discussion, we expect the next—and hopefully final—draft of the policy to reflect emerging international best practice in addressing harassment, including sexual harassment, in the workplace. In particular, we hope to see the following points reflected in the policy:

- a definition of harassment and sexual harassment that is in line with the new UN system-wide definition, recently agreed by the UN Chief Executives Board, based on the work of its Task Force on Sexual Harassment;
- provisions ensuring that consultants, other contracted personnel and interns are fully protected and have access to due process (e.g. right to file complaints under the policy; investigation of their complaints, as per the policy; access to support and advice of Ombudsperson, Ethics, Health and Wellness Services);
- clarity about what subset of situations can be appropriately addressed through informal resolution (e.g. professional disagreements; interpersonal conflicts; negative working environments that risk escalating);
- further clarity on the circumstances in which management, witnesses and other affected parties are empowered to trigger an investigation, thereby reducing the system's reliance on complaints filed by those directly affected; and
- inclusion of provisions that would ensure follow-up to recommendations made by Internal Oversight Services (IOS) and/or the Global Advisory Committee on Harassment, and which call for a management response (i.e. to address the working environment, improve professional relationships etc.) in order to track actions until a full resolution is reached or systemic issues are addressed (similar to audit and risk management methodologies).

*ii. Effective access to justice*

17. For the revised policy on the prevention of harassment to be effective, strong mechanisms to support implementation, as well as the broad confidence of staff, are required.

18. Under the current WHO harassment policy, the number of formal reports of harassment to the IOS is low. Our survey results, as well as anecdotal evidence from colleagues, suggest there are many reasons for the low reporting. Those reasons include: fears of retaliation; lack of knowledge of the mechanisms available; lack of confidence in the formal mechanism or the willingness of management to take corrective action; the high standards of proof and evidentiary standards applied by the IOS as well as the

Administrative Tribunal of International Labour Organization; and reluctance to go through a process that may be long, stressful or traumatic.

19. The system currently relies on the individuals who are directly affected to request an investigation. Although there may be situations in which the affected party does not want to lodge a formal complaint and prefers an informal approach, the organization has an obligation to ensure a safe and respectful work environment for staff, other contracted personnel and collaborating partners. Knowledge of a situation that may amount to harassment requires a management response. Such a response is needed to reduce risk to the health, safety and wellbeing of personnel, as well as to uphold appropriate standards of conduct. Going forward, we hope there will be greater scope for the organization to proceed with formal investigations due to the nature and severity of the alleged events, even if the affected party does not lodge a formal complaint.
  20. Staff must be confident that investigations into harassment complaints are timely, confidential, fair and in accordance with quality standards. Timely and efficient functioning of the WHO IOS, guided by transparent methodology, with due process, is therefore key to the effective implementation of any harassment policy. It is important to ensure that IOS guidelines and standard operating procedures (SOPs) for investigations align with international best practice and general principles of law. We have also suggested that the revised harassment policy should include clear deadlines for completion of the investigations of allegations of harassment, and a commitment to tracking these through monitoring of key performance indicators.
  21. We also hope that ongoing discussions at the UN System-level through the Chief Executive Board's Task Force on Sexual Harassment will lead to recommendations on harmonization of policies as well as investigation and adjudication guidelines and SOPs that would, among other things, make explicit the standard of proof that is required in different contexts.
  22. Going forward, we would welcome further discussion on these issues in the context of the WHO Global Staff Management Council (GSMC), as well as with UNAIDS management. It is also our hope that the Independent Expert Panel will provide recommendations on these issues, including on: (a) how to strengthen the confidence of staff in the formal reporting system; (b) when the duty of care of the organization becomes the trigger of an investigation (rather than the staff member's voluntary decision to bring a formal complaint); and (c) on how to ensure that all the affected parties are fully protected and supported through the investigation process.
- iii. Adequate resources and capacity to prevent harassment, sexual harassment, ill-treatment, discrimination and abuse of authority*
22. The USSA has welcomed the UNAIDS Executive Director's Five-Point Plan to prevent and address harassment, including sexual harassment, and unethical behaviour within UNAIDS, and we are collaborating with the Deputy Executive Director, Management, to elaborate it. In particular, we have emphasized the importance of reaching all the Secretariat's offices and staff in these efforts, so that everyone can contribute to and be assured of an office environment that supports them in their work, free of harassment and discrimination.
  23. We believe that, if this initiative is implemented with adequate financial and human resources, it can go a long way in preventing harassment, ill-treatment and abuse of authority and in strengthening our organizational culture to effectively respond to professional disagreements, interpersonal conflicts and negative working environment.

24. The USSA welcomes the appointment of focal points as part of the strategy to foster a stronger culture of dignity at work and establish a collaborative network of staff. The focal points can have an important role in advising and referring colleagues, and they can help us build a strong “see something, say something, do something” culture. We appreciate the efforts by management to identify similar programmes in other UN agencies that can be adapted to the context of the UNAIDS Secretariat, and we welcome the opportunity to jointly develop the focal point programme further. USSA will work with management to ensure that the objectives of the focal point programme are clear to staff, and that there is an understanding that, although the focal points can play an important role in creating a more enabling environment, they cannot act as mediators in interpersonal conflicts or officially receive or investigate allegations of misconduct, and that they are fully protected for whistleblowing. We will also work with management in providing training and other support focal points may require.
25. We note the progress management has made in designing an enhanced training plan in the context of the Five-Point Plan. We believe that all staff must have a clear understanding of the WHO/UNAIDS harassment policy, the formal mechanisms for filing harassment complaints, and the adjudication process. Staff must also be able to recognize behaviours that may amount to harassment, abuse of authority, ill-treatment, discrimination and other unethical behaviour or misconduct. They need to know how to act, whether as a victim or as a witness. We welcome the proposal by management to roll-out an “active bystander” initiative across the Secretariat.
26. Our survey results indicate that when staff members do report incidents of ill-treatment, discrimination, abuse of authority or sexual harassment, they are most likely to do so to their first- or second-level supervisor (approximately 75% of those who do report). This makes it important for supervisors to have the necessary skills and knowledge to take action when they become aware of interpersonal conflicts, behaviour that is perceived as inappropriate or harmful to staff, or other practices that create a negative work environment or may amount to misconduct. We therefore welcome the suggestion from UNAIDS management to provide specific training for managers and supervisors and to hold them accountable through the enhanced performance management system.

*iv. An enabling organizational culture*

27. Policies and mechanisms will only be effective for addressing harassment, ill-treatment, abuse of authority and sexual harassment if the organizational culture is supportive.
28. We want UNAIDS to be a workplace where people feel that they can safely report any incidents of ill-treatment, discrimination, sexual harassment or abuse of authority to their supervisors or to human resources management, or to lodge a formal complaint to the IOS. Staff members must feel confident that they will receive a timely response, secure a just result and receive the broader support they need.
29. Staff need to see that good practices are rewarded, bad behaviour is prevented, and misconduct results in disciplinary consequences. This will help build trust and encourage staff to report when they think that things are not right and common values are not respected. Setting clear expectations at every level is a necessary first step and should systematically be encouraged. Exercises whereby staff collectively identify and affirm behaviours and skills that reflect a supportive and high-performing organizational culture can also help managers hold staff accountable and vice-versa.



30. The potential benefits of investing in an enabling organizational culture go beyond issues of the immediate working environment. For example, such efforts can contribute to making staff hiring and mobility practices more transparent, in turn increasing staff confidence in their effectiveness and fairness.
31. Another important part of creating an enabling organizational culture is to promote gender equality. We welcome the launch of the second-generation Gender Action Plan and its approach that goes beyond gender parity and addresses gender norms and power imbalances more broadly.

#### *The Independent Expert Panel*

32. The USSA welcomes the establishment of the *Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat*. We offer our full support to the Panel and will provide the result of the USSA surveys from 2011 to 2018 as a key data source.
33. We understand that staff perceptions and experience will be central to the Panel's work, as reflected in its Terms of Reference. We look forward to the opportunity to discuss the modalities for staff engagement in this process to ensure there is an open, confidential space for staff to share their views and experiences. We also hope to contribute to ensuring that there is support and referral to relevant services available to staff.
34. Given that the Panel will report back to the 43<sup>rd</sup> PCB meeting with recommendations, the USSA would welcome the opportunity to report back to the Board on staff views and perspectives at that same meeting. We seek the Board's support in this regard.

#### **IV. IMPROVING WHO STAFF HEALTH INSURANCE (SHI) SERVICES**

35. We are pleased to report to the Board that staff report improvement in the WHO Staff Health Insurance (SHI) services. However, the lack of local recognition of Staff Health Insurance in some countries remains a serious concern for UNAIDS staff, especially for those serving in field locations. Only 28 countries currently have health facilities that have signed agreements with the WHO SHI programme. There remains an urgent need to reinforce the global network of facilities that recognize SHI and that offer negotiated prices for health services as well as direct payment arrangements. Staff, retirees and dependants need to be assured that, when they present themselves at a medical facility seeking care, especially in a personal health emergency, the health facility will admit them upon presentation of their SHI card without requiring up-front, out-of-pocket cash guarantee.
36. SHI management has committed to including a dedicated agenda item on improving local recognition as part of the meeting of the Global Oversight Committee (GOC) of the WHO Staff Health Insurance programme<sup>5</sup>, which takes place on 11-12 June 2018. While

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<sup>5</sup> The Global Oversight Committee advises the WHO Director-General on Staff Health Insurance management and operations. In particular, it reviews the operations and the financial status of the Staff Health Insurance programme; reviews the actuarial reports and recommends to the Director-General any required changes; reviews the implementation of the recommendations from internal and external audit reports referred to it on the accounts of the SHI; reviews and ensures the adequacy of the WHO Secretariat's direction and management of the SHI and reviews its performance annually; submits an annual report on the operations, administration and accounts of the SHI to the Director-General and all staff committees and makes an executive summary accessible to all participants; and proposes amendments to the Staff Health Insurance Rules for decision by the Director-General.

the USSA is not a participant in the GOC, we continue to cooperate on these issues with UNAIDS management through the UNAIDS Task Force on SHI. The commitment of UNAIDS management to ensure that staff concerns are addressed, particularly with regard to recognition, is very much appreciated. The USSA will continue to fully support UNAIDS' participation at the GOC. We look forward to reporting back to the Board on the outcomes of the GOC discussions and subsequent actions.

37. Going forward, the USSA would like to see future discussions on SHI focus on its development into a model programme: a leader for keeping people healthy; removing barriers to accessing rapid care in emergencies; and ensuring that people with chronic conditions can get the treatment and care they need without unfair financial burden or disincentives to seeking early care. UNAIDS staff who are living with HIV, or who have recognized dependants living with HIV or other chronic illnesses, because of required co-payments under the SHI Rules, face a de facto 5% reduction in their take-home salary.<sup>6</sup> We see this as discriminatory and not the standard we would expect of any UN organization, let alone the UN's leading health organizations.
38. We would also like to see positive incentives for cost-containment (e.g. health promotion, prevention, earlier care, quality facilities offering negotiated/preferred prices) rather than punitive measures (e.g. co-payments, high up-front costs due to the "pay and claim" approach). Such deterrents ultimately cost the SHI Fund and the Organizations more in the long run, not to mention the negative implications for the health of staff, retirees and their dependents.

#### **V. PROTECTION OF UN SALARIES AND CONDITIONS OF SERVICE**

39. We recognize that the staff conditions of service in the UN common system are regulated and coordinated by the International Civil Service Commission (ICSC) and legislated by the UN General Assembly, and that they are therefore beyond the control of the PCB. Nevertheless, since UNAIDS staff have identified the protection of UN salaries and conditions of services as a key priority in their annual survey responses, and because these issues fall within the purview of Member States, we wish to draw your attention to a few key issues.
40. Devaluation of local currencies is affecting staff in an increasing number of duty stations, and the attendant hardships affect locally recruited colleagues the most. Compared with other development and foreign service employers, the UN has often been slow to respond with mitigation measures. Working through the Federation of International Civil Servants Associations (FICSA), we advocate for improvements to mechanisms for responding to the negative effects of high inflation and currency devaluations on salaries and pensions. We would welcome your support for more responsive measures that can uphold purchasing power for all staff, irrespective of where they serve.
41. With regard to the ICSC and several of its recent decisions, we wish to express our deep concern and overall loss of confidence in the Commission's independence and technical competence. Established methodologies for setting conditions of service that are equitable and consistent across duty stations have not been upheld. Through FICSA, we continue to actively engage in technical reviews and discussions, bringing leading external experts to the table where necessary. When technical considerations and

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<sup>6</sup> Most insured healthcare services, including prescribed medicines, are reimbursed at a rate of 80% under WHO Staff Health Insurance Rules. The remaining 20% of the medical costs (co-payment) is the responsibility of the staff member. Staff members are required to pay up to 5% of their annual remuneration in any given 12-month period towards such co-payments. An additional reimbursement is made where medical costs exceed 5% of annual remuneration within a 12-month period.

evidence are not respected in those discussions, regrettably staff are left with no other option than to appeal through the administrative tribunals.

42. In March 2018, the USSA supported UNAIDS Secretariat staff in Geneva to request an administrative review of the decision by the WHO/UNAIDS administration to implement the ICSC recommendation to reduce the post adjustment multipliers for the Geneva duty station. That decision has resulted in an approximately 3.6% decrease in the take-home pay for staff in professional and higher categories as of February 2018 with an additional decrease of approximately 1.6% anticipated in June 2018. We also supported affected staff to request an administrative review of some of the UNAIDS/WHO decisions relating to the implementation of the revised compensation package. Thirty-five per cent of staff in professional and higher categories serving in Geneva requested an administrative review of these decisions. The USSA believes this is an issue independent of UN organization, location or grade, and that it appears to represent a broader move to erode UN staff conditions of service, as well as a lack of transparency around ICSC salary methodology and decisions. The ICSC must honour the principles and practices that the UN represents, i.e. openness, fairness and respect for agreed rules and practices, as well as the principle of equal pay for equal work of equal value.
43. We invite the Board's support in all efforts to increase transparency and consistency in the work of the ICSC, so that staff can have predictability and equity in their conditions of service, and UNAIDS is positioned to continue recruiting and retaining the skills, qualifications and experience it needs to achieve its goals.

## VI. GOING FORWARD

27. The USSA commits to continuing to work with our members and management on the priority areas for staff, including the ones mentioned above. We aim to ensure that UNAIDS remains a workplace with highly committed, effective and professional staff, reflecting the diversity of the world we serve, and working with the highest standards of integrity expected from international civil servants.

We thank you for your continued support.

*[End of document]*