UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (36)/15.12
Issue date: 16 June 2015

THIRTY-SIXTH MEETING

Date: 30 June-2 July 2015

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
INTRODUCTION

1. Since June 2004, the UNAIDS Secretariat Staff Association (USSA) has reported annually to the Programme Coordinating Board.

2. This report highlights key developments since June 2014, 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 Rapporteur on behalf of the Chair.

CONTINUED ADVOCACY FOR WHO STAFF HEALTH INSURANCE REFORM

3. The USSA has reported to the Board on this issue for four years. In 2012, 2013 and 2014, 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 perceived poor quality of service offered by WHO Staff Health Insurance (SHI).

4. In 2015, SHI remains the number one issue of concern for field colleagues, and continues to affect both staff and their families in all duty stations. In our presentation to the Board in June 2014, we highlighted three main issues of concern to staff: (1) the lack of recognition of WHO SHI at local level (and as a result, high out-of-pocket expenditures, complicated prepayment negotiation, and even the inability to access care), (2) long delays in reimbursement, and (3) outdated, paper-based claim procedures. We very much appreciated the support and interest shown in this topic by a number of delegates to last year’s Programme Coordinating Board meeting and are pleased to present you with an update on the present situation.

5. USSA has continued to work together with UNAIDS management through the joint staff-management Task Force on Staff Health Insurance Reform which was established in 2013. At the recent Face-to-Face meeting between the USSA Executive Committee and UNAIDS senior management (May 2015), strong support for the continuation of the Task Force was expressed by senior management and we look forward to using this platform to continue to advocate for improvements to the present system. Building on our successful advocacy in 2013, the USSA continued to work together with all available partners to encourage progress on this topic. UNAIDS and WHO staff associations addressed jointly the WHO Global Staff Management Council in October 2014 on the topic of the five minimum standards that all staff associations representing staff in WHO-administered agencies expect from WHO SHI. We believe that this joint advocacy has yielded progress in a number of areas:

6. Recognition of WHO SHI in health facilities, including direct payment arrangements, in all duty stations as well as other locations where staff, dependents and retirees may travel or reside: Some progress has been made and we are encouraged by country missions to Kenya and South Africa to establish recognition arrangements in select, major facilities. However, to address the ongoing serious risks faced by staff and their families, it is imperative that an urgent programme of work be adopted by WHO SHI that will secure local recognition within the shortest possible timeframe. All WHO SHI participants - staff, family members and retirees - need to be assured that they can access timely, quality care. In emergency situations, this can even
be a matter of life and death. We will continue to give this issue our highest priority in all our advocacy and engagement with senior management.

7. **24 hour-a-day, 7 days-a-week multilingual support for SHI participants:** We are pleased to report that a 24 hour-a-day, 7 day-a-week emergency phone number went into effect on 1 May this year. Initially services will be available in English and French, with additional languages to follow. We have received some initial feedback from staff members who have used this service, and we will continue monitoring and sharing any concerns with our senior management.

8. **Claim processing time not exceeding 15 calendar days:** According to our staff survey results this is an area with significant improvement, yet we are still far from our target of 15 calendar days in many regions and duty stations. Current, self-reported reimbursement times vary from 25 to 45 calendar days depending on the region.

9. **Online platform for electronic submission of claims and supporting documentation:** WHO SHI is piloting electronic claims processing in a few countries, and has suggested that this could be implemented by 2018 across all countries. We will be advocating for sufficient resources that can enable a more ambitious timeline for global implementation of what has become standard practice in health insurance claims administration.

10. **Regular information and updates on SHI-related matters for participants, particularly on entitlements, preventive medicine and health promotion:** WHO SHI published its first annual newsletter in January 2015, and introduced new insurance cards that list emergency contact information. These are positive changes, and we hope to see increased communication in the future which could include messages on preventive medicine and health promotion, as we have seen with other international insurance service providers.

11. Going one step further on staff health issues, staff responding to this year’s USSA survey highlighted the need to pay increased attention to mental-health. We have had initial discussions with our senior management in response to this survey finding, and we look forward to continuing the dialogue. We are aware that, in a number of organizations, addressing mental health in the workplace has benefitted from active collaboration between health and medical service units, senior management, and staff representatives, and we are actively looking into approaches that we think could be useful in UNAIDS.

12. In response to concerns raised by colleagues during the past year, the USSA introduced questions in this year’s survey on the adequacy of Staff Health Insurance for staff and family members living with HIV and other chronic conditions. Affected staff have highlighted the additional financial burdens they face. As “catastrophic coverage” begins at the point that medical costs reach 5% of salary, the burden has been described as an additional 5% tax on those facing chronic conditions. The staff association will be looking at possible solutions to address this situation, based on equity and solidarity. We look forward to discussing these with our senior management later in the year.

13. We also note that there remains a need to implement internal, interim, “work-around” measures (e.g. ability to make upfront payments where SHI cards and guarantee letters are not recognized) to minimise the shortcomings, risks and burdens on staff, pending ongoing reform.
OTHER PRIORITY ISSUES FOR UNAIDS STAFF

Staff learning and development:

14. Last year UNAIDS introduced a Performance and Learning Management System (PALM). Following the implementation of PALM, staff reported an increase in setting of development activities, and completion of them. While these activities are mainly focused in on-the-job training, it is positive that managers and staff are together defining those objectives and activities. The results of the USSA survey shows that the electronic platform is appreciated by staff as a more secure and sustained way of recording and tracking their performance and learning-related issues. Now that the first year of implementation has passed, feedback is being collected to further strengthen the system, and to support both staff and managers in its use.

15. While 65% of respondents to the staff survey reported that PALM serves well for performance evaluation, one third reported that their access to learning opportunities was hindered by the lack of time and financial resources and called for greater efforts together with managers to explore options to ensure that all staff have access to learning and development opportunities. This issue was also highlighted in the 2014 survey and we have initiated discussions with senior management on how this concern could be addressed.

16. Along with the investments in PALM, we have observed the following positive developments over the last 12 months: (a) the UCD global training in May, which aimed to build organizational coherence with the Fast Track agenda starting with UNAIDS Country Directors and staff thereafter, (b) a number of new learning opportunities being offered through the UN System Staff College (including for general service staff and national officers), (c) the continuation and expansion of the UNAIDS mentoring programme for women, and (d) investments to move the organization to Google and UNAIDS Cloud, aiming to use collaborative tools and close the physical distance between headquarters, regional offices and the country offices.

Staff health and wellness / Dignity at Work:

17. In 2011, UNAIDS management introduced a zero-tolerance policy on ill-treatment and harassment. Despite the continued staff and management efforts to address these issues, this year’s staff survey results continue to include data on cases of discrimination, harassment and misconduct. UNAIDS stands firmly behind its three core values: commitment to the AIDS response, integrity, and respect for diversity. The USSA Executive Committee is pursuing the reinforcement and promotion of a fair and transparent workplace with a view to advancing the elimination of issues around discrimination, harassment and misconduct, and promoting dignity and respect. We have been inspired by recent developments at other UN agencies dealing with similar concerns to create a Dignity at Work Campaign for UNAIDS. Following our face-to-face meeting in May 2015, we were greatly encouraged by the support shown from senior UNAIDS management to this idea. A concept note has been prepared and we look forward to refining it further with UNAIDS management in the coming months. We hope to be able to report back to you on the positive results of this initiative during our statement to the Board in June 2016.
Protecting UN conditions of service and the ability of the UN to attract and retain the best people

18. 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).

19. 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 ongoing ICSC comprehensive review of the staff compensation package, which will have important, far-reaching impacts for staff around the world. The review is expected to be finalized in the coming months and we look forward to reviewing the results and the implementation of positive 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.

Human Resource related issues

20. The USSA has cooperated with UNAIDS management on the development of a new UNAIDS Recruitment Policy which has been launched for implementation in August 2015. Our involvement in the development of this policy concentrated primarily on the need to ensure transparency in UNAIDS recruitment processes and we hope that the inclusion of staff association representatives (as the neutral party) in all interview panels will go some way to reinforce this.

21. As the 2011-2015 UNAIDS Human Resource Strategy comes to the end, we look forward to working with UNAIDS management through our participation in the HR Advisory Committee to ensure that staff concerns are addressed in the update and extension of the Strategy, and ensure that the organization is equipped to manage and retain staff in best possible manner for the period of new UNAIDS Strategy, and in achieving the Fast-Track targets.

CONCLUSION

22. Staff at UNAIDS come with highly diverse, and perhaps even “unconventional” backgrounds compared to many other UN agencies: ranging from human rights lawyers; epidemiologists; civil society activists to youth advisers and beyond. However, the common denominator is the exceptional commitment to the AIDS response, and the values UNAIDS represents. These are felt daily in our work. We believe that this commitment and the rights-based lessons from the AIDS response must be in part the reason why we as staff have been frequently welcomed to the forums working on the Sustainable Development Goals, and that our vision and innovative approaches have been highly appreciated. While we are transitioning to the SDGs, and the new UNAIDS strategy, as UNAIDS staff we wish to continue to work with and benefit from our special experience, commitment, values, and continuous improvement in the way we do things. In the UNAIDS spirit we wish to ensure dignity at work by maximizing transparency and fair process, safety and wellbeing of staff and their families, and minimizing distractions that could hinder staff performance and progression.
23. USSA will continue to work together with our senior management, by investing in our staff and working towards the Fast-Track targets of 2020, to which we are fully committed. We thank you for your continued support and the opportunity to share this progress on important staff issues with you.

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