

STATEMENT BY THE REPRESENTATIVE OF THE UNAIDS SECRETARIAT STAFF ASSOCIATION

Additional documents for this item:

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

Cost implications for the implementation of the decisions: none

INTRODUCTION

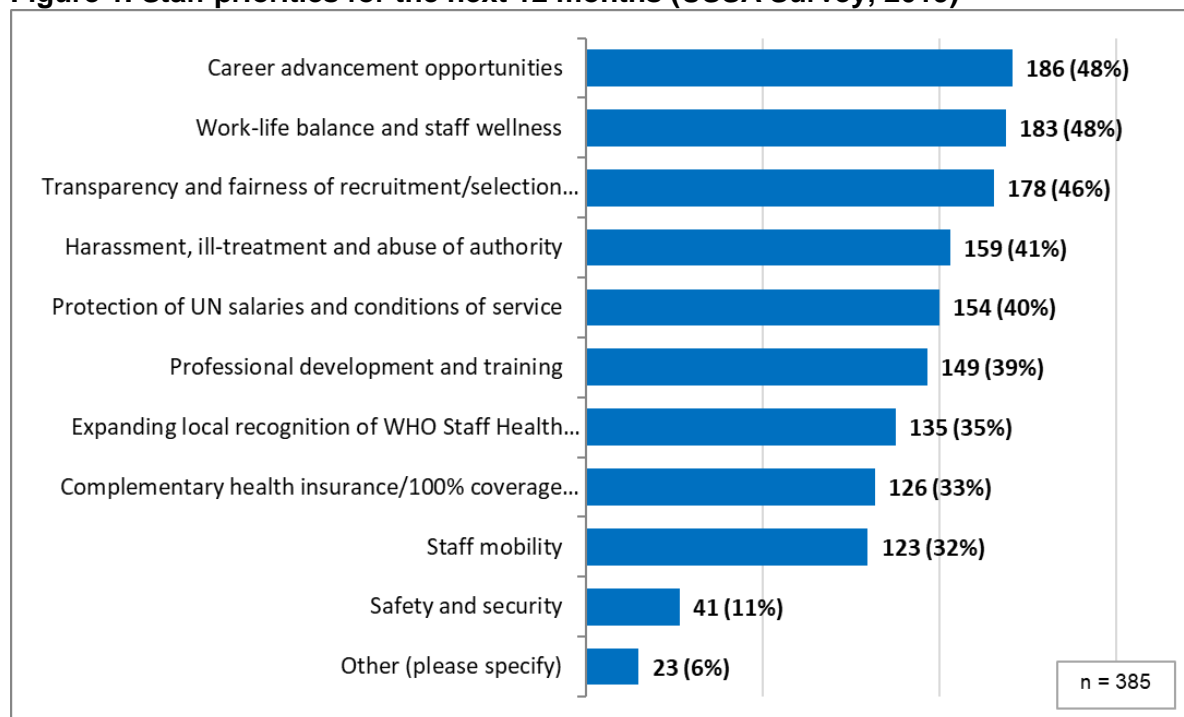
1. Since June 2004, the UNAIDS Secretariat Staff Association (USSA) has reported annually to the Programme Coordinating Board. This report highlights key developments since December 2018, as well as staff priorities identified in the latest annual USSA staff survey. An oral statement to the Board will complement this report.
2. UNAIDS is in a period of leadership transition. We take this opportunity to congratulate Michel Sidibé on his appointment as Minister of Health and Social Affairs of Mali. We also pay tribute to Michel's efforts to champion the rights of those left behind in the AIDS response. Finally, we thank Michel for his collaboration with the USSA over the years.
3. The USSA Executive Committee continues to enjoy a productive dialogue with UNAIDS senior management during this period of change. We take this opportunity to thank Gunilla Carlsson for her collaboration as our main counterpart within UNAIDS management in her capacity as Deputy Executive Director, Management. In addition, we congratulate Gunilla on her appointment by the Secretary-General as Executive Director, ad interim (a.i.), and look forward to continuing our constructive dialogue during this important transition period. We also warmly welcome Shannon Hader as the new Deputy Executive Director, Programme, and thank her for her engagement with the USSA to date. We look forward to continuing to build on this constructive working relationship with UNAIDS' senior leadership in the coming months and years.
4. During this transition period, the USSA has prioritized opportunities to work 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 all forms of incivility, harassment, sexual harassment or abuse of authority, 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.
5. During our recent meeting with the Executive Director a.i., we appreciated her emphasis on the principles of transparency and fairness, as well as her stated intentions to work in the spirit of collective decision making with appropriate consultations. In our interactions with senior management in recent months, the USSA has underscored the importance during this period of transition of ensuring a stable work environment with minimum consequential changes until such time as a new Executive Director is appointed.

USSA SURVEY

6. The USSA began annually surveying all staff via an anonymous online survey in 2011. These surveys generate empirical data that help us to better understand the experiences and concerns of our members, and to focus our efforts on being responsive to their priority issues. Since then, the USSA has reported annually to the PCB on staff views, reported experiences and priorities as per the survey findings. In the most recent survey, carried out in April 2019, the response rate was 64% of all staff, with the distribution of responses generally reflecting the demographics of UNAIDS staff. The consistently high response rate compares favourably to staff surveys in similar contexts, and demonstrates the strong interest and engagement of UNAIDS Secretariat staff. The present statement focuses on the main priority areas identified by staff in the 2019 survey, as well as responses related to the Management Action Plan (MAP).

7. Respondents rated work-life balance and staff wellness as one of their top priorities for the next twelve months. Harassment, ill-treatment and abuse of authority continue to be issues of common concern, as does career development, and transparency and fairness in recruitment and selection processes. The issues around WHO Staff Health Insurance have remained a concern for UNAIDS staff, particularly those serving in the field, for several years (see Figure 1).

Figure 1. Staff priorities for the next 12 months (USSA Survey, 2019)



8. UNAIDS staff continue to be highly committed to UNAIDS and its mandate. Eighty-eight per cent of respondents said their commitment to the goals of the organization motivates them to come to work each day. In addition, 65% of respondents felt that their job was interesting and rewarding.

MANAGEMENT ACTION PLAN

9. The USSA provided substantial comments to senior management during the development of the MAP, and we were pleased to see that many of our inputs appeared in the final document. Following the publication of the MAP, the USSA provided additional comments on the specific action areas, many of which were also taken into consideration.
10. From this year's survey, most staff (72%) agreed that they had an opportunity to contribute to the MAP. Nearly three out of four (73%) or respondents also agreed that they were kept sufficiently informed by management about the development of the plan. A majority of respondents (62%) felt that the MAP showed a clear way forward for UNAIDS on harassment and abuse of power. However, a substantial proportion of staff—nearly one in four (24%)—did not agree, and another 15% said they were not sure. Many staff appear to be waiting to see how the MAP is implemented before supporting it.

11. It is imperative that concrete actions are taken—and seen to be taken—in the coming months to convince all staff that promises on paper are being translated into real improvements in organizational culture.
12. We appreciate recent, initial steps by the UNAIDS administration to act on the commitments in the MAP, including the publication of information about disciplinary measures taken since 2014, as well as a statistical overview of administrative reviews in UNAIDS. We also welcomed the advertisement for the post of Staff Welfare Office in recent months. Staff also appreciated a recent all-staff information meeting of all stakeholders involved in the UNAIDS internal justice system which allowed staff to ask questions directly to the key actors.
13. In our statement to the Board in June 2018, we said that we believed that the 5-point plan could go a long way in preventing harassment and abuse of authority in UNAIDS if it was implemented with adequate human and financial resources. In this regard, we welcome the updated MAP, which includes costings for each action area. We take this opportunity to strongly reiterate our call for adequate resources to be allocated to ensure effective implementation of the MAP, and we call on the Board to support a fully-funded Unified Budget, Results and Accountability Framework (UBRAF). It is an imperative investment in UNAIDS' most important asset: its staff.
14. We also take this opportunity to reiterate our main calls for action in our statement to the Board in December 2018, which remain valid going forward:
 - Full responsibility and accountability from the senior leadership; no empty slogans or grand pronouncements;
 - Urgent action and accountability, including consistent and transparent implementation of existing rules and regulations. Staff will only be empowered to raise difficult issues if they have confidence that appropriate action will be taken;
 - Recognition that little things matter—civility in the workplace is a matter of organizational culture that can have significant impact on staff wellbeing;
 - Prevention of retaliation against staff who raise issues of concern; and
 - Continued, constructive staff-management dialogue.

STAFF PRIORITIES

Harassment, discrimination, incivility and abuse of authority

15. Although this is no longer the top issue among staff, 41% of survey respondents identified harassment, ill treatment and abuse of authority as a priority issue. Fifty-eight survey respondents (13%) reported experiencing some form of discrimination in the UNAIDS workplace within the last 12 months, and 170 (38%) reported witnessing an abuse of authority. We also regret to note that our survey continues to record reports of sexual harassment—15 instances reported by 10 people. Such reports have declined year-on-year, a downward trend that suggests progress on this issue. However, we must all agree that even a single report of harassment, and particularly sexual harassment, is one too many.

Policy on the prevention of harassment

16. As previously reported in our June 2018 statement to the PCB, the USSA has been engaged in discussions to revise the WHO Policy on the Prevention of Harassment. The outcome of these discussions is still pending, and since June 2018 a revised draft of the policy has not been shared with staff associations for comments. We note that, as

reported in the *Update on progress in the implementation of the Management Action Plan* (UNAIDS/PCB (44)/19.6), UNAIDS Secretariat management has prepared a draft policy that builds on the UN system model policy on sexual harassment. We would like to discuss this document with management in the near future, and we hope to have a new harassment policy in place soon, whether a standalone UNAIDS policy or a revised WHO policy.

17. In the meantime, we reaffirm our position that the policy must clearly define prohibited conduct and provide a solid basis for proactively preventing and responding to harassment, sexual harassment, discrimination and abuse of authority. We call for the following to be reflected in any policy applicable to UNAIDS staff:
 - provisions to ensure that consultants, interns and other non-staff personnel are fully protected and have access to due process;
 - clarity about what situations can be appropriately addressed through informal resolution (e.g. professional disagreements, interpersonal conflicts; negative working environment that risk escalating); provisions to ensure access to psycho-social support for individuals experiencing harassment and for anyone involved in an official investigation;
 - clarification about the standard of proof that is required in different contexts;
 - establishment of clear deadlines for completion of investigations; and
 - provisions that would ensure appropriate follow-up action by management in situations in which the allegation of harassment has not been substantiated but the investigation has found evidence of a problematic working environment.
18. The USSA remains committed to work with UNAIDS management and/or through the WHO Global Staff Management Council to support the development of a strong policy. For the policy to be effectively implemented, we would also like to see internal standard operating procedures on how to respond to harassment complaints made by staff members through different channels, which should include clear guidelines for supervisors who may have been made aware of staff concerns informally, as well as clarification on the roles and responsibilities of Human Resources Management in responding to harassment complaints in a consistent manner.

Investigations

19. The success of any harassment policy, no matter how good on paper, will be highly dependent on quality and timely investigations. For staff to be able to fully embrace UNAIDS' change agenda, they will need to see closure to ongoing and pending investigations into all forms of misconduct, especially the ones that have now been going on for much longer than what is deemed acceptable by UNAIDS, Internal Oversight Services and the broader public.
20. Moving forward, we welcome reports that guidance for sexual harassment investigations is being developed at UN system-wide level. We have called for specific capacity and expertise on harassment and sexual harassment investigations, as well as for sharing that expertise across the investigative entities of UN-system organizations. We believe this to be urgent. We would like to see clear, system-wide standing operating procedures, developed in consultation with relevant experts and staff representatives, for harassment and sexual harassment investigations.
21. The UN talks about the need to be "victim-centred". However, in practice, anyone experiencing harassment is expected to individually make a complaint even when there may be situations in which the same individual may have allegedly harassed several

colleagues. For example: if staff members A, B and C all report being harassed by D, all three of them need to make a formal complaint, and each one of them has the burden of proof (beyond reasonable doubt) that D has harassed them as per the definition in the harassment policy. What we would like to see is the administration requesting investigations into the alleged misconduct by D, without placing the burden of proof on the affected individuals as well as the burden of taking formal action and the burden of proving the allegation on the affected individuals, especially when multiple independent reports of harassment indicate a pattern of highly inappropriate behaviour.

22. We have also noted that a very low number of past sexual harassment cases have led to a finding of harassment and disciplinary measures. A survey carried out by the Task Force on Sexual Harassment of the UN Chief Executive Board for coordination (CEB) in 2018 found that around 40% of cases that are officially reported are not investigated; in 51% of those situations a preliminary review concluded that there was not enough evidence. We believe that a different standard of proof (rather than the “beyond reasonable doubt” standard currently applied) is needed in the investigations and the subsequent adjudication of harassment complaints. We also believe that some forms of harassment, such as “gas-lighting” or a hostile work environment, are very difficult to prove beyond reasonable doubt and yet may have a very negative impact on staff who experience these behaviours.

Global Advisory Committee on harassment

23. We also wish to reiterate our call for strengthening the peer-review body that adjudicates harassment complaints, the Global Advisory Committee on future actions on harassment (GAC). We believe that the GAC should have access to independent legal advice and support to appropriately assess the allegations, the investigation report and the accompanying evidence, as well as in formulating recommendations to the Executive Director on disciplinary action, where indicated, and/or a management response to a toxic/hostile working environment.

Prevention and mitigation of misconduct within UNAIDS

24. In 2018, the USSA welcomed a proposal for specific training for managers and supervisors, as well as specific support to managers in handling conflicts within teams and recognizing and taking action on behaviour that may amount to misconduct. We welcome the actions by management since then, including a training provided to the Senior Management Team on harassment in the context of the Dignity at Work programme, as well as a briefing to UNAIDS Country Directors (UCDs) during a UCD orientation. The USSA believes that the Dignity at Work Adviser programme is a good example of a peer-led approach. We look forward to continuing to work with UNAIDS management to strengthen this initiative, including the training of an additional cohort of Advisers soon to expand the knowledge base and engage staff who are keen to improve the UNAIDS workplace by contributing to the Dignity-at-Work agenda.

Work-life balance and staff wellbeing

25. Work-life balance, staff wellness and career advancement opportunities were the joint top issues of concern reported by staff in this year’s survey. The current financial climate combined with an ambitious UNAIDS strategy implies the need to do more with less. We need to recognize impact this is having on staff over time, as well as the duty of care of any organization to mitigate risk factors in this regard. Eighty two percent of the respondents to the 2019 USSA survey reported that their workload had increased during the past 12 months, with almost 60% of staff indicating that their performance had at

least partially been affected by work-related stress or anxiety. This self-reported data requires serious consideration. WHO recently updated its definition of burnout as, “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed”.

26. UNAIDS, like any organization, has a responsibility to ensure staff have manageable workloads, and to support staff to manage those workloads. The Dignity-at-Work programme is one part of a holistic approach to elevate this issue. Increased use, awareness of, and consistent application of existing flexible working arrangements could also assist staff and managers in addressing work-related stress with a view to preventing any escalation of possible negative impacts.
27. We know that there is strong support within UNAIDS to implement the UN Mental Health Strategy, as reflected in the MAP and by the vocal support of the strategy by the EXD a.i. We welcome the ongoing recruitment of a Staff Welfare Officer to strengthen the capacity of UNAIDS to implement the UN Mental Health Strategy, and to ensure staff in all duty stations have access to adequate and timely psycho-social support. The USSA has been engaged in the development of the UN Mental Health Strategy through our work with the staff federation, FICSA. We stand ready to support all efforts to improve access to support for staff in this area.

Career Development

28. Career advancement opportunities was a top priority of staff who responded to this year's survey. In this regard, we would like to see a clear framework of career pathways, combined with tailored training packages (e.g. for staff who wish to become UCDs and for locally recruited staff—including national programme officers and general service staff—who wish to pursue international careers). We would also like to see increased opportunities for interagency mobility, including in the context of the UN reform.

Transparency and fairness in recruitment and selection policies

29. There is a clear commitment in the MAP to achieve greater transparency in all decision-making processes, especially those related to human resources. We note that UNAIDS management, both in the MAP and in the HR statement to the Board, have committed to improving processes, such as reviewing the terms of reference of the of the Mobility and Reassignment Committee, as well as reviewing the UNAIDS mobility policy and practice. These two related processes have considerable impact on staff and have at times been perceived as lacking in transparency, including perceptions of enabling favouritism. Forty-seven percent of the 41 respondents (Figure 2) who said that they had participated in the 2018 mobility exercise and 50% of all survey respondents (Figure 3) said they did not feel that mobility was a fair and transparent process.

Figure 2. Responses of 41 staff members who participated in the 2018 mobility exercise

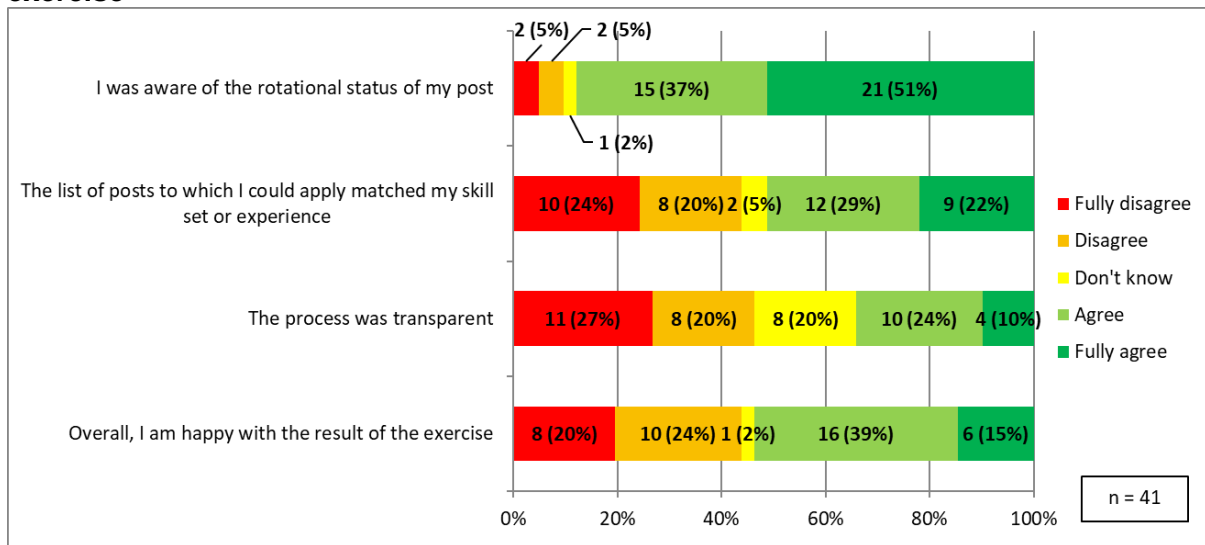
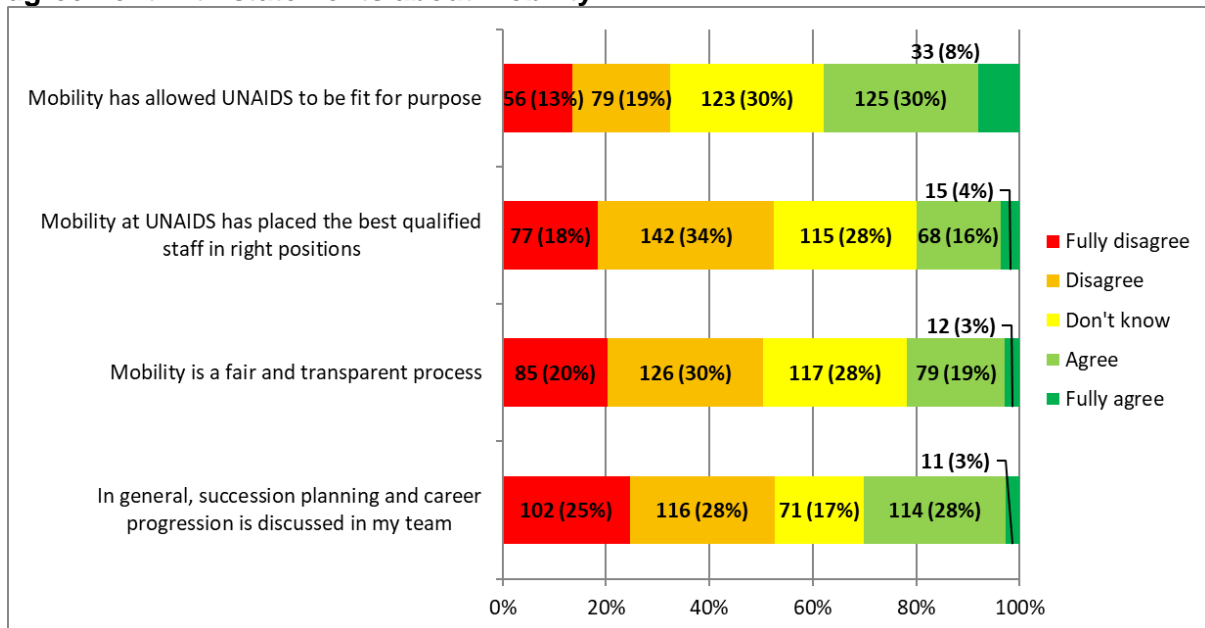


Figure 3. Responses of all respondents (423) who were asked to rate their level of agreement with statements about mobility



30. The pilot UCD assessment centre (implemented in late 2018) is currently being assessed for lessons learned, which we hope will inform any future policy on this issue.
31. It is in the interest of all parties that any review and revision of mobility, recruitment, classification, promotion, UCD assessment and other fundamental human resource processes is transparent and fully consultative to ensure that any changes made further our collective interest in:

- a supportive working environment that ensures fair and equal employment conditions and career advancement opportunities;
 - transparent, consistent and accountable human resources management processes;
 - active prevention of harassment or ill-treatment, and swift action when such events occur; and
 - the development of staff capacities so as to maximize our collective positive impact on the AIDS response.
32. Some staff concerns could be addressed with the transparent and consistent implementation of established policies rather than revising those policies. We believe that this is a logical first step. Where it is shown that there is a need to review existing guidelines or develop new guidance, the USSA is fully committed to consultation at the start of any process to revise UNAIDS policies, and we expect to engage with the administration in this regard. In doing so, we will continue to advocate for the correct implementation of existing or future staff-related policies, as we will continue to monitor implementation. The USSA strongly reiterates our commitment to fully engage with UNAIDS management on the development of any policy affecting any group of staff.

Staff health insurance

33. Timely access to quality health care—including HIV treatment—without financial barriers is central to the health and security of staff, retirees and their recognized dependants. The right to health is at the heart of the mandate of UNAIDS. The USSA has been reporting to the Board since 2012 on staff concerns about WHO Staff Health Insurance (WHO SHI). In 2014, we presented to the Board five minimum standards related to SHI developed by the UNAIDS Task Force on SHI Reform. Since 2015 (the year we first started to document staff concerns on this issue through the survey to support our advocacy), there have been continuing improvements to the overall rating of SHI by the respondents, with 64% of respondents to this year's survey giving an overall rating of "good" or "very good", compared to 46% in 2015.
34. Improvements in staff rating of WHO SHI are welcomed. As are the concerted efforts by WHO SHI to improve recognition by local health care providers. At the time of writing, recognition agreements had been secured in over 90 duty stations—a significant increase on the 28 recognition agreements reported last year. However, many UNAIDS staff in the field continue to report a lack of recognition of WHO SHI in their duty stations. Of particular concern are the 43% of respondents who reported "poor" or "very poor" recognition of WHO SHI by health care facilities in their duty stations.
35. We believe that staff, retirees and their recognized dependents should be assured that when they present themselves at a medical facility seeking care, especially in a health emergency, the health facility will admit them upon presentation of their SHI card without requiring an up-front, out-of-pocket cash guarantee. We appreciate the efforts by WHO SHI to improve services to staff, including to make information more accessible. In particular, we hope WHO SHI's goal to have at least one agreement per country by the end of 2019 will be achieved.
36. We are also concerned about the lengthy WHO SHI reimbursement time. At present, the average reimbursement time reported by staff across the organisation is 4.7 weeks, far longer than the staff association's proposed minimum standard of 15 days. Staff have indicated that long reimbursement times sometimes lead to delaying their access to care, as they do not have enough money to pay for new medical bills until they have received reimbursement for previous claims.

37. When the UN as a whole is calling for access to health globally, it is unacceptable that our own staff continue to face barriers to the provision of adequate health care for both themselves and their dependents. The USSA will redouble efforts to work with UNAIDS management to ensure equitable access to health care for all UNAIDS staff and their recognized dependents, irrespective of where they serve this organization.

CONCLUSION

38. We note that the MAP explicitly mentions continued strong engagement with the USSA as a priority action. We are proud of our Agreement of Cooperation with management, which is seen as a model within the wider UN system. We trust that the spirit of cooperation and the provisions in the Agreement will continue to be respected, including to ensure the USSA contribution to the implementation of the MAP, as well as for continued consultation on all key policies and other processes which affect staff.
39. We strongly reiterate the imperative to fully implement the change agenda and to rebuild staff confidence in our systems. Staff want to see senior management demonstrate their commitments made in the MAP on a daily basis in everyday interactions, as well as in decision-making. Staff want consistent application of rules and regulations, with any exceptions to the rules duly justified, documented and communicated transparently. Staff want regular communication on significant decisions taken by senior management, and on progress and challenges as the MAP is implemented.
40. Implementation of the MAP cannot happen without a clear dedication of sufficient human and financial resources. We welcome the initial costing of the MAP by management, and we hope that these will be fully budgeted. We call for the PCB's support for a fully funded UBRAF, including the additional funding needed for the MAP action areas.
41. There have been positive steps towards addressing harassment, sexual harassment, discrimination and abuse of authority in UNAIDS, as well as to the improvement of staff health and wellbeing. These efforts need to be maintained during this transition period and under the leadership of the new Executive Director, with the full support of the PCB, the Senior Management Team and all staff. The expectations are high, and the stakes higher still. We must seize this opportunity to build a stronger, healthier and more passionate UNAIDS that leads by example and delivers on its noble mandate.

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