

REPORT OF THE STANDING COMMITTEE COMMITTEE ON SOCIAL SECURITY/OCCUPATIONAL HEALTH AND SAFETY

Co-Chairs	Tanya Quinn-Maguire (UNAIDS Geneva) Katja Haslinger (IAEA Vienna)
Rapporteur	Evelyn Kortum (WHO/HQ Geneva)
FICSA General Secretary	Gemma Vestal (WHO/HQ Geneva)
Members, FICSA Executive Committee	Pilar Vidal Estevez (PAHO/WHO Washington DC)
Regional Representative	Diab El-Tabari (UNRWA/ASA Beirut)

Participants

AP-in-FAO	Juan José Coy Girón Jean Risopoulos
FAO/WFP-UGSS	Paola Franceschelli
ICAO	Ray Reynolds
IMO	Edwin Titi-Lartey Irene Waite
ITU	Henri-Loius Dufour Christian Gerlier Carmen Montenegro
UNAIDS	Evelyn Jonazi
UNESCO	Amani El-Sheikh
UNFCCC	Santhosh Thanjavur Prakasam
UNGSC	Cosimo Lunedì Cosimo Melpignano

UPU
Franck Landauer
Stephane Vuillemin

WHO/AFRO Brazzaville
Lusamba Kabamba

WHO/EURO Copenhagen
Kay Miller

WHO/HQ Geneva
Tim Nguyen

WHO/SEARO New Delhi
Ritesh Singh

WHO/WPRO Manila
Rodel Rodriguez

WMO
Andrès Orias

Members with associate status

CERN
Joel Lahaye
Isabelle Mardirossian

IOM
Ivona Zakoska-Todorovska

OPCW
Erik Prein

Federations with consultative status

AMFIE
Svend Booth

EMBL
Catherine Floyd

FAFICS
Jerry Barton
Gerhard Schramek

Guests

UNIDO
Osodolor Akpata
Carmela Centeno
Julius Fiam-Coblakie
Chantal Pothier
Laura Reynaldo

Introduction

1. Under the Chairmanship of Tanya Quinn-Maguire (UNAIDS) and Vice-Chair, Katja Haslinger (IAEA), the Standing Committee (SC) met twice on 6 and 7 February 2018.

Adoption of the agenda (Agenda item 1)

2. The Standing Committee (SC) approved the following agenda with the addition of one point under Other business: UNESCO requested that non-staff issues in Egypt be discussed.

1. Adoption of the agenda
2. Election of the rapporteur
3. Well-being
 - (a) Update on the issue of After-Service Health Insurance (ASHI) (FICSA/C/72/SOCSEC/CRP.2)
 - (b) Implementation of the Mental Health Strategy
 - Future of UN Cares
 - (c) Update on the HLCM Duty of Care Task Force
4. Update on pension issues
5. Requests for training
6. Other business
7. Nomination of Standing Committee officers and core group members

Election of rapporteur (Agenda item 2)

3. Evelyn Kortum (WHO/HQ Geneva) was elected rapporteur.

Wellbeing (Agenda item 3)

(a) *Update on the issue of After-Service Health Insurance (ASHI)*

4. UNAIDS reported that FICSA participated in the discussions which took place in the HLCM Working Group on after-service health insurance (ASHI):

- The UN Secretary-General reported to the 73rd Session of the United Nations General Assembly on managing after-service health insurance (ASHI) liabilities (A/73/662). The report was informed by and effectively concluded the work of the United Nations inter-agency Working Group on ASHI in which FICSA was represented. The report provided updates on the main topics covered in the report of the Secretary General (A/71/698 and A/71/698/Corr,1): standardization of the valuation methodology and actuarial assumptions with regard to the ASHI liability; national health insurance schemes; negotiations with third-party administrators; and expanded on the issues of: cost-containment; ASHI liability funding options; and portability of health insurance benefits and entitlements. While the report had been endorsed by the HLCM in its meeting of December 2018, it was noted that the ASHI Working Group did not reach consensus on all topics. In particular, the proposal of cost containment was not agreed to by FICSA,

CCISUA and FAFICS.

- The Working Group concluded that no further consideration should be given to the issue of eligibility for coverage under national health plans the Working Group had identified no benefits by the Working Group in that regard.
 - The Working Group recommended that organizations should continue to consider insurance-related harmonization opportunities which could support inter-agency mobility.
 - FICSA worked closely with its FAFICS colleagues on common concerns, particularly around the possible introduction of the requirement for enrolment under the national health insurance schemes and the issue of portability.
 - The working group recommended that a special body for insurance-related issues be established under the auspices of the Finance and Budget network; it should include representation by participants including staff and retirees.
5. It was noted that, despite the diverse membership of the Working Group as well as the complexity of the subject matter, the basic principles of acquired rights, universal access to health care and duty of care continued to guide consistently the work of the Working Group.
6. It was understood that work of the ASHI Working Group had now been completed. It was expected that the Standing Committee on Social Security/OHS would advise Council on how to ensure that the issue of portability as well as the recommendations on third-party administrators were followed in the interest of FICSA members.
7. It was noted that the recommendations of the ASHI working group in relation to the funding of ASHI liabilities applied only to the UN secretariat. The FAFICS representative noted that there had been attempts to change the contribution ratio depending on the number of years of contribution. It was, however, decided that the general timeframe of ten years' contributions for eligibility would be kept instead of the 15 years proposed. Also, it was recommended that the ratio of 2/3 (organization) and 1/3 (staff member) should remain.
8. ILO/ITC suggested that communications and information should be shared on the topic. FAFICS explained that all considerations and documents were classified as confidential, so they had not previously been allowed to share the details while the working group was active.
9. FAFICS noted that a meeting with CIGNA had proved very useful, as almost 2/3 of all UN staff were insured by that company.
10. FAFICS stressed that although portrayed as one, strictly speaking ASHI was not a financial issue to be decided by the respective finance departments. Actually it was a staff and retiree issue and therefore a human resource issue as well. UNAIDS pointed out that the model of working together with all stakeholders had been very successful.

11. The Standing Committee agreed that the key points of the outcome of the discussions in the ASHI working group should be summarized and distributed to the FICSA membership.

The Standing Committee entrusted the Co-Chair with the task of summarizing the document which the FICSA secretariat would distribute to FICSA membership (FICSA/C/72/SOCSEC/CRP.2).

(b) Implementation of the Mental Health Strategy

12. UNAIDS informed the Standing Committee launched the UN system-wide Strategy on Mental Health: “A Healthy Workforce for a Better World” in October 2018. The Standing Committee discussed how FICSA members could engage with and ensure the implementation of the Strategy in their organizations, as well as lend the support that might be required of FICSA in that regard.

13. Over the past three years, FICSA had been working on the development of the strategy in the context of the “Duty of Care” agenda. It was further noted that FICSA was currently represented on the UN system-wide Implementation Board for the Mental Health Strategy. In that context it was noted that FICSA had advocated for staff voices to be included in the launch of the strategy, for example by including videos of staff testimonies of staff living with, or affected by, mental health issues in the workplace. A survey of UN staff which informed the work of the Mental Health Strategy working group showed the need for its urgent implementation as data showed that UN-staff had disproportionately high reporting numbers in comparison to the general public. Survey results had been posted on the FICSA website.

14. The Co-Chair asked FICSA members, including those that had completed the mental health training, to bring forward examples of ongoing actions. She informed the Standing Committee that the first action of the implementation board would be to launch a campaign to reduce the stigma surrounding mental health. The Standing Committee was requested to provide names of volunteers to the FICSA Secretariat/Standing Committee Co-Chairs which would then be communicated to the implementation board for action.

15. In response WHO/SEARO expressed their interest in running a survey on the issue of mental health in their duty station within the context of the WHO Global Respectful Workplace Initiative. The survey would focus on the issues of preventing mental ill health and promoting staff well-being. The Co-Chair noted that the Implementation Board had stressed that regional data and research were still scarce, and the involvement of Asia and Africa was encouraged.

16. It was noted that WHO-specific data had not been released by the WHO medical services; the WHO/HQ staff representative was asked to follow up on the issue.

17. ITU reported that its administration had included training courses specific to that topic in their training catalogue, including a “mental health first aid” training.

18. UNAIDS has included the issue of mental health in the context of a “dignity@work” agenda to expand knowledge, reduce stigma and broaden opportunities for staff to bring those issues forward.

19. IAEA noted its ethics officer’s active bystander presentation which had been given to the FICSA Council the previous day.

20. Empathy and emotional intelligence were also noted as important issues to be addressed in this context. FAO requested support for activities required to implement the strategy.

21. WHO/AFRO attended the FICSA workshop on mental health in the workplace in Budapest the previous year; they had found it most inspiring.

22. IMO informed the Standing Committee that its administration wanted to keep implementation to themselves and seemed to be delaying moves to act. In that regard, it was stressed that FICSA support was available to its members.

23. UNAIDS stressed the need for a holistic approach. It had been seconded by WHO/HQ and the FAO counsellor who had highlighted the need to focus on addressing the root causes and not only focus on the symptoms, hence avoiding a culture of blame and stigmatization for not being able to deal with the situation.

- **Future of UN Cares**

24. UNAIDS reported that according to some organizations UN Cares had lost its original purpose of focusing on HIV in the workplace. With a broader focus on general health and well-being of staff, the FICSA position had been, over the past few years, that it was a good model of staff engagement and involvement. The Standing Committee agreed that the FICSA position in that regard should continue to be that UN Cares could be repurposed to support the implementation of the Mental Health Strategy, particularly in the field.

Action to be taken: FICSA members interested in contributing to the Mental Health Strategy Implementation Board should contact the Chair.

Furthermore, FICSA Members should provide the Chair with examples of action taken to implement the Mental Health Strategy.

The WHO/HQ Staff Committee should follow up with WHO/HQ medical services on the release of survey results and implementation plan.

FICSA should support the UN Cares model as part of the implementation of the Mental Health Strategy in the field.

The Standing Committee recommended that the FICSA EXCOM contact the FICSA membership and ask them to provide best practices related to the implementation of the Mental Health Strategy and have them compiled into a web publication of good practices

(c) *Update on the HLCCM Duty of Care Task Force*

25. The FICSA General Secretary informed the Standing Committee about the steps that the HLCCM Duty of Care Task Force since the previous Council. She noted that the overarching objective of Duty of Care was to create an organizational culture that was conducive to the Duty of Care Agenda. The General Secretary gave a presentation on a major achievement in the implementation of the concept of 'Duty of Care in the UN system'. She noted that both in the private sector and in national governments Duty of Care was a standard. If the Duty of Care framework was adopted by the third quarter session of the CEB, organizations could be held accountable, if they did not comply with the Duty of Care framework. The framework would become an obligation on the part of the organizations so as to mitigate or otherwise address foreseeable risks that might harm or injure its personnel and their eligible family members.

26. The framework would include a set of Duty of Care guiding principles and the minimum standards expected, including those applicable to non-staff and outsourced staff.

27. In an organizational setting, the 5 Duty of Care guiding principles/core principles were:

1. *Risk awareness and transparency:* Organizations are proactive in providing information and remain open to engagement, input and feedback from staff.
2. *Safe and healthy working and living environment:* Shared responsibility of organizations and staff to promote and sustain security, safety, health and well-being of UN staff as far as it was reasonably practicable.
3. *Inclusion and respect for dignity:* Organizations treat personnel in good faith, with due consideration being given to individual circumstances, respecting and preserving dignity.
4. *Caring for consequences of risk:* Caring for those who adversely affected or impacted by hazardous events.
5. *Accountability at all levels:* Creating a just culture that supported a systems approach and individual accountability, where appropriate.

Action to be taken: As stressed by the FICSA General Secretary, the three staff federations should be engaged in the work of the HLCCM Duty of Care Task Force.

28. FAFICS stressed the need for duty of care measures for retired staff. They noted that more organizations were reluctant to handle issues related to retirees. FAFICS and FICSA would continue to work together on this issue.

29. UNAIDS noted that, in the context of Duty of Care, disabled access continued to be a matter of concern. That held particularly true for field duty stations, but it would also apply to headquarter duty stations. In that regard, the FICSA General Secretary noted that there was

a system-wide checklist. IAEA noted that duty of care applied to both physical and mental health issues.

The Standing Committee noted the report of the FICSA General Secretary and recommended that the FICSA EXCOM continues to allocate appropriate time and resources to the issues she raised in all related fora including the IASMN, Mental Health Strategy, the Duty of Care Task Force in close collaboration with FAFICS.

Update on pension issues (Agenda item 4)

30. As an observer at the Pension Board, FICSA had been represented by its Treasurer, who informed the Committee about the smooth payment of pensions. Anyone experiencing backlogs should contact the Pension Board through their retiree association/federation. It was noted that investments of the Pension Fund had yielded returns above the benchmark targets.

31. In its statement to the Pension Board, FICSA had highlighted three main issues (FICSA/CIRC/1293):

1. Declining use of staff on regular contracts and its impact on the long-term sustainability of the Pension Fund. In the absence of sufficient data, the Actuaries could not establish a reliable study. It is recommended that more data be provided to the actuaries to help with the study.
2. Currency devaluation in countries such as Egypt and its impact on retirees.
3. Remaining backlog in new pension payments which, however, FAFICS had indicated was no longer an issue.

32. Further information with regard to the 65th session of the Pension Board was to be found in document FICSA/CIRC/1300.

33. The Standing Committee strongly urged FICSA to continue cooperating closely with FAFICS, as well as with UNISERV and CCISUA, on issues pertaining to pensions. WMO queried whether there had been a study made of the impact of the recent pay cuts on pensions. If there were no study, it should be considered.

34. The annex provides an explanation of the pension two-track system and issues of inflation rate. Every retiree had the right to go into the two-track system (paragraph 26).

Action to be taken: UNESCO data submitted to FICSA the previous years should be reviewed and appropriate action taken.

The Standing Committees on Social Security/OHS and Human Resources Management should feed data into the recommendations.

The Standing Committee recommended that the Working Group on the increase in the use of non-staff contracts and the impact on the UN system set up by the HRM Standing Committee should also address pension fund and ASHI.

Requests for training (Agenda item 5)

- WHO/GSC Kuala Lumpur and WHO/SEARO New Delhi agreed to host training on Mental Health and Emotional Intelligence for the Asia region – 3rd Quarter 2019.
- IMO requested a training on Mental Health for staff representatives– 3rd Quarter 2019.

35. It was further noted that UN counsellors in duty station posts should enjoy priority where the FICSA training on mental health in the workplace was concerned.

36. WHO/HQ Geneva suggested introducing quality control of the training in line with the accountability framework implementation proposed by the functional review. It should include development of measures and indicators. WHO/GSC agreed that it would be useful, but the time and expertise required would be an issue.

Action to be taken: The Standing Committee should discuss with the Executive Committee (a) the possibility of training the trainers; and (b) assessing the effectiveness of training through an in-built evaluation component.

The Standing Committee requested the FICSA Executive Committee to consider the feasibility of developing an in-built evaluation component in the FICSA training modules.

Other business (Agenda item 6)

37. In response to the concern over the impact of the use of non-staff contracts on Pension Fund contributions, the FICSA General Secretary reported that the CEB through the HR Network had been asking organizations to map out their staffing. Organizations had declined to do so, explaining that while staff recruitment was under Human Resources, non-staff recruitment was administered by procurement. UNWRA noted that it might be possible to obtain the data. FAFICS reported that in the HLCM, all the different contract models currently were being studied and evaluated.

38. UNESCO reported that in Egypt inflation and deterioration of the local currency had been ongoing since 2016; it had had a negative impact on pension payments. FAFICS informed the Standing Committee that the Pension Fund secretariat was monitoring the economic situation in Egypt. UNESCO noted that they had already provided the data to FICSA and would provide documentary evidence on the situation in Egypt. The Standing Committee agreed to feed the above recommendation into the recommendation of the Standing Committee on Human Resources Management.

39. IAEA stressed that the use of non-staff was a long-standing issue discussed at FICSA, as the numbers of non-staff were continually growing over the years since using non-staff was simply a less expensive option for organizations. WHO/GSC mentioned that “precarious contracts” had been discussed with CCISUA and that FICSA did not represent “non-staff”. FAFICS reiterated that it was a concern for the Pension Fund and recommended that FICSA raise the matter with the ICSC and in the HLCM, as well as at the 5th Committee, and take a position on the use of non-staff in core functions.

40. FAO noted that if the social standards for non-staff contracts in organizations were raised that organizations might be further encouraged to hire non-staff. FAO/WFP-UGSS reported that they had reached agreement with an insurance provider covering some non-staff.

The Standing Committee reiterated their recommendation from 65th FICSA Council in 2012 which stated: While recognizing that staff representative bodies do not represent “non-staff”, the FICSA EXCOM should try to ensure adequate social security benefits for that category and at the same time endeavour to limit the proliferation of non-staff use.

Nomination of Standing Committee officers and core group members (Agenda item 7)

41. The group nominated once again Tanya Quinn-Maguire (UNAIDS) and Katja Haslinger (IAEA) as Co-Chairs.

42. The following indicated their interest to be core group members by putting a star next to their name on the attendance sheet:

Amani El-Scheik (UNESCO)
Paola Franceschelli (FAO/WFP-UGSS)

Annex

(Paragraph 26) The Two Track System of the United Nations Joint Staff Pension Fund (UNJSPF) explained:

The Pension Adjustment System (PAS) of the UNJSPF is intended to ensure that the pension benefit payable to retirees and beneficiaries never falls below the “real” value of the US dollar amount and to preserve the purchasing power of the monthly pension benefit as initially established in the currency of the retiree’s country of residence.

All UNJSPF benefits are determined in US dollars (the US Dollar Track benefit). The Two Track feature of the Pension Adjustment System provides for a second benefit to be calculated by converting the dollar track benefit to the local currency at the time of separation (the Local Currency Track benefit). For the conversion of the dollar track benefit to the initial local currency benefit at the time of separation a 36-month average of exchange rates is used.

In order to ensure that retirees never receive less than the real value of the dollar track benefit, every quarter, the higher of the dollar track or the local currency track benefit is paid (converting the dollar track benefit to local currency using the quarterly exchange rate)

The monthly benefit is adjusted on an annual basis on 1 April, provided that the Consumer Price Index (CPI) has moved by at least 2%. The dollar track amount is adjusted by the movement of the United States CPI, the local currency track amount is adjusted by the movement of the CPI of the country of residence. If the applicable CPI has moved by 10% or more since the date of the last adjustment, the adjustment is made on a semi-annual basis on 1 April and also on 1 October.

To preserve the value of the dollar track benefit, the local track benefit can never be less than 80% of the dollar track benefit as adjusted for inflation. There is also a limitation on the dollar track benefit when the US dollar strengthens considerably against local currency. The dollar track amount, when converted to local currency on a quarterly basis, cannot exceed the local currency amount by more than 10%.

In anticipation that there would be a need to have some administrative flexibility to protect the Fund and retirees for situations where the economic situation relative to the US dollar is not stable, paragraph 26 was included in the Pension Adjustment System. This paragraph contains measures that may be exercised by the Fund’s CEO when extreme economic situations develop within a country creating extraordinary relationships between the US dollar or the local currency benefits. These measures include the suspension of existing local currency benefits as well as the suspension of offering the local currency track for new retirees. Currently the local currency track is suspended in 26 countries, including Argentina.