

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

Co-Chairs	Tanya Quinn-Maguire (UNAIDS Geneva) Katja Haslinger (IAEA Vienna)
Rapporteur	Christine Gimenez (ITU Geneva)
FICSA President	Diab El-Tabari (UNRWA/ASA Lebanon)
FICSA Treasurer	Irwan Mohd Razali (WHO/GSC Kuala Lumpur)
Members, FICSA Executive Committee	Véronique Allain (SCBD Montreal) Pilar Vidal Estevez (PAHO/WHO Washington DC) Jason Sigurdson (UNAIDS Washington DC)
Regional Representative	Jesús García Jimenez (ILO/ITC Turin)

**Participants**

AP-in-FAO	Roberto Bonafede
ICAO	Anthony Ndinguri Ray Reynolds
IFAD	Silvana Scalzo
IMO	Edwin Titi-Lartey
ITU	Christian Gerlier Christine Gimenez Carmen Montenegro
UNESCO	Maria Helena Capelli Miguel
UNGSC	Cosimo Lunedì Cosimo Melpignano
UPU	Birahim Fall

WHO/AFRO Brazzaville	Lusamba Kabamba
WHO/EURO Copenhagen	Kay Miller
WHO/HQ Geneva	Tim Nguyen
WHO/SEARO New Delhi	Rajesh Mehta
WHO/WPRO	Jed Yparraguirre
WIPO	Olivier Steele
WMO	Jalil Housni Andrès Orias

#### **Member with associate status**

CERN	Ghislain Roy
------	--------------

#### **Member with consultative status**

EMBL	Catherine Floyd
------	-----------------

#### **Federation with observer status**

FUNSA Guinea	Lucie Gnongo Beavogui
--------------	-----------------------

### **Introduction**

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

#### **Adoption of the agenda (Agenda item 1)**

2. The SC the following agenda:
  1. Adoption of the agenda
  2. Election of the rapporteur
  3. Brief report on activities since the 70<sup>th</sup> FICSA Council
  4. Wellbeing
    - a) Update on the issue of after-service health insurance (ASHI)
    - b) Update on the Mental Health Strategy Working Group
      - Feedback on the mental health training conducted by Simon Ferrar
    - c) Update on the HLCM Duty of Care Working Group
    - d) UN Cares

5. Update on pension issues, including update on ICSC WG on pensionable remuneration
6. FICSA resolution on harassment (FICSA/C/71/SOCSEC/1/Rev.1)
7. Requests for training/workshops in 2018
8. Other business
9. Nomination of Standing Committee officers and core group members

### **Election of the rapporteur (Agenda item 2)**

3. Ms Christine Gimenez (ITU) was elected rapporteur.

### **Brief report on activities since the 70th FICSA Council (Agenda item 3)**

4. The Chair noted that the items on the agenda coincided with the activities that had been undertaken since the previous Council session. She suggested that the discussion on the agenda items could serve as the report on activities. That suggestion was accepted.

### **Wellbeing (Agenda item 4)**

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

5. The Chair provided the Standing Committee with a brief report on FICSA representation on the UN inter-agency Working Group on ASHI since the previous Council. (Full details were to be found in the report of the FICSA Executive Committee). In the interest of providing the Standing Committee with a summary on the main areas of work, the Chair noted the following points in particular:

6. Much of the work of the Inter Agency WG on ASHI had been in relation to investigating whether it would be appropriate, administratively practicable and financially beneficial, for retired UN staff to be enrolled for primary coverage under the national health insurance scheme of the country in which they ordinarily resided after service. In that regard, she reported that there had been a 5 per cent response rate to the repeated requests to Member States to provide relevant information on their respective national health insurance schemes. To advance the work of the Inter Agency on ASHI Working Group and provide an informed recommendation to the UN Secretary-General, the WG decided to maximize efforts to provide a cost-benefit analysis of the national health insurance schemes in countries to which most UN retirees (approximately 80%) retire, amongst them Canada, Switzerland, France and the United States. The Chair reported that the exercise was largely completed. The preliminary indications were that, in almost all instances, there would be no cost benefit for either organizations or staff to use national health insurance schemes for the purpose of primary coverage.

7. The Finance and Budget Network was of the opinion that the Working Group should concentrate more on general cost-containment measures. Subsequently, at the face-to-face meeting of the ASHI Working Group in February 2017, the latter added: issues pertaining to plan design and eligibility, efforts to achieve critical scale (plan consolidation) and the portability of ASHI liability to the work plan of the working group.

8. FICSA had worked closely with its FAFICS counterparts on common concerns, particularly around the possibility of the requirement to enroll the national health insurance schemes.

9. 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 had guided the work of the Working Group consistently.

10. The Working Group had proposed to the HR Network that an “insurance group / network” should be established that could address issues of common concern across the 23 insurance plans in the common system using the composition of the ASHI WG as a guiding model. That suggestion had not been immediately accepted, although the Working Group would continue to propose the idea.

11. It was envisaged that the work of the ASHI Working Group would be completed in advance of the 73rd session of the UN General Assembly in September 2018, at which point the Working Group would be dissolved.

12. The following points were noted during the discussion of the Standing Committee on the report of the Chair:

13. The PAHO representative suggested that the issue of ASHI should be included as a permanent item on the agenda of the HR Network.

14. The FICSA Executive Committee Member without Portfolio underscored the need for vigilance in all discussions about containing the costs of ASHI programmes, and noted with concern that some entities appeared to be considering reductions in coverage or imposing terms that reduced the geographic scope of coverage for locally recruited staff. He noted that staff representatives needed to advocate for a more modern approach to cost containment, based on keeping people healthy, and using resources in smarter ways (e.g. negotiating preferred prices with health facilities and strengthening global networks for access to care). He stressed that Staff Health Insurance (SHI) was a central pillar of social security, guaranteeing access to the prevention, treatment, care and support services that participants needed for their wellbeing. Cost-containment approaches could not undermine that fundamental mission.

15. Considering the UN reform agenda as well as possible increased staff mobility across agencies, it was apparent to the members of the Standing Committee that the issue of portability with regard to ASHI liability was currently a key concern. It was suggested that the matter could be addressed in conjunction with the consolidation of the 23 plans.

16. The representative from FUNSA Guinea voiced her concern over the contractual situation of staff on temporary/short term contracts, which had a negative impact on their eligibility for ASHI. She suggested that that, in turn, had an impact on the long-term sustainability of the ASHI and SHI systems as a whole.

17. The representative from FUNSA Guinea also highlighted concerns regarding access to health care in the Conakry duty station. It was suggested that the issue should be raised by the contract holder (the organization) with the relevant health insurance provider (Cigna, Allianz).

18. The Standing Committee concluded that ASHI and SHI should meet five minimum standards across the various UN plans – (1) strong, global network of health facilities that recognized the SHI plan, with direct payment arrangements to minimize the burden of out-of-pocket payments – covering all duty stations as well as other locations where staff, dependents and retirees might travel or reside; (2) 24 hour-a-day, 7 days-a-week multilingual support for SHI participants; (3) claim processing times not exceeding 15 calendar days; (4) on-line platform for electronic submission of claims and supporting documentation; and (5) regular information and updates on ASHI-related matters for participants, particularly on entitlements, preventive medicine and health promotion.

19. The Standing Committee also noted that FICSA should support efforts to raise staff awareness of their rights in relation to SHI coverage and eligibility for ASHI.

**The Standing Committee recommends that the FICSA Executive Committee (a) Continue its advocacy to protect and improve staff health insurance coverage and after-service health insurance eligibility as a social security priority, and to do so at every opportunity in all relevant UN system-wide bodies that address duty of care and staff health and well-being; (b) Advocates the portability of after-service health insurance in the context of UN Reform processes and removing barriers to inter-agency mobility.**

**The Standing Committee further recommends that (a) Individual staff representatives on governing bodies of insurance plans should be supported to press for appropriate standards of coverage and access to quality care and oppose all proposed policy and rule changes that would undermine access or shift the financial burden to participants or categories of participants (e.g. retirees, people residing in locations deemed high cost); and (b) FICSA members are encouraged to review their staff health insurance coverage and services vis-à-vis the five minimum standards and insist on management action to address any shortcomings.**

*(b) Update on the work of the UN Mental Health Strategy Working Group*

20. The Chair informed the Standing Committee that FICSA had been represented at all meetings of the Mental Health Strategic Working Group (MHSWG) in 2017, including a face-to-face meeting on 27 and 28 February in Geneva, which had preceded the meeting of the UN HR Network, where it had taken advantage of the presence of medical and HR experts in Geneva.

21. The Chair reported that the MHSWG was mandated to propose a strategy to address

mental health concerns in the UN system, as well as develop a high-level implementation plan for the consideration of the HLCM.

22. The Chair noted that she had requested the input of SOCSEC core group members on the draft strategy before it was finalized by the MHSWG.

23. She further noted that the high-level implementation plan was currently being considered by the HLCM. The decision of the HLCM would determine the next phase which should be the implementation and roll-out of a mental health strategy across the common system.

24. The work of the MHSWG had since been completed and the final report was expected to be made available in April this year.

25. Should the HLCM concur with the implementation plan, a new Task Force would be convened to coordinate the implementation of the strategy; it would include representation from FICSA.

- *Feedback on the mental health training conducted by Simon Ferrar*

26. The representative from ITU, who had attended the training given by Simon Ferrar reported on the same and confirmed its usefulness for the attendees and its high quality. 15 staff representatives had attended the course. She also stressed the need to support follow-up action enabling staff representatives to shape the mental health strategy in their respective organizations.

27. The Standing Committee agreed that it would be helpful for participants in the mental health training to share knowledge across the FICSA membership to enhance staff representatives' capacity to support staff members and teams and raise awareness.

28. Following a discussion on the importance of data, the Chair informed the Standing Committee that a survey had been carried out under the auspices of the MHSWG and the data collected were not yet available in the public domain. However, data from the survey had been used extensively in the draft Mental Health Strategy, particularly to develop the "business case".

29. The Co-Chair mentioned the strong connection between harassment and work-related mental health issues in organizations. She highlighted the usefulness of both the FICSA training on Mental Health for Staff Representatives and the training on Prevention of Bullying and Harassment in helping staff representatives to assist and guide affected staff in their respective organizations.

30. The representative from SCBD raised the issue of the manner in which staff representatives could overcome the barriers to engaging staff in training and awareness raising as a lot of stigma was still attached to issues related to mental health. She also raised the concern that an interest in attending mental health related training could imply that the staff member had a mental health issue. In response, it was stressed that the FICSA training

was intended to build capacity for staff representatives to familiarize themselves with the topic and enable them to advise staff better on the resources available and support offered by their organizations.

31. The representative of UNESCO agreed that it was important to support the mental health of staff, but asked for guidance on how that support should be given in extreme or emergency cases. In response, it was stressed that it was not the role of the staff representative to intervene in such cases, but to guide the staff member to seek appropriate assistance from a health professional.

32. The representative of WHO/HQ Geneva underlined the importance of circulating survey data available within the agencies via the staff representative so as to ensure that the staff representatives were aware of the issues.

33. The representative of WHO/PAHO Washington DC informed the Standing Committee that once the HLCM approved the mental health strategy, WHO/PAHO Staff Association would request the organization to implement it.

34. The representative of WHO/SEARO New Delhi underlined the importance of preventative measures and the education of staff when it came to mental health and wellbeing, thus ensuring that any stigma was reduced and help was more accessible.

35. The representative of ITU reminded the Standing Committee that a large number of workplace absences were due to mental health issues. The Chair reminded the Standing Committee that a considerable number of staff present in the workplace would benefit from greater support in maintaining good mental health, while a lack of support could bear negative implications for an individual's overall performance and productivity owing to mental ill-health ('presenteeism').

**The Standing Committee requests the FICSA Executive Committee to include training on mental health for Staff Representatives in the FICSA training catalogue.**

**The Standing Committee further requests that the FICSA membership encourage their staff to attend all related training, including training on harassment in the workplace with a view to building up a network of trained staff representatives who could exchange experience and knowledge and harness the acquired skills for the benefit of all FICSA members.**

### **(c) Update on the HLCM Duty of Care Working Group**

36. The representative of UNAIDS gave a brief report on the key developments on the issue of duty of care in 2017.

37. Through FICSA participation in the Duty of Care Task Force and its sub-groups, the group's focus has been reinforced on:

- The need for clear management standards and accountability mechanisms (i.e. staff know what to expect from their organizations, managers know what support they are expected to provide, and Member States ensure that an appropriate duty of care standard is resourced);
- "Non-negotiable"/mandatory actions across agencies, including access to psychosocial support, especially when deployed to high-risk environments;
- Better protection of locally-recruited staff and recognition of risks and hardships they may face when serving in high-risk or fragile operational environments (e.g. closing the gaps in coverage between locally-recruited staff and internationally-recruited staff);
- The need for increased investment in services for staff, especially in relation to counselling and mental health;
- The opportunity to build on UN Cares as a peer education and support mechanism for staff health/wellbeing; and
- Diversity and inclusive approaches that meet the organization's duty of care towards all UN personnel (including women; lesbian, gay, bisexual, transgender and intersex (LGBTI) colleagues; staff with disabilities; and ethnic and religious minorities).

38. The UNAIDS representative also reported that:

- The UN Secretary-General had expressed his strong commitment to staff and keen interest in ensuring that the organization was meeting its duty of care to all personnel, in all duty stations, with particular attention to staff working in difficult and dangerous operating environments.
- The Secretary-General's Senior Management Group (July 2017) elevated the priority and focus on duty of care asked the Duty of Care Task Force to expedite its work, strengthen its focus on national staff and on psycho-social welfare; and, wants this work to cover the whole system, not just "high-risk environments".
- Increasing accountability and responsiveness, strengthening the risk management framework: more proactive assessment and management of risks beyond security, mitigating dangers of psychological strain, poor living conditions and lack of access to medical care.
- It was decided that a further review on the future of the UN Cares programme be carried out.

39. The UNAIDS representative noted that, in light of the strong senior management attention to the issues expected in the year ahead, FICSA member associations/unions had an opportunity to put their agency-specific advocacy priorities in the context of that wider agenda when speaking with their respective management counterparts.

40. He further noted that safety and security; mental health and well-being; managing health risks in duty stations; pre-deployment resilience briefings; and ensuring zero tolerance for harassment, discrimination and abuse of authority, were examples of specific duty of care issues where FICSA had an opportunity to reinforce momentum in 2018 and shine a spotlight on areas where organizations should be doing more to protect staff, particularly in difficult operating environments.

**The Standing Committee recommends that the FICSA Executive Committee should advocate for consistency across the UN health insurance plans with regard to: access to quality medical care, including medical evacuation; and elimination of disparities in access to health and benefits between locally-recruited and internationally-recruited staff.**

**The Standing Committee further recommends that the FICSA Executive Committee develop an SHI scorecard for use in members' advocacy, which assesses SHI plans from the perspective of: (1) equitable access to quality medical care for international and locally recruited staff, and (2) equitable eligibility for medical evacuation in cases of acute illness, injury and chronic conditions, when treatment and care in the duty station is either unavailable or inadequate.**

**The Standing Committee requests the FICSA Executive Committee to investigate, in cooperation with the SOCSEC core group, how to capitalise on the group of trained staff representatives in the area of mental health so that the next steps could be identified.**

41. The representative of UNGSC suggested that the level of consciousness should be raised for everyone and noted that the field staff had less access to information and education. FICSA should ensure inclusion of mental health training in all areas.

42. The representative of WHO/AFRO Brazzaville informed the meeting that in Angola the quality of health service was quite poor and that the health insurance provider delayed payments to an excessive degree to the hospital (up to one year). He further noted that UN staff often received "bad credit" because of the complexities related to reimbursement, including long delays in payment.

43. The representative of FUNSA Guinea raised the issue of health care providers overcharging UN staff.

(d) *UN Cares*

44. In the context of work on the issue of duty of care, the UNAIDS representative highlighted the following opportunities to retain and build upon the UN Cares programme:

- Discussions under the Mental Health Strategy Working Group and Duty of Care Working Group had prompted further senior management reflection on the future of UN Cares.

- There were opportunities to adapt the UN Cares platform as part of the efforts to meet better the UN's obligations to staff, recognized dependants and non-staff personnel. There was also unfinished business in relation to access to HIV prevention, treatment, care and support.
- The global network of UN Cares focal points and trained peer support volunteers was recognized as an important asset of the programme, and moreover put staff members at the centre – particularly in the field. Several duty stations had already used UN Cares as an entry point for addressing broader health and well-being activities.

45. Following a discussion, the Standing Committee made the following recommendation:

**The Standing Committee requests the FICSA Executive Committee to press for the continuation of UN Cares as a UN system-wide staff health and well-being programme, and urges that its mandate be expanded beyond HIV to include mental health, the prevention and treatment of chronic health conditions, and the promotion of a stigma-free, inclusive UN workplace ('UN 4 All').**

#### **Update on pension issues, including update on ICSC WG on pensionable remuneration (Agenda item 5)**

46. The FICSA President briefed the Standing Committee on recent developments related to the UNJSPF. He reassured the Standing Committee that the major concerns from the previous year related to the payment and processing of pensions for newly retired staff were largely resolved.

47. The FICSA President highlighted that staff representatives should be more active on the Pension Board in order to ensure that their members' collective voice was heard by the UNJSPF.

48. He also informed the Standing Committee that in some duty stations there were major concerns related to the devaluation of the local currency, which, in turn, had a seriously negative effect on the value of pensions for staff retiring at those duty stations.

49. The representative of WHO/HQ Geneva requested clarification on action points for staff representatives elected to the Pension Board. He also stressed the need for experienced and informed staff representatives on those bodies.

50. The representative of CERN underlined the need for constant training on this topic for staff representatives because the duration of the mandate was three years and limited to two mandates.

**The Standing Committee requests the FICSA Executive Committee to develop guidelines and clear instructions for staff representatives elected to Pension Board bodies, so as to ensure that the interests of their respective organization are represented.**

**The Standing Committee also requests that the FICSA Executive Committee engage directly with the UNJSPF regarding the devaluation of currencies and its negative impact on UN retirees in the countries affected.**

**The Standing Committee further recommends that the FICSA Executive Committee enter into discussions with the UN OHRM on the subject of currency devaluations.**

### **FICSA resolution on harassment (FICSA/C/71/SOCSEC/1/Rev.1) (Agenda item 6)**

51. During its first meeting the Standing Committee was made aware of the draft resolution on Harassment to be issued by FICSA during its first meeting and of the channels through which input could be provided.

### **Requests for training/workshops in 2018 (Agenda item 7)**

52. The Standing Committee noted that it needed additional information on the criteria for granting training requests. In particular, the Standing Committee noted the need for guidance on the criteria for prioritizing workshop requests (for example, consideration of whether training requests which were cost-neutral to FICSA (expected to be fully financed by the hosting organization or by the fees accruing through the attendance of non-FICSA members) should be prioritized.

53. Training on mental health in the workplace was requested by: WHO/EURO Copenhagen (2 training courses – one for Copenhagen and one in a second duty station in the east of the region, for example, Moscow) and UNGSC (Brindisi). Both organizations offered to host and finance the training in full, if that were necessary. IAEA Vienna, WHO/WPRO Manila, WHO/SEARO New Delhi and WIPO in Geneva had also offered to host training activities, while both WHO/WPRO and IAEA expected non-FICSA members to show interest and participate in the activities.

54. Training on harassment in the workplace was requested by: WHO/EURO Copenhagen (two training courses as per mental health request), WHO/WPRO Manila, IAEA Vienna and WHO/SEARO. WHO/SEARO was confident that it could organize some co-financing.

55. A number of members (IFAD/WFP/FAO in Rome), UN (Nairobi) and WHO/PAHO (Washington) would investigate their organizations' interest in hosting the mental health and harassment training. It might get back to the Standing Committee during the year with an ad-hoc request for consideration by the Chairs.

### **Other business (Agenda item 8)**

56. The representative from WHO/EURO Copenhagen informed the meeting that during the previous summer, WHO/EURO had hosted briefings by the UNJSPF that had been attended by more than 200 retirees. She noted that training of that kind was greatly appreciated and reminded the Standing Committee that training activities along those lines could be requested directly from the UNJSPF.

### **Nomination of Standing Committee officers and core group members (Agenda item 9)**

57. Ms. Tanya Quinn-Maguire (UNAIDS) and Ms. Katja Haslinger (IAEA) were nominated as Co-Chairs of the Standing Committee.

58. The following were nominated as core group members: Diab El-Tabari (UNRWA/ASA Lebanon, Irwan Mohd Razali (WHO/GSC Kuala Lumpur), Véronique Allain (SCBD Montreal), Pilar Vidal Estevez (PAHO/WHO Washington DC), Jason Sigurdson (UNAIDS Washington DC), Jesús García Jimenez (ILO/ITC Turin), Roberto Bonafede (AP-in-FAO), Ray Reynolds (ICAO), Silvana Scalzo (IFAD), Edwin Titi-Lartey (IMO), Christian Gerlier (ITU), Christine Gimenez (ITU), Carmen Montenegro (ITU), Maria Helena Capelli Miguel (UNESCO/STU Montreal), Cosimo Lunedi (UNGSC), Cosimo Melpignano (UNGSC), Birahim Fall (UPU), Lusamba Kabamba (WHO/AFRO Brazzaville), Kay Miller (WHO/EURO Copenhagen), Tim Nguyen (WHO/HQ Geneva), Rajesh Mehta (WHO/SEARO New Delhi), Jed Yparraguirre (WHO/WPRO Manila), Olivier Steele (WIPO), Jalil Housni (WMO), Andrès Orias (WMO), Ghislain Roy (CERN), Catherine Floyd (EMBL), Lucie Gnongo Beavogui (FUNSA Guinea) and Anthony Ndinguri (ICAO)

---