

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

### Officers

Co-Chairs	Tanya Quinn-Maguire (UNAIDS), Katja Haslinger (IAEA)
Rapporteur	Bess Bodegon (WHO/WPRO)
FICSA President	Brett Fitzgerald (WIPO)
FICSA General Secretary	Evelyn Kortum (WHO/HQ)
FICSA Treasurer	Kay Miller (WHO/EURO)
Member, FICSA Executive Committee	Pilar Vidal Estevez (PAHO/WHO)
Regional Representative	Rajesh Mehta (WHO/SEARO)

### Participants

AP-in-FAO	Juan Jose Coy Giron, Jakob Skoet
FAO/WFP-UGSS	Paola Franceschelli, Silvia Mariangeloni
ICAO	Viera Seben
ILO/ITC	Jesus Garcia Jimenez, Rute Mendes
IMO	Fola Odulana, Edwin Titi-Larty
UNESCO	Elia Matias
UNFCCC	Mary Jean Abrazado, Ambretta Perrino, Santhosh Thanjavur Prakasam
UNGSC	Cosimo Chimienti, Cosimo Lunedi
UNIDO	Osadolor Akpata, Steven Eales
WHO/AFRO	Guy Parfait Elenga, Symplice Mbola Mbassi
WHO/EMRO	Metry El Ashkar, Salwa Hassan
WHO/EURO	Antonella Biasiotto
WHO/HQ	Marina Appiah, Lianne Gonsalves, Catherine Kirorei Corsini
WHO/SEARO	Ritesh Singh

WHO/WPRO Bess Bodegon

WIPO Najib Ben Helal

**Member with associate status**

OPCW Alberto Fernandez

**Federation with consultative status**

EMBL Thomas Heinzmann

**Guest**

WMU Anne Pazaver

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

1. The Standing Committee approved the agenda:
  1. Adoption of the agenda
  2. Election of the rapporteur
  3. Staff Wellbeing
    - a. Update on the issue of After-Service Health Insurance (ASHI) (FICSA /C/73/SOCSEC/Summary Sheet 3a) – Tanya Quinn-Maguire, Co-Chair
    - b. Implementation of the Mental Health Strategy (FICSA /C/73/SOCSEC/Summary Sheet 3b) – Tanya Quinn-Maguire, Co-Chair
    - c. Update on the HLCM Duty of Care Task Force (FICSA /C/73/SOCSEC/Summary Sheet 3c) – Evelyn Kortum, FICSA General Secretary
  4. Pension Fund issues
    - a. Statement by UN Pension Fund – Ms. Rosemarie McClean, Chief Executive of Pension Administration, or her representative
    - b. Update on pension issues (FICSA /C/73/SOCSEC/Summary Sheet 4) – Brett Fitzgerald, FICSA President
  5. Medical coverage of locally-recruited staff of UN agencies (FICSA /C/73/SOCSEC/Summary Sheet 5) – Veronique Allain, Field Issues and Jésus Garcia-Jiménez, Regional Representation for LAC
  6. Workshops and other business
  7. Nomination of Standing Committee officers and core group members
  8. AoB

## **Election of rapporteur (agenda item 2)**

2. Bess Bodegon (WHO/WPRO) was elected rapporteur.

## **Staff Wellbeing (agenda item 3)**

### **Update on ASHI**

3. The Co-Chair (UNAIDS) reminded the Standing Committee that after approximately 4 years in operation, the UN system-wide working group on ASHI had been dissolved the previous year. As reported to the 72<sup>nd</sup> FICSA Council, the ASHI WG had provided numerous recommendations to the Secretary General on cost containment before its dissolution. Subsequently, there was a General Assembly decision regarding ASHI

(paragraph 5 from A/RES/73/279 B) which requested the Secretary-General to “further explore options for the improvement of efficiency and the containment of costs, including liabilities associated with current and future staff, with a view to reducing the Organization’s expenditure on health insurance plans and its after-service health insurance obligations, and to report thereon at its seventy-fifth session.”

4. The Standing Committee noted with concern the continued pressure to reduce the liability of after service health insurance and stressed that there should not be any reduction in coverage. This principle of continued coverage at the same conditions should be maintained and should apply to former, current and future staff. Following discussion, the Standing Committee made the following recommendation.

**The Standing Committee recommended that FICSA Executive Committee voice its concern on the GA resolutions on cost containment regarding paragraph 5 from A/RES/73/279 B on the issue of ASHI through the appropriate channels.**

### **Implementation of the Mental Health Strategy**

5. The Co-Chair (UNAIDS) gave a presentation (FICSA /C/73/SOCSEC/Summary Sheet 3b) on the key findings of the 2015 system-wide survey on mental health, the current status of the implementation of the Mental Health Strategy (MHS) since its launch by the UN Secretary-General in 2018 and the contents of the website Mental Health Matters, A Healthy Workforce for a Better World (<https://www.un.org/en/healthy-workforce/>), which was intended to provide a platform for staff and managers to access basic information on living and working with mental health conditions.

6. She reminded participants about two FICSA communications on this topic and encouraged those interested to: explore the website, refer to the 2019 FICSA communications on this topic and seek further information and guidance from FICSA as necessary.

6. UN agencies had taken various steps taken to implement an MHS. For example, WHO marked World Mental Health Day by activities that included screening of a video on depression, which was much appreciated by staff. While numerous efforts had been made for several years to encourage the WHO administration to participate on the MHS Implementation Board, these had not succeeded. WHO technical experts participated actively in MHS working groups, but there appeared to be a lack of willingness to implement a mental health strategy in WHO, with an apparent preference for implementation of a broader occupational health and safety strategy. As suggested at previous FICSA Council sessions, WHO staff associations were encouraged to engage the administration in discussion on this issue and promote steps towards implementation of an MHS strategy in WHO in accordance with the recommendations of the UN Secretary-General.

8. ITC/ILO raised concerns about FICSA’s position and strategy for working to implement the MHS, particularly whether there was sufficient focus on the effects of a negative working environment on staff mental health. FICSA could benefit from consulting the recommendations from Public Services International (PSI) on psychosocial risk assessments. The Co-Chair (UNAIDS) suggested that ITC/ILO provide a brief paper to the FICSA Executive Committee on gaps in FICSA strategy related to the implementation of the MHS, which could help to inform the FICSA position going forward.

9. While there was a peer support group at WHO/EMRO, EMRO administration had disengaged considerably from it after the departure of the Regional Adviser on Mental Health & Neurological Diseases. In addition, the WHO/EMRO staff association had lobbied the Staff Physician and Director of Administration and Finance to engage a staff counsellor. In addition, the WHO Director of Staff Health and Wellness had launched an initiative entitled “The world’s healthiest workforce”, which included ways to address staff mental health and was backed by the WHO Director-General. Lack of financial resources was the biggest barrier to implementing measures to address staff mental health.

10. UGSS thought that the Mental Health Matters website was a very powerful tool that staff associations

could use to work on mental-health-related matters in their organizations and support work towards the implementation of a mental health policy. While FAO employed approximately 4,000 staff, it had only one staff counsellor. Nevertheless, efforts had been made to organize workshops for staff on topics related to wellbeing, although they were considered inadequate.

11. The Co-Chair (UNAIDS) reminded the Standing Committee that one of the main “*raison d’être*” for the MHS Implementation Board was to pool resources and knowledge for the use of members. While staff were often unaware of the resources available, she hoped that FICSA would explore ways to facilitate awareness of and access to these tools and resources.

12. At WHO/WPRO, an anonymous helpline called “In Touch” facilitated staff access to professional psychologists free of charge for up to five sessions. If necessary, staff could access additional treatment under WHO Staff Health Insurance.

13. PAHO/WHO thought that organizations had much goodwill, but insufficient resources. FICSA could help by pushing organizations to implement mental health strategies, and staff associations could encourage action by the administration.

14. Some progress had been made at OPCW following efforts from an experienced and enthusiastic Staff Welfare Officer, but these ended when the individual left the organization. This illustrated the importance of good staff–management relations and of competence and interest in key actors. Harassment had been identified as having a negative impact on staff mental health, and OPCW had held a workshop on harassment in the workplace.

15. The FICSA General Secretary noted that the MHS should not be seen in isolation and that it did not focus sufficiently on sources of work-related mental health issues, such as toxic workplaces.

**The Standing Committee noted with concern the lack of progress with the implementation of MHS in organizations and requested the FICSA Executive Committee:**

- a. to remind its membership to pursue all avenues towards implementation of the Mental Health Strategy as a matter of urgency; and**
- b. to facilitate access to tools to assist staff, managers and leaders to implement the MHS at an organizational level.**

### **Update on the HLCM Duty of Care Task Force**

16. The FICSA General Secretary summarized key developments (FICSA /C/73/SOCSEC/Summary Sheet 3c), particularly the following. One of the conclusions was that the Integration of occupational health and safety (OHS) into risk management processes was to be the key driver for the implementation and improvement of the Duty of Care framework. An interagency OHS forum would be established, headed by WHO, to mainstream OHS and the tools developed by the Task Force, including assessment of duty-station health risks, predeployment guide, UN living and working standards, training for managers and a system-wide five-year action plan for the implementation of the mental health strategy. FICSA would continue to monitor issues and report back.

17. The discussion of this topics noted some confusion about accountability and responsibility for implementing the different frameworks related to staff wellbeing, including duty of care, MHS and OHS.

18. What was the overall FICSA strategy on OHS? ILO Convention 155 provided guidelines in this regard and could be used as a framework for any FICSA strategy going forward. IAEA had developed a policy on OHS and would be happy to share with FICSA membership via the FICSA website. The FICSA General Secretary suggested that FICSA could explore the possibility of creating training on issues related to OHS. ITC/ILO volunteered to lead a working group to develop a FICSA position paper on OHS for consideration by the

Standing Committee and the 74<sup>th</sup> Council. Delegates from WHO/EURO, PAHO/WHO, and the FICSA General Secretary volunteered to assist with this work.

## Conclusion

19. A working group – composed of delegates from ITC/ILO, PAHO/WHO, WHO/EURO and the FICSA General Secretary – would develop a position paper for the consideration of the Standing Committee at the 74<sup>th</sup> FICSA Council. The FICSA Executive Committee would ensure that all available documentation, including the IAEA Policy on OHS, be made available to the membership via the FICSA website.

## Pension Fund issues (agenda item 4)

20. Ms Rosemarie McClean, Chief Executive of the UN Pension Administration made a statement to the Standing Committee via Skype ([Appendix 1](#)). The past problems with paying out pensions had been overcome, and payments were now made within 15 working days. The UN Joint Staff Pension Fund was in good shape and had exceeded expectations. Pension Administration was striving to further improve its services, which would include regular and effective communication with the funds' stakeholders.

21. The FICSA President requested fast implementation of steps to address the situation in the Geneva office regarding the streamlining of services between the New York and Geneva offices. Ms McClean responded that, with the approval of the General Assembly, implementation would be able to go forward and changes would be ongoing. Training would be provided to ensure a similar standard of service as that provided from the New York office.

22. The FICSA member for Compensation issues (IAEA) noted that the UNGA resolution with regard to the report of the Board had included disappointment, particularly with the Governance Working Group report on the size and composition of the Board. In response to the question of what the role of the Governance Working Group would be with regard to the resolution, Ms McClean responded that that would have to continue to be discussed and suggested a preliminary conversation involving different parties to obtain more clarity.

23. The FICSA President reported that the annual session of the UN Joint Staff Pension Board (UNJSPB), was overshadowed by ongoing efforts on the part of the UN Secretariat participants' representatives to acquire an even larger number of seats on the Pension Board by attempting to take seats away from the specialized agencies. At the same time, UN participants' representatives continue to allege that a backlog remained in the processing of new entitlements, although the report of the Pension Board's Asset and Liability Monitoring Committee clearly specified that "New pension cases are processed on time and correctly, there is no backlog of entitlement cases".

24. In resolution A/C.5/74/L.22 of 27 December 2019, UNGA had requested the new Chief Executive of Pension Administration to promptly engage an independent external entity with expertise in the governance of pension funds to conduct a comprehensive and objective analysis. UNGA further decided "that alternates should be entitled to attend Pension Board sessions only when principal Board members cannot attend, with the exception of the elected alternates of the General Assembly".

25. The FICSA President stressed the importance of these matters to the participants from the specialized agencies, although they were distracting attention from concerns about the rate of return on the investments of the Fund's assets. As stated by the Assets and Liabilities Monitoring Committee, "the real rate of return earned by the Fund continues to be the most significant factor in maintaining long-term solvency".

26. In conclusion, he informed the meeting that FICSA understood that the backlog in processing new pension claims was cleared.

**The Standing Committee recommended that FICSA Executive Committee and FICSA members continue ongoing efforts to reach out to UNJSPF participants’ representatives and inquire what steps are being considered to counter the pressure to reallocate seats and what kind of support the staff representative bodies may be able to provide in this context.**

### **Medical coverage of locally recruited staff (agenda item 5)**

27. ITC/ILO stressed the seriousness of this issue, including the different health insurance plans available, which provided different coverage at different costs for locally recruited staff in non-headquarters duty stations ([FICSA /C/73/SOCSEC/Summary Sheet 5](#)). He suggested that the Standing Committee:

- get information on what is happening with health insurance plans for staff in the field;
- identify the kinds of gaps and differences in coverage in different regions and for different categories of staff; and
- strengthen FUNSAs, and make sure they report their concerns to resident coordinators.

In addition, FICSA should highlight this topic at the highest levels.

28. The Co-Chair reported that there were 25 different health insurance plans that varied hugely, and massive resistance to consolidating them into one. The Medical Insurance Plan normally applied only to locally recruited UN Secretariat staff from organizations such as UNDP. Obtaining more information was critical to better assessing the situation, although there might be restrictions on sharing the information. FICSA could perhaps hire a consultant to map health insurance plans across the common system.

29. The IAEA Co-Chair reported from a medical directors’ round-table meeting addressing different premiums and coverages. Insurance companies (and sometimes the same insurance company) offered different premiums to different organizations. Insurance companies’ refusal to disclose information prevented comparisons of the different health insurance plans, so mapping was necessary and desirable. The field duty stations offered yet another challenge due to the variances in the conditions of service.

30. The Co-Chair (UNAIDS) cautioned against accepting the lowest acceptable standard of coverage, as the UN was inclined to do, and urged FICSA to lobby for minimum standards for health insurance plans. In addition, there was a gender issue, as women were usually the lowest paid and therefore suffered most.

31. How could information on the different coverages and plans be obtained, and how could different plans be harmonized? The Federation of Associations of Former International Civil Servants (FAFICS) had previously conducted a mapping exercise on ASHI plans. ASHI affected all staff, including those who had retired.

**The Standing Committee recommended that FICSA Executive Committee explore the option of hiring a consultant to map the different health insurance plans across the UN common system in order to allow FICSA members to benchmark. That should ideally be done in consultation with FAFICS.**

### **Other business – Workshops and other issues (agenda item 6)**

32. FAO/UGSS reported that health insurance premiums had sharply increased, because premium calculations had not included retirees, so premiums had been too low. The increase was perceived as aimed only at ensuring sustainability. That situation hit GS staff disproportionately hard. FAO/UGSS wanted to understand how the 50:50 share and the cap were interpreted in other organizations, whether by overall population or by individual. Also, what was the Standing Committee’s position? Knowing this would assist the

delegate in returning to the administration with suggestions for a way forward.

33. FAO/UGSS suggested that training on health insurance be added to the FICSA catalogue. It would need to be very technical in nature and include the calculation of health insurance premiums.

**The Standing Committee recommended that the FICSA Secretariat ask members to provide information on how their respective health insurance premiums are calculated and implemented, and share the information received with them. The FICSA Executive Committee should explore the possibility of developing training on health insurance.**

### **Nomination of Standing Committee officers (agenda item 7)**

34. The following delegates were nominated as Standing Committee officers:

- Edwin Titi-Lartey (IMO) as Chair
  - Paola Franceschelli (FAO/WFP-UGSS) as Vice-Chair
  - Katja Haslinger (IAEA) as Vice-Chair.
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