



**Administrative Guidelines
for Offices in areas with Zika Virus Disease (Zika)
outbreaks**

**Framework
for the
management of staff members
in
United Nations Common System
Headquarters and Field Duty Stations**

**CEB Human Resources Network
Version 1.1
17 February 2016**

Administrative Guidelines for Offices in areas with Zika Virus Disease (Zika) outbreaks

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INTRODUCTION AND EXPLANATORY NOTES

Rationale for the Framework

These internal administrative guidelines applicable to all UN system staff members have been prepared with the view of adopting a common approach with regard to the most important aspects of managing staff members in countries affected by Zika Virus Disease (Zika).

It is recognized that not all the provisions of the Guidelines may be applicable to all duty stations, especially where they need to take into account the provisions of national authorities. Therefore, organizations at each duty station are encouraged to adapt the provisions to their local requirements as necessary.

It is important to note however that the CEB/HR Network adopted the Framework on the explicit and shared understanding that the same country-specific provisions should be applied by all organizations present at any given duty station within the relevant country. Guidelines and provisions that differ from organization to organization at the same duty station are discouraged as they would undoubtedly lead to difficulties and further disruption at a time of crisis.

All UNCT members are required to ensure the implementation of the provisions of this framework.

The Framework is reviewed periodically by the HR Network and amended accordingly. This is the first version, hereinafter "V.1.1".

I. General

Zika Disease

1. On 1 February 2016, in accordance with the International Health Regulations (2005), the Director-General of the World Health Organization (WHO) determined, on the advice of an Emergency Committee, that the ongoing public health event regarding a cluster of microcephaly cases and other neurological disorders reported in Brazil were highly likely to be related to infection with Zika virus, and this constituted a public health emergency of international concern (see WHO statement). A Public Health Emergency of International Concern (PHEIC) is an extraordinary event determined by the Director-General of WHO which constitutes a public health risk to other States through the international spread of disease and to potentially require a coordinated international response. Following this determination, on the advice of the above Committee, the Director-General of WHO issued temporary recommendations to guide States with the support of partners, in the response to the Zika virus disease (Zika) outbreaks. UN System Medical Directors are responsible for communicating any changes in the Zika outbreaks and subsequent coordinated response as they apply to the UN system.¹

2. Zika is a generally mild, self-limiting disease transmitted by certain types of mosquito. It cannot be transmitted by casual contact, but recent evidence indicates it may also be transmitted by sexual activity. Many of those infected by Zika show no symptoms, and those who do generally have a mild fever, rash, joint pains or red eyes. Symptoms last from a few days to a week, and once resolved the patient is thought to be immune.

Applicability

3. These Administrative Guidelines are intended for executive and administrative personnel of the UN system Organizations worldwide. They are applicable to all staff members, their spouses and recognized dependents.

4. The Guidelines mainly address the issues which are likely to emerge in areas where widespread transmission of Zika virus is seen. They will be up-dated as necessary.

Roles and Responsibilities

5. The following people and entities are primarily responsible for the global response to Zika (listed in alphabetical order):

- a) High Level Committee on Management / Human Resources Network
 - Ensures coordinated approach to the management of staff and other personnel across the UN system; and
 - Directors within each organization establish the policies and procedures necessary to support the reorganization of staff.
- b) Medical Directors Working Group
 - Centralize information and where appropriate standardize an approach to the occupational health and travel medicine aspects of the wider WHO guidance regarding Zika, taking due consideration of policies and approaches adopted by host country(ies). Medical Directors of individual organizations retain the

¹<http://www.who.int/mediacentre/news/statements/2016/1st-emergency-committee-zika/en/>

capacity to manage the clinical and medical-administrative aspects of their staff and dependents on a case-by-case basis and according to the specific needs of the staff member or eligible family member, and the operational needs and policies of their organisation.

c) World Health Organization (WHO)

- Makes recommendations on measures to be taken in countries affected by Zika, and that all other countries should put in place, all aimed at mitigating the associated risks.

Information for Staff and queries

6. UN system staff members and their families may find the latest information related to Zika as follows:

<http://www.who.int/csr/disease/zika/en/>
<https://hr.un.org/page/zika-virus>
<http://un-epst.org/>

7. For further information, staff members may contact their medical service (for technical Zika information), or their Human Resources administration (for administrative information).

II. Leave and attendance

Attendance

8. All staff members are required to report for duty unless and until informed otherwise. Heads of Departments/Offices may authorize flexible working arrangements for staff including the possibility of tele-commuting (working from home or alternate location). Unauthorized absence from office will be dealt with in accordance with rules governing such absence.

Flexible working arrangements

9. Taking into consideration the local health advisories and the WHO guidelines, and as far as feasible, flexibility will be exercised to authorize flexible working arrangements.

10. In order to address the needs of the United Nations Organizations in managing their activities in response to Zika, Heads of Departments/Offices may:

- a) identify at-risk staff members;²
- b) where feasible, re-task at-risk staff members who normally work outside or in mosquito prone areas, to indoor work;
- c) authorize at-risk staff members to tele-commute (work from home or alternate location within the duty station) if this is determined by appropriate technical authorities to be an effective measure to reduce the risk of Zika;
- d) temporarily allow a pregnant internationally recruited staff member to carry out her or other duties, or a combination of both, on a tele-commuting basis at the place of home leave (HL), where this is determined by appropriate technical authorities to be an effective measure to reduce transmission. (Advance) HL travel will apply and no DSA will be payable;
- e) authorize a pregnant staff member, at her request, to carry out her duties on a tele-commuting basis from a Zika-free location, or in a UN system office in a Zika-free location. No travel or DSA will be payable;
- f) temporarily deploy a locally or internationally recruited pregnant staff member, where required by the organization, to a UN office in a Zika-free location to perform her or other duties, or a combination of both. Travel to the location and appropriate subsistence will be payable, e.g. DSA.

11. When the Head of Department/Office authorizes d), the organization will facilitate separate HL travel of internationally recruited staff members and eligible family members, and allow HL to be exercised at an alternate location, if local authorities of the HL country do not authorize entry or medical facilities are not adequate, and subject to the cost duty station-recognized place of HL-duty station.

² At risk staff are considered to be pregnant women or staff whose spouse is pregnant. This definition may be revised as knowledge about Zika Virus evolves.

Annual leave

12. Taking into consideration the local health advisories and the WHO guidelines, Heads of Departments/Offices may exercise flexibility in authorizing annual leave and advance annual leave to staff members that request leave to limit their possible exposure to Zika.

13. Depending on circumstances, SLWFP might be granted if requested by a staff member for "other important reasons for such period as the Secretary-General may prescribe." For example, the staff member initiated travel before travel restrictions were put in place and has exhausted all annual leave.

Sick leave related to Zika

14. Approximately 80% of Zika infections are asymptomatic, and infected individuals are therefore unaware of their infection status. They present minimal risk of infection transmission in an office environment, provided mosquito control measures are rigorously implemented.

15. Staff members who are absent by reason of illness due to Zika or suspected to be Zika, will be granted sick leave. Unless rare complications occur, the illness generally requires only very limited sick leave (5 days or less).

Special leave with full pay

16. Special leave with full pay may be granted at the discretion of the executive management and taking into account the individual circumstances of staff members.

Special leave without pay

17. Flexibility will be exercised in authorizing special leave without pay (SLWOP) to staff members working in Zika-affected areas.

III. Travel

Duty travel

18. **Planned travel.** The decision to travel to or from an affected duty station should be made in accordance with the national travel advisory set by the host country and taking into consideration guidance from the Medical Directors Working Group and the WHO. An updated list of affected countries is available on the WHO website.

19. At present, pregnant UN personnel will be denied medical clearance to travel to areas with active Zika transmission. All other staff members may travel under normal provisions including risk based medical advice.

20. **Initiated travel.** At present there are no general travel restrictions in place by the WHO or any of the affected countries. Staff members who become aware of pregnancy during official travel should cease travel and return to their duty station. If their home duty station has active transmission of Zika virus, the provisions of paragraphs 9-11 apply.

Home leave and family visit travel

21. Flexibility will be exercised to authorize advance and deferred home leave (HL) and family visit (FV), and to allow separate HL travel of internationally recruited staff members and eligible family members, and to exercise HL/FV at an alternate location, if such measures will decrease the risk of female staff members or eligible family members, who are pregnant or of child-bearing age, contracting Zika. This travel is subject to the cost duty station-recognized place of HL-duty station. The travel of eligible family members may be authorized as travel for other compelling reasons in absence of HL/FV travel entitlement and in accordance with the rules of the organization.

22. Staff members who fall sick, including symptoms of Zika, during HL/FV will be granted certified sick leave upon submission of a medical certificate to the Medical Director or designate.

Education grant travel

23. During a recognized Zika outbreak, flexibility will be exercised to authorize advance and defer education grant travel (EGT) if such measures will decrease the risk of female staff members or eligible family members, who are pregnant or of child-bearing age, contracting Zika.

Security Clearance

24. Travel for official business to and from Zika affected countries requires security clearance via the United Nations Travel Request Information Processing (TRIP) system. It is also highly recommended that staff members utilize TRIP for personal travel to capture everyone traveling.

Medical Clearance/Screening

25. All organizations should ensure that staff members have access to information and medical advice about Zika virus. More detailed advice is available from medical services. Organizations which do not have a medical service can provide staff with the information

developed by the UN Medical Services Division (MSD), available on the MSD web page (<https://hr.un.org/page/zika-virus>).

26. Travel for official business to Zika affected countries may require medical clearance. Pregnant women will not be cleared to undertake duty travel to Zika-affected countries. Additional resources should be provided to women of childbearing age.

IV. Recruitment and appointments

Recruitment and Reassignments

27. The decision as to whether to initiate recruitment and reassignment of staff should be made in accordance with the national travel advisories set by the host country and taking into consideration WHO guidelines. This should be done in conjunction with the Senior Crisis Management Structure relevant to the duty station.

28. Recruitment and reassignment of staff:

- a) will be carried out in accordance with interests, needs and priorities of the Organization; and
- b) will be decided upon on a case-by-case basis by Heads of Departments/Offices and deferred whenever possible. In accordance with current UN Occupational health travel restrictions, internationally recruited staff members who are pregnant will not be medically cleared for duty in countries with active Zika transmission for the duration of the pregnancy.

Extension of Appointments

29. Every effort should be made to renew staff members' appointments one month in advance. Conversely, staff members should be informed of non-renewal of their appointments at least one month prior to expiry dates when possible. Excluding brief delays related to acute illness, and which are covered under the provisions regarding sick leave, there is unlikely to be any relevance of Zika to extension of appointments.

V. Salary, benefits and entitlements

Payroll and Salary advances

30. Organizations may authorize salary advances in such amount as the Chief Executive of the Organization may deem appropriate. Salary advances shall be liquidated at a rate as determined by the Comptroller's (payroll) office. As far as feasible, the recovery start date and rate should be communicated to the staff member at the time the advance is individually authorized.

Health insurance

31. Staff members and their family members who are enrolled in the following medical programmes are covered for expenses incurred for qualified medical treatment of Zika according to their insurance plan policies: ***(insert relevant insurance programmes)***. Staff members and their family members not enrolled in a medical plan indicated herein should ensure that their insurance plans cover sickness associated with Zika.

VI. Death of a Staff Member

Death Benefit

32. In the case of death **of a staff member**, the date on which entitlement to salary, allowances and benefits shall cease shall be the date of death, unless there is a surviving spouse or dependent child. In this event, the date shall be determined in accordance with the following schedule:

Completed years of service in the Secretariat	Months of salary
3 or less	3
4	4
5	5
6	6
7	7
8	8
9 or more	9

33. The months of salary referenced above may be made in a lump sum as soon as the pay accounts and related matters can be closed. Such payment shall be made only to the surviving spouse and dependent children.

34. For:

- a) **staff in the Professional and higher categories**, the payment shall be calculated on the basis of the staff member's gross salary less staff assessment;
- b) **staff in the Field Service category**, the payment shall be calculated on the basis of the staff member's gross salary, less staff assessment plus language allowance, if any;
- c) **staff in the General Service and related categories**, the payment shall be calculated on the basis of the staff member's gross salary, including: language allowance, if any; and in respect of staff in receipt of non-resident's allowance, such non-resident's allowance, less staff assessment applied to the gross salary alone.

Appendix D

35. Compensation will be provided to eligible staff members in the event of death, injury or illness considered to be attributable to the performance of official duties on behalf of the United Nations. All claims for compensation will be subject to the review of the UN Advisory Board on Compensation Claims (ABCC) or (insert other relevant claims authority). The four-month period to file a claim will be suspended during any office closure period. Illness of a staff member due to Zika may be considered service-incurred for international staff members deployed to a Zika affected duty station.

VII. Other

Non-compliance with Medical and/or Security protocols

36. Failure by a staff member to comply with his or her obligations with the required medical and/or security protocols may lead to the imposition of disciplinary measures in accordance with the staff rules of the organization.