



**Administrative Guidelines for Offices
on the Novel Coronavirus (COVID-19) Outbreak**

**Framework for the management of staff members
in the World Health Organization**

**15 June 2021
Version 5.0**

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on the Novel Coronavirus (COVID-19) Outbreak**

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INTRODUCTION AND EXPLANATORY NOTES

Rationale for the Guidelines

These Guidelines are primarily intended for administrative staff, including human resources, who oversee the administrative arrangements of staff members and their recognized family members. They are meant for information only and do not take the place of the WHO Staff Regulations and Staff Rules and other promulgated administrative issuances. To the extent that the below provisions are in conflict with the Staff Regulations and Staff Rules, the latter prevail.

These Guidelines are also meant to provide information applicable to all staff members and are aligned with the Guidelines adopted by the UN common system organizations to ensure a common approach on the most important aspects of managing staff members during the current outbreak.

It is recognized that not all the provisions of the Guidelines may be applicable to all duty stations, especially where they need to consider the provisions of national authorities (e.g. with regard to permits and visas). Therefore, country offices are encouraged to adapt the provisions to their local requirements as necessary and to the extent they do not conflict with the Staff Rules and Staff Regulations.

WHO country offices should coordinate the implementation of these Guidelines with UN Country Team¹.

These Guidelines will be reviewed periodically, as necessary, and in cooperation with the Chief Executive Board (CEB) Human Resources Network and amended accordingly.

¹ These Guidelines are based on Guidelines developed by Chief Executive Board (CEB) Human Resources Network, in coordination with organizations from the UN common system (version 1.0 dated 13 February 2020, version 2.0 dated 10 March 2020, version 3.0 dated 21 March 2020, version 4.0 dated 14 April 2020, and version 5.0 dated 19 January 2021). Guidelines and provisions that differ from organization to organization at the same duty station should be carefully reviewed as they would lead to difficulties and further disruption at a time of a potentially severe crisis.

I. General

Novel Coronavirus disease (COVID-19)

1. On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the coronavirus (COVID-19) outbreak a “public health emergency of international concern” (PHEIC). On 11 March 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic.

Applicability

2. These Guidelines are intended for administrative staff (including human resources) who manage staff in the Organization worldwide. They are applicable to all staff members and recognized family members.

3. The Guidelines mainly address the issues which are likely to emerge during the COVID-19 outbreak. They may be up-dated as necessary.

Critical functions

4. For purposes of these Guidelines, staff members are grouped into:

a) Critical staff. Staff members who would be required to perform critical functions in support of the response to COVID-19 outbreak and other emergency operations, to ensure continuity of work. Critical staff will be rotated as necessary and in line with prevailing guidance according to their function. These staff members may be requested to carry out such critical functions on premises, in an alternate location or from home; and

b) Non-critical staff. Staff members whose functions are not required to support the emergency response programme, and whose functions support WHO’s other areas of work. These staff will continue to work from home or another location as far as possible.

5. **Criteria for selecting critical staff.** Director-General/Regional Directors/Heads of offices are required to designate critical staff. The list of names and respective contact information must be up to date at all times.

6. When selecting staff members as critical staff, Director-General/Regional Directors/Heads of offices should ensure the following:

- a) Physical security of staff and facilities;
- b) Medical care of staff;
- c) Health condition of staff;
- d) Delivery and support of information management and technology services;
- e) Ability to communicate with other Organizations and Governments;
- f) Maintenance of utilities (electricity, water and sanitation); and
- g) Ability to make important technical, operational and policy decisions related to critical aspects of the operations and programme continuity² as well as staff welfare.

² Directors may refer to the Programme Criticality Framework for guidance on the implementation of programme and business continuity plans.

7. **Critical functions at the duty station.** Director-General/Regional Directors/Heads of Offices should ensure that critical staff are equipped to assume critical functions and have delegated decision making/signing authority.

8. The number of critical staff should be kept to an absolute minimum, noting that it should not generally exceed ten per cent of the total number of staff members in the duty station and that only a select few of them would be required to be physically based at the WHO premises. Critical staff include the following:

- a) Regional Directors, Directors or Heads of Offices;
- b) Local Security Management Team;
- c) Medical staff;
- d) Security staff;
- e) Human Resources staff (including counsellors);
- f) Payroll/Finance;
- g) Information and communications; and
- h) Any other staff required to carry out critical functions, if necessary and as determined by the Regional Directors, Directors or Heads of Offices.

9. To the extent possible, critical staff should be designated on a voluntary basis. In cases where the number of volunteers is insufficient to guarantee the continued operation during a closure of office, the official with delegated authority may designate additional staff members to report for duty.

10. Staff members designated as critical staff must be notified and informed of the implications of such designation and that they could be required to remain in quarantine to limit their possible exposure. Critical staff may be required to obtain medical clearance from SHW at HQ or the Regional Staff Physicians in Regional Offices or local Staff Physician in country offices, prior to or upon assuming the critical function.

Closure of Offices – Officials with delegated authority

11. WHO offices may be closed at the instruction of the host government or by decision of the Director-General or by the Regional Director or by the Head of Country Office following coordination with all Organizations in a duty station. Upon decision of closure WHO official with delegated authority will notify the host government and local authorities.

Information for staff and queries

12. Staff members and their families may find the latest information related to COVID-19 at:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Situation reports can be found at:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

For the latest available information on travel restrictions, please refer to this link from IATA³

³ Please be advised that this information is only as reported to IATA by the countries and may not reflect the absolute latest information. Therefore, travelers should still ensure that they check with the relevant

<https://www.iatatravelcentre.com/international-travel-document-news/1580226297.htm>
<https://www.iata.org/en/programs/safety/health/diseases/>

For the latest updates please see this link:

<http://intranet.who.int/homes/shw/travels/coronavirus.shtml>

13. For further information, staff members at the duty station may contact: Staff Health and Wellbeing Services at Headquarters and local Staff Physician in other duty stations.

WHO Staff Health & Wellbeing Services		
HQ Geneva		
Emergency Contact 24h 7/7	shwemergency@who.int	+41 22 791 11 15
SHW Director: Dr CROSS, Caroline	crossc@who.int please copy shws@who.int	+41 22 791 3040 13040 (GPN number)
Staff Counsellor: Ms CASALIS, Nathalie	casalisp@who.int	+41 22 791 3231 13231 (GPN Number)
Staff Psychologist: Ms MURINO, Eva	murinoe@who.int	+41 22 791 30 40 12315 (GPN Number)
HQ, GSC, Kuala Lumpur		
Medical Officer: Dr HOE, Iquin	hoej@who.int	Tel: +60 3 8871 7155 17155 (GPN number)
AFRO Regional Medical Services		
Regional Staff Physician: Dr RIZET, Roland	rizetro@who.int	+4724139959 39959 (GPN number)
Clinical Nurse: MRS. TRAORE, Minata	traoremi@who.int	+4724139461 39415 (GPN number)
AMRO/PAHO Regional Medical Services		
Regional Staff Physician: Dr SELOD, Anne-Gaëlle	selodann@paho.org	+1 202-974-3904
Clinical Nurse: MRS. CORCUERA, Norma	corcuernor@paho.org	+1 202-974-3392

authorities for any countries they plan to travel to and ensure that they would not face any issues as it relates to their specific situation.

EMRO Regional Medical Services		
Regional Staff Physician: DR MAKLAD, Sahar	maklads@who.int	+20-2-22765207 65207 (GPN number)
Clinical Nurse: MS. ELBAKRY, Maha	elbakrym@who.int	+202 227 65208 65208 (GPN number)
EURO Regional Medical Services		
Regional Staff Physician: DR DONDOGLIO, Pierre-Olivier	dondogliopi@who.int	+4545336816 76816 (GPN number)
Clinical Nurse: MS. ELMER, Jeanett	elmerj@who.int	+4545336661 76661 (GPN number)
SEARO Regional Medical Services		
Regional Staff Physician: Dr SOBTI, Rohit	sobtir@who.int	+911143040135/+911143040136 26135 (GPN number)
Clinical Nurse: MRS. TRIPATHI, Indira	tripathii@who.int	+911123370804 26136 (GPN number)
WPRO Regional Medical Services		
Regional Staff Physician: Dr BAUTISTA, Marcia	bautistal@who.int	+63 2 8 5289620 89620 (GPN number)
Clinical Nurse: Mrs. ROMERO, Abigail	romeroab@who.int	+63 2 8 5289621 89621 (GPN number)

Health and wellbeing

14. COVID-19 and the subsequent response is having a significant impact on mental health and wellbeing. Uncertainty, social isolation, fear for family, friends and self may cause anxiety. Grief and loss may also be an issue for many staff members. In addition, many staff members are juggling additional caring responsibilities, such as care for children who are remote learning or for ageing parents.

15. WHO is mindful of the impact of the pandemic on mental health. Measures are being put in place on an ongoing basis to support the mental health and well-being of staff at this time.

16. Improving the wellbeing of our workforce and investing in a mentally healthy workplace will provide many benefits for individuals, teams and the whole Organization. Good mental health and wellbeing positively impacts on resilience and productivity of individuals, teams and the organization.

17. The UN Common System has a Workplace Mental Health and Wellbeing Strategy with the key objective of increasing staff member resilience, productivity and engagement. More details can be found at:

<https://www.un.org/en/healthy-workforce/files/Strategy%20-%20full.pdf>

18. WHO has taken a number of actions to provide psychosocial and other support to staff as well as advice on health and wellbeing. Please see resources at <https://intranet.who.int/sites/covid19/>

II. Leave and attendance

Attendance

19. When offices are open, all staff members are required to report for duty. Unauthorized absence from the office will be dealt in accordance with rules governing such absence.

20. Flexible working arrangements include the possibility of teleworking (working from home or alternate location), to limit the possible exposure to COVID-19. Heads of offices shall ensure, to the extent possible, that staff members, including critical and non-critical, are provided with the necessary office equipment (either WHO equipment or connectivity using personal equipment) to discharge their official functions from an alternative work site, including from home. See link to [e-Manual III.22.1](#) for additional information.

21. Under certain circumstances only critical staff shall have access to the offices. Critical staff will be required to report for duty to perform the critical functions either at the offices or from an alternate location or from home. Unauthorized absences by critical staff will be dealt in accordance with the Staff Regulations and Staff Rules and duly promulgated administrative issuances.

22. Non-critical staff who are instructed not to report to the office will be required to work from home and will be equipped to do so.

23. Non-critical staff, who are instructed not to report to the office and who are unable to work from home or another location may be placed on special leave with full pay (SLWFP) until an alternate solution is found. These staff members will not be required to exhaust annual leave before being placed on SLWFP.

Compensatory leave

24. **When offices are closed.** As an exceptional measure for the outbreak period, locally- and internationally-recruited critical staff who are requested to report to the office may be granted compensatory leave as per the Guidelines for Compensatory Leave in Emergency Response in Crisis⁴.

25. Supervisors will be accountable for ensuring that compensatory leave accrued during the closure period:

- a) is taken during the twelve months following the month in which the offices are reopened; and
- b) at least five consecutive compensatory leave days are taken during the first six weeks following the day in which the offices are reopened.

26. Under no circumstances will compensation accrued during the closure period take the form of additional cash payment.

⁴ WHO e-Manual III.6.7 Overtime and compensatory leave - Related content.

Flexible work arrangements

27. Flexible working arrangements may involve working from a different location, within and outside the duty station, including from home, and is at the request of the staff member. The authority to implement flexible work arrangements outside of the duty station rests with the Director of Human Resources and Talent Management (D/HRT for HQ) and Director, Administration and Finance for Regions (DAFs). Any such arrangement must be requested by the staff member and approved individually and formally (e.g., through the GSM Teleworking function). For additional information on flexible working arrangements, please see link to [e-Manual III.22.1](#) document COVID-19 HR measures of 25 May 2021, Teleworking.

28. If staff members are working remotely at a location outside of their normal duty station, they must update their security clearance profiles whether they arrived at the location on personal or official travel (see section III. Travel). This will ensure that staff remain informed of security updates and supported by local security arrangements.

29. In light of the number of universities, schools and day care closures and other disruptions to family support services, managers should be encouraged to exercise full flexibility regarding working schedules and assigned tasks. If staff members cannot perform their duties for the equivalent of one or more days per week, supervisors should submit the matter to DAFs for regional staff and to the D/HRT (through teleworking@who.int) for HQ staff, for consideration of implementation of special leave with full pay for such periods.

30. In order to address the operational needs in the context of the COVID-19 outbreak, the Organization may:

- a) temporarily reassign a staff member to a WHO office in another location to perform his/her or other duties. Travel to the location and per diem will be payable as official duty travel if the location is outside the duty station;
- b) temporarily allow a staff member to carry out his/her or other duties, on a teleworking basis;
- c) within limits – due to system constraints - eligible staff members may be given the option to combine teleworking (which should be approved in GSM) with Home Leave (HL). If local authorities of the HL country do not authorize entry or medical facilities are not adequate, HL may be exercised at an alternate location subject to the maximum cost of travel to the place of HL. See e-Manual III.22.1 document COVID-19 HR measures of 4 September 2020, Home leave.

Annual leave

31. **When offices are open.** Taking into consideration the local health advisories and the WHO Guidelines, managers may exercise flexibility in authorizing annual leave and advance annual leave to staff members that request leave to limit their possible exposure to COVID-19.

32. Staff members who travel outside the duty station during annual leave must be aware that re-entry into the duty station or departure from the countries to which they travel may not be possible. When staff members are unable to return:

- a) if feasible, at the request of the staff member, he/she may be authorized to carry out his/her duties on a telecommuting basis. No per diem will be payable;
- b) if possible, at the request of the staff member, he/she may report to duty at a WHO Office in the travel destination. No per diem will be payable;
- c) if possible, the staff member may be required to report to duty at a WHO office in another location. Travel to the location (as official duty travel) and per diem will be payable; or
- d) if neither option a), b) or c) is possible, the staff member may request annual leave, advance annual leave or special leave without pay (SLWOP).

33. **When offices are closed.** Staff members who are on annual leave at the time the offices are closed, will be placed on SLWOP as from the day they were due to report for duty, if there is no possibility of flexible working arrangements.

34. **Annual leave on separation.** Should staff members separate from service, any payment of annual leave that may be due shall not normally exceed the maximum allowed of 30 days in accordance with Staff Rule 630.8. Exceptionally, until 31 December 2021, a maximum amount of up to 45 days is allowable for any annual leave days not taken as a result of alternate work arrangements related to COVID-19.

35. For additional information on annual leave, please see link to [e-Manual III.22.1](#), document COVID-19 HR measures of 4 September 2020, Annual Leave.

Home leave entitlement

36. In light of the travel restrictions imposed by most countries in an effort to contain the spread of COVID-19, the Organization has introduced special measures regarding home leave: [e-Manual III.22.1](#), document COVID-19 HR measures of 4 September 2020, Home Leave. (Concerning eligibility of family members please refer to para. 51 below).

Medical evacuation, sick leave & inability to perform duties related to COVID-19

37. Medical evacuation of staff members and their eligible family members may be authorized under the applicable provisions⁵.

38. In cases of COVID-19 affecting a staff member through contact with a suspected or confirmed COVID-19 case, staff/family members must immediately notify their supporting medical service. Staff members should not report to duty.

39. Telemedicine/medical teleconsultations are specifically linked to suspected or confirmed cases of COVID-19 or for advice/prevention and all other telemedicine/medical teleconsultations which replace visits to health care providers will be exceptionally reimbursed at 80% by SHI. The duration of the measure is from the beginning of the pandemic until further notice. The requirements for reimbursement of telemedicine are medical prescription or certificate with the proof of payment. There is no need for a SHI Officer decision or Medical Adviser advice.

⁵ Medical evacuation is governed by WHO e-Manual section III.15.4 Travel for medical reasons (medical evacuation).

40. Staff members may be authorized to use their entire entitlement of seven days of uncertified sick leave (or what portion remains for that particular reporting period) consecutively in order to avoid staff having to go to hospitals and doctors' offices and relieve the pressure on medical services.

41. **When offices are open.** Staff members who are unable to perform their functions:

- a) **because of illness**, and in particular staff members with flu-like symptoms including for COVID-19, should not report for duty and should seek appropriate medical attention. Such absences will be recorded as certified sick leave within the applicable policy;
- b) **because of isolation**⁶ on the recommendation of the medical service or at the request of local authorities, staff members will be placed on certified sick leave;
- c) **because of quarantine** on the recommendation of the medical service or at the request of local authorities, will be authorized to telework on a full-time basis for the duration of the quarantine. (Please see e-Manual III.22.1, document [Reimbursement of COVID-19 mandatory quarantine and testing/certificate costs on statutory travel](#) dated 10 November 2020 and related updates.)

42. **When offices are closed.** Staff members who are on sick leave at the time the offices are closed, will be placed on SLWFP as from the day they were expected to report for duty following exhaustion of their approved certified/uncertified sick leave, if there is no possibility of alternate work arrangements.

Maternity, paternity and adoption leave

43. While maternity, paternity and adoption leave entitlements continue to be administered according to applicable policies, upon request by the staff member flexibility may be applied due to challenges posed by travel restrictions to allow staff members to avail of paternity leave within an extended period beyond one year following the birth of a child.

Special leave without pay

44. Placement on special leave without pay will follow applicable organization policy. Managers are encouraged to favorably consider requests for special leave without pay whenever feasible.

⁶ In medical terms isolation refers to confinement of a person who is sick, while quarantine refers to a person who is well and free of symptoms but must be confined in order to reduce risk.

III. Travel

45. Director SHW or local Staff Physician, may require an exit medical examination/medical clearance prior to leaving an affected duty station or country.

46. Staff members who are working remotely or stranded at a location outside of their normal duty station, must update their security clearance profiles whether they arrived at the location on personal or official travel. This will ensure that staff remain informed of security updates and supported by local security arrangements. Where possible, staff members should download any travel advisory apps offered by the respective Organizations and enable geolocation and notifications on their phones.

47. For purposes of information, the link below prepared and maintained by colleagues in the World Food Programme shows world travel restrictions. It is available to all and is interactive and updated regularly.

<https://unwfp.maps.arcgis.com/apps/dashboards/b9a95c1173be4b8f8bf40a4d5aa5054a>

Duty travel

48. **Planned travel.** The decision as to whether 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 WHO Guidelines. This should be in conjunction with the local Senior Crisis Management Structure relevant to the duty station.

49. Planned travel on official business to or from an affected duty station that has not been initiated and which is considered non-critical may be deferred based on a risk assessment. Travel on official business to or from an affected duty station should be planned and authorized in accordance with the needs of the Organization as determined by senior management in line with all current security measures in place.

50. **Initiated travel.** In the event that the authorized itinerary must be changed for reasons related to COVID-19 travel restrictions, the following will apply:

- a) **Departure from duty travel destination not possible.** If during the authorized travel on official business, local authorities or WHO guidelines do not allow departure, per diem will remain payable until departure is authorized and up until the first available flight.
- b) **Re-entry into duty station not possible.** If authorities at the duty station or WHO Guidelines do not allow re-entry, per diem will continue to be payable until re-entry to the duty station is possible and up until the first available flight.

Where required due to operational and/or medical reasons, staff members travelling on official business could be sent to an alternative location. Per diem for that location will be payable.

- c) **Staff member falls sick.** If the staff member falls sick, while on duty travel, including with COVID-19, per diem, if applicable, would continue to be payable. However, if hospitalized, per diem will be reduced to one third.

- d) **Staff member is quarantined.** If the staff member is quarantined while on official business, per diem will remain payable under the same conditions as c) above.
- e) **Staff member dies.** In the unfortunate event that a staff member dies while on duty travel, per diem payment will stop as from the date of death. The WHO office where he/she was working will assume the responsibility for coordinating the actions required and serve as the link between the parent office and the family of the deceased, providing the family assistance throughout the difficult period following the death. Please also see Chapter VI below on Death of a Staff Member.

Home leave and family visit travel

51. Flexibility will be exercised to authorize advance and deferred home leave (HL) and family visit (FV), and to allow separate HL travel of staff members and eligible family members, and to exercise HL/FV at an alternate location, subject to the cost of travel between the duty station and the recognized place of HL/FV. Such a deferral will not impact on the HL eligibility of family members as long as they qualified for HL at any point in time during the applicable eligibility period against which the HL is undertaken.

52. Staff members must be aware that respective local authorities or WHO guidelines may at any time prevent either departure from the HL/FV destination or re-entry to the duty station. In such cases, staff members should take this into consideration when accepting the lump sum option, as in such cases they agree to waive all entitlements relating to HL and FV travel that would otherwise have been payable, i.e. there shall be no reimbursement of lost tickets when the staff member has availed of the lump sum option. Staff members are encouraged to purchase travel insurance when travelling under the lump sum option. When the organization purchases the tickets for HL and FV travel, then the organization assumes the liability for changes in itinerary due to travel restrictions. The organization will not assume any cost related to quarantine. No per diem will be payable for such periods.

53. **When offices are open.** When staff members are not authorized by the local authorities or WHO Guidelines to depart from the HL/FV destination and they or any of their household members are not sick with suspected COVID-19:

- a) if feasible, at the request of the staff member, he/she may be authorized to carry out his/her duties on a teleworking basis. No per diem will be payable;
- b) if possible, at the request of the staff member, he/she may report to duty at a WHO Office in the same HL/FV location. No per diem will be payable;
- c) if possible, they may be required to report to duty at a WHO Office in another location. Official Duty Travel to the location and per diem will be payable; or
- d) if neither option a), b) or c) is possible, they may request additional annual leave, advance annual leave or special leave without pay (SLWOP). In exceptional circumstances, SLWOP may be granted if requested by a staff member for a limited period of time. For example, a staff member who has exhausted all annual leave balance and who initiated travel before travel restrictions were put in place.

54. Staff members who fall sick, including COVID-19, during HL/FV may be granted certified sick leave upon submission of a medical report in accordance with the Staff Rule 630.7 to Director SHW or the local Staff Physician.

55. Staff members who are unable to return by reason of COVID-19 affecting a member of his/her household, or because of quarantine affecting the household/area, will be placed on SLWFP, upon evidence for the necessity of this measure, acceptable to Director SHW or the local Staff Physician.

56. **When offices are closed.** Staff members who are on HL/FV travel at the time the offices are closed and if there is no possibility of alternate work arrangements, will be placed on SLWFP as from the day they were due to report for duty. No per diem will be payable.

Education grant travel

57. During a recognized COVID-19 outbreak, flexibility will be exercised to authorize advance and defer education grant travel (EGT). To accommodate the flexible approach, GHR will review the justification and upon approval from Coordinator, GHR and Director, HRT, the transaction will be accepted for processing.

58. Staff members must be aware that respective local authorities may at any time prevent either departure from the EGT destination or re-entry to the duty station. In such cases, staff members should take this into consideration when accepting the lump sum option, as in such cases they agree to waive all entitlements relating to EGT that would otherwise have been payable. The organization will not assume any cost related to quarantine. No per diem will be payable for such periods.

Rest and recuperation travel

59. During a recognized COVID-19 outbreak, flexibility will be exercised to advance or defer rest and recuperation travel (R&R).

60. Staff members must be aware that respective local authorities may at any time prevent either departure from the duty station or re-entry to the duty station or travel to and from a designated R&R location or other location. Under the lump sum for R&R travel, staff members are encouraged to purchase travel insurance.

61. Staff members who have one or more R&R travels deferred will be given the option to undertake one R&R in conjunction with a five-day period of special leave with full pay once the conditions allow R&R to resume. When R&R travel can be resumed, organizations should allow travel in a phased approach with a view to maintain operational capacity.

62. The HR Network field group is actively issuing updates regularly to address this matter.

63. For ease of reference, a link to the guidance from the HR network Field Group follows:

https://www.un.org/sites/un2.un.org/files/covid_001_guidance_for_duty_stations_in_co_vid-19-affected_countries_entitled_to_rr_ra_e.pdf Please also see [Administrator message on Rest and Recuperation - Special leave with pay in lieu of R&R](#) – Temporary process dated 1 October 2020.

IV. Recruitment and appointments

Recruitment and reassignment

64. 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.

65. Recruitment and reassignment of staff:

- a) will be carried out in accordance with interests, needs and priorities of the Organization;
- b) initiated in direct support of critical functions and in connection with COVID-19 will be given priority and the process will be expedited to the extent possible; and
- c) will be decided upon on a case-by-case basis for individuals who are not envisaged to perform critical function or in support of COVID-19.

66. In the event the recruitment is initiated, and the candidate has already signed her/his letter of appointment and it is determined that her/his services can be performed remotely at the place of recruitment, the staff member will be considered as teleworking and the post adjustment of the country of recruitment will be payable. Where there are multiple post adjustments, the post adjustment of the closet duty station will apply. In such instances:

- a) No installation entitlements or travel-related payments will be made. Those payments will be made only when the staff member is able to travel and report for duty at the duty station. The entitlements will be based on length of contract and will be paid after arrival at the duty station.
- b) the banking information will be entered by the staff member using GSM self-service.
- c) those staff members will not need to complete the teleworking disclaimer form, as it will be in line with the current teleworking arrangements in place for all staff.
- d) the monitoring of such cases will be done on a weekly basis, and those staff members will be requested to travel as soon as the national travel advisory set by the host country authorizes them to do so, unless the first level supervisor determines that there are operational reasons for the staff member to remain at the place of recruitment.

If the above is not possible, the onboarding should be delayed.

67. In the event a staff member is unable to travel to a duty station following a reassignment decision, the reassignment will be delayed and the staff will remain in the current post until she or he is able to report to the new duty station. If the reassignment date is maintained and it is determined that her/his services can be performed remotely at the place of recruitment, the staff member will be considered as teleworking. In both cases, the post adjustment will be payable in accordance with Standard Operating Procedures pursuant to these Guidelines.

Special Scenarios

68. Appointments of international staff under less than 60-day contracts must be issued for their full duration at either their home/recruitment location or the intended duty station (if presence is deemed a necessity by the hiring manager). Teleworking cannot be authorized from any other location than the initially established duty station/work location. General Service staff under less than 60-day contracts must be present at the duty station.

69. Cross-border appointments from within the area of the intended duty station (i.e. within commuting distance), will be at that duty station (e.g. reporting to HQ Geneva from home location in neighbouring France).

Extension of appointment

70. 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 (temporary appointments) and three months (fixed-term) appointments prior to expiry dates when possible.

71. The heightened alert situation shall not be the only factor in deciding on renewal and non-extension of appointments, including extension beyond retirement age.

Separation

72. **Repatriation travel and shipment.** If a staff member holds a visa/permit and is not requesting residency status, he/she should be repatriated upon the expiration of his/her contract, and as soon as practicable. If a staff member chooses to remain in the duty station for a longer period, this will not give rise to additional entitlements or further responsibility by the Organization to facilitate their visa/permit to remain in the duty station beyond the end date of their contract".

73. If departure from the duty station is possible, but entry to the repatriation destination is not, a staff member can opt to be repatriated to a third location. In such cases, the cost of repatriation should not exceed the amount normally payable for travel and shipment to the recognized place of residence.

74. **Extension of appointment.** Depending on the circumstances, an appointment of an internationally recruited staff member holding a permit/visa in the duty station and who is not requesting residency status in the host country, could be extended until departure/entry is possible and up until the first travel opportunity or flight is available for the purpose of facilitating the renewal of a permit/visa only. In the event of death during the period of the extension, the period prior to the staff member's death will be considered in the determination of the death benefit, if applicable.

V. Salary, benefits and entitlements

Payroll and salary advances

75. **When offices are open.** The Organization may authorize salary advances in accordance with current eManual provisions.

76. **When offices are closed.** The Comptroller should be consulted to determine the relevant arrangements when payments are not made through wire transfer.

Payment of entitlements that require original supporting documentation

77. **When offices are closed.** When payment of non- HR reimbursements is dependent on submission of the appropriate support documentation, the time limits for presentation of supporting documentation will be suspended during any office closure period due to COVID-19 outbreak.

COVID-19 related danger pay

78. Based on WHO recommendation and in line with the established criteria for danger pay, as contained in A/66/30, Annex II, subparagraph 1(c), that danger pay can be authorized in *"non-protected environments where medical staff are specifically at risk to their life when deployed to deal with public health emergencies as declared by the WHO"*, the Chairman of the International Civil Service Commission (ICSC) may approve Danger Pay for a limited group of internationally and locally recruited staff directly involved in the following COVID-19 operations (currently approved until 31 March 2021):

- provision of clinical care to patients with confirmed/suspected COVID-19;
- actual screening of patients with suspected COVID-19;
- drawing or processing of potentially hazardous specimens related to COVID-19; and
- handling hazardous or potentially hazardous samples taken at a lab or screening facility.

79. Each of the four criteria listed above, may provide a basis for Danger Pay – COVID-19 on its own merit.

80. COVID-19-related danger pay may apply only in duty stations not included already in the ICSC list of duty stations qualifying for danger pay (i.e. no double payments are allowed for staff already in receipt of danger pay). Executive Heads and Heads of entities must strictly follow the above WHO eligibility criteria when identifying staff members eligible for COVID-19 danger pay.

81. The memoranda of the ICSC Chairman are accessible on the ICSC webpage (<https://icsc.un.org/Home/DataDangerPay>).

82. FAQs on the subject of Danger Pay: COVID-19 were developed in collaboration with WHO and are available on the ICSC website to assist organizations in their responses to any questions raised by staff members and managers and facilitate a harmonized and coherent implementation of Danger Pay: COVID-19.

83. The FAQs can be accessed as follows: https://unicsc.org/resources/hrpd/dangerpay/DP_COVID19_FAQ_27April.pdf

84. The ICSC will periodically update the FAQs as it continues to monitor the health situation related to COVID-19 in close consultation with WHO.

85. **Amounts.** The current rates are:

a) **International Staff members:**

- i) monthly, US\$1645; and
- ii) daily, US\$54.08; and

b) **Locally-recruited staff members:**

- i) Applicable monthly amount as calculated by the ICSC; and
- ii) Applicable daily amount as calculated by the ICSC.

Health insurance

86. Staff members and their eligible family members who are enrolled in the WHO Staff Health Insurance (SHI) are covered for expenses incurred for medical treatment of COVID-19 administrated by a recognized health care provider according to WHO SHI insurance plan benefits.

VI. Death of a staff member

87. It cannot be over-emphasized that all staff involved in making the various arrangements must use their utmost discretion, tact and sensitivity, particularly when dealing with the family of the deceased. In case of queries from the family or insurance companies, it is recommended that complete documentation on the procedures followed should be kept in a confidential file.

88. When a staff member, or his/her accompanying spouse or dependent child dies, the Human Resources office in cooperation with the staff counsellor will assume responsibility for coordinating the actions required and serves as the link between the office concerned and the family of the deceased, providing the family assistance throughout the difficult period following the death⁷.

Death benefit

89. In the case of death **of a staff member**, Staff Rules 770, 380.2 and 310.4, 310.5.2 apply.

After-service health insurance

90. **When offices are closed.** Family members who are eligible for ASHI must normally make application for ASHI within three months of staff member's death. If

- a) **staff member dies during closure of offices due to an COVID-19 outbreak:** ASHI applications will be accepted within three months of the date the offices re-open; active service coverage will be continued in the interim; and
- b) **staff member dies before closure of offices due to an COVID-19 outbreak:** every effort should be made to file ASHI applications as soon as possible. Should the offices close due to an COVID-19 outbreak within the three-month time limit, ASHI applications will be accepted within three months of the date the offices re-open; active service coverage will be continued in the interim.

Compensation for illness, injury or death attributable to service

91. 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 WHO in application of WHO e-Manual III.20 Annex 7.E. All claims for compensation will be subject to the review of the WHO Advisory Committee on Compensation Claims (ACCC).

Pension Fund benefits

92. **When offices are closed.** The UNJSPF has offices in New York and Geneva and would therefore be able to provide services to participants and beneficiaries from both offices. In an extreme situation the UNJSPF would be able to implement its disaster recovery policy for payroll payments to beneficiaries.

⁷ The roles and processes are detailed in the WHO HR.SOP.III.149 Death of a Staff Member

Permits and visas

93. A family member's authorized stay at the duty station normally expires upon staff member's death. The same applies to any household employee whose visa is derived from the status of the staff member.

94. Most national authorities allow staff members and their families a certain period (e.g. 30 days) after the date of separation in which to leave the country, or adjust their status. If additional time is required, the family members should contact the relevant personnel responsible for permits/visas at the duty station for guidance in requesting extension of the normal grace period.

Education grant

95. When a staff member dies while in service **after** the beginning of the school year, no prorating or disqualification will take place in respect of any element of the education grant (EG) to which the staff member would have been entitled had he/she lived to the end of the school year, including boarding expenses or a flat sum for board and EGT.

96. As a result, no recovery from prorating the amount of the grant based on a period of service shorter than the normal school year will be initiated when processing the separation of the deceased staff member. The EG related forms may be completed by the surviving spouse, the legal representative of the child for whom the EG or EGT is paid, or by the child for whom the claim is requested, if 18 years of age or older. If the school year ends when the final payment has already been processed, settlement will be made as a direct payment to the survivor.

97. **When offices are closed.** The time limit to file EG claims will be suspended during any office closure period due to COVID-19 outbreak.

Repatriation grant⁸

98. **When offices are closed.** Family members who are eligible for payment of repatriation grant, must normally claim and provide evidence of relocation within two years of the staff member's death. This time limit will be suspended during any office closure period due to COVID-19 outbreak.

Repatriation travel and shipment⁹

99. Family members who are entitled to repatriation should initiate travel and/or shipment of personal effects as soon as practicable. If a family member chooses to remain at the duty station for a longer period, this will not give rise to additional entitlements or further responsibility by the Organization. The two-year time limit will be suspended during any office closure period due to COVID-19 outbreak.

Repatriation of remains or local interment

100. Before making any arrangements, it is necessary that the family be consulted whether they wish: local burial; cremation and repatriation; or embalming and

⁸ International staff members only.

⁹ International staff members only.

repatriation. In all instances, the local regulations and laws and international health regulations shall apply while the specific instructions of the family of the deceased should be observed as closely as possible. However, during COVID-19 outbreak, the repatriation of a deceased staff member (or his/her family member) could be delayed or not authorized.