



**World Health
Organization**

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

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

**31 March 2020
Version 3.0**

**WHO Administrative Guidelines for Offices
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 and version 3.0 dated 21 March 2020). 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). The outbreak spreads by person-to-person contact and the potential public health threat posed is high. 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.

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.

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

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

<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>

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 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.

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)
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)
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)
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 Regional Medical Services		
Regional Staff Physician: Dr SELOD, Anne-Gaelle	selodann@paho.org	+1 202-974-3904
Clinical Nurse: MRS. CORCUERA, Norma	corcuernor@paho.org	+1 202-974-3392
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)

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)

II. Leave and attendance

Attendance

14. 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.

15. Flexible working arrangements may be authorized or alternate working arrangements may be requested by the Organization, including the possibility of telecommuting (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.

16. 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.

17. Non-critical staff, who are instructed not to report to the office, will be required to work from home under alternate work arrangements and will be equipped to do so.

18. Non-critical staff, who are instructed not to report to the office and who are unable to work from home or another location will 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

19. **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 will receive compensatory leave as per the Guidelines for Compensatory Leave in Emergency Response in Crisis⁴.

20. 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.

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

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

Alternate work arrangements

22. Alternate work arrangements are different from flexible working arrangements. It may involve working from a different location, within and outside the duty station, including from home, and is at the request of the Organization. The authority to implement alternate 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).

23. 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.

24. In light of the growing numbers 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, managers should submit the matter to DAFs for regional staff and to the D/HRT (through teleworking@who.int) for HQ staff, for implementation of special leave with full pay for such periods.

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

26. 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 if the location is outside the duty station;
- b) temporarily allow a staff member to carry out his/her or other duties, on a telecommuting basis. If the telecommuting is taking place at the request of the staff member, no travel or per diem is applicable. However, if the request is at the initiative of the Organization as an alternate work arrangement, travel and per diem may be applicable;
- c) eligible staff members may be given the option to combine telecommuting 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; and
- d) temporarily request a staff member to carry out his/her or other duties from home.

Annual leave

27. **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.

28. 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 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).

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

30. **Annual leave on separation.** Should the 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. The D/HRT may increase the maximum amount up to 45 days for any annual leave days not taken as a result of alternate work arrangements related to COVID-19.

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

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

32. 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.

33. 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.

34. **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

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

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.

35. **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

36. **When offices are closed.** Staff members who are on maternity, paternity or adoption leave at the time the offices are closed, will be placed on SLWFP as from the day they were due to report for duty, if there is no possibility of alternate work arrangements.

Special leave without pay

37. **When offices are open.** Flexibility will be exercised in authorizing special leave without pay (SLWOP) to staff members except for critical staff.

38. **When offices are closed.** Staff members who are on SLWOP at the time the offices are closed, will be placed on special leave with full pay (SLWFP) as from the day they were due to report for duty, if there is no possibility of alternate work arrangements.

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

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

40. 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.

Duty travel

41. **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.

42. 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.

43. **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.

Home leave and family visit travel

44. 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, if local authorities of the HL/FV country do not authorize entry or medical facilities are not adequate, and subject to the cost of travel between the duty station and the recognized place of HL/FV .

45. 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.

46. **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 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 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. 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, SLWFP 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.

47. 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.

48. 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.

49. **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

50. During a recognized COVID-19 outbreak, flexibility will be exercised to authorize advance and defer education grant travel (EGT).

51. 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.

Rest and recuperation travel

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

53. 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.

54. 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.

55. The HR network field group is actively issuing updates regularly to address this matter.

IV. Recruitment and appointments

Recruitment and reassignment

56. 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.

57. 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.

58. 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 closest duty station will apply. In such instances:

- a) no assignment grant 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.
- b) the banking information form will be provided to the staff member to be completed and will be returned back to GSC HR and entered manually by Payroll.
- 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.

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

59. 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 of the current duty station continues to be payable.

Extension of appointment

60. 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. When a staff member's appointment is extended solely because the separation cannot be processed due to COVID-19 related travel restrictions and/or office closure, and the person is not able to telework from elsewhere during that time, such extension shall not give rise to any further entitlement to salary increment, annual leave, sick leave, maternity leave, paternity leave or home leave, although credit towards repatriation grant may continue to accrue if the staff member has not returned to his or her home country.

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

Staff members holding permits/visas

62. **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. The two-year time limit for submission of a claim for repatriation grant upon separation will be suspended during any office closure period due to a COVID-19 outbreak.

63. 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 to the recognized place of residence.

64. **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. Such extension would be solely for administrative reasons and would not give rise to any further entitlement to salary increment, annual leave, sick leave or home leave, but credit towards repatriation grant may continue to accrue. In the event of death during the period of the extension, the period prior to the staff member's death may be considered in the determination of the death benefit, if applicable.

V. Salary, benefits and entitlements

Payroll and salary advances

65. **When offices are open.** The Organization may authorize salary advances in such amount as the official with delegated authority 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 salary advance is individually authorized.

66. **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

67. **When offices are closed.** When payment of entitlements 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.

Danger pay

68. Where authorized by the Chairman of the International Civil Service Commission (ICSC), staff members performing medical functions in non-protected environments where they are specifically at risk to their life when deployed to deal with public health emergencies as declared by WHO, as defined in Annex II of the 2011 report of the ICSC (A/66/30), are entitled to danger pay. On an exceptional basis, Danger Pay may be approved for non-medical staff who are involved in the handling of potentially hazardous specimens or work directly with communities in designated isolation zones specified by WHO.

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

a) **International Staff members:**

- i) monthly, US\$1600; and
- ii) daily, US\$52.60; 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

70. Staff members and their eligible family members who are enrolled in the WHO insurance programmes are covered for expenses incurred for medical treatment of COVID-19 administrated by a recognized health provider according to WHO SHI insurance plan benefits. Staff members should ensure that their family's insurance plans cover sickness associated with COVID-19.

71. **When offices are closed.**

a) **Staff members newly recruited or reassigned and eligible for health insurance:**

- i) who arrive during closure of offices due to a COVID-19 outbreak: applications will be accepted within 31 days of the date offices re-open; insurance will be effective from the first day of the qualifying contract; and
- ii) who arrive before closure of offices due to a COVID-19 outbreak: every effort should be made to file applications as soon as possible. Should the offices close due to a COVID-19 outbreak within the 31-day time limit, applications will be accepted within 31 days of the date the offices re-open; insurance will be effective from the first day of the qualifying contract.

b) **Retiring staff members and eligible for After Service Health Insurance (ASHI)**

- i) who separate during closure of offices due to a COVID-19 outbreak: ASHI applications will be accepted within 31 days of the date the offices re-open; active service coverage will be continued in the interim; and
- ii) who separate before closure of offices due to a COVID-19 outbreak: every effort should be made to file ASHI applications as soon as possible. Should the offices close due to a COVID-19 outbreak within the 31-day time limit, ASHI applications will be accepted within 31 days of the date the offices re-open; active service coverage will be continued in the interim.

VI. Death of a staff member

73. 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.

74. When a staff member, or his/her accompanying spouse or dependent child dies, the Human Resources office 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

75. 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 and the deceased staff member had an appointment of one year or longer or had completed at least one year of service with the Organization, irrespective of the appointment type. 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

76. 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 to the surviving spouse or, if none, to the children recognized under Staff Rule 310.5.2 in equal shares.

77. 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 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.

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

Payments

78. Priority will be given to arrange for the survivors/designated beneficiaries to receive any payment (or an advance) against any salary, allowances and benefits standing to the credit of the staff member as of the date of death⁸.

After-service health insurance

79. **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

80. 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

81. **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.

Permits and visas

82. 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.

83. 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.

⁸ Staff members are reminded the importance of completing the Designation of beneficiary form WHO90.6 to designate their beneficiaries in case of death.

Education grant

84. 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.

85. 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.

86. **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 grant⁹

87. **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 shipment¹⁰

88. 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

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

⁹ International staff members only.

¹⁰ International staff members only.