

Audit and Integrity Review of Absence Management

Internal Oversight Reports



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Internal Audit Section

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LIST OF ACRONYMS

AIMS	Administrative Integrated Management System
BI	Business Intelligence
COVID-19	Coronavirus Disease 2019
ER	Expected Result
ESD	Enterprise Solutions Division
FWA	Flexible Working Arrangements
GS	General Service
HR	Human Resources
HRMD	Human Resources Management Department
ICS	Individual Contractual Services
IOD	Internal Oversight Division
LTSL	Long-term Sick leave
MSS	Medical Services Section
OI	Office Instruction
RTW	Return to Work
SRR	Staff Regulations and Rules
UN	United Nations
UNOG	United Nations Office at Geneva
WIPO	World Intellectual Property Organization

EXECUTIVE SUMMARY

1. The World Intellectual Property Organization's (WIPO) workforce is the human capital of the Organization and its key resource in pursuing various strategic goals and achieving its Expected Results (ERs). Managing staff availability and absences through designated people, processes and technological resources is essential in ensuring that organizational and programmatic goals are continually pursued and achieved. The Human Resources Management Department (HRMD), in coordination with relevant internal stakeholders, plays an important role in managing the staff absences in the Organization.
2. IOD reviewed various absences in the Organization and noted a number of positive developments in the management and administration of staff absences. These include, but are not limited to, training staff members to access the Administrative Integrated Management System (AIMS) Human Resources (HR)¹ remotely, the introduction of a Payroll validation tool to automate the reconciliation of staff entitlements and salary deductions for sick leave, and putting in place guidelines on Return to Work following Long-term Sick Leave. These developments helped in enhancing the efficiency and effectiveness of managing various absences particularly sick leave (certified and uncertified), special leave, and annual leave.
3. However, opportunities exist to enhance the management of various absences in the Organization. For example, HRMD, in collaboration with relevant internal stakeholders, should assess the relevant Office Instruction (OI) on sick leave, and the current workflows and practices for managing certified sick leave, with a view to identifying and making necessary changes to ensure alignment. More specifically, HRMD should strengthen the internal controls over medical appointments by randomly selecting staff members and verifying that their appointment(s) complies with the requirements of the relevant OI.
4. Further, HRMD, through the services offered by the Medical Unit, plays a critical role in protecting and promoting staff health at the workplace, contributing to a safe and healthy working environment. Internal Oversight Division (IOD) notes that there are opportunities to enhance and improve the management of sick leave by developing Data migration plan in order to have a more comprehensive, reliable and accurate determination of the progress made in migrating sick leave data. Further, establishing a mechanism that facilitates comprehensive reporting on the cost of sick leave, which includes both qualitative and quantitative cost elements combined with targeted information sessions and proactive information sharing on sick leave between HRMD (including the Medical Unit) and relevant Program Managers and supervisors, would help improve communication and informed operational decisions (e.g. back filling).
5. In addition, the Organization would benefit from customizing EarthMed to capture relevant and granular medical data that can be analyzed to identify useful trends and statistics, perform root cause analysis, and generate tailored reports. Other improvements include, completing the development of an interface between AIMS HR and EarthMed that would enhance the efficiency and effectiveness of managing staff absences.
6. Finally, adding a checkbox in the AIMS HR absence request form for leave for family-related emergencies, to serve as a declaration of honor, would reinforce accountability, compliance and consistency with the requirements set out in the relevant OI.

¹ AIMS HR facilitates the automation of initiating, processing and authorizing of various categories of WIPO staff benefits and entitlements including updating staff absences.

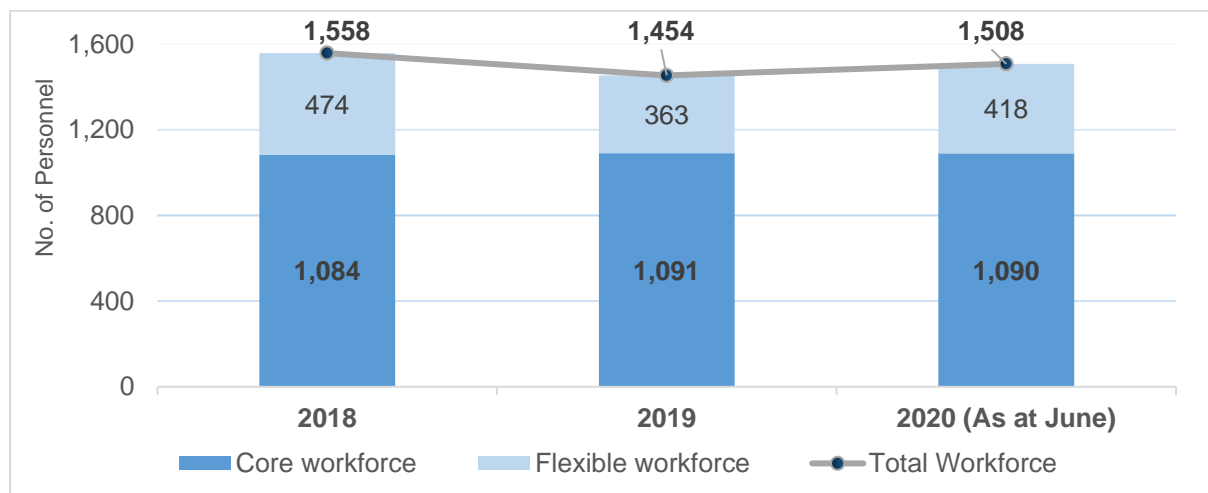
1. BACKGROUND

7. WIPO's workforce is the human capital of the Organization and its key resource. The workforce drives the Organization in pursuing various strategic goals and achieving its ERs. Generally, the mandate of the workforce is to translate strategic priorities into actions, actions into deliverables and deliverables into results to achieve sustainable organizational performance and goals.

8. To efficiently and effectively deliver results, the workforce should be, *inter alia*, well managed, competent, and available. Managing staff availability and absences through designated people, processes and technological resources plays a critical role in ensuring that organizational and programmatic goals are continually pursued and achieved.

9. WIPO's workforce is composed of the core² and flexible³ workforce. The core workforce is supplemented by appropriate non-staff resources and services obtained through commercial entities, as necessary. Figure 1 below shows the breakdown and fairly stable evolution of the workforce from January 2018 to June 2020.

Figure 1: WIPO Workforce in 2018, 2019 and 2020



Source: Compiled from WIPO Annual Reports on Human Resources

10. HRMD plays a key role in ensuring that the Organization has, among others, the workforce necessary to fulfill its mandate, by working with various Programs to provide a suitable working environment supported by efficient and client-oriented services. In addition, HRMD plays an important role in managing and monitoring the staff members' monetary and non-monetary benefits and entitlements which include various categories of leaves of absence.

11. More specifically, HRMD informs and guides staff members on the legal framework governing absence management, updates them on any changes, and ensures that appropriate tools and systems for managing leaves of absence are in place. Further, the department, through the services offered by the Medical Unit, ensures that the Organization has proper arrangements in place for managing sickness.

² The Core workforce is composed of Director and higher categories, Professional, General Services, and National Professional Officer.

³ The Flexible workforce is composed of temporary Professional and higher categories, temporary General Services, temporary National Professional Officers, Staff financed under Reserves and Funds-in-Trust (FIT), Interns, Fellows, Monthly/Daily Translators and UNDP-Junior Professional Officers, and other non-staff (e.g. Individual Contractors, Agency Workers and External Providers).

12. In accordance with the Staff Regulations and Rules (SRR) and relevant OIs, staff members are eligible for various leaves of absence depending on such factors as (i) their staff category; (ii) type of appointment held; (iii) length of service; (iv) family and health status. Figure 2 below shows the main categories of leaves of absence available to staff members.

Figure 2: Main Categories of Leaves of Absence for WIPO Staff Members



Source: Prepared by IOD

13. Whilst staff members are required to comply with the relevant legal provisions that govern the aforementioned leaves of absence, HRMD is expected to take a pro-active role in facilitating their application. Equally important, HRMD assists staff and Management with interpreting the applicable SRR and related OIs.

14. Table 1 below shows the quantitative break down of the total number of leaves of absence in the Organization in 2018, 2019 and 2020 (January to June).

Table 1: Breakdown of Various Categories of Leaves of Absence in WIPO

S/n	Description	2018	2019	2020 (Jan – June)
<i>(In Person Days)</i>				
1.	Annual Leave (includes Recovery leave in 2019 and Floating days in 2019/2020)	36,133	34,492	7,219
2.	Sick Leave with Certificate/Certified Sick Leave (includes special sick leave credit for service-incurred accident/illness)	10,454	9,777	4,978
3.	Sick Leave without Certificate/Uncertified Sick Leave	2,364	2,109	619
4.	Home Leave ⁴ (includes Travel time in 2019)	2,174	2,093	256
5.	Leave for Family-Related Emergencies	1,099	1,020	379
6.	Maternity Leave	447	972	707
7.	Study Leave	213	144	31
8.	Paternity Leave	197	262	80
9.	Compensatory Leave for Overtime (Overtime ⁵ in 2018, change of name in 2019/2020)	164	485	196

⁴ Home leave is not included in the scope of this engagement as IOD reviewed it in 2019 as part of the Audit and Integrity Review of Staff Benefits and Entitlements.

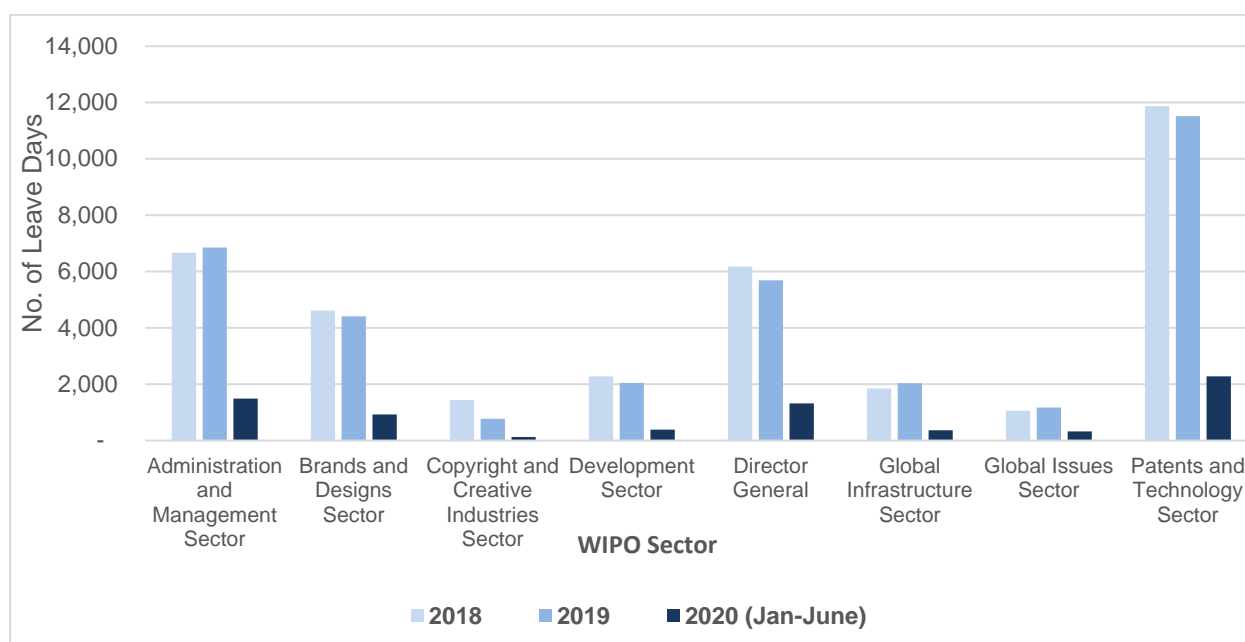
⁵ Staff in General Service (GS) category may get compensatory leave for overtime.

10.	Special Leave with Full Pay/Partial pay (includes Compassionate leave)	270	482	475
11.	Special Leave without Pay (change of method in 2019)	964	2,277	1,377
12.	Regular Time Off (new category for compressed work schedule since 2019)	N/A	5,621	1,736
13.	Mission (not provided for 2018)		7,240	649
14.	Credit Leave (discontinued from 2019 – Flexi hours)	4,042	N/A	N/A
	Total	58,521	66,974	18,702

Source: HRMD

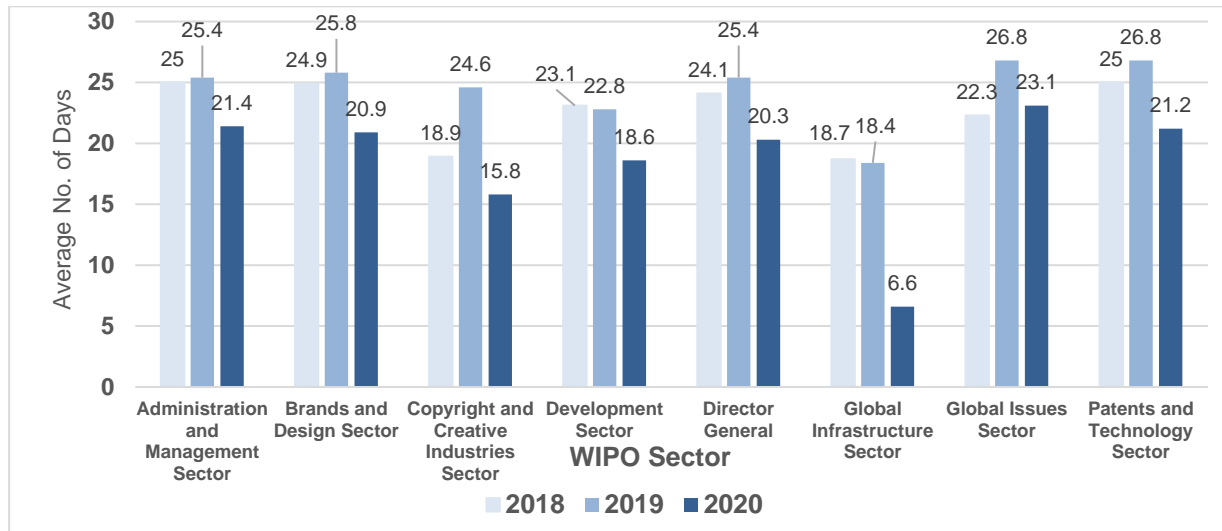
15. As shown in Table 1 above, annual leave had the highest proportion of leave of absence in the Organization, i.e. 62 per cent, 52 per cent and 39 per cent of the total absences in 2018, 2019 and 2020 respectively. Further, Figure 3.0 below shows the distribution of annual leave, whilst Figure 3.1 shows the evolution of the average annual leave days across the WIPO Sectors during the period under review.

Figure 3.0 : Distribution of Annual Leave across WIPO Sectors



Source: Compiled by IOD from AIMS HR

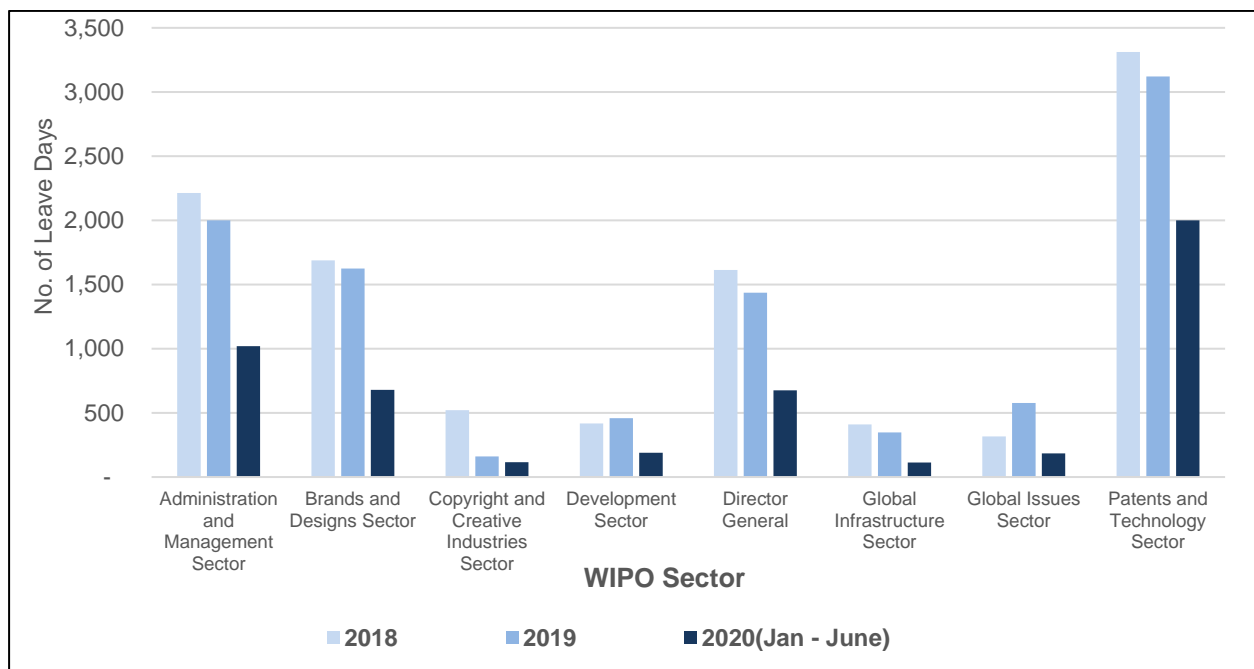
Figure 3.1 : Average Number of Annual Leave Days across WIPO Sectors



Source: Compiled by IOD from HRMD Business Intelligence

16. Certified sick leave (or sick leave with certificate⁶) had the second highest proportion of the total absences in the Organization, i.e. 18 per cent, 15 per cent and 27 per cent of the total absences in 2018, 2019 and 2020 respectively. Figure 4 below shows the distribution of certified sick leave across the WIPO Sectors.

Figure 4: Distribution of Sick Leave across WIPO Sectors



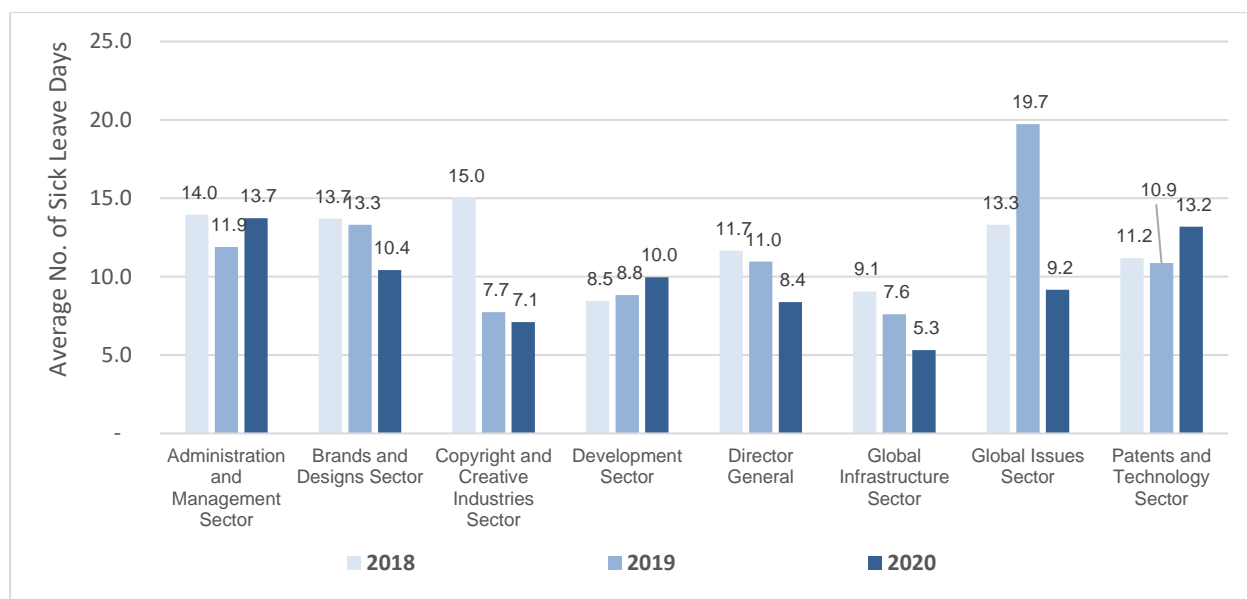
Source: Compiled by IOD from AIMS HR

17. The total number of sick leave days (certified and uncertified) that staff members took reduced from 12,818 days in 2018 to 11,886 days 2019, representing a seven per cent decrease. The average number of sick leave days taken across the Organization continued to

⁶ According to SRR, Staff members who are absent for a period exceeding three or more consecutive days are required to produce a certificate from a duly qualified medical practitioner, to the effect that s/he is unable to perform his or her duties and stating the probable duration of absence.

reduce, from 12 days (2018), 11.3 days (2019) to 11.2 days (in 2020). Figure 5 below shows the average number of sick leave days across WIPO Sectors.

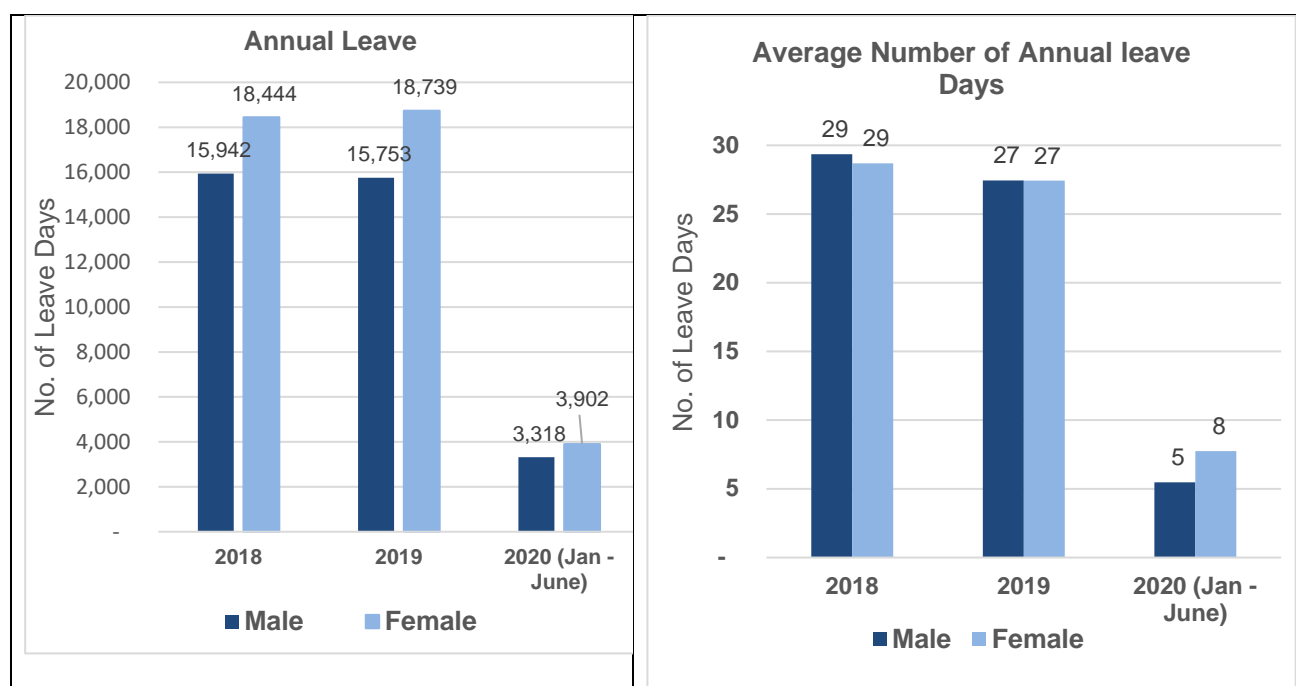
Figure 5: Average Number of Sick Leave Days across WIPO Sectors



Source: Compiled by IOD based on HRMD Business Intelligence

18. Figure 6 below shows the gender distribution and the average number of annual leave days in 2018, 2019 and 2020 (as of June).

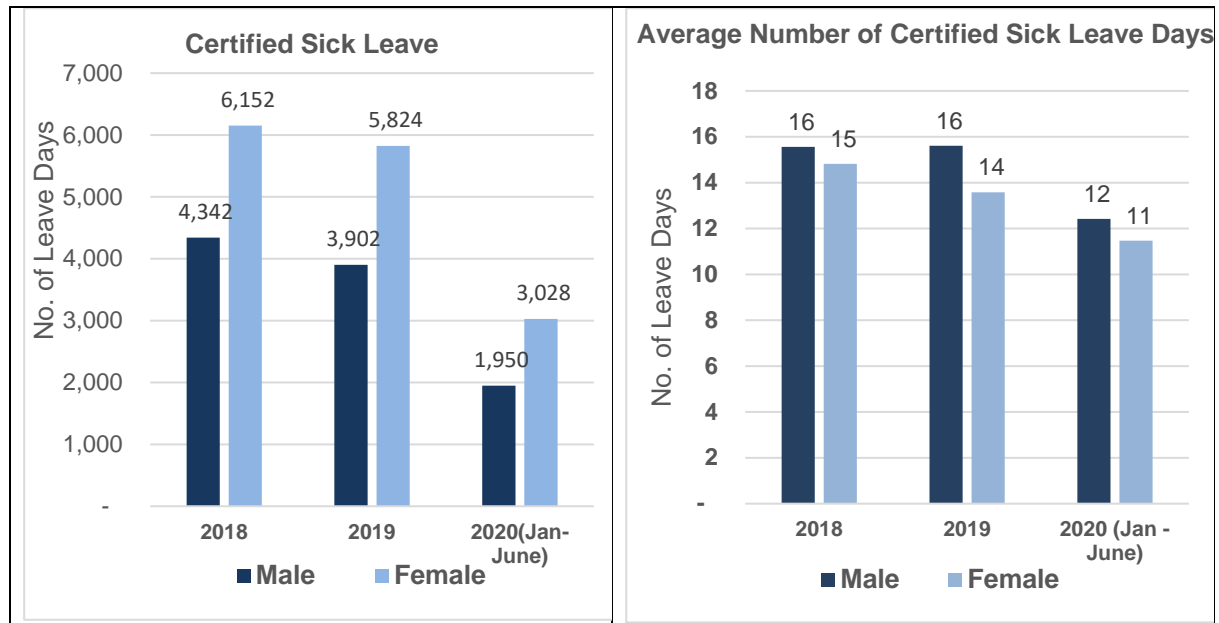
Figure 6: Gender Distribution of Annual Leave and Average Number of Leave Days



Source: Compiled by IOD from AIMS HR

19. Further, Figure 6.1 below shows the gender distribution and the average number of certified sick leave days in 2018, 2019 and 2020 (as of June).

Figure 6.1: Gender Distribution of Certified Sick Leave and Average Number of Leave Days



Source: Compiled by IOD from AIMS HR

2. AUDIT AND INTEGRITY REVIEW OBJECTIVES

20. The objectives of the Audit and Integrity Review were to:

- (a) Review the governance, risk management, and internal controls surrounding the management of staff absences;
- (b) Assess staff members' compliance with WIPO SRR, OIs, and procedures on absences; and
- (c) Verify the adequacy of tools and systems used to support absence management.

3. SCOPE AND METHODOLOGY

21. The scope of the Audit and Integrity Review covered the various categories of leave that were administered from January 2018 to June 2020. These categories included Annual leave, Sick leave (certified and uncertified), Maternity leave, and Paternity leave. Other staff absences reviewed were Special leave with (without) pay, Special leave for prolonged illness, Compensatory leave for overtime worked by General Services (GS) staff, and Unauthorized leave. These absences were reviewed individually and collectively with other absences that are outlined in the SRR and related OIs. IOD conducted the review between August and December 2020.

22. The assignment was planned and conducted in such a way as to obtain reasonable assurance that audit objectives were achieved. The audit approach and methods included: (i) interviews with relevant stakeholders; (ii) review of documents and records; (iii) process mapping; and (iv) sample testing of controls and compliance with relevant regulations and

rules. To abide by the Coronavirus Disease 2019 (COVID-19) safety measures, IOD optimized the use of communication technologies such as telephone, tele/video conferences, and electronic mail exchanges. Further, IOD reviewed the tools and systems for managing absences, mechanisms in place to monitor costs related to absences, including the effective management and reporting thereof.

23. The audit was performed in accordance with the International Standards for the Professional Practice of Internal Auditing (the Standards) issued by the Institute of Internal Auditors (IIA).

4. AUDIT AND INTEGRITY REVIEW RESULTS – OUTCOME(S)

24. The objectives and outcomes of the Audit and Integrity Review of Absence Management are summarized below.

S/n	Objective(s)	Outcome(s)
a)	Review the governance, risk management, and internal controls surrounding the management of staff absences.	There are opportunities to proactively strengthen the internal controls and risk management practices of selected absences in light of the evolving internal and external environment.
b)	Assess staff members' compliance with WIPO SRR, OIs, and procedures on absences.	Based on test results, staff members generally complied with the relevant SRR and OIs including procedures and processes for the absences reviewed.
c)	Verify the adequacy of tools and systems used to support absence management.	There are opportunities to optimize the current absence management tools through enhancing their functionalities, interface and user friendliness.

25. Further, as per scope of the review, the following conclusions can be made for each absence category that IOD reviewed:

S/n	Type of Absence	Remarks/Conclusion
a)	Annual Leave	There are opportunities to improve the management of annual leave by reviewing the current workflows related to certified sick leave.
b)	Sick Leave (Certified and Uncertified)	There are opportunities to enhance the management of sick leave. This includes improving internal communication, optimizing tools and systems, and ensuring compliance with the OI on sick leave.
c)	Maternity Leave Paternity Leave Adoption Leave	Tests of controls and details on a sample of staff members showed that the controls were operating as designed. Generally, staff members complied with relevant legal provisions.
d)	Special Leave with(out) Pay	Staff members' special leaves were supported with the requisite documentation and approval.
e)	Compensatory leave	There were no reportable observations on this type of absence.

5. AUDIT AND INTEGRITY REVIEW RESULTS - POSITIVE DEVELOPMENTS

26. IOD notes some positive developments in the administration and management of staff absences. These include, but are not limited to, the following:

- (a) In 2019, the introduction of the Absence Management module, a self-service function in AIMS HR, facilitated the automation of key processes and procedures for managing staff absences. These processes include initiating, processing and approving of absence requests;
- (b) In the wake of the evolving COVID-19 pandemic and the ensuing remote working arrangements, since March 2020, staff members were trained and equipped to remotely access AIMS HR in order to process or update their absences;
- (c) In 2020, a Payroll validation tool was implemented to assist both HR Operations and Finance-Payroll teams in the monthly Global Payroll reconciliation process. The tool automated the reconciliation of entitlements and salary deductions for sick leave. As a result, the efficiency and accuracy of the reconciliation process was significantly enhanced;
- (d) The various categories of staff members' absences are now included in AIMS HR whereas this was not the case in prior years. For example, the process for managing absences for Junior Professional Officers was automated in 2020. Thus, the absence data is less susceptible to input and processing errors;
- (e) In order to enhance user experience, increase efficiency and streamline workflows, the Travel and Meeting requests have been integrated with AIMS Human Capital Management and Absence Management. As a result, absences related to Missions and Home leave will now be automated with AIMS Absence Management; and
- (f) In 2019/2020, WIPO put in place Guidelines on Return to Work (RTW) following Long-term Sick leave (LTSL). These guidelines aim to facilitate the resumption of normal working activity for staff members who have been on LTSL, by accompanying their recovery and RTW through a phased, multidisciplinary approach. Further, by implementing these guidelines, the Organization closed or resolved an outstanding recommendation in the report by the Joint Inspection Unit, issued in 2012, on Management of Sick Leave in the United Nations (UN) System⁷.

6. AUDIT AND INTEGRITY REVIEW RESULTS - OBSERVATIONS AND RECOMMENDATIONS

27. IOD interviewed key staff members involved in the administration and management of absences, conducted document reviews, walkthroughs and tests of details for the selected categories of staff absences which included Annual leave, Sick leave (certified and uncertified), Maternity leave, and Paternity leave. Other staff absences reviewed were Special leave with (without) pay, Special leave for prolonged illness, Compensatory leave, and unauthorized leave.

⁷ https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2012_2_English.pdf.

28. The ensuing observations and recommendations present opportunities to enhance the governance, and efficient and effective management of absences in the Organization.

(A) GOVERNANCE, RISK MANAGEMENT AND INTERNAL CONTROLS

29. The SRR, relevant OIs, and related guidelines govern the management of staff absences in the Organization. In addition, various internal controls and risk management measures are in place to ensure that leave entitlements are managed appropriately.

30. IOD notes that there are some areas in which the relevant governance, risk management and internal controls for selected absences can further be improved or enhanced, including the following:

(i) Absence Management Legal Framework

31. In the first quarter of 2020, the COVID-19 pandemic disrupted the normal work routine of staff members resulting in migration of work to home and/or online or virtual environments. Notably, teleworking and limited office presence have ensured business continuity in the face of an evolving pandemic.

32. Based on trends in the internal and external environments, it's reasonably conceivable that the current teleworking arrangements may signal a "new normal" or future working arrangement that may become a standard, an option for staff or alternative to office presence. Whilst the working arrangements have changed, the legal framework for managing absences has largely remained the same, with interim measures being announced from time to time.

33. Therefore, there is a need for the Organization to continue to proactively and strategically assess and align the existing absence management framework with the current and/or envisaged working practices whilst preserving some degree of flexibility and adaptability in the applying or enforcing them.

34. The revision of the absence management framework includes but is not limited to :

(a) Time management and Flexible Working Arrangements (FWA) as governed by the applicable OI8. IOD notes that the Organization has already started working on defining the modalities of teleworking as an FWA with the aim of incorporating it in the relevant OI. This includes the possibility to work from outside the duty station; and

(b) Sick leave entitlements: As part of interim measures issued by the Director General, absence on sick leave for those staff members, fellows or interns whose illness is a confirmed or certified case of COVID-19, is not deductible from their regular sick leave entitlement.

35. The evolution of working arrangements including the paradigm shift in managing staff absences will further highlight the significance of a "results based" and "trust based" approach to work and service delivery as espoused in WIPO's Results Based Management framework. Whilst acknowledging that time management is a shared responsibility among staff members, direct supervisors and reviewing officers (with the support of HRMD), the current and future working arrangement may require Program Managers and supervisors to recognize and embrace greater accountability for managing the work schedules and absences of their teams.

36. For example, supervisors will need to adopt and encourage flexible working arrangements and routines, explore ways to enhance trust and promote productivity, while

⁸ Office Instruction No. 30/2018, Policy on Time Management and Flexible Working Arrangements.

being attentive to the potential risks and opportunities of teleworking. Further, HRMD is expected to proactively and continually consult and liaise with relevant internal stakeholders on finding suitable working arrangements and providing the necessary guidance that will support the aforementioned approach. This will help the Organization to seamlessly transition to a working culture that is increasingly focused on delivering results.

37. IOD envisages that the Organization will continually evolve and proactively adapt its absence management policies and procedures in response to changes in the internal and external environments. It is worth noting that in 2020/21, IOD plans to conduct a Review of WIPO Crisis Management during the Pandemic. The review will further explore the issues related to the pandemic and the Organization's response.

(ii) Risk Management - Enterprise Risk Management System

38. A review of the Organization's Enterprise Risk Management system—Acuity STREAM® shows that the HRMD Risk registers (under HR Operations Services) have included risks and controls that relate to managing staff absences.

39. The risks under abuse of work time include unauthorized absences, staff taking sick leave which is not genuine, and theft of working time by running a side business or side activity outside of the Organization while at work. As of October 2020, HRMD had deployed eight controls to mitigate the aforementioned risks. These controls have varying levels of deployment ranging from 26 to 80 per cent, or an average of 60 per cent.

40. The ongoing COVID-19 pandemic has resulted in a paradigm shift in work practices, more specifically in supervising and managing working time of staff members. Notably, the Organization has put in place transitional measures on returning to work and the option of remote working as it awaits for the epidemiological situation to stabilize.

41. These changes and measures may have altered the risk landscape for managing staff absences in both the transitional and possibly future periods by introducing other forms of risks and opportunities. Therefore, the Organization will need to continually reassess the practicality, responsiveness, adequacy and effectiveness of the risks and internal controls that are currently in place. Further, this will entail proactive and timely updating of the Risk registers with the relevant risks and controls.

(iii) Accrual of Annual Leave for Staff Members on Special Leave without Pay

42. According to the OI No. 40/2016 Rev., a staff member who is on special leave with partial pay or without pay (including on special leave for prolonged illness), on suspension with partial pay or without pay, or on sick leave with half pay not combined with annual leave or half-time duty does not accrue entitlement to annual leave⁹.

43. IOD notes that the annual leave balances or statements displayed by the AIMS HR for staff members who are on special leave without pay (including on special leave for prolonged illness), includes their accrued annual leave entitlement (e.g., 30 days for permanent, continuing or fixed term staff) for that calendar year when viewed at a particular point during that year.

44. Therefore, the concerned staff member's annual leave balances are not accurate as they do not accrue annual leave days when on special leave without pay. As a result, HR

⁹ Staff Rule 6.2.2(h) ("Sick Leave and Special Leave for Prolonged Illness") provides in its relevant part that: "[...] Entitlement to annual leave shall accrue during periods of one or more full months of sick leave provided the staff member receives full pay during the relevant period of sick leave."

Operations, on a monthly basis, reviews and adjusts the annual leave balances after having discussions with each staff member concerned.

45. Whilst acknowledging that the routine or monthly manual intervention by HR Operations is useful in adjusting the leave balances, IOD notes that there are certain risks associated with such processes and procedures, such as susceptibility to human error which may compromise the accuracy and integrity of the leave balances. Further, there is a possibility that some staff members may rely on their unadjusted leave balances and make erroneous decisions when planning for leave or initiating a request for leave.

46. Going forward, HRMD, in coordination with relevant internal stakeholders, should assess or evaluate the possibility, practicality and usefulness of automating the current manual processes. Based on the results of the assessment, HRMD can make an informed decision on the opportunity to implement a viable solution if it helps to manage the associated risks whilst providing the requisite benefits and enhancing efficient service delivery.

(iv) Workflows for Certified Sick Leave and Annual Leave

47. According to the OI No. 33/2018 Rev., certified sick leave shall only be recorded by HRMD once the related medical certificate has been submitted by the staff member to, and validated by, the WIPO Medical Adviser. In the meantime, the absences shall be deducted from the staff member's annual leave entitlement or, if annual leave is exhausted, charged as special leave without pay. Absences deducted from the staff member's annual leave entitlement or charged as special leave without pay shall be retroactively charged to the staff member's sick leave entitlement upon submission of the required medical certificate and validation by the WIPO Medical Adviser.

48. IOD's review of the workflows and current practice shows that the staff members' absences on certified sick leave are not deducted from their annual leave balance pending validation of the medical certificate by the Medical Unit. As a result, their absences will, for some time, lay in abeyance, charged neither to annual leave nor to their sick leave entitlement. In the event that the validation and reconciliation process is prolonged, the leave balance or entitlement displayed for both annual leave and sick leave will be overstated to the extent of the leave days not charged to either one of them.

49. Going forward, HRMD should assess the practicality and feasibility of applying this provision and assess whether aligning the provision with current practice would be beneficial to the Organization.

(v) Annual Leave – Staff Members who took less than 15 Days of Leave

50. According to the OI on Annual Leave No. 40/2016 Rev., for staff members holding a permanent, continuing or fixed term appointment, annual leave may be accumulated up to a maximum of 60 days, provided that not more than 15 days of leave earned in any given calendar year shall be carried forward beyond the last day of December of that year. Any annual leave balance in excess of these two maxima on that date shall be forfeited. Further, as from January 1, 2018, any annual leave in excess of 60 days would be forfeited. This measure aims to encourage staff to take their leave, in the interests of their well-being.

51. A review of the trends for taking annual leave revealed that as of December 2019, one staff member with 60 days reported from the previous year and 30 days entitlement for 2019 took less than 15 days. Further, 24 staff members with 60 days reported from the previous year and 30 days entitlement for 2019 had a balance beyond 60 days at the end of the year. Finally, as of June 2020, nine staff members with 60 days reported from previous year and 30 days entitlement for 2020 had not taken any annual leave days.

52. The purpose of annual leave is to allow staff members to rest, in the interest of their well-being including that of the Organization. As noted by HRMD in various all-staff communications in 2020, the strain on the physical and mental health caused by the COVID-19 crisis since March 2020 makes it even more important for staff members to take a reasonable amount of time off in order to rest and recuperate.

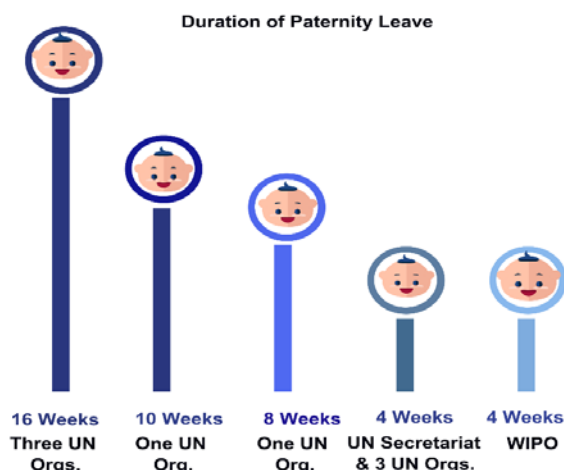
53. Whilst acknowledging the exceptional measures put in place by the Organization, in view of the COVID-19 pandemic, such as increasing the number of annual leave accrued in 2020 that may be carried forward to 2021¹⁰, it still remains important for Program Managers and supervisors, with the support of HRMD, to continually encourage their staff to take a reasonable number days (normally at least 15 days) of annual leave before the end of each year.

(vi) Comparative Review of Paternity, Maternity and Adoption Leave

54. A comparative review of the organization's provisions on paternity and maternity leave shows that the eligibility criteria is generally aligned with those of the UN common system. However, there were some notable differences in the duration or period of leave that WIPO staff members are entitled to compared to those of a selected sample of nine organizations within the UN common system.

55. Staff Rule 6.2.4(b) provides that paternity leave shall be granted to staff members for a total period of up to four weeks. In exceptional circumstances as determined by the Director General, leave shall be granted for a total period of up to eight weeks. The leave may be taken either continuously or in separate periods during the year following the birth of the child, provided it is completed during that year.

56. A comparative review of the paternity leave entitlement shows that the four weeks duration of leave granted to WIPO staff members is aligned with the UN Secretariat and three other organizations within the UN common system. On the other hand, the duration of the leave granted by the other five organizations¹¹ ranges from eight to 16 weeks which is more than double the entitlement for WIPO staff.

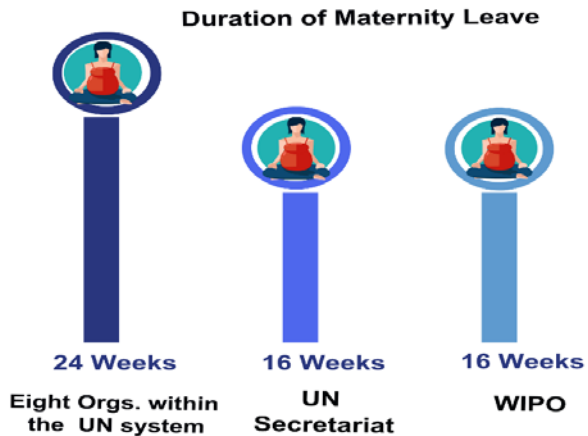


57. Further, Staff Rule 6.2.3, stipulates that a staff member shall be entitled to maternity leave on full pay for the entire duration of her absence for a period of not less than 16 weeks.

¹⁰ Information Circular No. 25/2020 : (a) For all staff, up to 20 days of annual leave accrued in 2020 may be carried forward to 2021 (instead of 15 days normally); (b) In addition, for staff holding a fixed-term, continuing or permanent appointment, up to 80 days of accumulated annual leave (instead of 60 days) may be carried forward from 2020 to 2021

¹¹ UN Organizations include Funds, Programmes, Specialized Agencies and others within the UN common system.

58. Whilst the 16 weeks duration of maternity leave is in line with the UN Secretariat, a comparative review of this provisions with eight selected organizations within the UN common systems showed that their staff members are entitled to 24 weeks.



59. Further, WIPO staff members are entitled to adoption leave for a total period of eight weeks, upon presentation of satisfactory evidence of adopting a child. Out of the eight selected organizations within the UN system, only one had the same provision as WIPO. The duration of adoption leave for the remaining seven organizations were as follows: two provided for 10 weeks, four provided for 16 weeks and one provided for 18 weeks.

60. IOD notes that HRMD is actively following up on the evolution of the duration of parental leave in other organizations of the UN common system and is aware of the trend to increase the duration. In addition to having a motivational influence, when utilized appropriately, these categories of leave can play a role in enhancing the work-life balance of staff members concerned.

(vii) Internal Controls over Absences for Medical Appointments

61. OI No.31/2018¹², defines a “Medical appointment” as the staff member’s own appointment with a doctor, dentist or medical laboratory. Further, absences for medical appointments are regarded as authorized absences in accordance with the SRR, subject to the following conditions: (i) the time away from work for a medical appointment considered as working time up to a maximum of five hours per month; (ii) to the extent possible, staff members scheduling their medical appointments outside the core hours; and (iii) staff members who need to be absent for a medical appointment must be present at work for a minimum of two hours during the half day in which the medical appointment takes place, including at least 30 minutes during the core hours. In the event that an absence for a medical appointment does not meet these requirements, a half day of leave must be requested by the staff member.

62. IOD notes that in 2019, there were 6,390 medical appointment electronic forms that were submitted in AIMS by 882 staff members. The cumulative amount of time (hours) spent on these appointments could not be determined as it was not captured by the system.

63. Staff members are required to inform their supervisor(s) in advance of any absence for a medical appointment. Further, upon returning to work they are required to complete the electronic form in AIMS HR, giving the name of the doctor, dentist or medical laboratory concerned, with the full address or telephone number and the duration of the appointment.

64. However, there are opportunities to strengthen internal controls in this area by implementing control measures that would support compliance with the provisions of the relevant OI. These measures include, but are not limited to, HRMD randomly checking the validity of data for medical appointments that staff members enter in AIMS HR.

¹² Office Instruction No.31/2018 - Absences for exceptional and important reasons, for medical appointments, and on official business or authorized training.

(viii) Comparative Review of Absences for Medical Appointments

65. A comparative review of nine selected organizations within the UN common system, shows that there are varying practices that have been adopted in the administration of absences for medical appointments.

66. In more detail, two organizations allow absences for medical appointments of up to one hour during core hours. The UN Secretariat and one other organization allows absences of up to two hours. In all these cases, however, the absence is not considered as working time. One organization does not allow absences within core hours without leave being taken. Four other organizations have no specific policy on absences for medical appointments; this includes one where absences of less than four hours have to be agreed with a supervisor and are not recorded.

Recommendation (s)

1. The Human Resources Management Department, in collaboration with relevant internal stakeholders should assess the alignment of the relevant Office Instruction on sick leave with current workflows and practices for managing certified sick leave with a view to establishing whether a revision is required.

(Priority: Medium)

2. The Human Resources Management Department should strengthen the internal controls over medical appointments by randomly selecting a reasonable sample of staff members and verifying that their appointment(s) comply with the requirements of the relevant Office Instruction, i.e. (i) appointments were made with a doctor or dentist or medical laboratory, and (ii) the total monthly appointment time per staff did not exceed the maximum of five hours per month.

(Priority: Medium)

(B) COMPLIANCE WITH RELEVANT PROVISIONS ON ABSENCES

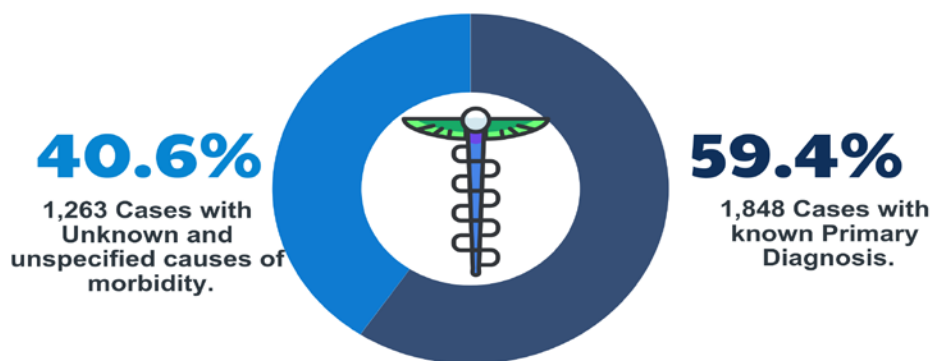
(i) Submission of Medical Certificates for Certified Sick Leave

67. OI No. 33/2018 Rev¹³, provides that, for certified sick leave requests, a medical certificate shall, except in circumstances beyond the control of the staff member, be produced no later than the end of the fourth working day following the beginning of the absence from duty. Where certified sick leave is extended, the relevant medical certificate shall be produced as soon as possible and in any event no later than four working days following the expiration of the previous medical certificate [...]. Further, for certified sick leave of 20 or more cumulative or consecutive working days in a calendar year, the staff member's treating physician must also complete a "Confidential medical form", and include the diagnosis.

68. During the period January 2019 to the first week of October 2020, the Medical Unit received and reviewed a total of 3,111 applications for sick leave. Out of these cases, 1,263 (40.6 per cent) did not include a diagnosis, as they were under the 20 days threshold set out in the OI. Figure 7 below shows the breakdown of the total applications into those with primary diagnosis and those with unknown and unspecified causes.

¹³ OI No. 33/2018 Rev - Sick leave and leave for family-related emergencies

Figure 7: Case Count by Primary Diagnosis from January 2019 to October 2020



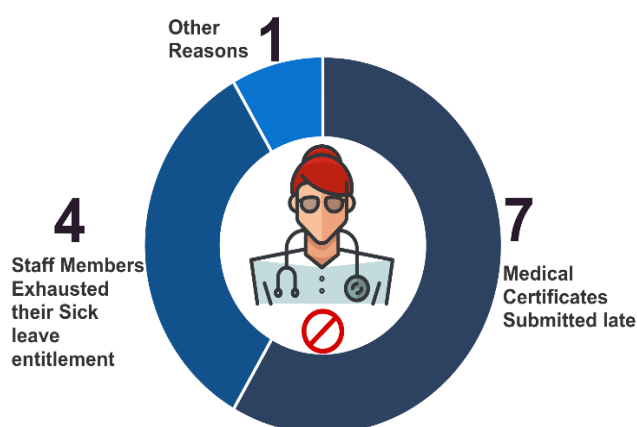
Source: Compiled from medical data provided by the Medical Unit.

69. Sick leaves below 20 days do not require a diagnosis to be communicated to the WIPO Medical Adviser because the OI No. 33/2018 Rev requires a diagnosis to be included in the medical certificate for sick leave of 20 or more cumulative or consecutive working days in a calendar year. However, the previous OI No. 33/2018 on Sick leave and leave for family-related emergencies, which required that all medical certificates (regardless of the duration of the absence) to include a diagnosis, was temporarily suspended on March 15, 2019. The suspension of the OI was mainly due to concerns raised by staff members to the WIPO Staff Council, the Staff Association and the WIPO Medical Advisor, concerning the inclusion of the diagnosis on all medical certificates.

70. IOD notes that HRMD acknowledged those concerns and suspended OI No. 33/2018 in an Organization-wide communication made on March 15, 2019. HRMD also indicated that *‘within the framework of a new sick leave management and return to work policy, there will be changes in the management of sick leave, including regarding medical certificates. These changes will be made in accordance with the recommendations of the UN Medical Directors Network, and following the full deployment in WIPO of EarthMed’.*

71. Going forward, IOD is of the view that HRMD in subsequently implementing the recommendations of the UN Medical Directors Network, should ensure that these recommendations are adapted to the WIPO environment, and relevant key stakeholders are fully consulted.

72. Further, out of the total of 3,111 applications for absence on sick leave, 12 were rejected by the Medical Unit. The reasons for rejecting the applications were as follows: seven of the medical certificates were submitted late, four were on account of the staff members having exhausted their sick leave entitlement, and one was for other reasons as shown in the figure on the right.



73. The Medical Unit informed IOD that in cases where a staff member does not send the medical certificates within the period prescribed in the OI, the reason(s) given by the staff member for the delay is evaluated. Consequently, if the Unit determines that the reason is not valid, the medical certificate would not be approved.

(ii) Compliance with Uncertified Sick Leave Provisions

74. According to the Staff Rule 6.2.2(b), staff members may take a total of seven working days of uncertified sick leave and/or leave for family-related emergencies within a calendar year. Any further absences from duty within that year shall be supported by a medical certificate; otherwise, it shall be deducted from the staff member's annual leave entitlement or, if annual leave is exhausted, charged as special leave without pay [...].

75. IOD noted that there were five staff members that took more than seven working days of uncertified sick leave and/or leave for family-related emergencies within a calendar year (2018). The number of leave days taken ranged from 7.5 to 12 days. This was contrary to the relevant rule that is specified in the SRR.

76. HRMD informed IOD that in one case, the leave days in excess of the entitlement were subsequently deducted from the staff member concerned whilst in the other cases, the transfer of absence data from Flexi-time (former time management system) to AIMS HR may have affected the integrity of the data, e.g., some absences may have been requested but not taken. Prior to 2019, the time management system in use was not configured to limit the number of days for this particular leave entitlement.

(iii) Maximum Entitlement to Sick Leave

77. OI No. 33/2018 Rev. stipulates that a staff member holding a permanent, continuing or fixed-term appointment who has completed at least three years of continuous service shall be entitled to sick leave¹⁴ up to 390 working days, of which 195 working days at full pay and 195 working days at half pay, in any period of four consecutive years.

78. A review of a sample of 20 staff members who completed at least three years of continuous service and were granted sick leave in the last four years, showed that one staff member had exhausted his/her sick leave entitlement. In the period from January 2016 to May 2020, the staff member had a total of 461.5 sick leave days which included 390 working days of sick leave (full and half pay) and 65 days of certified sick leave with no pay (drawn from accrued annual leave).

79. Accordingly, the staff member's entitlement of 390 working days was correctly observed within the four year cycle as the Director General exceptionally granted him/her special leave at half pay for prolonged illness for a period of six months. The exception is in accordance with the Staff Rule 6.2.2(e)(3) which states that "Staff members who have exhausted all entitlements to paid sick leave, as well as their accrued annual leave entitlements, may in exceptional circumstances apply to the Director General through the Director of HRMD for special leave for prolonged illness".

(iv) Compliance with Paternity and Maternity Leave Provisions

80. OI No. 46/2017¹⁵ prescribes the conditions and procedures governing maternity leave and post-maternity leave benefits, as well as paternity leave and adoption leave for staff members.

¹⁴ Sick leave includes certified and uncertified sick leave.

¹⁵ Office Instruction No. 46/2017, Maternity Leave and Post-Maternity Leave Benefits, Paternity Leave, and Adoption Leave.

81. IOD reviewed a randomly selected sample of 21 (62 per cent) and 15 (30 per cent) staff members who took paternity and maternity leave respectively. The test of controls and details showed that the leave granted to these staff members was properly recorded, approved and supported with relevant documents such as medical or birth certificates as prescribed in the OI.

(C) MANAGING SICK LEAVE

82. HRMD, in coordination with different Programs, has overall responsibility of managing the staff members' non-monetary entitlements including leaves of absence e.g., sick leave. The Medical Unit under HRMD provides medical services to staff members, interns, fellows, agency workers, contractors including delegates and visitors. The mandate of the Unit is to protect and promote staff health at the workplace, contribute to a safe and healthy working environment, promote adjustments of the workplace to the capabilities of staff. In brief, the main activities of the Unit are: medical clearances for fitness to work, occupational health medical check-ups, sick leave assessments and certifications, managing medical evacuations, mission briefings and immunizations.

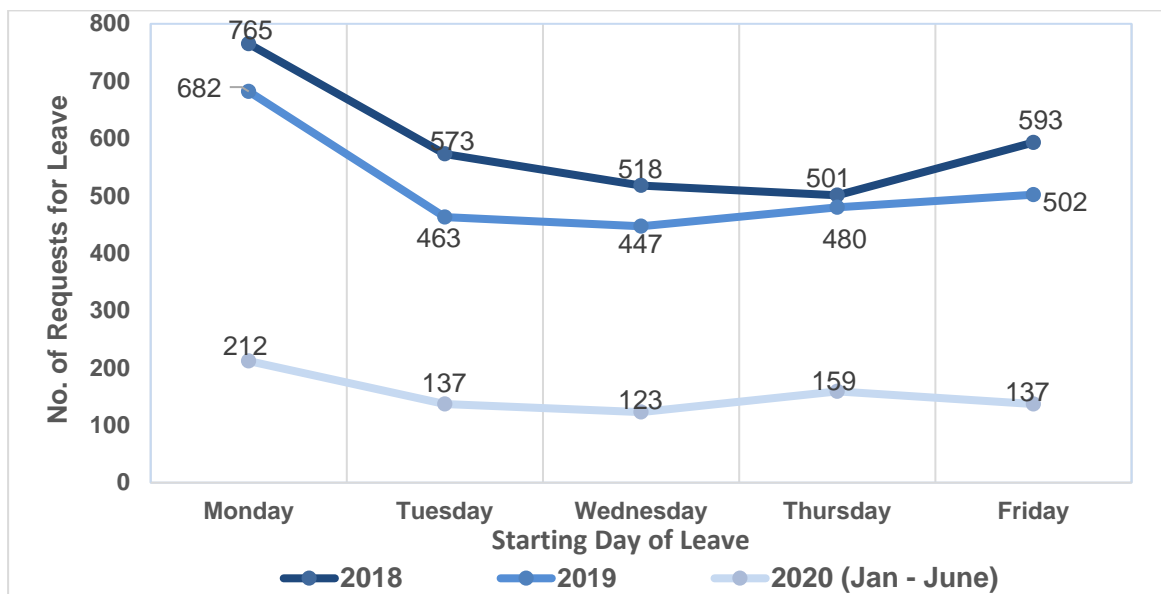
83. IOD's review of the arrangements in place for managing sick leave and interviews with supervisors who had experienced staff being on sick leave for prolonged periods shows that there are opportunities to enhance and improve the management of sick leave in the organization.

(v) Distribution of Uncertified Sick Leave

84. A review of uncertified sick leave applications that were submitted by staff members and approved during the period under review showed that the highest number of applications had a starting date of Monday (first working day of the week) followed by Friday (last working day of the week). In between these days, the starting day of uncertified sick leave was distributed relatively evenly.

85. The analysis of data for uncertified sick leave indicates a relatively high incidence and possibility of staff members falling sick and starting their leave on Monday or Friday, this is graphically illustrated in Figure 8 below.

Figure 8: Distribution of Uncertified Leave Starting Day

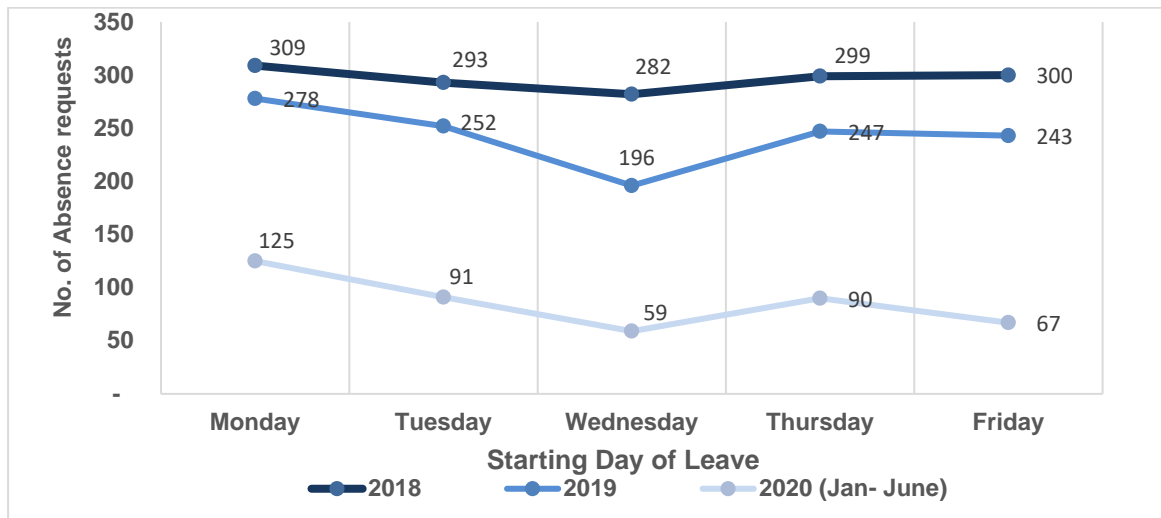


Source: Compiled by IOD from AIMS HR

86. Further, the SRR and related OI provide that a staff member may use all or part of his or her entitlement to uncertified sick leave as leave for family-related emergencies. A family-related emergency is normally an unforeseen event, such as a sudden illness or accident, which affects a family member of a staff member.

87. Data analysis results pertaining to leave for family-related emergencies show a strong correlation with the trend observed in Figure 8 (above) for uncertified sick leave in 2019 and 2020, with Monday being the most frequent start date. The starting date for the leave in 2018 was relatively evenly spread out. Figure 9 below shows the distribution of the starting day for leave for family-related emergencies.

Figure 9: Distribution of Leave for Family-Related Emergencies Starting Day



Source: Compiled by IOD from AIMS HR

88. Going forward, it would be useful for HRMD to adopt and deepen such analytics, and seek at individual and collective levels, linkages and correlations with other categories of leaves such as sick leave, annual leave and home leave with a view to ensuring among others, that practices are aligned with behaviors expected of staff as outlined in the SRR.

(vi) Communication of Sick Leave Information

89. Staff members are expected to observe and comply with the processes and procedures related to various categories of absences, including informing their hierarchical supervisors and Program Managers about their planned absences. The supervisors are responsible for approving or authorizing absences in their operational or business areas whilst maintaining adequate staffing to accomplish work plan activities.

90. IOD's discussions with 17 supervisors, drawn from seven Sectors, who had an experience of one or more staff member(s) being away on sick leave, for periods ranging from six to 52 weeks, revealed that there was need to improve communication or information exchanges between Program Managers/supervisors and HRMD, as well as with the affected staff member(s).

91. Some of the supervisors interviewed explained that they proactively solicited information from HRMD or the Medical Unit on aspects such as the general wellbeing of the absent staff member, possible return date(s), and resources or support available to cope with the absence(s). The other supervisors were of the view that the confidential and sensitive nature of sick leave inhibited the fluidity of information and the extent to which they could make inquiries with HRMD or with the affected staff member. As a result, there were inconsistencies in the

approaches adopted by various business areas in coping with cases of prolonged sick leave from an operational planning, work plan execution and programmatic perspective.

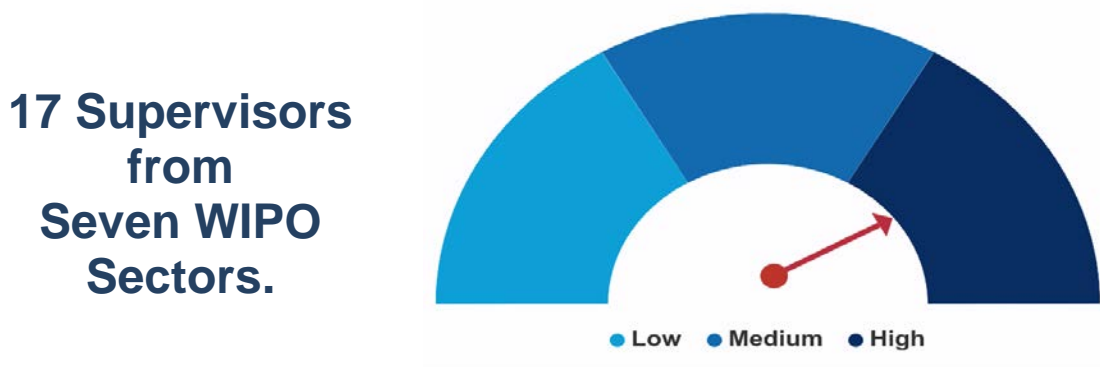
92. Accordingly, IOD is of the view that it would be beneficial for Program Managers and supervisors, who manage business areas that exhibit consistently and comparatively high rates of sick leave or other types of absences, to be provided with customized training or information sessions on managing sick leave. These sessions can cover topics on responding and handling cases of prolonged sick leave, mechanisms and measures available to cope with staff absences, and limitations of the Medical Unit with regards to sharing information within the realms of medical confidentiality in the workplace. In addition HRMD and the Medical Unit should explore means to provide information to Program Managers on expected duration of sickness absences while respecting the confidentiality.

93. IOD envisages that these knowledge sharing sessions will help improve communication and flexibility by increasing the supervisors' awareness and sensitivity of the situation, which in turn will contribute to the well-being of the affected staff member(s). In addition, this may help in early anticipation and resolution of challenges, whilst promoting a consistent and systematic approach to managing sick leave across different business areas.

(vii) Impact of Sick Leave on the Organization

94. IOD discussions with 17 supervisors who had an experience of staff members being on long term sick leave (i.e. six weeks or more) revealed that, in general, the initial impact of the absence was rated as relatively "High" in the short term (i.e. less than six weeks). Figure 10 below graphically depicts the aggregate ratings of the impact of the staff member's absence on their teams on operations and productivity.

Figure 10: Supervisors' Assessment of the Impact of Prolonged Sick Leave on Operations

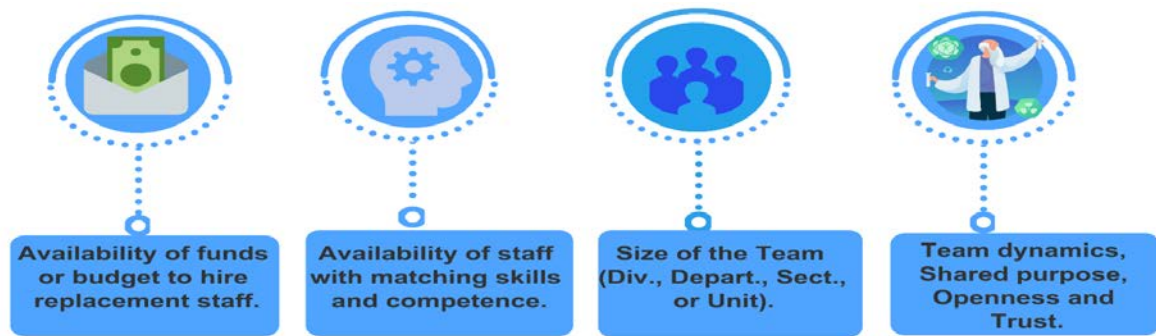


Source: Compiled by IOD

95. However, in the long term (six weeks or more), the impact became relatively moderate or low as the business areas implemented measures to manage the situation and the possible disruptions to the work plan. The supervisors interviewed explained that a number of mechanisms or interventions were employed to manage the prolonged absences. These measures included, redistributing work tasks, available staff members having to work overtime, and engaging additional personnel (e.g., agency workers, temporary staff and Individual Contractual Services (ICSs)) provided the Program had funds available and/or HRMD provided partial or full budgetary support.

96. According to the supervisors interviewed, the extent to which the additional workload was taken on and seamlessly absorbed by their respective business areas or teams depended on a number of factors as depicted in Figure 11 below.

Figure 11: Factors affecting the Absorption of Additional Workloads



Source: Prepared by IOD

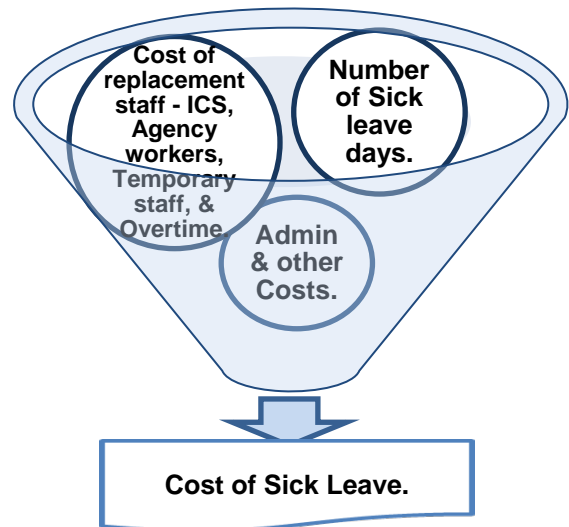
97. Further, some supervisors interviewed pointed out additional challenges of managing prolonged absences in their respective areas, more specifically, sections/units with relatively few staff members and/or with a mandate that prescribes certain categories of staff to perform specific duties. For example, in Procurement and Travel Division, only core staff members can be designated as certifying officers as per WIPO Financial Regulations and Rules. Consequently, in the event of a staff member, who performs certifying tasks, is absent on prolonged leave, his or her work needs to be redistributed among available staff because such work cannot be allocated to replacement personnel such as agency workers and/or ICSs.

98. In view of the impact that prolonged sick leave may have on the Organization's operations, it is imperative that Program Managers, supervisors and HRMD continue to collaborate on managing staff absences. This entails addressing resource gaps and, functional impediments in a timely and efficient manner. In addition, it was noted that building a good team spirit and a sense of shared purpose help in managing absences in an effective and efficient manner.

(viii) Cost of Sick Leave

99. It is generally accepted that it may not be possible to state, with certainty, the cost of sick leave to the Organization. However, the direct and indirect costs associated with not having a fully functional workforce are arguably undeniable. The cost of sick leave includes but is not limited to, the cost of backfilling or replacement staff (e.g. hiring temporary staff or agency workers), available staff absorbing the additional workload and/or possibly working overtime, and other administrative tasks for Program Managers and/or supervisors.

100. Whilst acknowledging the challenges of determining and interpreting a reliable and objective cost of sick leave, the Organization needs to adopt or develop a method for determining its cost. The method adopted or developed should incorporate both direct and indirect costs associated with sick leave and include both qualitative and quantitative data.



101. By capturing and appropriately incorporating costs, such as, temporary/agency worker staffing costs, overtime, and administrative costs, the organization can reasonably calculate or reliably estimate the total annual cost of sick leave.

102. For example, during the period under review, and based on data provided, three business areas spent a total of 263,785.91 Swiss francs¹⁶ on backfilling three positions (with agency workers). Evidently, the cost of backfilling may be relatively high when extrapolated to all staff positions that have been filled in a similar manner because of staff being absent on prolonged sick leave.

103. The total annual cost of sick leave may be used as a baseline for monitoring trends from one year to the next and can form the basis for continual improvement in fine-tuning the measurement and monitoring mechanisms. In addition, the Organization can use the data that is captured and analyzed, to implement measures to reduce or minimize the cost of sick leave. This would also allow the Organization to focus appropriate attention on those cost elements that translate into higher overall costs.

104. Going forward, the current system in place for managing sick leave should go beyond capturing, monitoring and reporting the number of sick leave days. In order to support informed decision-making including a more comprehensive view of the costs involved in managing sick leave, the Organization should take a more holistic approach and develop a cost method that captures relevant cost elements. This entails optimizing available tools and systems to facilitate accurate capturing of monetary and non-monetary sick leave data, in a consistent format, and within well-defined data parameters.

Recommendation (s)

3. The Human Resources Management Department should work with relevant internal stakeholders to develop information sessions on managing sick leave as this will help improve communication with affected and interested Program Managers and/or supervisors.

(Priority: Medium)

4. The Human Resources Management Department should work with relevant internal stakeholders to develop a method and mechanism that enable a comprehensive report on the cost of sick leave which include both qualitative and quantitative cost elements.

(Priority: Medium)

¹⁶ The total amount of 263,785.91 Swiss francs was compiled from the Agency Worker contract and cost details provided by the Business areas interviewed.

(D) TOOLS AND SYSTEMS

(i) EarthMed – Data Migration Plan

105. In July 2018, the Organization introduced a new medical system - EarthMed. The system aims to facilitate, among others, the efficient and confidential management of sick leave data. Previously, medical data for WIPO staff was processed and stored at the UN Office at Geneva Medical Services Section (UNOG MSS). The Medical Unit began regular use of the system in January 2019 and migration of historical medical data is ongoing.

106. As of August 2020, the Medical Unit estimated that between 20 to 30 per cent of the sick leave data had been digitized and migrated from UNOG MSS and HRMD records into EarthMed. The progress on migrating data has been gradual due to the manual and labor intensive nature of the work, the need for staff to be trained in using the system, changes to administrative processes and procedures on sick leave, and the learning curve.

107. The Medical Unit informed IOD that they prioritized updating medical data for active staff members and any incoming new medical data. Further, in the first three quarters of 2020, the Medical Unit had to increasingly devote more attention to activities related to managing the COVID-19 pandemic.

108. The Medical Unit would benefit from developing a Data Migration plan in order to have a more comprehensive, reliable and accurate determination of the progress made in migrating sick leave data. The plan should detail, among others, the scope of work, relevant resource requirements, expected duration of the migration with key milestones or targets against which actual progress can be measured, challenges anticipated and solutions suggested.

(ii) Interface between AIMS HR System and EarthMed

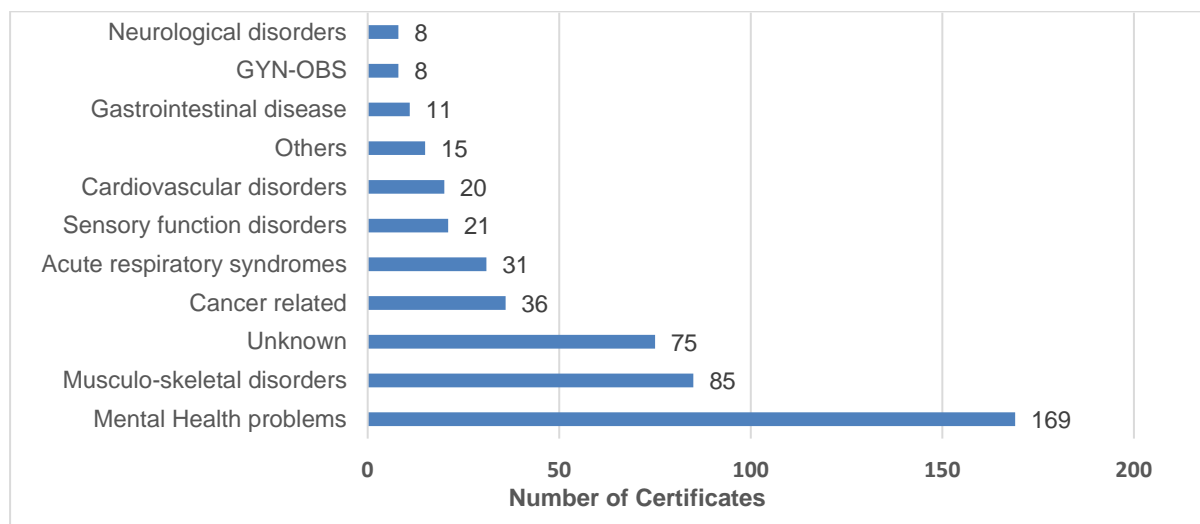
109. The current process on validating medical certificates for sick leave requests requires a staff member to create a leave of absence in AIMS HR and separately submit a medical certificate via email to the WIPO Medical Unit. The Unit reviews the certificate and then enters the relevant data in EarthMed and notifies HRMD via email on the validity of the certificate. HRMD then updates the staff member's leave status in AIMS HR.

110. Both AIMS HR and EarthMed capture data that is useful to the other, however, there is no interface between them that would facilitate, *inter alia*, the efficient sending and updating of absence data (created in AIMS) to EarthMed, the transmission of medical clearance results for HRMD approval and, tracking and monitoring of the timeliness of medical certificate submissions. The issue highlighted above was identified during IOD's Audit and Integrity Review of Staff Benefits and Entitlements (IA 2019 -04) issued in February 2020. Implementing the pending recommendation from that report would help address the aforementioned issue. IOD notes the steps taken by HRMD to implement the recommendation and that the User Acceptance Testing was in progress as of August 2020.

(iii) EarthMed – Extraction of Medical Data and Statistics

111. IOD reviewed sick leave data extracted from EarthMed, for a randomly sample of 41 staff members who submitted a combined total of 479 medical certificates to the Medical Unit during the period from January 2019 to September 2020. The data analysis showed that the three leading causes of lost working days are mental health problems - 169 cases (35 per cent), Musculoskeletal disorders - 85 cases (18 per cent) and unknown or unspecified causes - 75 cases (16 per cent). The data analysis results are graphically depicted in Figure 12 below.

Figure 12: Sick Leave Diagnosis based on a Sample of Medical Certificates in 2019/20



Source: HRMD - Medical Unit

112. IOD notes that in order to obtain the data for the analysis shown in Figure 12 above, the Medical Unit had to manually extract the relevant data fields by searching through e-mails and scanned medical certificates which was time consuming and labor intensive.

113. Further, the sick leave data available in EarthMed is not complete and comprehensive because of the ongoing migration of historical data. Therefore, it is currently not possible to efficiently and comprehensively analyze epidemiologically the diseases affecting the workforce and generate the relevant statistics that could be useful for informed decision making.

114. In its current state, EarthMed is not configured to provide tailored or customized reports that are well aligned to organizational requirements or needs. As a result, compiling relevant reports and statistics within specific parameters/requirements remains a labor intensive and time-consuming exercise that is susceptible to errors. The Medical Unit has challenges to efficiently generate comprehensive reports and statistics on, among others, sick leave analyzed by diagnosis, medical providers/personnel who issued the medical certificates to staff members, and the timeliness of submission of medical certificates by staff members.

115. The Medical Unit informed IOD that they submitted a service request to the Administrators of EarthMed to reconfigure or adapt the system to allow the Unit to generate customized or tailored reports on, for example, type of diagnosis and the relative distributions (e.g., by gender, age groups, type of job, etc.). The progress on the issue has been impeded, in part, by the shift in focus to, and prioritizing of, tasks related to COVID-19 pandemic.

(iv) Intranet - Absence Calendar and People Finder

116. According to current practice and workflows, when a staff member is on a long-term sick leave, HRMD through the HR Service Desk, normally records absence on his/her behalf upon validation of the requisite medical certificate.

117. IOD observed that when staff members on prolonged sick leave extend their absences, there is a time lag, ranging from a few days to some months before HRMD updates their absences on the Intranet - Absence Calendar. Consequently, when some staff members extend or renew their sick leave to the following month they may erroneously appear on the Intranet as being present in the Office.

118. It worth noting that the supervisors interviewed by IOD highlighted this concern and stated that they had difficulties in readily confirming whether the affected staff member(s) had returned to the Office or extended their sick leave. Further, staff members in other business areas would unknowingly send e-mails or service requests to the affected staff members who appeared to be present on the Intranet - People Finder and Absence Calendar, but were in fact absent, which is not good for customer service orientation.

(v) AIMS HR and Business Intelligence

119. The Business Intelligence (BI) tool is an application software that transforms raw data from various systems in the Organization into meaningful and useful information for business analysis purposes. The goal of BI is to allow for easy interpretation of these volumes of data from various systems in key business areas such as HRMD, Procurement and Travel Division, and Finance Division.

120. The BI dashboard for HRMD displays relevant human resources information that is condensed from the data captured in the AIMS HR. Key information on workforce deployment (e.g., recruitment, staffing, and gender) including staff absences can be viewed, visualized and extracted from the dashboards through structured queries or filters.

121. IOD's comparative review of absence data displayed on the HRMD dashboards and data directly extracted from the AIMS HR, showed that there were some differences in the number of leave days accounted for by each system for selected categories of leave. For example, in 2018, the total annual leave days taken by staff were recorded as 36,133¹⁷ whereas the BI displayed 36,231 days. Similarly, in 2019, the number of paternity leave days were recorded as 264 compared to 262 in the BI and AIMS HR respectively.

122. HRMD informed IOD that, it was working in collaboration with the Enterprise Solutions Division (ESD) to reconcile the differences in the number of staff absences displayed by the two systems. The HRMD dashboards are useful to Program Managers and other staff in facilitating informed decision making, identifying staff absence trends or patterns, and providing reports. Therefore, it is essential that the BI provides and displays comprehensive, concise and accurate information.

(vi) Prorating of Uncertified Sick Leave and/or Leave for Family-related Emergencies

123. The Staff Rule 6.2.7(c) (2), states that temporary staff members may take a total of seven working days of uncertified sick leave and/or leave for family-related emergencies within a calendar year. The entitlement shall be applied pro rata if the contract is for a duration of less than 12 months [...].

124. IOD's review of AIMS HR showed that the system is not configured to automatically pro rate the uncertified sick leave entitlement for staff members with contract durations of less than 12 months.

125. IOD notes that reconfiguring the system to facilitate prorating of the leave entitlement for temporary staff members with contract durations of less than 12 months, would support compliance with the provisions of the aforementioned Staff Rule and related OI.

¹⁷ As per conversion data in AIMS HR

(vii) Leave for Family-related Emergencies –AIMS HR Configuration

126. OI No. 33/2018 Rev. states that a family-related emergency is normally an unforeseen event, such as a sudden illness or accident affecting a family member¹⁸ of a staff member. Further, family-related emergencies must be distinguished from inconveniences occurring in the normal course of family life such as those related to administrative or schooling issues, family travel or routine medical appointments of family members. For such situations, staff members must use annual leave.

127. IOD’s review of absence data extracted from the AIMS HR showed that in 2018 and 2019, 493 and 472 staff members took a total of 1,108.5 and 1,020 leave days, respectively, for family-related emergencies.

128. According to the OI, and upon request, staff members shall provide information on the nature of the family-related emergency. However, it would be helpful to configure AIMS HR to have a checkbox/tick box to serve as an attestation/declaration of honor that staff are applying for the leave in accordance with the relevant provisions of the OI. The attestation would not only help serve as a reminder for staff to be mindful of what constitutes a "family-related emergency" but it would also enable the Organization to more effectively correct and/or address possible abuses.

(viii) User Interface and Friendliness of AIMS HR – Absence module

129. In November/December 2019, the ESD conducted an AIMS Satisfaction survey that covered AIMS Applications (system), Business Processes understanding, Users Experience – Processes and Change Management, and AIMS Service Desk. The objectives of the survey were to (i) measure Internal Client Satisfaction with AIMS Services and Applications and provide quantitative baseline for result-based management; (ii) determine client expectations and requirements; and (iii) identify and spot long term areas to improve.

130. Staff members drawn from various WIPO Programs with varying years of experience, ranging from less than a year to more than five years, participated in the survey. Figure 13 below shows the relevant survey results on the AIMS applications which includes AIMS HR.

Figure 13: AIMS Client Satisfaction Survey 2019 (Extracts)

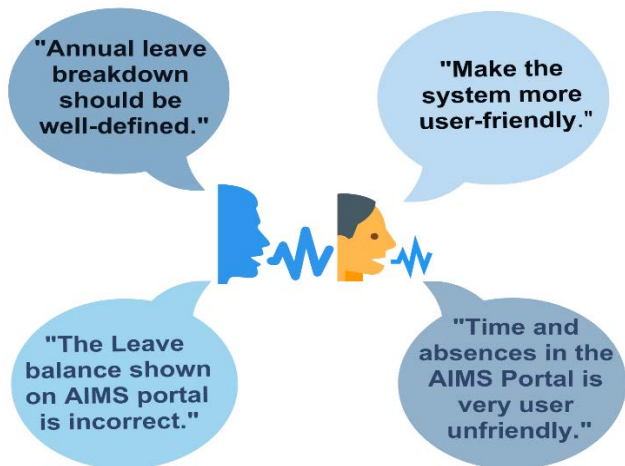


Source: AIMS Client Satisfaction Survey 2019

¹⁸ OI No. 33/2018 Rev. for the purposes of these provisions, a “family member” is defined as a child, spouse, mother, father, brother or sister. Depending on the circumstances, a father-in-law, mother-in-law, sister-in-law or brother-in-law may also be included.

131. The survey highlighted a number of areas for improvement such as communication and user engagement, training including absence and time management in the AIMS HR.

132. Indicatively, some survey participants who use the AIMS HR Absence Management module were of the view that the system was not user friendly, difficult to navigate and did not provide accurate leave balances. Other survey participants suggested more user engagement in designing the systems, transitioning to an effective, friendly support system that is simple and displays well defined and accurate leave balances.



133. IOD acknowledges that ESD has taken note of the survey results and views expressed by survey participants. It is envisaged that the survey results will be useful in enhancing and/or improving in the user's experience with the AIMS, particularly with regards to the Absence Management module.

Recommendation (s)

5. The Human Resources Management Department in coordination with relevant internal stakeholders, should develop a Data Migration plan in order to have a more comprehensive, reliable and accurate determination of the progress made in migrating sick leave data into EarthMed.

(Priority: Medium)

6. The Human Resources Management Department should work with relevant internal and external stakeholders to ensure that the EarthMed is configured or customized to meet organizational requirements, which include:
 - a) Capturing of relevant and granular medical data that can be analyzed to identify useful trends or statistics, perform root cause analysis and create customized reports; and
 - b) Monitoring the timely submission of medical certificates by staff members.

(Priority: Medium)

7. The Human Resources Management Department should work in collaboration with the Enterprise Solutions Division to configure the AIMS HR system to:
 - a) Facilitate the prorating of uncertified sick leave and/or leave for family-related emergencies within a calendar year for staff members whose contract is for a duration of less than 12 months; and
 - b) Include a checkbox to serve as an attestation/declaration of honor by staff that their request for leave for family-related emergencies is consistent with requirements or conditions set out in the relevant Office Instruction.

(Priority: Medium)

ACKNOWLEDGMENT

IOD wishes to thank all relevant members of staff for their assistance, cooperation and interest during this assignment.

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Reviewed by: Alain Garba, Head, Internal Audit, IOD.

Approved by: Rajesh Singh, Director, IOD.

TABLE OF RECOMMENDATIONS

No.	Recommendations	Priority	Person(s) Responsible	Other Stakeholder	Management Comments and Action Plan	Deadline
1.	The Human Resources Management Department, in collaboration with relevant internal stakeholders should assess the alignment of the relevant Office Instruction on sick leave with current workflows and practices for managing certified sick leave with a view to establishing whether a revision is required.		Acting Director, HRMD/Head, Policy and Law Section		Revision of the current legal framework will be assessed in conjunction with system developments (EarthMed and AIMS) for sick leave management.	December 31, 2021
2.	The Human Resources Management Department should strengthen the internal controls over medical appointments by randomly selecting a reasonable sample of staff members and verifying that their appointment(s) comply with the requirements of the relevant Office Instruction, i.e. (i) appointments were made with a doctor or dentist or medical laboratory; and (ii) the total monthly appointment time per staff did not exceed the maximum of five hours per month.		Acting Director, HRMD		Random checks of 5 to 10 appointments each month will be included in the normal working procedures, the medical unit will review the information on doctors, HRSD will review compliance with the rules (core hours, maximum time per appointment, and maximum time per month).	June 30, 2021
3.	The Human Resources Management Department should work with relevant internal stakeholders to develop information sessions on managing sick leave as this will help improve communication with affected and interested Program Managers and/or supervisors.		Acting Director, HRMD		A program of information/training will be developed, both from the individual and managerial point of view. Information sessions will be organized for staff who wish to participate in these sessions.	December 31, 2021
4.	The Human Resources Management Department should work with relevant internal stakeholders to develop a method and mechanism that enable a comprehensive report on the cost of sick leave which		Acting Director, HRMD	PPBD	Reporting will be reviewed to add costs to the current reporting.	December 31, 2021

No.	Recommendations	Priority	Person(s) Responsible	Other Stakeholder	Management Comments and Action Plan	Deadline
	include both qualitative and quantitative cost elements.					
5.	The Human Resources Management Department in coordination with relevant internal stakeholders, should develop a Data Migration plan in order to have a more comprehensive, reliable and accurate determination of the progress made in migrating sick leave data into EarthMed.		Senior Medical Adviser		Recommendation will be addressed with Earthmed AIMS interface, for which UAT are currently planned.	December 31, 2021
6.	The Human Resources Management Department should work with relevant internal and external stakeholders to ensure that the EarthMed is configured or customized to meet organizational requirements, which include: <ul style="list-style-type: none"> a) Capturing of relevant and granular medical data that can be analyzed to identify useful trends or statistics, perform root cause analysis and create customized reports, and b) Monitoring the timely submission of Medical certificates by staff members. 		Senior Medical Adviser		Recommendation will be addressed with Earthmed AIMS interface, for which UAT are currently planned.	December 31, 2021
7.	The Human Resources Management Department should work in collaboration with the Enterprise		Acting Director, HRMD		System Change requests will be passed on the IT developers to implement these changes.	August 31, 2021

No.	Recommendations	Priority	Person(s) Responsible	Other Stakeholder	Management Comments and Action Plan	Deadline
	<p>Solutions Division to configure the AIMS HR system to:</p> <ul style="list-style-type: none"> a) Facilitate the prorating of uncertified sick leave and/or leave for family-related emergencies within a calendar year for staff members whose contract is for a duration of less than 12 months, and b) Include a checkbox to serve as an attestation/declaration of honor by staff that their request for leave for leave for family-related emergencies is consistent with requirements or conditions set out in the relevant Office Instruction. 					

ANNEXES

Annex I.	Risk Rating and Priority of Audit Recommendations
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ANNEX I: RISK RATING AND PRIORITY OF AUDIT RECOMMENDATIONS

The risk ratings in the tables below are driven by the combination of likelihood of occurrence of events and the financial impact or harm to the Organization’s reputation, which may result if the risks materialize. The ratings for audit recommendations are based on the control environment assessed during the audit.

Table I.1: Effectiveness of Risks/ Controls and Residual Risk Rating

		Compound Risk Rating (Likelihood x Impact)		
		Low	Medium	High
Control Effectiveness	Low	Low	Medium	High
	Medium	Low	Medium	High
	High	Low	Low	Medium

Table I.2: Priority of Audit Recommendations

Priority of Audit Recommendations	Residual Risk Rating
Requires Urgent Management Attention	High
Requires Management Attention	Medium
Routine in Nature	Low

[End of Annex I and of Document]