

IHO WORKING GROUP ON STAFF REGULATIONS

Meeting held at IHB on 4-5 August 2008

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IHO Working Group on Staff Regulations

1. meeting

International Hydrographic Bureau, Monaco

4.-5.08.2008

Summary Minutes

Participants:

Ms. Hering (chair)
Mr. Hooton (UKHO)
Ms. Davis (UKHO)
Adm. Maratos (Pres. IHB)
Ms. Williams (IHB)
Dr. Trümpler (BSH)

1. Ms. Hering welcomes the members of the working group. Ms. Williams will be observing the meeting as staff representative of the IHB.
The group affirms the findings and results of the preliminary meeting in Hamburg on 07.12.2007 as the basis for the work of the group.

2. The Agenda (attachment 1) is adopted.

3. Ms. Davis introduces the paper on a possible salary progression scheme for IHB Cat. B and C staff.

The paper is discussed taking into consideration the views expressed in writing by Ms. H. Ward (US, attachment 2-4). The following points are agreed upon:

- The situation for the staff currently employed shall not be deteriorated by any changes to the progression system.
- The WG does not consider the actual salaries as part of their mandate. However the progression of salary steps is part of the holistic review of staff regulations.
- The table for translators should be retained.

Adm. Maratos informs the group that there are currently 11 people employed as category B staff, of these two are translators. Adm. Maratos also informs the WG that the comprehensive B1 and B2 table was envisaged to replace the previously existing B and C tables and that a conference decision in 1997 approved this plan. However, these tables were implemented only for staff joining after July 1st 1998, thus leading to the use of four tables at the same time. The group is also informed that staff are recruited on a different step of the progression table according to their qualification,

experience and type of job. The seemingly high number of progression steps also serves to be able to differentiate between different job profiles.

The group asks Ms. Davis to redraft her suggested table to introduce more steps and suggest a second table in which the progression steps will be specified, with a higher rate of progression towards the beginning of the table and a bigger time spread towards the end.

The idea of a non-consolidated bonus is put forward, as a means of motivation for staff in general but also for staff that have reached the end of the progression table.

Adm. Maratos indicated that a similar approach for the tables of Category A staff and translators should be considered.

4. The group continues to discuss the paper on health care options prepared by Ms. Hering and the comments provided by Ms. H. Ward. Based on information from Adm. Maratos (attachment 5), the group decides not to pursue options 3 and 4 of that paper for the time being. Considering that the payment of the internal tax by the Directors and staff contributes to the general budget in the same order of magnitude as the budget has expenses through medical care, and considering that the claims management takes up about 10-15% of the responsible employee's time, the group sees no pressing need for fundamental reform of the health care system. However, the possibility of joining the UN system of health care should be further investigated.

The following questions remain under discussion:

- Considering that Cat. B staff are usually employed for 20-30 years at the IHO, should the geographical range of coverage for retired employees be extended beyond Monaco and France in case an employee wishes to return home and has no other coverage (a case that has not occurred to date).
- An issue mainly relevant for internationally recruited Cat. A staff: Should the time limit for coverage for retired employees be lowered to a minimum of 9 years of employment (from 10 years now) seeing that a category A staff member has to compete to be re-hired after a period of 9 (=2+2+5) years?
- An issue relevant for the Secretary-General and directors under the new structure: If the time limit of 10 years is retained, is it justified that the Cat A staff might achieve a social benefits entitlement through competitive re-hiring, while the Secretary-General and the directors cannot. In other words, should the Secretary-General and directors be excluded from health care for retired employees?
- Should the coverage for retired employees in France and Monaco be limited to those employees who do not have [adequate] other coverage?

The group is aware that some of these questions might be resolved if the Organisation joins the health care system of another IO.

5. a) Outline of staff regulations: The group approves the suggestion of Ms. Hering to re-draft the staff regulations split into basic staff regulations on the one hand and detailed staff rules on the other hand (using the IMO rules and regulations as a template). The existing staff memos should be incorporated where feasible. The draft should take the new organisational structure of the IHB into account.

b) The group discusses the new draft of the staff regulations provided by Adm. Maratos (available at the website). The concern of Ms. H. Ward that benefits from the Monaco and UN system are put together in a non-coherent form is shared by the group. The group agrees that a table should be compiled detailing the benefits of the staff of the IHO (separated into the different categories) comparing them with the benefits under the Monaco system and under the UN system.

c) Discussion of specific issues of the Staff Regulations based on the draft provided by Adm. Maratos:

Regulation III.6 (Official Holidays): The group considers the adherence to Monaco official holidays a practical solution.

Regulation IV.1 (Salaries): In line with the decision of the Finance Committee the group sees no room for change of the salary system regulations described under IV. It sees itself bound by the decision of the conference and sees the re-opening of questions so recently decided by the conference as outside its mandate.

Regulation IV.2.3.2 No. 9: Should be deleted.

Regulation IV.3 (d): Reimbursement should be limited to such cases in which a tax agreement exists and the IHO receives reimbursement from the country taxing its employee. Mr. Hooton agreed to consider this issue when considering the restructuring of the Staff Regulations.

Regulation IV: A regulation providing for the possibility of advance payment of salaries in cases of hardship should be inserted.

Regulation V.3 (Recruitment): The sentence "Nevertheless, applications from Bureau Staff who are deemed to have the requisite qualifications and experience shall be given priority" should be deleted.

Regulation V.11 (Progression of appointed staff): Questions in connection with this regulation should be considered together with the new salary progression table.

A comparison of allowances should be included in the table to be prepared according to 5.b).

Regulation VII.9: Disability benefits for directors need to be considered. Currently only staff are eligible to receive such benefits.

Directors: In several regulations (e.g. Reg. VI.2), special rules for directors are specified. The group considered that a special section or document for Directors might be more appropriate. Mr. Hooton agreed to consider this question as part of the re-drafting of the regulations.

Regulation VIII.2.1 (Repatriation Expenses): Double payment should be avoided. The recipient should have to declare if he receives reimbursements from another source.

Regulation XI.4 (Choice of benefits): The group needs to consider if this regulation should be retained and is required by Monaco law.

Regulation IX.6 (Supplementary benefits): The question was raised, whether Directors should be eligible for such benefits. The group asks the Bureau to provide data as to the financial impact of the supplementary benefits for Directors as well as Cat. A, B and C staff.

6. Work to be done:

Members of the WG and staff members are invited

- to comment on the health care questions directly to Ms. Hering or via Ms. Williams by 30.09.2008,
- on the possibility of a bonus system directly to Ms. Davis or via Ms. Williams by 30.09.2008.

Comments on other issues to Ms. Hering are also appreciated.

Detail two tables (payment progression steps and progression timeframe as described under 3) by 15.10.2008.	Ms. Davis
Research the possibility and details of the IHO joining the UN health care system by 15.12.2008	Adm. Maratos, Ms. Hering
Collect the comments to the unresolved health care questions detailed under 4. and provide a draft addressing these issues by 30.11.2008	Ms. Hering
Draft staff regulations and staff rules as outlined in 5.a) by 19.12.2008	Mr. Hooton
Compile a table of IHO, UN and Monaco benefits as detailed in 5.b) by 30.11.2008	invite Ms. Ward

Next meeting is proposed to be for two days during the week between the 16th and 20th of February 2009 at the IHB in Monaco (suggested date is 16-17th).

For the protocol

Dr. Trümpler

Attachments

1. Agenda
2. Provisional US comments, Issue: Review of salaries for Category B and C staff employed by the IHB
3. Provisional US comments, Issue: Options for regulations concerning healthcare in the IHO
4. Provisional US comments, Issue: Staff regulations
5. Medical Expenses and refunds from Gan, Proposed private Health insurance coverage

Proposed Agenda SRWG1a (4.-5.8.)

1. Adoption of Agenda
2. Confirmation of the results of the preliminary meeting in Hamburg (
3. Discussion of salary options identified by Ms. Ellen
Decision on future work on the topic
4. Discussion of health care options identified by Ms. Hering
Decision on future work on the topic
5. Set topics for further consideration. Suggestions:
 - Change of structure of staff regulations (e.g. split in rules and regulations for better transparency)
 - Additional benefits (e.g. moving, family visits)
6. Adoption of plan for future work, preliminary timetable (basic decisions, outline for staff regulations, drafting)
7. If time: first discussion of current additional benefits

International Hydrographic Organization (IHO)
Working Group on Staff Regulations
August 4-5, 2008

Provisional U.S. Comments

Issue: Review of Salaries for Category B and C Staff employed by the IHB

We appreciate the UK's review of the IHO salary tables and concur with the need to simplify the existing system. However, we are concerned that the proposed 10-step progression may be too short. We believe the possibility of promotion is important with respect to motivating good performance. What happens once an employee reaches step 10? Will there be further opportunities for career advancement and/or salary increases? This may be a particular problem if there are staff members currently that have been serving in the IHO for several years. How will their advancement opportunities be affected? It would be useful to know the average length of service for Category B and C staff.

We note the concern that the under the current system pay is measured in time-served, rather than impact on the organization, but we are not clear how the proposed system, which is also time-based (albeit a shorter progression) would change this practice.

Also, the small table in the right corner of the document seems to imply that staff will only spend one year at each level. We note that the current rules and regulations state that, ordinarily, advancement from one step to the next higher step will be automatic provided that the Staff Member has given evidence of satisfactory service. If a shorter progression scale goes into effect, it may be appropriate and/or necessary for some staff to spend a longer period of time at each level in order to qualify for advancement.

We propose that: (1) The UK proposal scale be lengthened (perhaps to 15 steps) and (2) the chart be clarified to indicate that staff could spend more than 1 year at each step (or at a minimum some steps) before qualifying for advancement.

International Hydrographic Organization (IHO)
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Provisional U.S. Comments

Issue: Options for regulations concerning healthcare in the IHO

We believe the option selection should minimize the impact on the budget, to the extent possible. We did not receive information on the financial impact the options proposed would have on the budget. As such, we are unable to take a definitive position at this time.

Based on the information in the document provided, our initial preference is Option 2. Before moving forward, we would appreciate the following information:

- Budgetary implications for all options
- Under what circumstances is it necessary to provide coverage outside of Monaco and Geneva? How many staff/retirees?
- Under what circumstances would Option 2 be less beneficial than the current system?
- Please explain how a partial coverage system would work? How much of an administrative workload would this create?
- What other models is IHO considering in addition to the ILO/ITU model? Can you give us a sense of how their coverage, financial implications, and administrative work load differ?
- How does the ILO/ITU model compare in coverage to what IHO staff members currently enjoy?

We concur with the comment in the “Requirements for future systems” section. Care should be taken to choose a balanced, comprehensive system. Cherry-picking from multiple systems should be avoided.

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Provisional U.S. Comments

Issue: Staff Regulations

III.3 (b) Should “translation” be deleted from the list of duties for category B Staff? Please clarify whether there are Category A and Category B translators. This is unclear in various places in the regulations (e.g., IV.1.2).

III.6. Official holidays: The UN system has 10 holidays. Our records indicated that IHO has 19 holidays. We note that the value of this difference might equate to roughly 5 percent of salary and is something that the IHO may wish to consider in establishing the salaries for Directors and other staff.

IV.1. Salaries

(a) Does the IHO use the single or married rate of the UN scale to “assimilate” staff? We believe that the single rate should be used. Regarding bullet 2: “The alignment of category A will be with P4 or other step of the UN scale as appropriate”, we are not clear what this language means. Is it referring to a step-level or a grade-level?

(d) Why are the salaries of Directors following the evolution of the cost of living of Civil Servants in Monaco? If they are being paid in accordance to UN pay scales it would seem more appropriate to adjust their salaries in accordance with the UN post adjustment for Monaco. In any event, why wouldn’t the change be based on the change in salaries vice cost of living for civil servants in Monaco?

(e) We do not feel it is appropriate to build in an automatic annual 3% increase for Directors. Salary increases should be based on the quality of an individual’s performance, not seniority. Also, if Director’s are being paid in accordance with UN pay scales they should not receive the benefits provided under the Monaco Civil Service System. Do Director’s get step increases like the UN? It is not appropriate to cherry-pick the best parts of the two systems.

IV.2.1.1 Family Allowances and School Grant: What is a school grant?

IV.2.3.1 Education Grant

(h) Why is this change necessary? If needed, we propose the following: Where the child attends an education establishment beyond commuting distance **from which the staff member regularly commutes to work for IHO....**”

IV.2.3.2. House Rent Allowance

(9) The UN would not allow this.

IV.4 Payment of Salaries

(c) What is envisioned regarding advances? Why is this addition needed?

V.3. Recruitment: Why would Category A not be advertised internally even if could be filled locally?

V.11. Progression of Appointed Staff

(a) Probation: What is a permanent appointment, and how does it differ from an intermediate appointment?

(b) Initial salary: Please explain this practice.

(d) Progress salary steps: The current rules and regulations state that, ordinarily, advancement from one step to the next higher step shall be automatic provided that the Staff Member has given evidence of satisfactory service. The level “satisfactory” seems too low, particularly if a shorter progression ladder goes into effect.

VI.1. Leave

(b) Special Leave: The leave provided in the cases of paternity leave, maternity leave, marriage leave, and death leave seems overly generous. These amounts are much higher than those established for the UN. In addition, given that Directors are being paid in accordance to UN pay scales they should not receive additional benefits that are so much higher than those received by UN staff. It is not appropriate to cherry-pick the best parts of the two systems. It is the U.S.’s view that the overall compensation package (total of both salaries and benefits) provided by IHO should not exceed what is provided by the UN.

V1.2. Directors: We are not clear what this provision entails/why this language is necessary. Per VI.1 (a), don’t Directors accrue annual leave at the same rate as

other staff members? Is this leave in addition to annual leave? If it is in addition to the annual leave amount, we believe it is excessive.

VI.5. Maternity leave: The leave provided for maternity leave is overly generous. These amounts are much higher than those established for the UN.

VII.5. Social Benefits following Retirement: We support maintaining 10 years as the length of service required to qualify for social benefits following retirement.

If necessary, we believe it would be more appropriate to alter the 2+2+5 structure of fixed term appointments. Are Directors and other staff members not being re-hired in instances when their positions are re-competed? How frequently does this occur?

Annex: Salary Tables. We are not clear how the charts, particularly the chart on page 43, relate to the UK's salary progression proposal.

BALANCE OVER 6 YEARS
Medical expenses & refunds from Gan

	2002	2003	2004	2005	2006	2007
Medical claims	67,897	73,866	56,362	65,162	57,662	64,530
Gan Premiums	57,921	68,527	75,713	76,007	38,232 *	67,495
Refunds from GAN	-17,396	-24,544	-14,789	-11,838	-26,846	-19,907
% of reimbursement	30%	36%	20%	16%	70%	29%
<i>Net Total (Eur)</i>	<i>108,422</i>	<i>117,849</i>	<i>117,286</i>	<i>129,331</i>	<i>69,048</i>	<i>112,118</i>

* Renegotiation of GAN contract

PROPOSED PRIVATE HEALTH INSURANCE COVERAGE

Allianz-UBALDUCCI

This scheme is in the form of modules and the cost includes :

- a basic module called Premier core plan (hospitalizations)
cost for working staff members = 70,683 euros and 38,096 euros for retired staff members
- an option called Outpatient Silver : the breakdown with the basic option is not indicated but this option essentially covers consultation of doctors and specialists at their surgeries, outside of the hospital domain
- Cost for working staff members = 45,941 euros and 24,894 euros for retired staff members
- A complementary option specifically covering dental treatment
Cost for working staff members = 15,241 euros and 3469 euros for retired staff members

All these options combined provide quite a complete cover of the costs involved.

Total cost = 198,325 euros (108,779 for Core Premier).

It should be noted that in the case of retired staff members, the cost may vary depending on a mandatory medical examination, prior to entering the scheme.

IHI - UBALDUCCI

There are more modules in this scheme than the first one, but it has the disadvantage of restrictive ceiling amounts as, although module 1 (hospitalization) includes a high annual ceiling
Cost = 58,565 euros for working staff members and 63,665 euros for retired staff members

the other modules (except for module 4 - medical evacuation) have restrictive ceilings:

Module 2 - consultation at doctors' surgeries

Cost = 22,050 euros for working staff members and 7499 for retired staff members.

Module 3 - medicine and auxiliary products

Cost = 6754 euros for working staff members and 4876 euros for retired staff members

Module 5 - physiotherapy and treatment at home

Cost = 2675 euros (only for working staff members)

Module 6 - prostheses and dental and optical treatment

Cost = 16,391 euros (only for working staff members).

Total cost: employees = 106,435 euros (of which 70,683 for hospitalization)
retired employees = 82,258 (of which 38,095 for hospitalization)

This brings the total to 188,693 euros for the fullest cover (but which still has limitations, particularly in the case of routine medical treatment where all reimbursements are limited to 90% maximum).

D. Cevas