

**FOR
INFORMATION**

EBAP/20/71

November 4, 2020

To: Members of the Executive Board
From: The Secretary
Subject: **COVID-19—Update on Internal Operations**

Board Action: Executive Directors' **information**
Publication: Not intended
Questions: Mr. Christensen, CSF (ext. 39356)



COVID-19 UPDATE ON INTERNAL OPERATIONS

November 4, 2020

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This paper provides a brief update on the ongoing efforts to mitigate the impact of the COVID-19 pandemic on Fund staff and internal operations, with a particular focus on our field offices.

Since the last update to the Executive Board on September 1, 2020, the coronavirus continues its spread around the world. Many countries are experiencing a second wave. As of November 3, 2020, over 47 million cases and more than 1.2 million deaths have been confirmed globally. The United States has recorded over 9.3 million confirmed cases and more than 230,000 deaths.

The level of community spread continues to be high in our local region (Washington, D.C., Maryland, and Virginia). The number of positive cases currently stands at around 350,000 and the number of fatalities is about 8,300. Accordingly, at the recommendation of the Crisis Management Team (CMT)¹, and in coordination with the World Bank and the IADB, management on September 2, 2020, decided to maintain the current remote operating status at HQ to protect the health and safety of staff and the operational resilience of the Fund.

The resumption of international operations and travel is a key element in effectively supporting our member countries. Using the same principles outlined in the Roadmap for HQ Resumption, the CMT has adopted a gradual and phased approach in order to minimize risks to our overseas staff, while ensuring continuity of Fund operations. All field office decisions are made on a country-by-country basis after careful monitoring and risk assessment of local health conditions, occupational health and safety protocols, physical security, and local government restrictions. At this time, office-based operations are gradually being resumed in some field locations. Mission travel remains suspended with the exception of critical missions which must be approved by management after a CMT assessment.

The CMT will provide a further update to the Executive Board in late November, or when developments warrant.

¹ The Crisis Management Team is chaired by the Director of CSF and includes representatives of key departments and teams, including COM, CSF, FIN, HRD, ITD, LEG, SEC, SPR, and the WBG-IMF Health & Safety Directorate (HSD). CMU, ORM, and SAC are observers.

A. Update on Health Situation

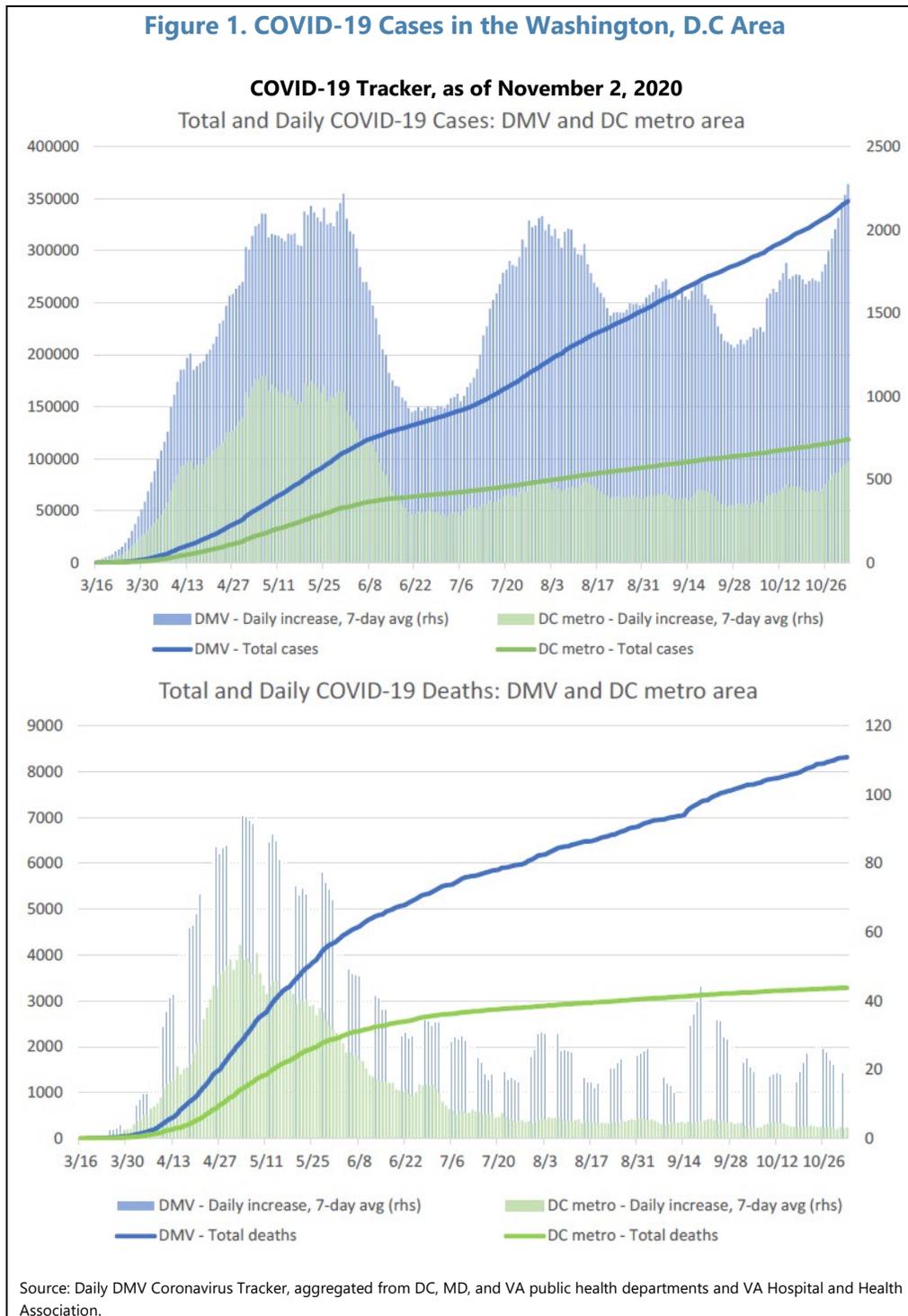
1. **The pandemic continues to spread at a rapid pace globally.** The global case count increases by about ½ million cases per day, and currently stands at about 47 million, some 24 million more cases since the Board was last briefed on September 1, 2020. Global fatalities stand at more than 1.2 million.
2. **In the U.S., the daily case count has been on the rise since the most recent Board briefing.** The total case count stands at 9.3 million and is currently edging close to 90,000 new daily cases per day. About 230,000 fatalities have been reported.
3. **In the local region, the level of community spread continues to be high.** In the DMV (Washington, D.C., Maryland, and Virginia), the number of positive cases currently stands at around 350,000 and the number of fatalities is about 8,300. After the September Board briefing, the number of daily cases dropped initially. However, the level of transmission has been on an upward trend during the last 4 weeks (see Figure 1). The situation is broadly similar in the DC metro area. The assessment of the Joint Bank-Fund Health and Safety Directorate (HSD) remains that the level of health risk in the DC metro area is high.
4. **To date, the CMT has been notified of 36 COVID-19 positive cases within the Fund community.**² About half of the reported cases are among vendor employees, and three cases were reported from the Fund’s field offices.³ All but six employees have fully recovered and none are currently hospitalized.

B. HQ Operations

5. **The health situation in the Washington, D.C. area continues to be precarious and the remote operating status remains in effect.** As announced in the [FundAll communication](#) sent to staff on September 2, 2020, and as discussed with the Board during the Informal Staff Briefing on September 1, 2020, HQ operations remain remote. At that time, staff were informed that most staff should expect to work remotely at least through the end of this calendar year. The CMT continues to monitor the conditions and will make recommendations for easing of building access once the health and other indicators warrant such a move. In addition, as the health conditions have evolved considerably over time and may continue to do so, Management may make adjustments to the resumption plan as circumstances warrant. As indicated previously, the CMT will engage with the Board ahead of any decision to change the HQ operating status and will provide at least two weeks of advance notice to staff before any change. Even when access to HQ is expanded, individual staff members may opt out of working at HQ at any time until the pandemic is under control.

² This is based on cases reported to the CMT. Some cases may not be reported in the current work from home environment.

³ The CMT reports on [COVID-19 positive cases](#) on the Intranet.



6. To help alleviate pressures on staff, the CMT and HRD have or are in the process of rolling out some additional support measures for staff. Some of these measures include:

- Preparing the onsite childcare center services for reopening with enhanced COVID-19 health and safety protocols. The childcare center is ready to reopen once enrollment reaches 40 children, which is the level needed to make it viable for the operator.

- Support for staff with children and those who need to take care of family members, including a platform of services for staff who are searching for various types of family support such as nannies, backup childcare, tutoring and education support, and eldercare.
- A proposal for additional family-care leave and financial support for staff is being finalized and will soon be submitted for Board approval.
- Establishment of a support group of volunteers to help Fund staff and retirees affected by COVID-19. The volunteers provide help with purchasing and delivering groceries and medicine, contacting doctor's offices, keeping in regular phone contact with the affected staff and retirees, etc. These activities do not involve any contact with the individuals who are sick to minimize the risk of exposure for the volunteers.
- Focused policy initiatives on telework, voluntary evacuations of field-based staff, and temporary adjustments to various leave policies. Recently, additional guidance for prolonged telework outside the duty station to support staff needs during the pandemic was provided. The prolonged telework arrangement allows staff to work remotely outside the duty station (including in a staff member's home country or a third country) for periods longer than 90 days. Staff would be expected to return to HQ within 30 calendar days of the announcement of the start date of Phase 3 resumption of operations at the Fund headquarters.

7. CMT continues to balance the Fund's operational needs with the health and safety of all employees.

- Access to the HQ buildings is provided to all employees (both staff and vendors) who need to perform business-critical functions that materially benefit from physical presence.⁴
- The just completed first 'virtual' Annual Meetings presented an additional challenge to the teams. Through close coordination across departments, clear guidance, and adherence to safety protocols, the meetings were delivered without compromise to the health and safety of all.

C. Field Operations—A Phased Approach

8. The Fund's field presence is a key ingredient in its ability to meet the needs of the membership. A safe resumption of international operations and travel are therefore an important element in the CMT's work. What follows is a brief overview of the approach used in determining when it is safe for our overseas personnel to return to their offices and for travel to resume.

9. The framework for resumption of international operations and business travel is guided by the same four principles set out in the [Roadmap for Resumption of Regular Operations at Headquarters](#):

- The health and safety of our employees is our primary concern.
- The Fund should effectively support its member countries.

⁴ On average, about 35 staff and 170 vendor employees access the HQ buildings on a daily basis, this includes security, facilities and other vendor employees requiring physical presence and working in shifts.

- Decisions on resuming regular international operations and travel will be based on sound medical advice and data observed over a robust time period.
- Staff are empowered to make decisions about their own well-being.

10. Using the same gradual and phased approach to resumption, the framework recognizes that there are inherent health and occupational risks with reoccupation of offices and return to travel. Such risks vary widely across countries and across time given the different levels of transmission, health system capacity and other factors. The framework was developed in close collaboration with HSD to minimize these risks while ensuring the continuity of Fund operations. Through close coordination with the World Bank’s field office resumption team, the reopening of field offices will be done in three phases, where each phase involves a gradual increase in occupancy as conditions permit (see Figure 2). This approach to resumption includes specific indicators, timelines, occupancy guidelines and safety measures for every field office. However, given that our field offices are generally quite small, the phasing is more flexible than at HQ and does not involve specific percentage occupancy limits. Health conditions and infrastructure are also critical in determining when to approve the return to duty station of resident representatives (Res. Rep.) and long-term experts (LTX) (and their dependents)⁵ who chose to temporarily relocate to the Washington, D.C. area or their home country.⁵

Figure 2. Field Office Resumption Phases

Fully Remote	Phase 1	Phase 2	Phase 3
Entire workforce working remotely	Limited Opening	Workforce Rotation	New Normal
	28 days of downward trend in cases and deaths.	28 days of downward trend in cases and deaths since transition to Limited Opening	42 days of new cases reported very rarely since transition to Workforce Rotation
	Enable, voluntary, office-based work for employees whose work would materially benefit from a physical presence and support the Fund’s crisis priorities	Enable voluntary, partial office-based work with rotating workforce to enable redundancy.	Enable full office-based work
	<p><u>Medical considerations</u></p> <p>Cases: material downward trend in new cases and deaths in local area over past 28 days.</p> <p>Testing/Tracing: local health authority able to test all staff who present with symptoms. Robust community contact tracing.</p> <p>Treatment: Local health services capacity to treat diagnosed COVID-19 cases.</p>	<p><u>Medical considerations</u></p> <p>Cases: material downward trend in new cases and deaths in local area over past 28 days.</p> <p>Testing/Tracing: widespread local health authority testing program for contacts and asymptomatic cases.</p> <p>Treatment: Local health service capacity returned to pre-pandemic levels.</p>	<p><u>Medical considerations</u></p> <p>Cases: new cases reported very rarely in local area; no cases within staff/contractors who have been in the workplace in the past 42 days.</p> <p>Testing/Tracing: widespread local health authority testing program for contacts and asymptomatic cases.</p> <p>Treatment: Local health service capacity returned to pre-pandemic levels.</p>

⁵ Since February 2020, 115 staff and LTXs (and their dependents for a total of 232 people) have chosen to relocate, of which the majority were stationed in the APD and AFR regions.

D. The Assessment and Authorization Process

11. Considerations for the return to field offices are multidimensional, covering both business criticality and risks. The business criticality assessment of field-based country work, including implications for Res. Rep. offices, is led by area departments. Area departments consult closely with functional departments on country priorities and impact on other activities such as capacity development. Area departments and ICD make a joint assessment for the Fund's Regional Capacity Development Centers (RCDCs), whereas plans for reopening of Regional Training Centers (RTCs) also consider the ability to conduct classroom training, participant travel, and local government restrictions.

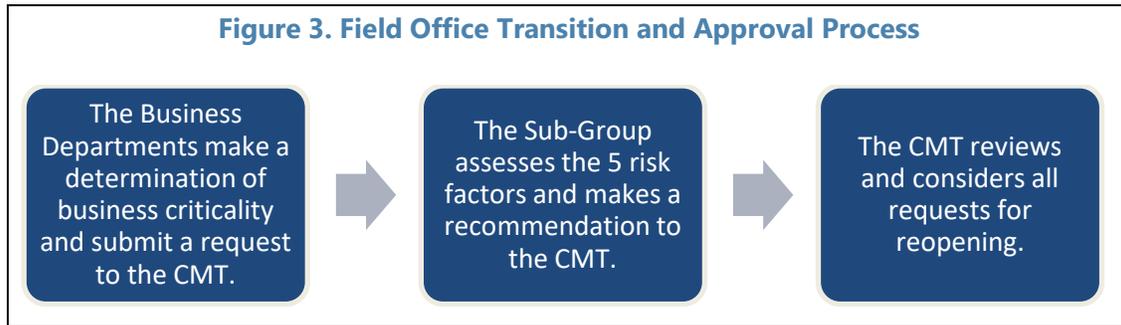
12. Once business criticality has been confirmed, a risk assessment is conducted using five risk assessment factors that determine if an office is ready to transition to the next resumption phase, and/or if the Res. Rep./LTX may return to the country. This assessment is performed jointly by CSF (security, occupational health and safety, facilities, and travel), HSD (COVID-19 health situation and medical infrastructure), and HRD. The five risk assessment factors considered are:

1. Health indicators, including infections, deaths and quality of local health care, to determine if the country's medical situation is improving.
2. Acceptable occupational health and safety protocols are in place at the local office.
3. Operating status of government, World Bank, and other relevant international financial institutions.
4. Physical security.
5. Availability of travel.

13. Risk mitigation factors include the presence of UN medical facilities, availability of travel for medical evacuations and other local factors that help to inform the overall risk level. Safety and precautionary measures are put in place to reduce risks—this includes use of PPEs, strictly limiting the number of employees who may be in the same space at a given time, and physical distancing requirements. It is recognized that the process of return is unlikely to be linear and follow specific timelines. As such, the health situation in each country is being monitored on an ongoing basis.

14. An international operations group (referred to as the CMT sub-group) has been established under the CMT to oversee the field office transition process and act as secretariat (Figure 3). The business departments determine business criticality and submit resumption requests to the CMT sub-group, which in turn makes a recommendation to the CMT based on an assessment of the above-listed risk factors. The approval decision rests with the CMT—should the area department disagree with the decision, the department may escalate to management for a final

decision. The return of relocated Res. Reps. and LTX are being considered on the same basis as decisions to gradually reopen field offices.



E. Current Status of Field Offices

15. The majority of field offices remain in remote operating status, but the CMT is gradually easing access to the offices as permitted by country circumstances and the availability of mitigating measures. An overview of the current operating status for the 111 field offices is provided below in Table 1. At this time, 27 offices have begun to reopen, half of which are in the APD region. Where prudent, relocated Res. Reps. and LTX have also begun to return to their duty stations; as of now, the CMT has authorized the return of 11 staff and LTXs.

Table 1. Current Operating Status of the Field Offices
(As of November 3, 2020)

	Number	Percentage
Remote Work	84	76%
Phase 1: Limited Opening	10	9%
Phase 2: Workforce Rotation	17	15%
Phase 3: New Normal	0	0%
	111	100%

F. Mission Travel

16. At the current time, all mission travel remains suspended with the exception of critical missions which must be approved by management following a risk assessment by the CMT. To-date, the only mission travel that has been approved is management travel, a staff visit to Argentina, and a security expert mission to Cote d'Ivoire to support the staff during the election.

17. Once the global health situation provides for mission travel restrictions to ease, the decision-making process will be guided by the same priorities and health assessment undertaken for field offices. This approach recognizes that the Fund's field offices are the first

source of field-based support to member countries. A two-step approach will be used to determine the resumption of mission travel.

- The first step is specific to the destination country. It determines the residual risk associated with mission travel, given health and other indicators (medical infrastructure, availability of medical evacuation capacity (if relevant), and security situation), and in turn the business criticality that must be met for mission travel to be permitted.
- The second step will be specific to the individual trip. This recognizes that there are varying and frequently changing travel restrictions that may affect travel to the destination, transit and originating countries. CDC travel advisories and restrictions are used for purposes of travel in and out of the U.S. and other national authorities' travel guidance are used for other countries.

18. Staff members who are identified for a possible mission may opt out of travel if they have health concerns or any reservations to travel. All staff who opt to travel will be provided with information about COVID-19-related risk factors and will be advised to consult with HSD and/or their doctors about the advisability of travel.