Guiding Principles & Proposals on an Inclusive Parental Leave Policy
Guiding Principles

a) The guiding principles of a parental leave policy should be equality, fairness, and non-discrimination, and its focus should always be the best interests of the child. All children should be entitled to spend equal amount of time with their parent(s) or guardian(s) regardless of whether the child was born to a staff member or his or her spouse; adopted before or after the child was 5 years old; or born through surrogacy, and regardless of the parent(s) or guardian(s)’ gender or gender identity. No child should be discriminated against and have reduced leave time with his or her parents or guardians for having been adopted or being under the care of a staff member who is single. The need for bonding time also applies to adopted children older than 5 who may face a bigger adjustment period in a new household.

b) All parental leave policy should reflect the times we live in, not the times we used to live in. Improvements in the accessibility and reliability of assisted reproductive technologies (ART), and medically assisted reproduction (MAR), plus changing adoption laws, are allowing many to start families. This includes couples who are legally partnered; couples who have no such legal ties; couples who are in same or opposite-sex relationships; and single individuals who wish to raise a child or children alone or with the help of other(s). A parental leave policy should treat all children equally.

c) Parental leave time policy that is gendered— one that grants different leave time for paternity or maternity— is discriminatory towards male staff members and female staff members who cannot, or chose not to, give birth to their child or children. Parental leave policy that is gendered also reinforces gendered parental roles. When only female staff members receive the full entitlement of parental leave time, the implication seems to be that care and responsibility for children are her responsibilities. It hinders gender equality, and the obligation for shared responsibilities. Parental leave time policy should be gender-neutral, thus ensuring the principles of equality, non-discrimination, and fairness upon which the policy should be guided.

d) Under these same guiding principles, all staff members, regardless of gender or gender identity, should have equal access to ART and MAR paid for by insurance.

e) All children who have established dependent relationships with a staff member should be covered by the staff member’s health insurance, even if the staff member has not gained the legal status of a parent. In other words, it is the establishment of a dependent parent-child relationship that should be the basis for any decision granting health insurance coverage, not parental legal status. What matters is whether or not a staff member has an obligation for the care and well-being of a child or children. Legal adoption should not be the basis for granting insurance coverage to the child because the adoption process can take years from the day the child enters the staff member’s household. Furthermore, in a number of countries, same-sex couples, for example, are not allowed to adopt a child together. Only one of the parents may do so as a single parent. If this single parent is not the UN staff member, the child risks not being recognized by the UN system.

Proposals

1. Paternity and maternity leave policies should be replaced by a gender-neutral parental leave policy that grants all staff members the same leave time regardless of gender or gender identity.

2. UN-GLOBE endorses the parental leave time of 16 weeks that is in place in many organizations of the UN system, with two additional weeks for ante-natal and post-natal care for the staff member who gives birth. It endorses as well UNICEF’s policy that extends this parental leave time for an additional
8 weeks as special leave with pay. It is UN-GLOBE’s view that these additional 8 weeks as special leave with pay spent with children can be crucial to their development; as well as ensure close family bonding when adopting children older than 5. UN-GLOBE asks that the UNICEF’s 16 + 8 formulation be adopted by the entire UN System, but insists that all leave time be granted to the staff member regardless of gender or gender identity.

3. Parental leave policy should ensure the same leave entitlement for the care of all children, whether the child or children are born to a staff member or his or her spouse; adopted before or after the child was 5 years old; or born through surrogacy.

4. In the case of two staff members who are parents together, they should be allowed to share their leave time and to use it according to their needs. However, a mandatory minimum for one of the staff members should be established in order to promote equal responsibilities in the raising of children.

5. All staff members, regardless of gender or gender identity, should have equal access to assisted reproductive technologies and medically assisted reproduction paid for by insurance, in order to ensure the principles of equality, fairness, and non-discrimination. This includes male, female, or intersex staff members, and those who identify as male or female, who use a surrogate.

6. UN health insurance policies should include coverage of the child from the moment a parent-child relationship has been established, even if the staff member has not acquired the legal status of parent.

7. Sometimes, adoptions fail to go through at the last minute because birth parents change their minds, for example. Or stillborn situations arise. The emotional toll on parents can be heavy, the need to recuperate great. Compassionate leave time should be granted to them so that they can come to terms with their loss.

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i The Convention of the Rights of the Child defines a “child” as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.


iii Additional weeks should be considered for multiple births, or adoption of multiple children as granted by WHO and the World Bank. Additional weeks should also be considered for the care of children with special needs.


v This is in line with the policy at the Global Fund Against Malaria, Tuberculosis, and AIDS, which also grants two additional weeks for staff mothers who give birth. In Annex 3.