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Duty of Care Task Force Interim Report

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Introduction: Enabling us to stay and deliver in high risk environments

1. Today, a significant proportion of the contexts where the United Nations (UN) is required to provide protection, deliver services and life-saving assistance are carried out in some of the most dangerous and insecure places around the world. Between 2014 and 2016, there was a 73 percent increase in the number of attacks on the UN. Nevertheless, the number of UN personnel killed and injured has not had any significant change, possibly due to the effectiveness of security risk management.
2. The UN has a legal and moral obligation under duty of care for its personnel. This duty is particularly pronounced in high-risk environments. Balancing this against the operational imperative to deliver and meet the needs of persons in need remains the challenge.
3. An important guiding perspective is that duty of care should be seen as a collection of appropriate measures that ultimately enable the UN to deliver and fulfil its mandated responsibilities towards persons in need rather than being considered as a constraint on delivering on the operational imperative. Thus, duty of care towards personnel must be seen as an enabler for the Organization to stay and deliver in high-risk duty stations, and a contribution to organizational and individual resilience.
4. The concerns regarding duty of care to personnel are not new. In 2009, the United Nations Chief Executive Board (CEB) approved the “how to stay” approach, entailing a risk management approach designed to enable the UN system to continue to stay and deliver vital political, development and humanitarian programmes.¹
5. At its 27th session held in April 2014, the High-Level Committee on Management (HLCM) established a working group on “reconciling duty of care for UN personnel while operating in high risk environments” (hereinafter referred to as “HLCM Working Group on Duty of Care”). Under phase one of the HLCM Working Group on Duty of Care, five sub-working groups were established to analyse five different high-risk environments². The work of the sub-working groups covered 13 countries and analysed 1,187 survey responses from UN personnel and their families from 26 agencies. During phase two, four thematic structures³ were established for systematic discussion and recommendations on how to address the cross-cutting issues identified in phase one.
6. The final report of the HLCM Working Group on Duty of Care was presented to the HLCM at its 31st session held in March 2016. The Working Group recommended 13 deliverables to advance the UN’s duty of care to personnel in a holistic manner covering security, psychosocial, medical human resources, insurance matters and management support.⁴

¹ Susana Malcorra’s report <http://www.unsceb.org/content/programme-criticality-framework> CEB/2016/HLCM/23, United Nations System Programme Criticality Framework (9 September 2016), p. 2.

² Namely, Afghanistan, Ebola-impacted countries, Haiti, Mali/Somalia and Syria

³ Namely, medical, safety and security, psychosocial and human resources.

⁴ CEB/2016/HLCM/11 (15 March 2016)

7. This cross-functional Duty of Care Task Force has been tasked to operationalize the 13 deliverables that would result in clear and sufficiently elaborated guidance encapsulating the functional areas of duty of care for organizations to implement.



Figure 1.

Duty of Care: The Responsibility to Act

8. The HLCM Working Group on Duty of Care concluded that duty of care constitutes “*a non-waivable duty on the part of the organizations to mitigate or otherwise address foreseeable risks that may harm or injure its personnel and their eligible family members.*”⁵
9. The duty of care for UN staff members is codified in the staff rules and regulations of a given UN entity. For example, UN Staff Regulation 1.2(c) provides that “*Staff members are subject to the authority of the Secretary-General and to assignment by him or her to any of the activities or offices of the United Nations. In exercising this authority the Secretary-General shall seek to ensure, having regard to the circumstances that all necessary safety and security arrangements are made for staff carrying out the responsibilities entrusted to them.*” The UN Dispute Tribunal and former UN Administrative Tribunal have considered the application of this regulation in several cases concerning UN staff in high-risk environments.⁶
10. The basis of the duty of care for non-staff personnel is general principles of the law of responsibility, either tort law under the common law system, or the law of responsibility under the civil law system. The jurisprudence of the UN Administrative Tribunal and the UN Dispute Tribunal has considered that UN Staff Regulation 1.2(c) codified a duty of protection having the value of a general principle of law.⁷ As a general principle of law, the duty of care would also be applicable to all UN personnel in a direct contractual relationship with the UN.

⁵ CEB/2016/HLCM/11 (15 March 2016).

⁶ See Edwards, UNDT Judgment No. UNDT/2011/022Corr.1; McKay, UNDT Judgment No. UNDT/2012/018; UN Administrative Tribunal Judgement No. 1125, Mwangi (2003); UN Administrative Tribunal Judgement No. 1204 Durand (2004); UN Administrative Tribunal Judgments No. 872, Hjelmqvist (1998).

⁷ See Edwards, UNDT Judgment No. UNDT/2011/022Corr.1, paragraph 60 which quoted UN Administrative Tribunal Judgements No. 1125, Mwangi (2003) and No. 1204 Durand (2004) with approval.

11. The UN must also be conscious that external entities that deploy personnel to the UN, namely, the Stabilisation Unit of the United Kingdom, the Expert Pool for Civilian Peacebuilding (SEP) of the Swiss Directorate of Political Affairs, the Center for International Peace Operations of Germany (ZIF), Common Foreign and Security Policy (CFSP) and the Common Security and Defense Policy (CSDP) of the Italian Ministry of Foreign Affairs and International Cooperation, the Crisis Management Centre (CMC) of Finland, Organisation for Security and Co-operation in Europe (OSCE) and the Swedish government agency for peace, security and development (FBA), may have different minimum standards based on their legal frameworks. Deployed personnel need to be clear where those obligations lie, and how they are discharged. As a practical policy matter, if the UN does not put in place measures legally and practically acceptable to such external entities, then those entities may restrict or withdraw deployments and the UN may therefore exclude valuable personnel resources. Such practical measures would accordingly be based on operational requirements rather than minimum legal requirements.
12. In the “Voluntary Guidelines on the Duty of Care to Seconded Civilian Personnel”⁸ developed by state entities mentioned in the preceding paragraph, the content of the duty of care was elaborated as follows:

“There are no hard and fast rules specifying what a duty of care actually entails. As a rule of thumb, what is expected is that reasonable, practicable steps should be taken to control (for example: prevent, counter, avoid, manage, respond to) the potential occurrence and consequences of foreseeable incidents; some would focus also on whether the steps are effective, adequate or necessary. What constitutes reasonable care will vary from country to country. Generally, as well as being open to interpretation, it is also highly contextual.

A benchmark often used is what sector-wide good practice is, and therefore what is commonly seen as reasonable, practicable and necessary. Another comparative approach commonly adopted is to consider what a reasonable person would do in the same or similar circumstances.

As a general rule, the more dangerous the given environment, the higher the demands on measures to protect secondees against any foreseeable risks. It follows that in these situations the exercise of responsibility for verification, and for ensuring that appropriate measures are taken and implemented, are all the more important.”⁹

13. There is nothing restricting the UN on a policy basis from taking measures to protect health and safety above the legal minimum level of protection required by the legal framework applicable to the UN.

⁸ “The Voluntary Guidelines on the Duty of Care to Seconded Civilian Personnel” emanated from the Duty of Care Roundtable, an annual event jointly organized with different deploying agencies. The Voluntary Guidelines were drafted by Maarten Merkelbach and sponsored by a number of institutions and organizations, including the Swiss Federal Department of Foreign Affairs, the Stabilisation Unit of the Government of the United Kingdom and the Center for International Peace Operations.

⁹ The Voluntary Guidelines on the Duty of Care to Seconded Civilian Personnel, p. 14.

14. As a policy matter, it is also open to the UN to take harmonized measures regardless of the contractual status of those engaged by the UN in high risk environments. Notably, the United Nations Security Management System (UNSMS) applies generally to all UN personnel, including UN staff (national and international), consultants, individual contractors, experts, UN volunteers and their spouses and eligible dependents, UN fellows and staff of certain International and Non-Governmental Organizations.¹⁰
15. The UN's duty of care towards UN personnel does not mean it has sole legal responsibility. Partners who provide personnel, and the individual staff and other personnel also have relevant and complementary duties.¹¹ The respective responsibilities should be clarified before deployment.
16. All personnel are required to comply with the regulations, rules, policies and procedures set out by the hiring agency. This enables UN personnel to assume responsibility for their health, well-being and safety and security and demonstrates the shared responsibility for duty of care.

Duty of Care: Responsibility to Inform

17. An important element of the UN's duty of care to personnel in high-risk environments is the responsibility to inform personnel of any risks prior to their assignment or deployment.¹² The information that should be provided to discharge the responsibility to inform includes: operational environment and tasks; threats and related risks; mitigating measures; and crisis management planning and redress measures.¹³
18. It is the organization's responsibility to brief continuously its personnel proactively and fully, on the basis of the best available information which cannot be implicit or assumed. The responsibility to inform may not be met by an understanding that the concerned personnel could have obtained relevant information by him/herself.¹⁴
19. The necessary elements of the responsibility to inform may be met through the work on recommendations 1 and 2 below related to the pre-deployment package and resilience briefing.¹⁵ As part of the responsibility to inform, regular briefings should be undertaken with all personnel, including locally recruited personnel, to ensure transparency and disclosure of the best available, relevant information and knowledge. Such briefings/information sharing should ideally be documented, thereby permitting demonstration that duty of care was duly exercised.

¹⁰ See UN Security Policy Manual, Chapter III Applicability of the United Nations Security Management System.

¹¹ For example: UNSMS requires all personnel to follow security advisories; contracts of individuals engaged with the UN contain an obligation that the individual obtain medical insurance applicable during service with the UN.

¹² See Standard 3: Informed Consent of the Voluntary Guidelines on the Duty of Care to Seconded Civilian Personnel. While the concept of "informed consent" in the strict sense of requiring the agreement of personnel prior to any deployment/assignment does not apply in UN system due to the Secretary-General's authority to assign staff to any activity or office of the UN under UN Staff Regulation 1.2(c), the spirit of the principle and basic premise that individuals should be informed and agree to undertake an assignment may be met in the UN context through the responsibility to inform UN personnel of any risks.

¹³ See Standard 3 of the Voluntary Guidelines on the Duty of Care to Seconded Civilian Personnel on informed consent.

¹⁴ Voluntary Guidelines on the Duty of Care to Seconded Civilian Personnel.

¹⁵ Recommendation 1 and 2: Pre-deployment package and resilience briefing, one of the 13 deliverables identified by the HLCM Working Group on Duty of Care.

20. There may be other additional considerations related to specific destination countries that will have to be communicated to personnel, such as, for example domestic laws that are prejudicial to LGBTI persons.¹⁶ The objective is to make sure that a member of personnel is fully aware of the situation, risks and various other considerations related to relocation to a duty station prior to deployment.¹⁷
21. In operational environments that see significant or radical changes and developments, UN personnel may reassess his/her situation while deployed. The needs of such personnel are reviewed in recommendation 10 below, relating to pre-screening/risk assessment for staff unable to serve.
22. The diagram¹⁸ below illustrates the key elements of the responsibility to inform.

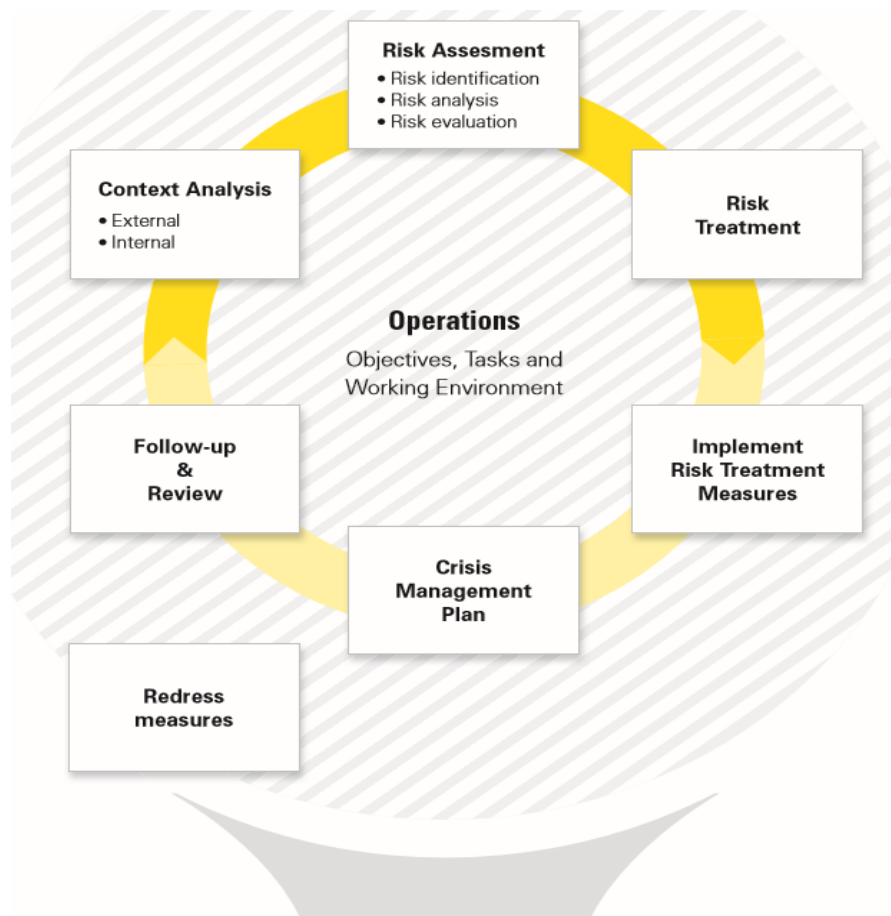


Figure 2.

¹⁶ UN Globe, Mobility Proposals 2015: <http://www.unglobe.org/s/UN-GLOBE-mobility-proposals-2015-h0wv.pdf>.

¹⁷ There have been actual cases of UN personnel subjected to physical violence on the basis of their sexual orientation.

¹⁸ Voluntary Guidelines on the Duty of Care to Seconded Civilian Personnel.

Duty of Care: Risk based decision making

23. In line with mandated responsibilities of peace-keeping, humanitarian support and, development, the operational imperative of the UN is to stay present and active. Meeting our duty of care doesn't require that we eliminate operational risks, but that we identify them and mitigate them so that what remains is an acceptable risk.
24. While the level of complexity and dangers are high in many of the operational environments, the contexts in each of these environments are unique and specific. Each operational context – security, health, social wellbeing - requires tailored and context-specific risk management. The activities, objectives and anticipated impacts of different programs will be specific and differ from one context to another and may over time require regular program criticality review. As the need for the program varies, the acceptable risk level, and the effort needed to achieve that acceptable risk will vary. This contrast of Risk vs Programme Criticality is used in the UNSMS Acceptable Risk Model, and is equally applicable when considering the duty of care. The approach to risk-based decision-making in meeting our duty of care is complementary to the UNSMS.

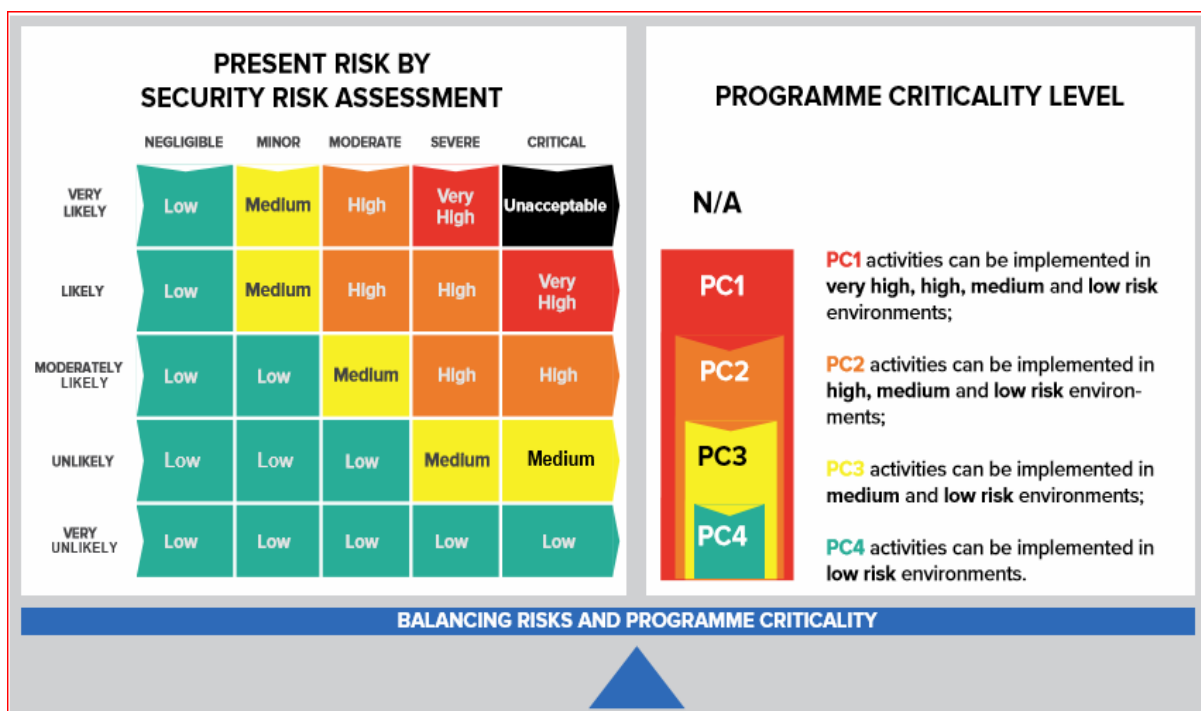


Figure 3. The UNSMS Acceptable Risk Model

A Clear Concept

25. It is important to understand the difference between the cause of the problem (threats and hazards), our vulnerability to them (the effectiveness of the mitigation or preventative measures we have in place) and the resulting risk exposure for the organization. These distinct concepts are important because the organization is empowered by understanding that it can reduce its vulnerability to external threats, even though they remain, and reduce or potentially eliminate threats, which are more related to the way the organization’s work is done.
26. Implications for Duty of Care: decisions on priority interventions should be based on the external causes (threats and hazards), not the resultant risk. As we lower risk, this should not trigger lack of concern or lack of action, because the external causes remain. Using threats and hazards as a trigger point for action is key, but there may be other triggers (remoteness of area, living conditions and availability of basic services are other criteria for consideration, which are already evaluated through various parts of the UN system). The focus should be only on those factors that the organization believes affect the duty of care to UN personnel.



Figure 4.

Structured and Auditable Evaluation Process

27. Decisions on priority interventions need to be evaluated in a structured and repeatable way, agreed-upon by the organizations of the UN system collectively and cohesively. Because the evaluation will lead to decision, actions and investments, it should be tailored to our decisions but done in the same, simple way for all cases. The Task Force on Duty of Care is presenting to HLCM the tools to evaluate health hazards and risk and is in the process of incorporating evaluation of psychosocial risk. Security threat and risk assessment exists in the UN system. What remains is to bring all of it together into one framework to assist managers to prioritize their actions and interventions.

28. The systematic use of a well-developed risk-management framework lies at the core of providing reasonable and practical duty of care towards personnel. It is also an essential element of good organizational governance and accountability. Within the UN system, all of the agencies have their own versions of Enterprise Risk Management.¹⁹ It is nevertheless generally not developed to capture the duty of care towards personnel in a dynamic and actionable way. Any new tool will build on the key enterprise risk principles just like security risk management and health risk assessments tools.
29. The survey on duty of care conducted by the Task Force on Duty of Care in May 2017 has shown that the use of risk management frameworks by UN agencies to advise decision-makers in real time is still quite low, with the exception of security. Of the 21 respondents, only three agencies were able to respond with information on their risk management process regarding staff in high risk environments and more importantly, where this is situated in the hierarchy of their agency. In contrast, there appears to be more focus on post-facto reporting of incidents, for example through the use of board of inquiries rather than proactive action to avert potential incidents.
30. The following diagram illustrates the key components of the any risk management process and cycle:

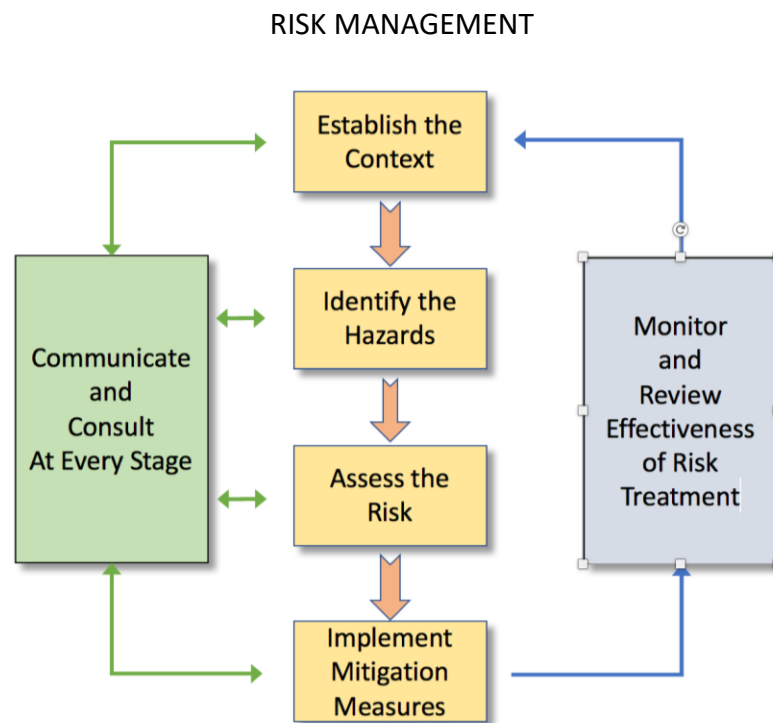


Figure 5.

31. The identification of the threats and hazards within the context of the operation and the various elements of an agency's duty of care is important. Mitigation measures are then developed and implemented.

¹⁹ <http://www.unsystem.org/content/enterprise-risk-management-erm>.

32. Once the operation starts, it is critical that real-time information is collected, analysed and, where appropriate, fed back to guide the ongoing risk analysis process. To do this, an effective incident reporting system must be in place. It must collect standardised data on injuries, illnesses, exposures and dangerous events regardless of magnitude, and cannot be limited to deaths and serious injuries as is currently the situation. Such a system is a critical part of risk management and is under active development within the HLCM's Occupational Safety and Health Framework.²⁰
33. What constitutes reasonable and practicable risk management is also highly contextual. A benchmark that may be used to assess reasonable and practical management is what a reasonable person/organization would or could do in similar circumstances, and what sector-wide good practice is, to ascertain what is commonly seen as reasonable, practicable and necessary. For duty of care decisions in the UN, a more structured decision making framework to establish risk-management interventions is needed.

Accountability Structure

34. To develop an efficient system-wide process, it is most important to be clear on who is responsible for making decisions and establish a framework, which leaves no room for interpretation on specific responsibilities and respective accountabilities. The framework would also include who is responsible to oversee these decentralized processes to eliminate undue influence of the evaluation leading to a decision on intervention that may have been attempted to lead to certain, desired results. The accountability structure is also important to leave a documented trail justifying the decisions. The UNSMS includes a Framework of Accountability which is the cornerstone of the UNSMS policies to address this issue.²¹
35. Implications for Duty of Care: a duty of care accountability framework needs to exist to establish who evaluates, who oversees and who makes the final decision on interventions.
36. Health and well-being – including gender considerations – must be managed as part of the overall risk management approaches. For example, beyond pre-deployment health briefings and advice, this calls for qualified medical practitioners to conduct health risk assessment of a duty station using standard medical assessment tools. Based on the health risk assessment, mitigating measures can be proposed and implemented. The country health plan needs to be updated as often as the country security management plan.

²⁰ Occupational Safety and Health Framework (CEB/2015/HLCM/7/Rev.2), 31 March 2015.

²¹ See UN Security Policy Manual, Chapter II, Section B on Framework of Accountability for the United Nations Security Management System.

Thirteen Deliverables

A. Background

37. The HLCM Working Group on Duty of Care²² identified a set of 13 deliverables²³ that would comprise the thrust of the system-wide work covering psychosocial, health and medical, human resources and administration and, safety and security, which encompasses the four streams of duty of care.
38. The deliverables cover the preparation, incumbency/during and post phases of deployment. For the purpose of this report, the aforementioned sequence of deployment will be used to present and describe what is to be delivered and their expected impact on personnel. Many of these duty of care deliverables as they apply to staff in dangerous workplaces fall under the umbrella of occupational (workplace) safety and health. They are naturally a part of the system outlined in the HLCM’s Occupational Safety and Health Framework.

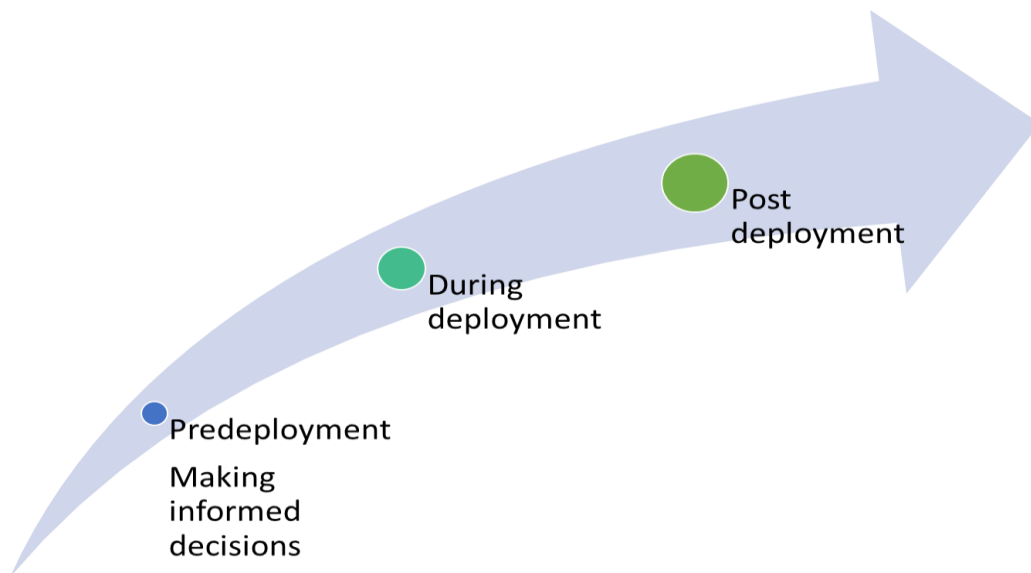



Figure 6.

²² HLCM Working Group on “Reconciling Duty of Care for UN personnel while operating in high risk environments; CEB/2016/HLCM/11.

²³ Annex – Status of Recommendations matrix and Action Plan; Final report HLCM Working Group on “Reconciling Duty of Care for UN personnel while operating in high risk environments” 2016.


B. Pre-deployment Phase

All personnel and families:


	Recommendations 1 and 2: Pre-deployment package and resilience briefing
The Request	<p>The development of a comprehensive pre-deployment package for staff and their families including a resilience briefing.</p>
What can be expected	<p>A consolidated package with key information and links to existing UN tools and products, from which agencies can customize their own pre-deployment mechanisms, if needed, for use when deploying staff and non-staff personnel.</p> <p>More specifically, the package will provide essential information on a range of issues covering health and well-being, medical arrangements, working and living conditions, and safety and security arrangements. The package will also include minimum standards for psychosocial preparedness through resilience briefings, as well as a procedural guideline which defines the minimum set of steps that agencies must take before sending staff to high-risk duty stations.</p> <p>It is expected that some elements of the guidance will be common across all agencies; others will be reflective of the policies/procedures/arrangements within individual agencies. Similarly, some of the materials will be common across different duty stations, and some will be location-specific. It is also expected that some of the elements of the package will be mandatory and, as such, will be available to all personnel from all entities deployed in a high-risk duty station or security area. Others will remain optional and will be made available by agencies, as appropriate.²⁴</p> <p>Improving the quality of pre-deployment support is expected to enhance resilience of personnel and their families and help them deal with foreseeable challenges more effectively. Through the development and roll-out of the pre-deployment package, organizations will have exercised their duty “to inform and prepare.”</p>
Foreseen Impact	<p>Personnel and their families are better prepared, the deployed personnel have greater resilience against foreseeable challenges. Organizations will have exercised their duty of care to inform and prepare their personnel prior to deployment.</p>
Expected Completion Date	<p>The expected completion of the draft package is February 2018.</p>
What is expected of HLCM members	<p>To work with their taskforce members in the design of the package, as well as in the development (as needed) and implementation of agreed preparedness mechanisms and tools as they become ready.</p> <p>HLCM members need to have suitable monitoring systems within their agencies to ensure compliance with the mandatory elements of the package (such as the security training).</p>

²⁴ In 2016, the UN Security Management System (UNSMS) promulgated a policy ‘Gender considerations in Security Management’ to raise awareness and address security risks to all UN personnel. One component of the Gender Considerations in the UNSMS is the Women’s Security Awareness Training (WSAT). The training is designed to focus specifically on issue with direct and unique impact on the safety and security of female personnel. Approximately 700 women have been trained for WSAT last year. Further, several training for trainers have been conducted to enable these trainers to conduct WSAT training in field locations.

Managers on the ground


	<p align="center">Recommendations 3 and 11: Training and Support to Managers</p>
<p>The Request</p>	<p>Development of specific training for managers operating in high risk environments and building support for managers while operating in high risk environments.</p>
<p>What can be expected</p>	<p>The preparation and training package for managers will be a high-level design of the training programme and key content for agencies to use in their existing management training packages.</p> <p>The working group will map out if agencies need assistance in developing an on-line course for managers or a face-to-face workshop, then funding and additional time beyond February will be needed.</p> <p>The section on emotional intelligence and mental health awareness will be developed as part of mental health strategy roll-out.</p>
<p>Foreseen Impact</p>	<p>Managers feel supported, less isolated and hence, are better prepared to deliver their functions and responsibilities, including with regard to providing duty of care to personnel. Management proficiency is key for ensuring a conducive working environment, which in turn, is a prerequisite of employee engagement as well as mental health of individuals and teams. Good management also means that operations are run and managed effectively.</p>
<p>Expected Completion Date</p>	<p>February 2018.</p>
<p>What is expected of HLCM members</p>	<p>HLCM members to engage with their staff training and development sections in capturing specific needs and preferences of their agencies.</p>

National Staff


	<p align="center">Recommendation 13: Coverage for national staff</p>
<p>The Request</p>	<p>Review of compensation, benefits and entitlements of national staff serving in high risk environments from a duty of care perspective, in particular as it applies to danger pay</p>
<p>What can be expected</p>	<p>Task Force agreed to undertake the following activities:</p> <ol style="list-style-type: none"> 1. Map all other Duty of Care recommendations applicable to National staff to ensure there is no unintended transfer of risk to national staff from international staff. Propose alternate measures to support national staff who are consistently exposed to the effects of operating in high-risk environments. 2. Identification of the differences in benefits, entitlements and support mechanism provided to International Professional staff and National staff operating in high risk environments; and assess if this gap increases the risk to national staff. The group to propose specific gender policies as they related to National staff; 3. Reviewed existing managerial provisions across agencies currently in place to support National staff; and suggest harmonization. Propose sustainable mechanisms which would allow for a more cohesive implementation of managerial provisions in support of national staff in high risk environments and specifically as this relates to: <ol style="list-style-type: none"> a. Compressed time off; b. Affordable transportation; c. Residential security measures; d. Use of UN Guest House accommodation at rates commensurate with national staff salaries. e. Opportunities for rotating staff within the same country
<p>Foreseen Impact</p>	<p>A comprehensive understanding of the differences in benefits, entitlements and support mechanism provided to International Professional staff and National staff operating in high risk environments, analyzing whether the National staff are sufficiently protected.</p>
<p>Expected Completion Date</p>	<p>February 2018.</p>
<p>What is expected of HLCM members</p>	<p>Engagement with their task force member to ensure that their agency specific issues are considered and addressed during the consultations.</p>


C. During Assignment / Deployment Phase


Working and living conditions

	Recommendation 4: Consistent living and working standards
The Request	<p>Identification of consistent standards on working and living conditions for personnel deployed in high risk environments.</p>
What can be expected	<p>Minimum standards on living and working conditions on key variables of the accommodation/office service, including a set of technical guidelines compliant with MOSS and MORSS, with accountability mechanisms in place to ensure managers take positive action in applying the standards. Updated and comprehensive information of UN-provided accommodation/offices in personnel pre-deployment phase.</p>
Foreseen Impact	<p>The positive impact would be an improved and more consistent living conditions and accommodation set-up, which will significantly increase the morale of personnel and productivity, lower their level of stress, and incorporate internationally accepted occupational safety standards to prevent foreseen accidents. It also means better conditions of hygiene thus reducing incidents of disease and illness and improved gender related issues. It will also contribute to a better informed consensus to the deployment to high risk environments.</p>
Expected Completion Date	<p>These guidelines are targeted for delivery on February 2018.</p>
What is expected of HLCM members	<p>Engagement with their task force member to make sure their agency specific issues are incorporated in the standards. Once agreed HLCM members need to supply resources to country operations to implement the standards.</p>

Access to Health care while deployed and staying healthy


	Recommendation 5: Health Risk Methodology
The Request	<p>To improve the health assessment and health risk analysis across UN agencies to ensure standardised and validated risk communication in the field of staff health and access to medical care. This will enable managers to know what interventions to prioritise and why.</p>
What can be expected	<p>The standardized and validated tool that reflects the health risks in duty stations is ready, at the “iterative improvement” stage of development i.e. it has been piloted in 5 locations, with a further 18 to date partially completed. 70 UN medical doctors, nurses and counsellors in all agencies were trained in this tool. In addition, UN Country Teams are expected to provide adequate support to the medical team.</p>
Foreseen Impact	<p>The significant impact of health risk assessments lies in having an agreed measure of what is in place and where are the gaps. It forms the basis of creating a health plan for the high risk duty station that the country team can implement, in doing so fulfilling their duty of care to UN personnel in ensuring access to adequate medical care.</p>
Expected Completion Date	<p>The standardized and validated tool for capturing health risks in duty stations is ready.</p>
What is expected of HLCM members	<p>HLCM members are requested to adequately resource their medical, nursing and counselling officers to travel and do these risk assessments and ensure that the UNCT provide the required support to the assessment team.</p>


	Recommendation 6: Health Support Planning
The Request	Implementation of a systematic health support plans in all high risk duty stations.
What can be expected	<p>Implementation of a health support plan in each high-risk duty station.</p> <p>This will be based on health risk assessment tool and the plan developed with each country team and the UN medical directors at each agency HQ so that they own the recommended measures. Once measures are in place, each high risk duty station will have access to adequate primary health care and stabilisation for acute medical condition pending onward medical evacuation to place of definitive treatment.</p> <p>Access to Post-Exposure Prophylaxis against HIV (PEP) is one of the mandatory measures of the health plan. The measures for each duty station will vary according to what is available whether to use existing health facilities or to stand up UN provided facilities.</p> <p>Access to mental health support is integral to each duty station health plan. Currently methodology is piloted in 5 duty stations and 5 plans were developed. Two plans were resourced and 3 are under review or consideration. This will be an ongoing and iterative process as risk management is continuous process. The aim is to pilot in 20 duty stations in 2017 and a further 20 in 2018.</p>
Foreseen Impact	UN personnel will have access to necessary health care at duty station and defined evacuation path for those conditions that cannot be treated locally.
Expected Completion Date	This will be an ongoing and iterative process as risk management is a continuous process. The aim is to pilot in 20 duty stations in 2017 and a further 20 in 2018.
What is expected of HLCM members	HLCM members are asked to review the resulting reports and sensitize their country managers on the importance of implementing the required measures and make available resources to the country teams to implement the plans.

	Recommendation 7: Psychosocial and healthcare framework
The Request	Establishing an overarching UN Psychosocial and Healthcare Policy Framework (to address all aspects of mental health and well-being).
What can be expected	<p>What can be expected is a comprehensive Mental Health and Well-being Strategy²⁵ document and a Companion explanatory document for all staff in any type of setting and not exclusive to high-risk environments. As well as an implementation plan with needed resource framework.</p> <p>MHS Objectives:</p> <ol style="list-style-type: none"> 1. Increase staff member resilience, productivity and engagement. 2. UN workplace accepts and understands mental health challenges and does not tolerate stigmatization or stereotyping. 3. Staff with mental health diagnosis are supported to continue career. 4. Mental health and well-being services are available, accessible and acceptable to all staff. 5. Mental health promotion is embedded in day-to-day working environment. 6. Evidence-based preventive and intervention methods are integrated into medical counselling and HR practices. 7. Psychosocial and mental health products and services are delivered within safety and quality systems. 8. Services are integrated to holistically provide care for mental health, physical health and well-being. 9. UN Leaders and managers have the knowledge and skills to support their staff and create healthy and productive workplaces (latter are actors in their own destiny). 10. Human and financial resources for mental health are mobilized and allocated commensurate with need. 11. Health insurance products are suitable to support preventive programs and optimal treatment.

²⁵ UN Mental Health and Well-being Strategy – A five-year action plan for the workplace 2017-22.


Foreseen Impact	<ol style="list-style-type: none"> 1. Mental health services and support are resourced and distributed to enable staff who are at higher risk to have universal and equitable access. 2. Resource and implement mental health promotion and prevention approaches over the five years to strengthen the knowledge, skill and behaviour of all UN staff in staying psychologically fit and healthy, and to ensure that stigma is not a barrier to achieving that. 3. Complete a review of UN Health Insurance provision the end of year 2, to achieve equity across the 23 plans and ensure that coverage for mental health and substance misuse conditions is adequate, acceptable and appropriate. 4. Ensure UN compensation schemes work equally well for those in psychological and physical pain within 2 years. 5. Establish systems to enable and oversee the safety and quality of psychosocial products and services by end of year one. 6. Establish supports, recognition schemes and accountability indicators that enable achievement of resilient, psychologically safe and healthy UN workplaces over the 5 years.
Expected Completion Date	February 2018.
What is expected of HLCM members	Review the data, draft strategy and companion documents; Endorse the Mental Health Strategy in its final presentation; Support resourcing the MHS as a system wide initiative on a similar basis to which UN Cares was funded to address the HIV response.

	Recommendation 9: Periodic visits to counsellors
The Request	Piloting and evaluating mandatory periodic visits to staff counsellors and developing anti-stigma awareness campaigns.
What can be expected	<p>The task force chose to merge this within the implementation of the mental health strategy (see Recommendation 7) and will include an elaborated plan for piloting a comprehensive examination of measures taken to reduce identified psychological/psychiatric risk factors in the workplace.</p> <ol style="list-style-type: none"> 1. The organizations commit to create opportunities for all staff working in high risk environments to speak with the staff counsellors at least twice a year. The best option is face to face with the staff but other options can be considered if face to face contact is not possible for whatever reason. The staff will have an option to opt out of this opportunity without consequences. Such sessions have a support character and will not be used for screening purposes. Equally, these sessions do not preclude the staff members to be in contact with the counsellors at any other time when they may need support. 2. Develop targeted education programs that improve the mental health literacy of both managers and staff who work in high risk duty stations. This program will improve knowledge concerning the most common psychological/psychiatric issues present in high risk humanitarian/development work settings based on the mental health surveys conducted 'in-house' as well as a thorough review of the relevant research. The program will focus on behaviour change in both managers and staff via a better understanding of how the work impacts wellbeing, as well as means to address mental health in the context of humanitarian/development work. 3. Awareness campaign.
Foreseen Impact	The impact of this would be an enabled climate of better understanding for the psychological risks inherent in high risk duty stations combined with evidence of adaptive and proactive approaches related to risk mitigation from both an individual and organizational standpoint.
Expected Completion Date	June 2018.
What is expected of HLCM members	HLCM members are requested to review the availability and provide adequate resources for implementing the periodic visits and to undertake the anti-stigma campaigns.

	Recommendation 8: Bandwidth and communication
The Request	<p>Addressing the issue of increasing bandwidth to ensure robust internal and external communication links in all UN locations and establishing global platform enabling access to existing cross-cutting policies and procedures and training programmes.</p>
What can be expected	<p>Costed technical specifications document that lays out the infrastructure requirements under some scenarios, number of users and the estimated costs involved. As well as a compendium of existing procurement contracts that agencies can piggy back on.</p>
Foreseen Impact	<p>Strong and reliable communications bandwidth facilitates and enables key activities for the staff. Among those is the possibility for global tele-health services to be made available to personnel in field locations. Telehealth which is widely used in other sectors, enables the provision of healthcare to remote locations and those that have limited or no health service on site. This also includes the possibility for personnel to avail of psychosocial support through online sessions with counsellors and other mental health professionals²⁶.</p> <p>Good and reliable connectivity through adequate levels of bandwidth also makes it possible for staff to communicate with their families by skype and other means. The ability to periodically communicate with family helps mitigate the effects of separation and sense of isolation.</p>
Expected Completion Date	<p>February 2018.</p>
What is expected of HLCM members	<p>To ensure that their Agencies are able to contribute and meet the required cost.</p>


²⁶ Currently, some agencies already provide counselling services to staff in high risk places via voice over internet protocol services like skype or simply over the phone. As an example, a staff member in the field who was in some psychological distress contacted its staff health and wellbeing services, who arranged for a follow-up call with a psychologist which resulted in a treatment plan. The staff was then granted extra days at the next R&R for sessions with a psychiatrist who followed through on the treatment plan which culminated in the recovery of the staff after 3 months.

When it all gets too much

	<p>Recommendation 10: Pre-screening/risk assessment for staff unable to serve</p>
<p>The Request</p>	<p>Development of policies, procedures and -screening/risk assessment methodologies to address the needs of staff who feel they can no longer serve in high-risk environments.</p>
<p>What can be expected</p>	<p>Guidance note on psychological assessment that elaborates on options for organizations and staff to consider. This may become part of implementation plan for mental health strategy The intention is to help staff who can no longer serve in these environments because of their service in the agency.</p>
<p>Foreseen Impact</p>	<p>The impact of this for staff means that those who feel they can no longer serve in high risk situations without any demonstrable medical issue can be offered appropriate options. This minimizes the number of cases where staff are assigned to certain operations that they are no longer fit for.</p>
<p>Expected Completion Date</p>	<p>February 2018.</p>
<p>What is expected of HLCM members</p>	<p>HLCM members are asked to engage proactively with the taskforce member and their own HR to ensure their concerns are addressed in the drafting phase.</p>

D. Post-deployment / Assignment Phase

Insurance

	Recommendation 12: Insurance processing
The Request	Reviewing insurance processing mechanisms.
What can be expected	<ol style="list-style-type: none"> 1. Efficient and streamlined claims and compensation procedures to allow for e-submissions. 2. Map the various entitlements for various categories of personnel: staff and non-staff. 3. An overview of entitlements that agencies can use to do due diligence when hiring non staff personal and identify the gaps and make provision for who will bear the responsibility for filling that gap as well as adequately inform non staff personnel of their individual responsibilities.
Foreseen Impact	Personnel will benefit from a faster, efficient and streamlined claims procedure as they will be reimbursed promptly thereby avoiding unfair financial burden on them and their families. In addition, incidents of lost original supporting documentation to claims will be eliminated or minimized through the use of e-submissions.
Expected Completion Date	February 2018.
What is expected of HLCM members	Ensure that due diligence is done within their own agencies when hiring non-staff personnel.

Recommendations

The Task Force noted the need for a more proactive assessment and management of risks beyond security, towards personnel in high risk environments. Security risks are well-managed through the Security Risk Management and Program Criticality Frameworks. The dangers of psychological strain, poor living conditions and lack of access to medical care are, however, not always looked at in a sufficiently proactive and systematic manner, and are often addressed after-the-fact, including through mechanisms like boards of inquiries. The functions and responsibilities for risk management vary across agencies. For example, in some cases they are situated within existing senior security management committees or senior management groups.

In recognition of these multifaceted responsibilities towards personnel in high risk environments, the following recommendations are put forward:

- 1. The Duty of Care Taskforce recommends that each organization is to institute and document that they have an overarching risk management framework that looks at threat and hazards in real time, with attendant prevention and mitigation measures; allows for informed decisions on whether to accept the residual risk; provides for adequate communication of that residual risk to staff in high risk locations; and, provides for the staff to accept the residual risk.**

In order to support organizations to develop and address this recommendation further, a structured evaluation process with standards and indicators is required. Hence, the following additional recommendation:

- 2. The Duty of Care Taskforce recommends that work starts on a Duty of Care-specific risk management framework that can give clear information to senior most management in the organizations of what the local hazards are and how they need to be addressed. The Task Force seeks the agreement of HLCM to draft the TOR of such work by February 2018.**

Acronyms

ASHI	After Service Health Insurance
CISMU	Critical Incidence Stress Management Unit
FBN	Finance and Budget Network
HRN	Human Resources Network
DFS	Department of Field Support
IASMN	UN Inter-Agency Security Management Network
ICSC	International Civil Service Commission
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MHS	Mental Health Strategy
MHSWG	Mental Health Strategy Working Group
OSH	Occupational Safety and Health
PEP	Post-Exposure Prophylaxis against HIV
UN	United Nations
UNDT	United Nations Dispute Tribunal
UNMD	UN Medical Directors
UNMSD	UN Medical Services Division
UNSSCG	UN Staff/Stress Counsellors Special Interest Group
UNSMS	United Nations Security Management System
WSAT	Women's Security Awareness Training

References

List of References

- HLCM 2017 Briefing Note on the Cross-Functional Task Force on Duty of Care in High Risk Environments (CEB/2017/HLCM/6, 22 March 2017)
- Final Report of the HLCM Working Group on “Reconciling Duty of Care for UN personnel while operating in high risk environments”, (CEB/2016/HLCM/11, 15 March 2016)
- Terms of Reference - Cross-functional Task Force on Duty of Care
- Summary of ongoing work – networks and agencies; responses from organizations and networks, May 2017
- Background documents from the 1st WG (established from 2014 to 2015):
 - Reports from the analytical sub-working groups of:
 - Afghanistan (UNICEF);
 - Ebola (UNMDG) report submitted June 2015;
 - Haiti (DFS);
 - Mali, Somalia (UNSOM);
 - Syria (UNHCR);
 - Terms of Reference and Guidance Notes;
 - Updates to the HLCM;
 - Working Group Meetings minutes;
 - SG report on activities of the Ombudsman and Mediation Services (A/70/151);
 - UNDSS Memorandum titled “High-Level Working Group on reconciling ‘duty of care’ for United Nations personnel with the need to ‘stay and deliver’ in high risk environments”.
- Voluntary Guidelines on the Duty of Care to Seconded Civilian Personnel by Maarten Merkelbach
- Can you get sued? – A Policy Paper on the Legal liability of international humanitarian aid organizations towards their staff by Edward Kemp and Maarten Merkelbach, Security Management Initiative
- United Nations Enterprise Risk Management
- United Nations Security Management System Policy Manual
- United Nations Security Management System, Security Risk Management Manual
- ISO 31000:2009 Global Standard
- United Nations System Program Criticality Framework 2016
- United Nations Common System Occupational Safety and Health (OSH) Framework CEB/2015/HLCM/7/Rev.2, 31 March 2015
- Health Support Plans for Field Duty Stations – Briefing Note by UNMDWG CEB/2016/HLCM/26, 20 Sep 2016
- Status of Recommendations Matrix and Action Plan
- Minimum Standards for Prevention and Response to GBV in Emergencies
- UN Globe Mobility Proposals 2015