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Final Report

HLCM Working Group on "Reconciling Duty of Care for UN personnel while operating in high risk environments"

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Introduction

A. Background

1. During its 27th session held in Venice in April 2014, the High-Level Committee on Management (HLCM), discussed a paper presented by the Department of Safety and Security titled "*Reconciling duty of care for UN personnel while operating in high risk environment*". The document presented the UN moral obligation to protect its staff and called on all entities of the Organization to strengthen their support systems for UN personnel working across the globe, particularly those in high risk environments. The paper recalled that the concept of "duty of care" is embodied in the UN's Staff Rules and Regulations and further reinforced in the "Standards of Conduct for the International Civil Service" dating back to the earliest days of the Organization. The General Assembly Resolution 258/II of 3 December 1948, refers to "arrangements to be made by the United Nations with the view of ensuring to its agents the fullest measures of protection."

2. The High-Level Committee on Management (HLCM) agreed that a holistic examination of the programmatic need to stay and deliver should be conducted against the organizational imperative of duty of care for staff in high-risk environments, and established a working group chaired by the Under-Secretary-General for Safety and Security (USG, UNDSS), to undertake a comprehensive review of the issues raised in the UNDSS paper.

3. In August 2014, the first meeting of the HLCM High-Level Working Group on "reconciling duty of care for UN personnel with the need 'to stay and deliver' in high-risk environments" was chaired by USG, UNDSS, Mr. Peter Drennan, with Ms. Karen Farkas, Director, Division of Human Resources Management (UNHCR), serving as a Co-Chair. The second meeting of the Working Group was held in November 2014, whereby the Working Group's Terms of Reference (TORs), including a formal work plan and related timelines, were established. The HLCM Working Group on Duty of Care agreed to divide its work into two phases: fact-finding field analysis in Phase One, and Phase Two with a purpose to discuss and recommend how to strategically address and coordinate the cross-cutting issues identified in Phase One.

B. Methodology

4. In Phase One, five analytical sub-working groups[1] were established to analyse five different high-risk environments with the aim of identifying duty of care issues impacting UN personnel and their family members. The scope of the work was limited to high risk environments where personnel and their family members face the widest range of complex *duty of care* issues.

5. The general methodological approach relied upon a combination of surveys, in-person interviews, focus groups, internal consultations and a review of best practices and lessons learned. Overall, the sub-working groups analysed 1187 survey responses from across 26 agencies. The entire work covered effectively 13 countries. Extensive consultations also took place with national and international personnel and a broad variety of key managers (members of the UN Country Team, Chiefs of Personnel, Director of Mission Support, Chief Security Advisers, medical directors). In addition, two other reports were also reviewed as part of the study—*UNICEF's Working in high threat environments: Acceptable risk and HR implications with a focus on Duty of Care* and the *2015 Secretary-General's report on the Activities of the Office of the United Nations Ombudsman and Mediation Services*.

[1] The analytical sub-working groups were chaired by **UNICEF**: Mr. Martin Mogwanja, Deputy Executive Director, and Ms. Fatoumata Ndyaye, Deputy Executive Director (Afghanistan), **UN Medical Directors Working Group**: Dr. Jillann Farmer, Director, UN Medical Services Division/Chair of UN Medical Directors Working Group (Ebola-impacted countries); **the Department of Field Support (DFS):** Ms. Chhaya Kapilashrami, Director, Field Personnel Division (Haiti) and Mr. Joel Cohen, Chief of Staff, UN Assistance Mission in Somalia (UNSOM) (Mali/Somalia), and **UNHCR**: Mr. Sergio Arena, Head of Staff Health and Welfare Service, Division of Human Resources Management, and Ms. Karen Farkas, Director, Division of Human Resources Management, UNHCR (Syria)

6. In Phase Two, four thematic structures were established to systematically discuss and recommend how to address the cross-cutting issues identified in Phase One in a comprehensive manner. The review was undertaken in conjunction with relevant HLCM networks such as the Human Resources Network, the Inter-Agency-Security Management Network (IASMN), the UN Medical Directors Working Group, and the Critical Stress Management Working Group. The issues were categorized under four themes, namely medical arrangements, security and safety arrangements, psychosocial arrangements, administration and HR arrangements. Practical recommendations were also synthesized for country teams and managers operating in high-risk environments in a form of a checklist of possible issues, actions and measures. The review took place under the lead identified for each cluster[2] and included a wide range of participants from the UN Secretariat, Agencies Funds and Programmes, and staff associations.

C. Summary of the findings

7. The primary purpose of Phase One was to identify **key duty of care concerns** for UN personnel and their family members in high risk environments. A total of **54** duty of care issues were identified across four major categories: medical **7**, safety and security **15**, psychosocial **9**, and administrative or human resources **23**. As a result of Phase One, the comprehensive report completed in December 2015 also provided **118** recommendations in all major thematic areas.

8. In Phase One, the Working group also researched a definition of the “duty of care” with respect to the organizations of the UN system. In the absence of a clear consensus on a definition, the Phase One report contains various definitions proposed by the respective sub-working groups. Even in the legal context, no universal definition of “duty of care” exists. Instead of focusing on a restrictive definition, the Working Group agreed to state, for the purpose of its work, 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. The Working Group also acknowledged that staff have a duty of “self-care” and a responsibility to comply with institutional rules and regulations pursuant to the terms of their employment. As a result, the Working Group agreed to pursue a more practical approach whereby identifying different forms of security, medical, administrative and psychosocial support that the organizations need to provide to ensure that UN personnel are able to perform their functions in a complex, volatile and challenging high-risk environment.

9. Overall, the review undertaken by the Working Group on Duty of Care indicates that the UN system currently does provide a comprehensive support system for staff operating in high risk environment, although many staff and managers are not all aware of all provisions and support structures. While many initiatives have been taken in recent years, especially through the Emergency Preparedness and Support Team (EPST) and its variations among agencies funds and programmes, to prepare staff and managers to emergency situations, the study also demonstrates that the current system, in particular with regard to medical and psychosocial support, focuses on mitigation rather than prevention, with wide variances among UN system organizations. The system would highly benefit from a comprehensive, coordinated and harmonised approach at various levels, through the collaboration between the different streams of medical, psychosocial and HR.

[2] The thematic clusters were led by: Ms. Janie McCusker (Psychosocial sub-working group), Dr. Jillan Farmer (Medical sub-working group), Ms. Chhaya Kapilashrami (HR and Administrative sub-working group) and Ms. Florence Poussin (Security sub-working group).

10. Five key cross-cutting issues were identified as common threads across the four main streams of work:

    1. The need to design and implement **a pre-deployment resilience briefing** mandatory for all staff assigned to high risk duty stations and their families, including communication of resources, policies and trainings currently available.

    2. In locations where the expected support systems and resources do exist, the review exercise indicated the lack of awareness of staff or lack of adequate communication to managers on their availability. **Enhanced communication through a wide range of tools** such as: briefing, training, and IT support, seems indispensable to improve the understanding and implementation of duty of care obligations.

    3. **Medical and Psychosocial services need to be further strengthened**. While there are existing best practices, primarily focused on mitigation rather than prevention, further work is required to build a comprehensive approach to tackle psychosocial support provided to managers, personnel, and family members. In addition, the system should develop evaluation, management and communication of medical and psychosocial risks to inform organizations and their personnel of the risks they may face and allow them to make informed decisions. In light of the level of work and coordination required, the HLCM is strongly urged to establish a new coordinating mechanism (referred to below as the UN Duty of Care Coordination Committee) to address identified policy and implementation gaps.

    4. The review identified **significant and consistent differences in the allowances, benefits, and entitlements for internationally-recruited versus locally-recruited staff**, including with regard to danger pay and health benefits. The report indicated that these differences often have a negative effect on morale, organizational cohesion and performance. The HLCM is requested to consider proposing that the International Civil Service Commission (ISCS) review the compensation, benefits and entitlements for locally-recruited staff serving in high risk environments from a “duty of care” perspective, in particular as it applies to danger pay.

    5. Finally, the study shows that **the support to staff operating in high risk environments encompasses pro-active engagement, cooperation and coordination by all components/networks, in the field and at the policy level**. Many recommendations on HR, psychosocial and health concerns require further development and need to be further advanced through the different networks and working groups already established. In that regard, the HLCM is the most appropriate coordination mechanism of the UN system and should continue to engage the relevant networks to maintain a coordinated and sustained approach to these issues.

11. **The Working Group on Duty of Care recommends that the HLCM establish a UN Duty of Care Coordination Committee (UNDOCCC)**, whose purpose would be to develop or oversee the implementation of measures and recommendations identified in section II to address specifically the duty of care for staff serving in high risk environments and enable the monitoring of health and safety systems. The Working Group on Duty of Care has therefore completed its mandate and should be disbanded. This new temporary and ad-hoc Coordination Committee will be established within existing resources.

List of expected deliverables of the UNDOCCC (Health and safety issues of common concern, which require a system-wide response):

1. Development of a comprehensive pre-deployment management package for staff and their families.

2. Creating a system-wide resilience briefing, as part of the pre-deployment package.

3. Development of specific training for managers operating in high risk environments *(in coordination with the HR network).*

4. Identification of consistent standards on working and living conditions for staff deployed in high risk environments *(in coordination with the HR Network/OHRM).*

5. Development of a Health Risk analysis and mapping methodology.

6. Implementation of a systematic health support planning.

7. Establishing an overarching UN Psychosocial and Healthcare Policy Framework.

8. 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 *(in coordination with the ICT Network).*

9. Piloting and evaluating mandatory periodic visits to staff counsellors and developing anti-stigma awareness campaigns.

10. Development of policies, procedures and pre-screening/risk assessment methodologies to address the needs of staff who feel they can no longer serve in high-risk environments.

11. Building support for managers operating in high risk environments.

12. Reviewing insurance processing mechanisms *(in coordination with the HR Network/OHRM).*

13. Review of compensation, benefits and entitlements for locally-recruited staff serving in high risk environments from a "duty of care" perspective, in particular as it applies to danger pay *(in coordination with the HR Network).*

12. For the purpose of this report, the analysis and recommendations have been divided in two sections. One section contains the key recommendations in three functional areas: psychosocial, medical, human resources and administration, which are deeply inter-connected through the establishment of the proposed UN Duty of Care Coordination Committee. The second section contains duty of care observations and recommendations specific to safety and security which are addressed by the IASMN.

Psychosocial, Health, Human Resources and Administration

A. Improving the pre-deployment stage

Recommendation 1: The HLCM to consider the development of a comprehensive pre-deployment management package for staff and their families, including communication of resources, policies and trainings currently available.

The pre-deployment preparation should include resilience briefing, risk disclosure, medical preparedness (vaccinations, establishment of medication supply etc.), family briefing (so that the families have access to information about what the deployment of the staff member means for them, what access to support they will have, and what the employer is doing to safeguard their family member), and security training. The development and monitoring of this recommendation should be undertaken by the UN Duty of Care Coordination Committee.

13. The sub-working groups in Phase One concluded that there was a lack of mission-specific pre-deployment care and preparedness provided to personnel. A recurring theme during consultation was the frustration of staff with their inability to obtain accurate, updated information about the risks they might be facing in their new role and duty station. Managers noted that some staff members who deployed seemed ill-prepared for the specific environment in which they found themselves in.

14. The current approach is piecemeal and inconsistent, influenced by and dependent on both the employing organization, and the location from which the staff member is deploying. Some agencies provide a pre-departure briefing and medical kits to staff being deployed through HQ, but not from elsewhere. Some duty stations have booklets on living conditions and induction briefings on medical support on arrival. Others have a much less formal induction. Some agencies give systematic 90-minute psychological preparedness to all international staff going to D and E duty stations with check-in after the end of the 2-year cycle. Others have very little psychological preparedness required.

15. To ensure necessary coordination and harmonization, comprehensive pre-deployment preparations need to be standardised across all agencies within the UN system. The core information should be shared with staff in a pre-deployment briefing, at a timing such that the staff/recruit can still make a decision to decline the post, preferably with the staff counsellor (if there is one) of the receiving duty station, the medical officer, or an HR representative. Family briefing should also be offered prior to acceptance of an offer of employment.

16. The pre-deployment package could build on the work of the EPST to increase the awareness among personnel on psychosocial services and support systems already in place. EPST previously developed brochures and are reviewing other sources including social media and portals such as iSeek, a task that could be supported and further enhanced through the establishment of the pre-deployment package, under the coordinating authority of the UNDOCC.

Recommendation 2: The HLCM to consider tasking the United Nations Staff/Stress Counsellors Group (UNSSCG) with creating a system-wide resilience briefing, as part of the pre-deployment package, and making it mandatory for all personnel deployed to high risk environments.

17. Currently individual agencies are providing pre-deployment briefings that aim at building resilience; however, these remain voluntary and are not system-wide. Related printed and on-line material is made available but it remains unclear to what degree these reach all personnel. Building on existing best practices on preparedness, pre-deployment resilience briefings should become mandatory for all personnel deployed to high risk environments. To ensure that the briefing is adequately contextualized, staff counsellors should take the lead in terms of organizing pre-deployment resilience briefings. Organizations that do not have this capability will need to review how to implement this briefing.

Recommendation 3: The HLCM to consider developing specific training for managers operating in high risk environments.

18. The Phase One report identified the need for a specific training for managers, both national and international. This training should include self-awareness and emotional intelligence components, as well as group dynamics and teamwork components in crisis contexts; sufficient information on risk assessment and occupational safety and health that non-medical managers know the right questions to ask, and understand the consequences of ignoring the competent authoritative advice. Priority should be given first to training all managers already serving in high-risk duty stations, especially all senior leaders. Such training should be of a "pass/fail", not an "attendance" nature.

19. In addition, the report noted that system-wide guidelines should be developed which should include leadership and managerial competencies required by supervisors who serve in high risk environments. These guidelines should support and inform about the selection, assignment, career management and career development of managers deployed in emergency contexts. The trainings could be part of a mandatory certification programme to help identify suitable managers to serve in high risk areas or emergency situations.

20. In reviewing the issue identified in Phase One, the thematic sub-working group noted that significant "in-house" resources already existed. The EPST, within the Department of Management has expertise in this area. Supported by other members of the Human Resources Network, that team could take the lead in developing such training, advising whether the programme would lead to certification, whether in-person training would be desirable, etc.

B. Ensuring adequate deployment conditions

Recommendation 4: The HLCM to consider consistent working and living conditions for staff deployed in high risk environments.

While the situation varies depending on the country's infrastructure, the study referred to critical challenges with regard to the living and working conditions (including accommodations, hygiene, transportation, or security infrastructure), especially in start-up missions.

21. Conditions of work in high risk environment have an impact on physical and psychological health, as well as on recruitment and attrition. However, the report indicated that actions to improve working and living conditions were, in many cases, left to the discretion of managers and organisations, leading to inconsistencies. Although some organisations have implemented internal policies on global staff accommodations, the UN system has not yet developed system-wide standards. The Working Group recommends that the HR Network continues progressing the issue including through an update of its working group on standards of accommodation.

C. Developing and Mainstreaming an Occupational Health Risk Management Approach

Recommendation 5: The HLCM to consider the adoption of a Health Risk analysis and mapping methodology.

To comply with Duty of Care requirements, a comprehensive approach must be developed to evaluate, document, manage and communicate medical and psychosocial risks that would inform organizations and their personnel of the risks they face and allow them to make an informed decision if they are willing to accept those risks.

22. Throughout the Phase One report, many high risk environments were described where medical support was inadequate or unavailable, with erratic standards of medical care and overreliance on external medical providers. A multidisciplinary Health Risk Mapping Working Group should be established to facilitate rapid and robust development of these risk registers.

23. The comprehensive approach should include five key elements:

    1. Identification of hazards.
    2. Preventative management that identifies risks and develops plans to mitigate those risks.
    3. Risk disclosure and acceptance that allows personnel to understand the risk they face, which risks are managed and what the residual risks are. This will allow personnel to make risk informed decisions.
    4. Mitigation measures that reduces the impact of risks through contingency planning.
    5. Continuous monitoring of the risk management plan revision as needed, in accordance with the volatility of the operating environment.

24. Risk management training has been provided to a very limited number of medical personnel. This approach needs to be broadened and deepened, so that there is a cadre of medical personnel in both peacekeeping and country team environments who are capable of carrying out risk assessments and creating risk registers that underpin sound health support planning. Risk management approaches should take into account the effect on risk to remaining personnel when large parts of the UN community withdraw from a hazardous environment, leaving a small number of agencies and staff operating with reduced resources. Withdrawal from a hazardous environment should not result in withdrawal of support for critical infrastructure (such as medical support) that is needed by those left behind.

25. To support this new approach, it is recommended to establish a Health Risk Mapping Working Group composed of health experts, supported by risk management expertise, in order to undertake an occupational risk mapping exercise. This group can develop consolidated “Risk Menus” using the risk management methodology.

Recommendation 6: The HLCM to consider the implementation of systematic health support planning

Once a duty station’s health risks are mapped, the next logical step is the development of a health support plan that systematically addresses the risks that have been identified. Every duty station must have and implement a health support plan, even if there is no UN Medical presence. Funding and implementing the health support plan must change from being an optional extra to being a condition precedent to the deployment of staff.

26. The Health Support Plan should be approved by the Medical Director of every organization which has staff at the duty station, or a representative of the Medical Directors who has been designated to do this on their behalf.

27. This Health Support Plan should provide clear and concise plans for level 1 care, level 2 care, level 3 care and medical evacuation, and have contingency plans for access to care in the event that preferred providers cease to operate. The Health Support Plan should also ensure that the care documented in the plan is accessible under the terms of the staff health insurance policies.

28. The Health Support Plan needs to be based on a health risk assessment done by suitably qualified personnel. There should be a clearly enunciated standard methodology, supported by tools, templates, and documented assessment methods. The Health Support Plan should include both physical and psychological health issues, and address the access to both preventive and treatment modalities for all staff.

29. Once developed, the health support plan must be properly implemented, with the acceptance that the costs associated with this level of support, just as with security requirements, reflect the cost of doing business in a high risk environment. Just as there is an accountability framework for security, there must also be an accountability framework for the implementation of the Health Support Plan, with clear responsibilities and accountabilities allocated to members of the Country Team or Mission.

D. Strengthening Psychosocial Support to Staff Working in High Risk Environments

Recommendation 7: The HLCM to consider establishing an overarching UN Psychosocial and Healthcare Policy Framework.

There is a need to review the existing fragmented policies and consolidate them under an overarching policy framework addressing all aspects of psychosocial support. This effort should be coordinated by the UN Duty of Care Coordination Committee.

30. It was identified by the Phase One sub-working groups that there was a lack of policies mandating psychosocial services, periodic assessments, or addressing the stress and critical incident stress faced by personnel in high risk environments. While there is a policy on critical incident stress, it is not comprehensive as it does not address all aspects of psychosocial support. To date, the Management of Stress and Critical Incidents Stress is part of the UN Security Management System. The existing policy developed by the Critical Incident Stress Management Working Group needs to be re-examined and broadened to encompass a UN system-wide approach. This effort should be coordinated by the UN Duty of Care Coordination Committee, in liaison with the Mental Health Strategy Working Group.

31. While the psychosocial services are consistently being examined, there was a general consensus from the Phase One sub-working groups that there are inadequate provisions of psychosocial services including a scarcity in the number of Staff Welfare and Stress Counsellors available for personnel and their family members. The UN Duty of Care Coordination Committee should also suggest measures that address the gaps identified by the risk management exercise, which could among other things, include the need for more counsellors or alternative models of care such as tele-counselling, to address unmet needs. The UN Medical Service Division should be tasked to take the lead on this recommendation with participation from Human Resources and Staff Counsellors among other entities as required.

Recommendation 8: The HLCM to consider tasking the ICT Network to address the issue of increasing bandwidth to ensure robust internal and external communication links in all UN locations and to establish a global platform enabling access to existing cross-cutting policies and procedures and training programmes.

The ICT Network should be requested to collaborate with the UNSSCG and UN Medical Services Department to enable global psychosocial services available to personnel.

32. With the reliance on telecommunications and Voice over Internet Protocols (VoIP) to support future virtual counselling endeavours and allow staff in high-risk environments to maintain contact and relationships with family members outside their mission, there is a need for increased bandwidth to ensure internal and external communication links with a specific focus on low bandwidth duty stations, especially in remote field locations. ICT, in close coordination with UNSSCG and the UN Medical Services Unit, should conduct a needs assessment and determine the appropriate technical solutions.

Recommendation 9: The HLCM to consider tasking the Critical Incident Stress Management Working Group to take the lead on piloting and evaluating mandatory periodic visits to staff counsellors and developing anti-stigma awareness campaigns.

33. It was identified in Phase One that in some cultures there was a lack of recognition or acceptance of the utility of psychosocial services which makes it difficult to assess the need for such services. To overcome this perception, mandating periodic visits to staff counsellors would aid in building on the acceptance and could create a culture in which visits to the staff counsellor would be viewed as a routine practice rather than a response to an individual need. In light of the potential resource implications, the benefits should be evaluated through a pilot program, reporting back to the UN Duty

of Care Coordination Committee. This work would be complemented by anti-stigma campaigns aiming at educating personnel on psychosocial vulnerabilities, needs, and services.

Recommendation 10: The HLCM to consider proposing the development of policies, procedures and pre-screening/risk assessment methodologies to address the needs of staff who feel they can no longer serve in high-risk environments.

34. The Phase One report identified a lack of clarity and unity within the organizations on how to effectively manage personnel who feel they can no longer cope with the pressures of operating in a high-risk environment or, alternatively, support those who had served in a high-risk environment for an extended period of time and sought to rotate to a lower-risk environment. Furthermore, the groups also identified the need to identify triggers leading to burnout in the risk registry and recommend mitigating measures, conduct informational campaigns to raise awareness of psychosocial risks contextualized to high-risk environments, and identify relevant HR regulations and policies.

35. The group noted that this issue interacted with numerous different realms of policy, including mobility or other mandatory rotation systems, staff selection, medical leave, special leave, mental health, performance management, abandonment of post, to name only a few. The group observed that once a staff member serving in a high-risk environment reaches a point where they feel they can no longer serve, the duty of care responsibility of the Organization was called into sharp focus.

36. For example, a partial medical clearance, even if it may be the most appropriate medical finding, is difficult for the system to translate into an appropriate administrative action. A traumatic event occurring at a mission, may, in the opinion of a medical expert, render a staff member unable to serve in the same location for mental health reasons. There may, in fact, be no impediment to discharging the staff member to perform similar functions at another location. In cases where there is a suitable post available elsewhere and the staff member can compete in the selection process, this is a relatively straightforward process. However, where placement would potentially violate the rights of other staff to be considered for the post, there is a lacuna with respect to the status and rights of the staff member with the partial medical clearance who, for health reasons, can no longer serve in the high-risk environment.

37. At this time, no comprehensive policy framework exists which can address all of the facets of this question. As such, the HLCM may wish to consider proposing the development of such a framework. The Office of Human Resources Management, within the Department of Management, may be requested to assist with this initiative, on a timeline which would allow adequate collaboration with all relevant entities.

Recommendation 11: Building Support for Managers operating in High-Risk Environments

Specific support that recognises the critical role of managers and senior leaders in high risk duty stations, and their pivotal role in staff health and wellbeing, should be developed and implemented. This effort should be further developed through the UN Duty of Care Coordination Committee.

38. While recognizing that staff themselves play a critical role in exercising duty of care, the Working Group acknowledged the specific and crucial role of managers operating in high risk environment. As a result, the Working Group drafted a checklist of issues, actions and measures that could be addressed and taken by the country team or individual managers at the duty station, irrespective of the level or grade. Although most of these topics involve normal, routine managerial functions well-known to managers in the field, they are listed as a brief and practical summary of actions relevant in the context of duty of care.

39. In addition to the specific training identified in Recommendation 3, support for managers in high risk duty stations, through regular supervision contact (even for the most senior officials), helps monitor senior staff for decompensation caused by burnout and stress and provides some protection against normalization of highly abnormal circumstances. Even the most senior and experienced personnel, placed in the isolation and stress of a high risk duty station, need a supportive supervisor or a peer with whom they can discuss their own concerns and receive objective advice.

E. Monitoring administrative support mechanisms following incidents

Recommendations 12: The HLCM to consider enhancing insurance processing mechanisms.

40. The Phase One report observed the need for strengthening various administrative support mechanisms established for critical crisis or emergency settings, in particular in the area of insurance. In that regard, the report noted extensive processing time for benefits/insurance pay-outs to survivors, including service incurred injuries claims. While delays in life insurance pay-outs may be attributed to lapses in the supporting documentation, capacity issues have also been cited as a major restriction. The study also highlighted the need to review some aspects of the Malicious Acts Insurance Policy (MAIP). Both aspects should be followed through by the Office of Human Resources and Management (OHRM)

41. The Phase II analysis also confirmed the need for a roster of personnel with experience operating in crisis settings, such as stand-by response teams (Family Focal Points, call-centre volunteers) and indicated that policy and tools for this purpose were under development.

F. Addressing Duty of Care for Locally-Recruited Personnel

Recommendation 13: HLCM to consider proposing that the International Civil Service Commission (ISCS) review the compensation, benefits and entitlements for locally-recruited staff serving in high risk environments from a "duty of care" perspective, in particular as it applies to danger pay.

42. The Phase One report identified as an issue the significant differences in the allowances, benefits, and entitlements for internationally-recruited versus locally-recruited staff, including with regard to danger pay and health benefits. The report indicated that this difference often had a negative effect on morale, organizational cohesion and performance. This issue was analysed by the thematic sub-working group, which noted that the difference stemmed primarily from the application of the conditions of service for the different categories of staff (e.g. Noblemaire vs. Flemming principles). The group recalled that on numerous occasions in the past, the Organization had approved ex-gratia payments and granted various exceptions to staff serving in difficult duty stations.

43. In its analysis, the group noted in particular that danger pay was one compensation mechanism that perhaps most vividly highlighted the disparity in the level of remuneration between international and national staff. This vividness stems from the rational of the payment itself and gives rise to the perception that the Organization considers some lives monetarily more valuable than others.

44. A comprehensive review of the security, health and safety related benefits, allowances and entitlements (flexible working arrangements, danger pay and security related relocation grants) is recommended to achieve consistency in line with UN "Duty of Care" obligations. Such review shall also contemplate wide gap between national and international personnel.

45. An ICSC review of the above through the lens of "duty of care" consideration may help mitigate the associated risks to this issue identified in Phase One. The timeline for such a review would coincide with the ICSC's regular programme and activities.

G. Breaking Silos

Recommendation 14: The HLCM to consider the establishment of a UN Duty of Care Coordination Committee to oversee the development and implementation of coordinated measures addressing the cross-cutting issues related to duty of care for staff serving in high risk environments, and to enable a comprehensive and coordinated monitoring of health and safety systems.

This exercise has demonstrated the need for the UN system to develop a multi-facetted and holistic infrastructure for supporting and caring for staff deployed in high-risk environments and their families. Much can already be achieved by greater awareness, bridging gaps, and consciously managing the risks. By countering "organizational silos", as this Working Group is strongly recommending, there is a greater chance of finding the most effective and efficient path to achieving "duty of care" for our personnel.

46. The Coordination Committee should advise the HLCM on matters affecting the physical and psychosocial health of staff of all member organizations who are serving in high risk environments, identify and analyse health and safety issues of common concern, which require a system-wide response, promote and coordinate management reforms that will improve the health and safety of UN system staff operating in high risk environments. Specifically, the Coordination Committee will oversee the following streams of work, which are not within the domain of any of the HLCMs networks, or cross-cutting between networks.

Safety and Security

47. Operating under the new paradigm "to stay and deliver" and faced with unabated threats towards UN organizations, UN personnel are now providing critical humanitarian protection, political, human rights and developments programmes amidst open conflicts, civil unrest, in areas with minimal authority in place and/or with the threat of widespread terrorist activity. Historically the UN might have significantly reduced its footprint in non-permissive environments as described above but with increasing pressure and with the introduction of more sustainable security risk management processes the UN is finding ways to remain and continue to operate in even the most challenging locations. Some environments are extremely dangerous as shown, in the last two years, by the increase in direct attacks against UN premises and assets, including vehicles. In 2015, a total of 21 personnel lost their lives as a result of acts of violence, of whom, 6 were killed due to terrorism while the remaining fatalities were due to crime and civil unrest.

48. While Staff Rules and Regulations provide that UN staff members are subject to the authority of the Secretary-General or Executive Heads of UN organizations, there is an expectation that the organizations seek to ensure that all necessary safety and security arrangements are made for staff carrying out the responsibilities entrusted to them. In high risk environments, safety and security are at the forefront of staff concerns, an immediate and tangible concern for themselves and their families, in which they expect to be appropriately supported.

49. In realization that the current challenging security environment is the new norm under which the UN operates, the Organization has sought to strengthen its capacity, at both the strategic and the operational level, to enable operations and programmes while ensuring the safety and security of its personnel. The UNSMS has constantly sought to improve its security management practices. These included increased use of armoured vehicles, robust physical security measures, enhanced security threat analysis, systematic safety and security training, and an improved policy framework. These policies and practices have strengthened the safety and security of personnel, enabling them to 'stay and deliver' programmes and activities globally. They have also proved effective in containing casualties with a lower number of personnel killed as a result of violence since 2011, despite the increasing number of attacks against the UN.

A. Analysis

50. The analysis conducted in Phase One in five selected high-risk environments highlighted 15 primary safety and security concerns. It demonstrated the importance of the following aspects: **security preparedness and awareness** (training, contingency planning), **security arrangements** (including protection equipment, reporting, security standards and oversight mechanisms), and **response to security incident**s. The analysis of security aspects also converged with the observations made by other groups, highlighting the essential role of communication with staff operating in places of high risk to ensure they understand the security environment and have an opportunity to identity their security concerns; the complex and interconnected issues related to the security of locally-recruited staff and the psychosocial challenges and impact of operating in high risk environments.

51. Although much progress has been achieved in the past few years to enhance safety and security provisions for UN staff, the observations identified a number of discrepancies and inconsistencies in security arrangements in some locations. The IASMN undertook a review of all observations and recommendations at its 23rd meeting held in February 2016 and agreed that all recommendations had been identified by the IASMN and had been or are being addressed through its past or current work, noting that the application of policies, procedures and measures requires a continued review and oversight. Progress on these issues will be achieved and reported to the HLCM through regular reports from the IASMN.

Security awareness and preparedness

52. The study identified inadequate security training opportunities for internationally-recruited personnel prior to deployment to high-risk environments, with the assumption made that all participants had previously served in a high-risk environment, in addition to limited opportunities for locally-recruited personnel. The level of training of personnel depended on various factors, including their individual employer or their contractual status (e.g., internationally-recruited versus locally-recruited).

53. While the Safe and Secure Approaches to Field Environments (SSAFE) training has developed as an essential requirement in high risk environments, in some locations, it has been identified as too theoretical and failed to engage personnel effectively, potentially causing personnel not to adhere to policies, procedures, standards, arrangements. In addition, some personnel noted they were not confident in some specific security scenarios (armed robbery or kidnapping, particularly within the country but outside their duty station). There was also an insufficient level of emergency preparedness in some duty stations, while the working groups also noticed poor knowledge of contingency plans among personnel (e.g. chemical weapon attacks, mortar attacks, hostage incidents) and, therefore, low confidence in ability to implement.

Security Arrangements

54. Given the wide range of issues covered under security arrangements, particularly in high-risk environments, it is interesting to note that the issues raised were limited in scope to the areas that have already been identified as priorities by the Department of Safety and Security through its Strategic Review, such as security analysis and physical security. For instance, the analysis undertaken in Phase One pointed out that in some countries, there was a minimal analysis or a failure to analyse changes in the operating environment. There was also, in some cases, an inconsistent application of UNSMS security standards, particularly with respect to UN-approved residences, and poor implementation of monitoring and oversight mechanisms. In addition, interviewed staff sometimes considered that security standards and physical security were overly restrictive and limited opportunities for interaction with the local population and, therefore, understanding of the local security environment.

55. Varying standards applied by different organizations in the same location can also exasperate anxiety as well as lead to stress. The provision of Personal Protective Equipment (PPE), particularly intended to protect personnel and their family members from chemical nerve agents is an example of this. Staff pointed to inadequate training or knowledge on the use of such equipment, delayed or non-distribution due to political concerns and expressed fear of being unlawfully detained/arrested/ interrogated for possessing PPEs in their residences.

First response to security incidents

56. The main concerns raised in this area confirmed the assessment made by other sub-working groups regarding the lack of medical and psychosocial capacity in high-risk environments. Thus far, the system has been relying on very sketchy response mechanisms through the provision of first-aid training or Emergency Trauma Bag (ETB) training to security officers as first responders to security incidents. The requirements, particularly in high-risk environments, warrant much more sustainable capacity given that incidents can render multiple casualties. Two sub-working groups identified that there was an inconsistent or inadequate provision of first-aid among UN personnel and nearly a third of the survey respondents in Afghanistan, as an example, stated that they received no formal briefing or training in first-aid or ETB which is supposed to provide initial care in the “golden hour”.

Interconnected issues

57. The Phase One analysis also demonstrated that on many aspects, security considerations intersected with other areas, whether medical, psychosocial, Human Resources or administrative. Staff members are assigned to duty stations but the security environment changes and they are sometimes ill-prepared from a personal perspective or with respect to supporting their families, in times of crisis or evacuation. In some areas, personnel considered that undue pressure have been placed on those conducting high-risk activities, particularly with a high degree of symbolism or those with a potentially large impact on donor funding (such as cross-border missions). On the other side of the spectrum, it was also concluded that working consistently in high-risk environments could lead to habituation to violence, particularly for locally-recruited personnel, whereby creating difficulties for staff to objectively assess safety and security risks.

Security of locally-recruited personnel

58. The security considerations for locally-recruited personnel were also raised consistently in several quarters as an area of concern. It is another recurring example of the complex web of organizational responsibilities and difficulties which require close attention and a comprehensive effort from the system as well as cooperation and coordination, at the strategic level of the HLCM. Security and duty of care for locally-recruited personnel was also highlighted in the "Stay and Deliver" report issued in 2011 which is currently under review. While the UNSMS is applicable to both internationally and locally recruited personnel and their eligible family members, there remain some elements which still cause questions and challenges. In theory, the differences extend to the exception of evacuations outside of the country of deployment/recruitment (mostly applicable to international staff unless exception) and some residential security measures (formerly referred to as MORSS). However, in practice, relocation can cause challenges for national staff remaining in the community with limited support (particularly if they are not from the area) and leaves room to various practices and solutions being adopted which may not be covered under administrative processes but may offer some security. In addition, there remain distinctions in administrative arrangements linked to security considerations, and in general, in entitlements and benefits.

59. The study reflected, in some instances, a perception of abandonment among locally-recruited staff following the evacuation of internationally-recruited staff. The study also highlighted once again the need for clear communication with the locally-recruited personnel on why and when evacuation measures are implemented, as well as considerations for the remaining personnel who are expected to continue delivering mandates while also trying to consider their own personal security and the security of their family or community. It was also stressed that there was an insufficient emphasis on safety and security concerns while travelling to work or home, particularly while passing checkpoints or while at their residences (from direct or collateral damage). Specific concerns were also voiced over the unlawful arrest, detention, interrogation, sexual harassment, kidnapping, civil unrest, and mortar attacks by State, State-affiliated, and non-State actors.

60. In 2015, the IASMN established a working group on residential security risks for locally-recruited personnel, however this group will not review the relocation/evacuation measures or remuneration of locally-recruited personnel which is under the purview of the HR network. As indicated in recommendation 11 above, a review by the ICSC of the compensation, benefits and entitlements for locally-recruited staff serving in high-risk environment should be considered by the HLCM.

B. Recommendation related to safety and security in high risk environments

Recommendation 15: The IASMN should continue to strengthen security provisions in high risk environments, in particular:

1. Timely, effective and analytical security reports

61. Security professionals should apply a consistent approach to the preparation and dissemination of timely security reports. The effectiveness of these reports, as sources of information to enable personnel to make assessments related to their risk taking, should be continuously monitored, reviewed and improved.

2. Improvement of contingency planning and training

62. Security contingency planning and training should be improved, updated and applied consistently across agencies and continuously over time. A policy on crisis management is currently under development including guidance on contingency planning. In addition, the Department of Safety and Security has organised a training of Designated Officials on crisis management of security incidents in November 2015 and will continue these training activities through its regional workshops. This recommendation also calls for better communication on the content of the contingency plans. The IASMN should continue the efforts started in that regards, approve updated guidance and ensure its consistent implementation

3. Strengthen the *Safe and Secure Approaches in Field Environments* Training

63. The SSAFE training is an essential risk management tool and a practical training tool for staff operating in high risk environment. This measure is decided at the local level through the Security Risk Management process. A review of the SSAFE training is ongoing and should advise whether it is necessary to make it obligatory for all international personnel in high-risk locations, ideally, prior to their arrival, and for all locally-recruited personnel. Regional UN resources may also be explored as possible facilitators for this training. In addition, a new Working Group on ETB has been established by the IASMN in February 2016 to review existing mechanisms and develop a policy, as necessary, on the first response to security incidents. Ensuring that medical and psychosocial support are introduced into this training is fundamental to increase support and perception of support to staff.

4. Consistent application of UNSMS security standards and policies.

64. Compliance, oversight, and accountability are critical elements to enhancing safety and security of UN personnel. UN system organizations need to constantly renew their commitment to promoting a security culture among all UN personnel, including at the leadership level, stressing accountability, enhancing individual and organizational compliance, establishing a best-practices capacity and enforcing mandatory security training. Senior managers should ensure that security remains a mainstream consideration in all planning and implementation activities of their organizations and appropriately supported through HR and administrative processes. A review of the security compliance mechanism is ongoing within the Department of Safety and Security. The HR network also needs to review the administrative mechanisms for cases of non-compliance with security policies.

ANNEX 1. Terms of Reference UN Duty of Care Coordination Committee *(Proposal)*

The UNDOCCC is established as a temporary ad-hoc committee of the High Level Committee on Management (HLCM), within existing resources.

Purpose and scope of work
Its purpose is to coordinate and oversee the development and implementation of coordinated measures to specifically address the cross-cutting issues related to duty of care for staff serving in high risk environments, and to enable a comprehensive and coordinated monitoring of health and safety systems and support structures.

Activities

a) The Coordination Committee advises the HLCM on matters affecting the physical and psychosocial health of staff of all member organizations who are serving in high risk environments.
b) The Coordination Committee will **oversee the development of a system –wide response at the strategic level on health and safety issues of common concern**. Its role is to promote and coordinate management reforms that will improve physical and psychosocial health and safety of UN system staff operating in high risk environments.
c) It will be established for a period of 2 years, to implement the recommendations contained in the final report of the HLCM Working Group on Duty of Care.
d) Specifically, the Coordination Committee will oversee the following streams of work, which are not within the domain of any of the HLCMs networks, or cross-cutting between networks.
e) The Coordination Committee will also review and report to the HLCM on the progress achieved and identify continuing work to be taken forward.

List of expected deliverables of the UNDOCCC (Health and safety issues of common concern, which require a system-wide response):

1. Development of a comprehensive pre-deployment management package for staff and their families.
2. Creating a system-wide resilience briefing, as part of the pre-deployment package.
3. Development of specific training for managers operating in high risk environments.*(In coordination with the HR network)*
4. Identification of consistent standards on working and living conditions for staff deployed in high risk environments. *(In coordination with the HR Network/OHRM)*
5. Development of a Health Risk analysis and mapping methodology.
6. Implementation of a systematic health support planning.
7. Establishing an overarching UN Psychosocial and Healthcare Policy Framework.
8. 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. *(In coordination with the ICT Network)*
9. Piloting and evaluating mandatory periodic visits to staff counsellors and developing anti-stigma awareness campaigns.
10. Development of policies, procedures and pre-screening/risk assessment methodologies to address the needs of staff who feel they can no longer serve in high-risk environments.
11. Building support for managers operating in high risk environments
12. Reviewing insurance processing mechanisms *(In coordination with the HR Network/OHRM)*
13. Review of compensation, benefits and entitlements for locally-recruited staff serving in high risk environments from a “duty of care” perspective, in particular as it applies to danger pay. *(In coordination with the HR Network)*

Modus Operandi:
Drawing on membership of and working with the HR Network, the UN Staff and Stress Counsellors Working Group, the Critical Incident Stress Working Group, and the UN Medical Director's working group, the UNDOCCC will provide a forum for integrated management of reforms affecting staff in high-risk duty stations. Where a topic or issue is clearly within the domain and expertise of an existing network or working group, it will be managed by that "lead" participant, with a report-back function to the UNDOCCC. Where the topic spans two or three of the network/working groups, it may be managed primarily by the UNDOCCC, with inputs from each of the participating expert groups, or be assigned by the UNDOCC to an expert lead. The IASMN will update the UNDOCC on progress made on the recommendations related to safety and security in high risk environment.

The UNDOCCC will regularly report to the HLCM on progress made on duty of care issues.

Membership:
The UNDOCCC will be comprised of 2 members from each of the Human Resources Network, UNSSCWG (United Nations Staff and Stress Counsellors Working Group), CISWG (Critical Incident Stress Working Group) and UNMDWG (United Nations Medical Directors Working Group). Ad-hoc consultation with the security functional area (IASMN) might be required. The Chair of the UNDOCCC shall be a member of the HLCM, to be determined following discussions at the HLCM session of 22-23 March 2016.

Meeting Frequency:
The UNDOCCC will meet monthly from April 2016.

ANNEX 2. Checklist for Managers (Proposal)

Duty of Care Guidance for Managers in High-Risk Environments

Information, Prevention, Preparation, Communication, Cooperation

Duty of care: A non-waivable duty on the part of the Organization to mitigate or otherwise address foreseeable risks that may harm or injure its personnel and eligible family members

This checklist outlines the main points identified in the course of the study undertaken by the working group on Duty of Care established under the authority of the High Level Committee on Management (HLCM). Focus on *duty of care* is particularly essential in high-risk duty stations to ensure that UN personnel are able to perform their functions while operating in challenging, and rapidly changing environment. The UN system must find an appropriate balance between, on one hand, carrying out its essential work in high risk environments in line with the *stay and deliver approach* and, on the other hand, ensuring its duty of care obligations towards the staff operating in these environments.

Although most of these topics involve normal, routine managerial functions well-known to managers in the field, they are listed below as a *brief and practical summary* of actions relevant in the context of duty of care. These actions could be addressed and taken by the **country team or individual managers at the duty station, irrespective of the level or grade**. Each team/individual managers should identify their respective responsibilities, their specific accountability as well as specific duties of staff members who may be responsible for certain issues or actions.

This is a *general non-exhaustive* list, so the *applicable measures and actions may vary across countries/duty stations*, depending on the regional conditions such as security threats, size of duty station, available support structures etc.

A. General Administrative and HR Checklist

This section addresses initiatives that can be taken through staff management and support.

1. **Review of legal obligations** related to Duty of Care in the country.

2. **Regular briefings to all staff, including locally recruited staff, to support staff understanding and awareness of the risk they face.**

3. **Adherence to security training requirements including renewals.** Consider making **SSAFE training mandatory for all staff,** including locally recruited staff and establish a mechanism for full participation of personnel in the duty stations. Ensure **100% compliance** with **BSITF and ASITF.**

4. **Prior training before/immediately upon deployment and providing a security briefing or guide** for all new staff members in high risk environments

5. **Reducing stress exposure** in high risk areas **through available options**, including temporary assignment, R&R, sick leaves and flexible rotations.

6. **Debriefing of departing staff** for feedback and information.

B. SECURITY CHECKLIST

This section addresses initiatives that can be taken through security management and planning. Regular communication with security professionals is essential to ensure that the elements below are established.

7. Continuous monitoring and **revision of risk assessments** when the risk profile changes. Also monitoring and improving security management measures in order to reduce assessed residual risks.

8. **Being informed and keeping staff informed –** relevant, timely and accurate security information is a critical element of informed decision-making and a prerequisite for responsible Duty of Care. Production of **regular security analysis and dissemination of security reports** and providing feedback on deficiencies and requests for improvements if necessary.

9. Review of **programme criticality** by the UNCT, to ensure such evaluation balances the programme deliverables and the evolving security risks.

10. Regular review and testing of **contingency plans** and preparedness for different security scenarios and emergency situations. Also, conducting regular **emergency response exercises**.

11. Regular review of existing **security-related equipment, and other capacities** such as protective equipment, as well as testing knowledge of when and how to use it.

12. Adequate provision and timely distribution of equipment, and regular reviewing, testing and updating of existing **communication means**.

13. Having, and properly implementing, a **system for tracking all employees** in high risk environments including all those on mission, and a staff emergency response system that will give them assistance where required

14. **Cooperation on security issues, coordination and sharing security information** with relevant partners (e.g. host member states, operational partners, NGOs as outlined in the SLT framework and others, depending on the situation in the area).

C. MEDICAL AND PSYCHO-SOCIAL CHECKLIST

This section addresses initiatives that can be taken through health and well-being management.

15. **Medical, welfare and stress counselling requirements factored in at the planning stage** of each mission and implemented before, during and after missions. **A health risk assessment should be done at the duty station by a suitably qualified practitioner using UN medical assessment tools.** This would be best suited as a responsibility of the country team, under the leadership of the Resident coordinators office.

16. **Review of available medical facilities** and **personnel,** according to conditions and needs on the ground. All UN managed clinics and dispensaries should meet at least '**Level 1' clinic standards.** If not available, strict deadlines for upgrades should be set. There should be ready access to advanced care (i.e. Level 2 and 3) through external suppliers, medical evacuation or UN/TCC-operated facilities.

17. Based on the health risk assessment and proposed mitigating measures, making sure the **country health plan is updated.** Ask the RC for the duty stations health support plan. This health support plan should provide plans for level 1 care, level 2 care, level 3 care and medical evacuation, and have **contingency plans** for access to care in the event that preferred providers cease to operate.

18. Considering **mandatory medical/first aid training and psychosocial training for all staff** to boost resilience and stress awareness. Making sure that staff members are informed about available medical and psychosocial resources, including information on wellbeing such as diet, exercise, rest and mindfulness.

19. **Support that includes 24/7 helplines and individual counselling**, if necessary. This could include *Critical Incident Stress Intervention Cells (CISIC) composed of Peer Helpers and locally based counsellors* or remote counselling. Follow-up counselling and support beyond emergency situations, including training on long-term effects and expected course to recovery.

20. Ensuring that regular **health and wellbeing checks** are being conducted for all staff in the high risk environments, including locally recruited staff.

21. **Direct and regular communication with staff, including locally recruited staff, about health and wellbeing** (e.g. addressing gender considerations and mental health concerns). If social activities or facilities are not provided, introduce informal, interactive events such as happy hours to aid communication.

22. Where staff members are living in **closed quarters** with limited after-hours activity options, consider appointing an **activity coordinator** who is responsible for organising social and sports activities.

23. Monitoring of **recreational substance use culture** in duty station (e.g. alcohol consumption, qat and other recreational drugs) and taking action to address it if necessary.

D. SELF-CARE CHECKLIST

This section addresses initiatives that can be taken through applying self-care measures.

24. **Setting up systems and practices** of good self-care and **ensuring appropriate action** is taken if performance or judgment becomes impaired.

25. Taking **R&R** when possible. Staff members whose leader is taking R&R and other available leave options are more likely to take-up these options themselves.

26. Building for opportunities for **exercise, nutrition and sleep** into the daily/weekly schedule.

27. **Maintaining regular communication** with someone you trust who would be able to identify any irregularities in your behaviour and advise you immediately. Early intervention is the best way to ensure the situation gets resolved promptly.

28. Investments in **building a back-up system** so that your staff and colleagues can manage without you.

29. **Switching off work emails while on leave** and providing a different means of contact to your OIC.

30. Attending **specific training courses for leaders in high risk areas** if available or using other available options (e.g. self-education to boost self-awareness, resilience and teamwork).

ANNEX 3. Duty of Care Recommendations Matrix

	RECOMMENDATIONS	RESPONSIBLE ENTITIES
1.	The HLCM to consider the development of a comprehensive pre-deployment management package for staff and their families, including communication of resources, policies and trainings currently available.	Lead : Emergency Preparedness and Support Team (EPST) Coordination: UN Duty of Care Coordination Committee (UNDOCCC)
2.	The HLCM to consider tasking the United Nations Staff/Stress Counsellors Group (UNSSCG) with creating a system-wide resilience briefing, as part of the pre-deployment package, and making it mandatory for all personnel deployed to high risk environments.	Lead: United Nations Staff/Stress Counsellors Group (UNSSCG) Coordination: UNDOCCC
3.	The HLCM to consider developing specific training for managers operating in high risk environments.	Lead: EPST and Human Resources Network (HR Network) Coordination: UNDOCCC
4.	The HLCM to consider consistent working and living conditions for staff deployed in high risk environments.	Lead: HR Network Coordination: UNDOCCC
5.	The HLCM to consider the adoption of a Health Risk analysis and mapping methodology.	Lead: Health Risk Mapping Working Group (newly-established) Coordination: UNDOCCC
6.	The HLCM to consider the implementation of systematic health support planning.	Lead: Medical Directors Coordination: UNDOCCC
7.	The HLCM to consider establishing an overarching UN Psychosocial and Healthcare Policy Framework.	Lead: UN Medical Directors WG, HR Network, UN Staff Stress Counsellors Group (UNSSCG), Mental Health Strategy Working Group. Coordination: UNDOCCC
8.	The HLCM to consider tasking the ICT Network to address the issue of increasing bandwidth to ensure robust internal and external communication links in all UN locations and to establish a global platform enabling access to existing cross-cutting policies and procedures and training programmes.	Lead: ICT Network, UNSSCWG, UN Medical Directors WG. Coordination: UNDOCCC
9.	The HLCM to consider tasking the Critical Incident Stress Management Working Group to take the lead on piloting and evaluating mandatory periodic visits to staff counsellors and developing anti-stigma awareness campaigns.	Lead: Critical Incident Stress Management Working Group Coordination: UNDOCCC
10.	The HLCM to consider proposing the development of policies, procedures and pre-screening/risk assessment methodologies to address the needs of staff who feel they can no longer serve in high-risk environments.	Lead: Office of Human Resources Management (OHRM) Coordination: UNDOCCC
11.	The HLCM to consider building Support for Managers operating in High Risk Environments.	Lead: UNDOCCC
12.	The HLCM to consider enhancing insurance processing mechanisms.	Lead: OHRM Coordination: UNDOCCC

13.	The HLCM to consider addressing compensation, benefits, allowances for Locally-Recruited Personnel.	Lead: International Civil Service Commission (ISCS) Coordination: UNDOCCC
14.	The HLCM to consider the establishment of UN Duty of Care Coordination Committee to oversee the development and implementation of coordinated measures addressing the cross-cutting issues related to duty of care for staff serving in high risk environments, and to enable a comprehensive and coordinated monitoring of health and safety systems.	Lead: HLCM
15.	The IASMN should continue to strengthen security provisions in high risk environments, in particular: 1. Timely, effective and analytical security reports 2. Improvement of contingency planning and training 3. Strengthen the Safe and Secure Approaches in Field Environments Training 4. Consistent application of United Nations Security Management System (UNSMS) security standards and policies.	Lead: IASMN (Inter-Agency Security Management Network), HR Network Coordination: UNDOCCC