



**HIGH-LEVEL COMMITTEE ON MANAGEMENT (HLCM)**

Thirty-Eighth session, 15-16 October 2019

UN System Staff College, Turin, Italy

# Cross-functional Task Force on Duty of Care Final Report, October 2019

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## Executive Summary

1. The Task Force was created in 2016<sup>1</sup> to drive the UN system’s commitment to promote a healthier, safer and more respectful workplace through a multidisciplinary interagency approach. Initially focusing on high-risk duty stations and UN staff, the Task Force presented a series of action points in the areas of psychosocial, medical, human resources, administration, safety and security which were endorsed by the HLCM in April 2018 for implementation by UN organizations. In the second phase of its work, the Task Force’s terms of reference were expanded to encompass all environments and other categories of personnel as well as to integrate its work into a risk management framework. The Task Force was mandated to complete its work in October 2019.
2. The result of the second phase of the Task Force’s work consists of practical guidelines and frameworks for UN organizations, as follows:

### ***For HLCM’s endorsement:***

<b>Vision statement</b>	The United Nations, in fulfilling its organizational mandates, aims to provide a healthy, safe and respectful working environment that promotes greater accountability, efficiency and commitment of its workforce.
<b>Core Principles</b>	<ol style="list-style-type: none"> <li>1) Risk awareness and transparency</li> <li>2) Safe and healthy living and working environment</li> <li>3) Inclusion and respect for dignity</li> <li>4) Caring for consequences of risk</li> <li>5) Accountability at all levels</li> </ol>

### ***For HLCM’s reference:***

<b>OSH Framework for Affiliate/Standby/non-UN personnel</b>	This Framework is based on the Core Principles and details what UN organizations should consider when contracting these categories of personnel.
<b>Integrating OSH into Enterprise Risk Management Processes</b>	Practical guidance for identifying and treating risks which threaten to affect the health, well-being and safety of UN staff and non-staff personnel, wherever they are working.

3. In addition, the Task Force presents an update on key deliverables and the findings from the monitoring and evaluation survey on the implementation of the HLCM-endorsed action points in each UN organization.
4. As the mandate of this Task Force draws to a close, the Task Force proposes the establishment of an Occupational Safety & Health (OSH) Forum led by the World Health Organization (WHO) to serve as a multidisciplinary interagency technical body to mainstream OSH and the tools developed by the Task Force in the UN system. This would be an effective mechanism to pursue the Secretary-General’s commitment “... to providing a safe and healthy workplace in line with the Duty of Care of the Organization, making the UN a healthier, safer and more respectful place to work”<sup>2</sup>.

## Introduction

1. Since April 2018, the Task Force has been guided by its phase two Terms of Reference focusing on: expanding its scope beyond the initial emphasis on high-risk environments and UN staff, the continued development of a risk management framework, and the monitoring and evaluation of the implementation of the HLCM-endorsed action points for high-risk duty stations.
2. As reported in its last update to the HLCM in April 2019, the Task Force conducted a workshop to develop a methodology for the second phase based upon a risk management approach that would not compromise the impact of the first phase of the group's work focusing on high-risk duty stations.
3. A key outcome of this workshop was the acknowledgement by the Task Force that the risk universe associated with its work is primarily composed of Occupational Safety and Health (OSH) as well as security risks<sup>3</sup>. OSH is a defined discipline with internationally recognized standards and tools and for which a framework has already been endorsed by the HLCM in 2015<sup>4</sup> and a management system promulgated by the Secretary-General in a Secretary-General's Bulletin on 'Introduction of an occupational safety and health management system (ST/SGB/2018/5)'.<sup>5</sup>
4. This has resulted in a natural progression of the Task Force's strategic direction towards OSH in the development of its tools and guidelines which are presented in this final report. The focus on OSH will become even more relevant in this transition period marking the end of the mandate of this Task Force, when organisations should be in a better position to monitor their own implementation of the Task Force action points, and the emphasis should shift more toward benchmarking and updating of standards, sharing of best practices and tools, and learning lessons. This will be described in the last section of the report devoted to the way forward after the end of the Task Force mandate.

## Key Achievements to date

5. The Task Force was established in 2016 to look at ways to address risks associated with the health and welfare of UN personnel in difficult or dangerous duty stations<sup>5</sup>. This work is of an ongoing nature and what is in focus will vary over time depending on the context and location. Promoting a healthy and safe work environment is also an iterative risk management process, not a set of finite outcomes with a beginning and an end.

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<sup>1</sup> During its 31st session in March 2016, HLCM established a cross-functional interagency Task Force ('the Task Force'), chaired by UNHCR and UNICEF to develop implementation plans for the 13 recommendations, covering areas of psychosocial, health, human resources and administration and safety and security, that emerged from the Working Group on "Reconciling the duty of care for UN personnel while operating in high risk environments" (2014-2015).

<sup>2</sup> Report of the Secretary-General on the Work of the Organization, 2018.

<sup>3</sup> CEB/2019/HLCM/19.

<sup>4</sup> CEB/2015/HLCM/7/Rev.2.

<sup>5</sup> The HLCM Strategic Working Group on "Reconciling the duty of care for UN personnel while operating in high risk environments" was established in 2014 to review the strategic issues related to "the protection of UN personnel and related administrative and human resources approach", which then led to the establishment of the Task Force.

6. The Task Force was set up with clear deliverables and timeframe for action. Some of the success of the Task Force has been as a result of its multidisciplinary nature with many organizations' technical networks involved, addressing the same issues together. In this way, it has been possible to come to consensus on establishing common guidelines, protocols and joint tools; keeping in mind the multiple intersections of this work: security, HR, psychosocial, staff representation, medical, engineering, procurement, legal, insurance, finance, risk management, IT, and building management, to name only some.
7. Much has been accomplished under the purview of the Task Force, including:
  - A set of action points focusing on high-risk duty stations have been developed and are presently being implemented and monitored in UN organisations.
  - A UN system Mental Health Strategy has been launched and is charting a path for the next five years to improve understanding of and access to these essential services.
  - A vision statement and Core Principles are now being presented for HLCM endorsement to guide the UN system in all environments.
  - An OSH Framework for affiliates/stand-by/non-UN personnel has been developed as a practical tool to enhance support for different categories of personnel.
  - A how-to-guide has been crafted to assist UN organizations to better capture OSH risks in their enterprise risk management processes.
8. The risk management process ties all of the work of the Task Force together, as it is the means for identifying and treating risks which threaten to affect the health, well-being and safety of staff and non-staff personnel, wherever they are working.
9. In the sections below, the Task Force presents the results of both its new outputs (Vision Statement and Core Principles, Integrating OSH into Enterprise Risk Management Processes, OSH Framework for Affiliate/Standby/Non-Staff Personnel) and continuous work streams (Progress Update on Key Deliverables).

## Vision Statement and the Core Principles

10. The UN system is called more and more to deploy its workforce into increasingly hazardous and high-risk environments,<sup>6</sup> which compels its members to individually and collectively accept and manage the risks which may come about as a result, including those associated with the health and welfare of its workforce.
11. Occupational Safety and Health (OSH) is of fundamental importance to all staff and non-staff personnel wherever they operate. It engages organizations to identify and manage risks to staff and non-staff personnel associated with our commitment to "stay and deliver". It is important to mitigate foreseeable risks so that personnel can work safely and in security, and in the best possible state of health and well-being. In its resolution A/RES/73/137, "Safety and Security of humanitarian personnel and protection of United Nations personnel: resolution/adopted by the General Assembly", the General Assembly "*Welcomes the progress made towards further enhancing the security management system of the United Nations [...] and supports the*

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<sup>6</sup> High-risk environments refer to duty stations eligible for danger pay, as determined by the International Civil Service Commission and the countries declared by the Interagency Standing Committee (IASC) as Level 3 health emergency locations.

*continued implementation of the stay-and-deliver strategy while focusing on effectively managing the risks to which personnel are exposed in order to enable to United Nations system to deliver the most critical programmes, even in high-risk environments". A supported and protected workforce creates a more effective and productive UN system in pursuit of its goals.*

12. The Task Force presents the following vision statement which encompasses its aspirational goals:

***"The United Nations, in fulfilling its organizational mandates, aims to provide a healthy, safe and respectful working environment that promotes greater accountability, efficiency and commitment of its workforce."***

13. The "Core Principles for a healthier, safer and more respectful UN workplace" ("Core Principles") provide a working guide to articulate a system-wide coherent and holistic approach throughout the UN system in all aspects of its mandate, including safety and security, psychosocial support, health, human resources and administrative support. The Core Principles are consistent with several other entities, including non-UN international organizations and NGOs, which have developed similar guidelines, and do not create additional legal obligations that have not been approved by the respective governing bodies of the UN entities. Rather, they are overarching and value-based, and communicate the UN system's vision through a holistic, systems and risk management approach.
14. The Core Principles, with their accompanying objectives, provide a foundation for the review of new or existing policies to ensure that promoting a healthy, safe and respectful working environment for UN staff and non-staff personnel is taken into account. They can also be used as a communications tool both internally and externally to illustrate the engagement of the UN system thereby promoting greater accountability, efficiency and commitment from its workforce.
15. **The Task Force presents the vision statement and the below Core Principles for HLCM's endorsement.**

**Core Principles for a healthier, safer and more respectful UN workplace**

**(1) Risk awareness and transparency**

Organizations are proactive in providing information and are open to engagement, input and feedback from UN personnel.

**(2) Effective occupational safety, health and security management**

Shared engagement and responsibility of the Organization and its workforce to promote and sustain safety, security, health and well-being of staff and non-staff personnel as far as it is reasonably practicable.

**(3) Inclusion and respect for dignity**

Organizations treat staff and non-staff personnel in good faith, with due consideration for individual circumstances, respecting and preserving dignity and diversity.

**(4) Caring for consequences of risk**

Caring for those who have been adversely affected or impacted by hazardous events associated with their work with the United Nations.

**(5) Accountability at all levels**

Creating a just culture that supports effective leadership and individual accountability.

Figure 1. Core Principles for a healthier, safer and more respectful UN workplace

16. A number of associated actions, related to each of the Core Principles, were also defined which relate either to action points that have been or will be endorsed by the HLCM under the mandate of the Task Force, or to actions resulting from other HLCM initiatives/UN bodies. The full list of the Core Principles, objectives and their associated actions are provided in Annex 1.
17. The Core Principles are the basis for the OSH Framework for affiliates/standby/non-UN personnel which is described in the next section.
18. As described in the fall 2018 report to the HLCM, the Task Force also considered the application of the action points already endorsed by the HLCM for high-risk duty stations to all other environments. The section on “Reporting on implementation in UN organizations” highlights where UN organizations are already expanding these action points beyond high-risk duty stations or have plans to do so.
19. Finally, progress on expansion of these action points to all environments is dependent on the integration of OSH, which is about addressing various risks which may harm staff and non-staff personnel, into enterprise risk management processes in all locations where the UN operates. By identifying, prioritising and treating risks associated with occupational safety and health through an appropriate risk analysis and management processes, managers and UN Country Teams will, in principle, be ensuring that risks associated with OSH are considered in all environments. For example, for security risks, Designated Officials use the Security Risk Management Process. Further details on the linkages between OSH and the risk management framework are described in the relevant section below.

## Integrating Occupational Safety & Health (OSH) into Enterprise Risk Management Processes

20. In the April 2019 report to the HLCM, the Task Force described the OSH and security risks associated with its work. It also explained the core elements of the OSH management system and provided an overview of how UN organizations could document, manage and escalate associated risks through the use of a risk accountability and escalation framework.
21. **The Task Force presents to the HLCM, for reference, the following additional guidance and tools to assist UN organizations to integrate Occupational Safety and Health into their enterprise risk management processes.** These consist of: 1) A quick how-to guide, which also includes a checklist and sample detailed risk categorizations, as well as: 2) The attached case studies from two UN organizations, WFP and UNHCR, who are currently working on integrating these risks into their ERM system. Elements of their best practices have been integrated into the following how-to guide.

## **Integration of Occupational Safety and Health into Enterprise Risk Management process**

### **A Quick How-To Guide**

#### **What are important prerequisites?**

- 1) The organization should have an Enterprise Risk Management (ERM) system in place, based on international standards, in order to better capture and treat key risks to its activities.
- 2) The ERM system should be both a top-down (strategic/organizational) and bottom-up (field/operational) system.
- 3) The organization should issue a formal Occupational Safety and Health (OSH) policy statement in accordance with the OSH Framework (ref. CEB/2015/HLCM/7/Rev.2). This statement should underscore the organizations' commitment to providing a safe and healthy workplace for its personnel.
- 4) In addition to the statement, the organization may wish to establish an occupational safety and health management system (as per S-G Bulletin ST/SGB/2018/5 on the Introduction of an occupational safety and health management system), including the establishment of an occupational safety and health oversight body (such as an OSH or Wellness Committee), to promote the physical and mental well-being of its personnel and reduce related risks. A similar but smaller body (or focal point) could be established at field level for the same purpose.

#### **How could organizations integrate Occupational Safety and Health into their risk management processes?**

- 5) Failure to manage the safety and health of UN staff and non-staff personnel could lead to increased exposure to workplace hazards, with an accompanying increase in injuries and illness in the UN workforce. This, in turn, could undermine the organization's effectiveness.
- 6) An organization could identify "insufficient management of occupational safety and health" as a strategic high-level organizational risk which would set the tone as an important cross-cutting issue affecting its workforce worldwide.
- 7) Cascading down from that, an organization may wish to assign a specific category in its organizational risk register such as "Occupational Safety and Health (OSH)". An organization may also consider assigning sub-categories such as "health/mental health" and "safety". The sample risk categorization list provided below give detailed examples of potential hazard<sup>7</sup> areas. Note that the UN Security Management System (SMS) is the current operational framework for managing security risks, which also include fire, aviation and road safety as well as emergency response to all incidents in the UN system<sup>8</sup>.

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<sup>7</sup> "Hazard", in accordance with IASMN's Guidance on the UNSMS role in Occupational Safety and Health (OSH), CRP 10 Annex A, refers to non-deliberate events which may cause harm.

<sup>8</sup> Note that UNSMS in June 2019, clarified the role of UN security professionals on safety issues in the UNSMS guidelines on OSH.

- 8) A number of sources could then provide information to populate the strategic and country level risk registers under the heading “Employee Safety and Health”, including:
  - a. An analysis of the existing organizational risk register to determine key OSH-related themes;
  - b. Discussions with senior managers in HQ and the field to determine key issues affecting their staff and non-staff personnel;
  - c. Conduct a wellness survey amongst all staff and non-staff personnel to identify risks to their health and well-being;
  - d. Review of oversight findings, including as audits and investigations;
  - e. Results of interagency or country-level health risk assessments or review of Mandatory Health Support Elements (MHSE) through the UN Medical Directors (UNMD) self-assessment tool;
  - f. Review of formal incident reporting mechanism (if introduced through the organization’s OSH Framework and also in collaboration with the Security Management team);
  - g. Review of data from the Humanitarian Booking Hub on conditions of staff accommodation (for those participating UN organizations);
  - h. Review of data related to road safety (vehicle speed/accident monitoring);
  - i. Review of sick leave certification related to occupational illnesses/accidents.
  - j. Review of compensation claims or work-related medical evacuations.
- 9) OSH risk management can also be incorporated into the accountability framework for Representatives or Heads of Offices.
- 10) Depending on the current maturity of the organization’s risk management model and organizational strategies, instructions could be provided to managers who are accountable for conducting the periodic risk review to indicate the parameters which should be applied, and/or if there will be a focus on certain themes.
- 11) The OSH oversight body/focal point could support managers in the assessment of key risks, collation of data and evidence, and identification of appropriate mitigating measures. Risk treatments/mitigating measures will be context-specific and will need to take into account local conditions, hazards, policies and priorities.

Figure 2. Integration of OSH into ERM: A quick how-to guide

22. A checklist and a sample Occupational Safety and Health detailed risk categorization<sup>9</sup> are provided in Annex 2.
23. In Annex 3, two presentations from WFP and UNHCR demonstrate how these two UN organizations have been working on integrating OSH into enterprise risk management processes. They should be viewed as examples of an ongoing process of identification and integration which is still being developed and refined. The UN Secretariat has also established three new risk categorizations relating to OSH in their ERM process.

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<sup>9</sup> The sample risk categorization is modelled after the Duty Station Health Risk Assessment risk categorization developed by UNMD.

## OSH Framework for Affiliate/Standby/Non-UN Personnel

24. The Task Force was mandated by HLCM to “[d]evelop measures to enhance Duty of Care<sup>10</sup> to affiliate workforce/non-staff personnel. This work will be conducted in collaboration with the standby partners and any other external entities to the UN that deploy their personnel”.<sup>11</sup> In order to avoid concerns and misperceptions that a policy framework focused on “duty of care” owed by UN system organizations would create an assumption of legal liability by such organizations, the Task Force is referring to the term Occupational Safety and Health (OSH) rather than “duty of care” for such a framework.
25. The Task Force conducted a review of the categories of non-staff personnel at the UN, in consultation with the relevant networks, including Human Resources, Legal, and Procurement Network, and for the purposes of this work chose to focus on the following categorization of personnel, based on the contractual status that the personnel have with the UN organizations<sup>12</sup>. Uniformed personnel are not included, however, the HLCM may wish to consider reviewing this category in the future.
- a) **CATEGORY 1 (affiliate personnel):** individuals with direct contractual relationship with the organizations, including but not limited to consultants, individual contractors, interns, UN Volunteers<sup>13</sup>, fellows, UNOPS contractors (e.g. Local Individual Contractors (LICAs) and International Individual Contractors (IICAs)) etc.;
  - b) **CATEGORY 2 (standby personnel):** individuals deployed from entities in standby partnership arrangement with UN organizations, including Government-provided personnel (GPP) and those on non-reimbursable loan agreement (NRLA)); and
  - c) **CATEGORY 3 (non-UN personnel):** individuals with indirect relationship with the organizations through their employers, such as third party and implementing partner personnel.
26. **The Task Force presents the OSH framework and voluntary guidelines to the HLCM for reference as practical suggestions and tools to ensure the safety, health and security of Affiliate/Standby/non-UN personnel.** This Framework is based on the Core Principles: 1. Risk awareness and transparency, 2. Effective occupational safety, health and security management, 3. Inclusion and respect for dignity, 4. Caring for consequences of risk, and 5. Accountability at all levels – and spells out the measures and considerations in relation to the Core Principles at each stage of deployment (prior to, during and post-deployment), when engaging affiliate/standby/non-UN personnel.
27. The corresponding measures to be taken for each of the Core Principles, as well as the relative importance of each measure, will vary depending on the type of the personnel, for which guidelines or best practices for implementation are provided for each category.

<sup>10</sup> As described previously, the references to “duty of care” in this Final Report focus on “OSH”.

<sup>11</sup> CEB/2018/HLCM/5/Rev.1, Annex 13.

<sup>12</sup> UNSMS Security Policy Manual, Chapter 3 on Applicability. Note, “UN personnel” under UNSMS include “United Nations system personnel, United Nations Volunteers, individually deployed military and police personnel in peacekeeping or special political missions, consultants, individual contractors, experts on mission and other officials with a direct contractual agreement with an organization of the United Nations system.” UN personnel under the UNSMS excludes military or formed police units”.

<sup>13</sup> Note that the contracts for UN Volunteers are with UNV.

28. It should be noted that none of the voluntary guidelines and suggestions referred to in this Framework are proposed with the intention to incur new or additional legal obligations beyond those currently in place. The Framework and its guidelines are entirely voluntary in nature and UN organizations are best placed to determine what and how they consider appropriate to implement.
29. The Voluntary Guidelines, in Annex 4, provide examples of how organizations could operationalize the draft Framework for the three categories of personnel.

<b>OSH Framework for Affiliate/Standby/Non-UN Personnel</b>			
<b>Core Principles</b>	<b>Prior to deployment</b>	<b>During deployment</b>	<b>Post-deployment</b>
<b>1. Risk awareness and transparency</b>	<ul style="list-style-type: none"> <li>• Provision of detailed information.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing dissemination of security, occupational safety and health and other relevant information.</li> <li>• Access to mandatory security and other training courses.</li> </ul>	<ul style="list-style-type: none"> <li>• Development and implementation of a mechanism to collect and reflect on the feedback from the personnel.</li> </ul>
<b>2. Effective occupational safety, health and security management</b>	<ul style="list-style-type: none"> <li>• Medical certificate.</li> <li>• Security clearance.</li> <li>• Secure travel and visa arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusion under the security system in place.</li> <li>• Application of minimum standards for accommodation.</li> <li>• Adequate bandwidth provided.</li> <li>• Access to available medical and psychosocial services.</li> <li>• Access to medical evacuation services and certification of continuous insurance coverage.</li> </ul>	
<b>3. Inclusion and respect for dignity</b>	<ul style="list-style-type: none"> <li>• Reasonable accommodation of disability and other special needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Compensation commensurate with the work and working conditions.</li> <li>• Protection against sexual harassment, harassment and abuse of authority.</li> <li>• Protection against retaliation.</li> </ul>	<ul style="list-style-type: none"> <li>• Certificate of service/ successful performance, if applicable.</li> <li>• Timely settlement of final emoluments as provided in the contractual agreement (e.g. last pay, travel cost etc.).</li> </ul>
<b>4. Caring for consequences of risk</b>	<ul style="list-style-type: none"> <li>• Ensuring appropriate insurance coverage (to be funded by the organization or the individual).</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis management (e.g. medical and security evacuation etc.).</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up mechanism/ compensation in case of long-term effects of occupational illnesses/ accidents.</li> </ul>
<b>5. Accountability at all levels</b>	<ul style="list-style-type: none"> <li>• Clear assignment of roles and responsibilities for the parties prior to deployment.</li> </ul>	<ul style="list-style-type: none"> <li>• Clear managerial and individual responsibilities for managing occupational safety, health and security risks.</li> <li>• Terms in the contractual agreement describe the mechanism for dispute resolution.</li> <li>• Appropriate on-going support for the assessment of performance.</li> </ul>	

Figure 3. OSH Framework for Affiliate, Standby and Non-UN Personnel in the context of the Core Principles

## Progress Update on Key Deliverables

### A. Mental Health Strategy

30. An interagency, cross functional Implementation Board was established in October 2018 with the purpose of ensuring strategic oversight and providing support to successful and practical operational implementation of the HLCM-approved UN system Workplace Mental Health and Well-Being Strategy (hereinafter “Mental Health Strategy”), over the five-year period (2018-2023). The following is a progress update on the priority actions to implement the Mental Health Strategy:

Priority Action	Progress
Resource and distribute psychosocial support and mental health services.	A mapping report has been developed which provides key recommendations to ensure equitable access to service. Recommendations are being prioritized and where required HLCM input will be sought.
Implement stigma reduction and mental health promotion approaches.	A Mental Health Strategy Campaign Website was launched in September 2019. It contains information focusing on reducing stigma and promoting mental health. The website can be accessed at: <a href="https://www.un.org/en/healthy-workforce">https://www.un.org/en/healthy-workforce</a>  A road map that UN Organizations can utilize to reduce stigma has been drafted and relevant information will be included on the website.
Create systems to enable and oversee the safety and quality of psychosocial support programmes.	A Quality System is under development by a working group from key disciplines within the UN. A draft for review will be completed in October 2019.
Initiate a suite of prevention interventions, establish a workplace well-being programme and complete a review of United Nations Health Insurance provision, and United Nations social protection schemes.	Work on these priority actions will commence in October 2019. A consultant has been engaged to assist with this process.
Complete a multidisciplinary workforce development plan.	This priority action will commence in November 2019. The procurement process to secure a vendor to carry out a learning needs analysis is underway as an initial step for this priority action.

Figure 4. Progress Update on Priority Actions for Mental Health Strategy

31. An additional action undertaken by the Implementation Board and Global Lead since the last report in March 2019, is budget and resource generation planning for years 1 and 2. There is currently a shortfall in funding for the implementation of the mental health strategy and a resource generation plan is being implemented.
32. Next steps:
- a) In September 2019, a Mental Health Campaign Website was launched, this will be further developed in the coming months. This includes pertinent information for UN staff and non-staff personnel and specific information directed at specific roles within the UN (for example, leaders, HR, managers).
  - b) Resources will be provided to all UN Organizations for World Mental Health Day on 10<sup>th</sup> October 2019. A series of webinars will be held.
  - c) Prioritization of the Recommendations from the Psychosocial Support Mapping Report and associated actions.
  - d) Commence activity on additional priority actions as outlined in the table above.
  - e) Continue with resource generation activities. See Annex 5 for indicative budget, current funding and shortfall.
  - f) Review reporting mechanism for the Mental Health Strategy. Options include reporting directly to HLCM or report through the proposed OSH Forum or alongside related Workforce Strategies (Sexual Harassment, Disability, Gender).
  - g) Engage with key stakeholders and commence implementation planning with UN Organizations and regions.
  - h) Engage UN Leaders to endorse the strategy and associated actions.
  - i) Develop mental health policies that can be adapted for UN Organizations.

## **B. UN Living and Working Standards**

### **Common UN living standards**

33. A number of UN organizations are reviewing their internal policies and are drafting new organizational guidelines to align internal living standards to the shared UN Living and Working Standards issued in April 2018. WFP has issued a new Directive on Living Standards for Field Accommodation in September 2019, and in October 2019, will be launching an awareness campaign to communicate globally the need to align operations to the higher standards. Plans to upgrade specific locations will also be prepared with the support of global digital tools.

## One UN accommodation digital platform

34. As of July 2019, the Humanitarian Booking Hub developed by WFP and UNHCR, which represents the largest UN service offering secure and safe accommodation to the humanitarian community, has been adopted by five UN organizations: WFP, UNHCR, UNICEF, IOM and UNFPA. This now represents more than 230 guesthouses in deep field locations of over 30 countries. Pilots are also ongoing with UNDP, and WHO has confirmed their plan to participate in the platform. In addition to the services already described in previous reports, the Humanitarian Hub is now hosting, in collaboration with UNDSS, platforms where UN staff and non-staff personnel can link to the Electronic Travel Advisory (eTA)<sup>14</sup>, the TRIP security clearance site and the updated list of UNDSS-listed hotels in selected high-risk areas.

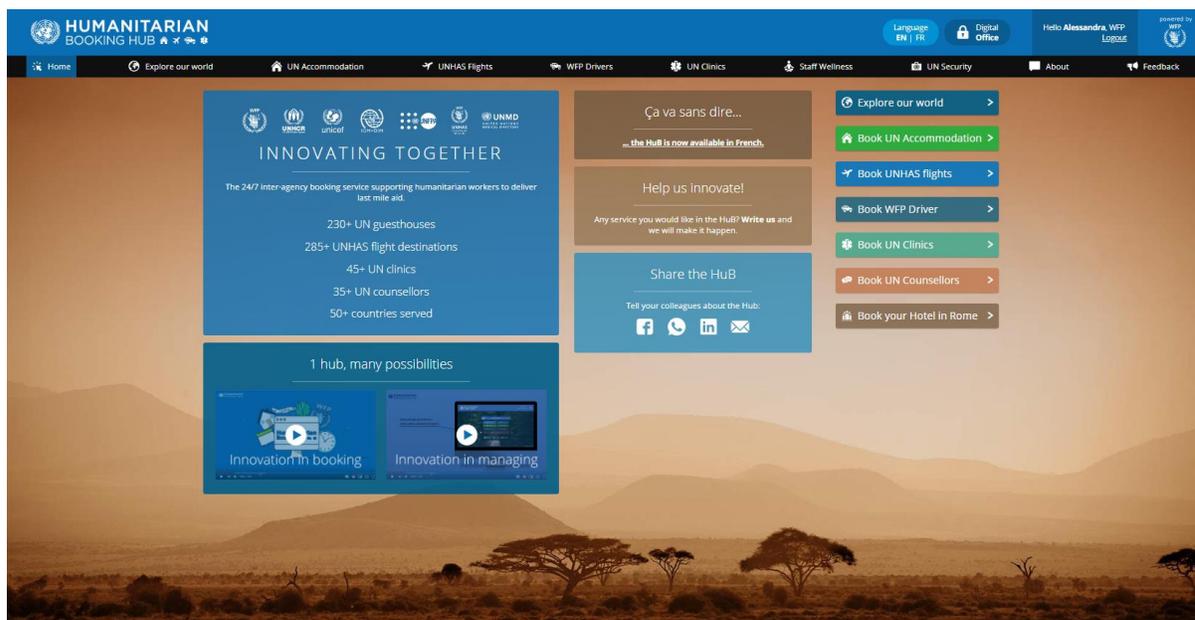


Figure 5. UN Humanitarian Booking Hub, digital platform

## Online UN standards assessment

35. Launched early 2019, the digital Quality Assessment Checklist available on the Maintenance section of the Humanitarian Booking Hub allows for an easy-to-fill, structured survey to collect the current status of all the key service variables in UN guesthouses against the UN standards. WFP and UNHCR have launched it to their guesthouse network. WFP reached 100% completion of its global guesthouse quality standards benchmarks, and UNHCR is targeting completion by fall 2019. The Quality Checklist is available to any UN organization joining the Humanitarian Booking Hub to simplify and streamline their compliance to UN quality standards. Surveys are stored on the platform for easy submission and retrieval by local/central officers in order to assess compliance to UN standards over time.

<sup>14</sup> UNDSS, together with all UNSMS organizations, rolled out the new UN system wide Electronic Travel Advisory (eTA), which is a mobile phone application to provide UN personnel with helpful security information, including contact details for security personnel, the location of premises, and security advisories. The application allows users to receive location-based notifications and be quickly accounted for in an emergency.

Quality Checklist for Permanent accommodation  
Nigeria, Maiduguri Guesthouse 1

CHECKLIST DETAILS		SAVE DRAFT
Assessment date	03 September 2019	Last draft saved: 03/09/2019 15:31
Filled by	Alessandra BIANCHINI	
Role		
Hardship classification		
Total capacity	21	
Capacity for residents		

LODGING			
TOPIC	QUESTION	ANSWER	COMMENTS
Type and Capacity	Accommodation Type *	Permanent building ▼	
	Number of beds	21	
Sleeping quarter	Private *	Yes ▼	
	Sleeping quarter size: minimum 12 sqm *	Yes ▼	
	Individual bed with mattress and pillow	Yes with pillow ▼	new linen in 2019
	Bed linen	Yes ▼	
Room furniture	Lockable wardrobe or safe	Yes ▼	
	Desk and Chair	Yes ▼	
	Adequate lighting (150 lumen)	---- ▼	to be checked
	Reading lamp	Yes ▼	
	Mosquitos screens on windows and doors	Only on windows ▼	no need for doors
	Regular pest control services	No ▼	to start in 2019
	Lockable doors from inside and outside	Yes ▼	
Bathroom	Private	Private ▼	
	Toilet with seat and flush	Flushing toilet with ▼	
	Sink	Yes ▼	
	Running water	Yes ▼	one room without

Figure 6. Example of Quality Checklist for Permanent Accommodations

### On line safe living conditions training

36. A WFP hygiene training course for safe catering, lodging and sanitation in deep field guesthouses is available in the training section of Humanitarian Booking Hub. Thanks to a UNHCR contribution, the training is now available in 3 languages (English, French and Arabic) to support granular distribution at the very deep field level, where local administrators can use it with local labour and external suppliers of catering, cleaning and maintenance services. Other organizations are welcome to adopt the courses in order to create a common UN-wide training platform for healthy guesthouses services and to co-fund an additional module of Healthy Catering to be developed by early 2020.

### On line pre-deployment package

37. With 230 guesthouses, 45 UN Clinics, 30 UN counsellors, 285 UNHAS flight destinations and about 30 locations for UN driver pick-up services, the Humanitarian Booking Hub represents the largest UN digital repository of many deep field services to humanitarian staff with information, addresses, contacts, pictures and booking services. WFP is now attaching dedicated country factsheets per location as well as a corporate “Stay healthy before, during and after missions” package on the Hub; also, special pre-deployment packages for Ebola-affected countries are communicated through the Wellness section of the Hub. This could be a useful mechanism, particularly at the UN Country Team level, for disseminating pre-

deployment information. Other UN organizations in partnership with the Humanitarian Hub are welcome to use the platform capabilities to share dedicated pre-deployment material and/or to co-develop one with WFP.

### Future monitoring and reporting mechanisms

38. Establishing standards is a long-term commitment which requires an initial effort to reach the standards and continuous monitoring and regular maintenance to uphold quality living conditions. Corporate policies, implementation resources and innovative management tools need to be addressed to commit to UN-wide living standards across operations and organizations. When the Humanitarian Booking Hub was presented at the April 2019 37<sup>th</sup> HLCM session in Bonn, it was commended as an example of mainstreaming innovation in OSH in the UN system. In order to flourish and improve, other organizations are invited to join and support its use, and the proposed OSH forum would be a suitable venue to pursue its expansion.

## C. Duty Station Health Risk Assessments (DS-HRA) and Health Support Plans

### Duty Station Health Support Planning

39. The necessary components of evidence-based health support planning in UN duty stations has been developed, evaluated and implemented in a number of locations. The below graphic shows the components which build a robust health support plan for a duty station. Analytical tools for Duty Station Health Risk Assessment (DS-HRA) and gap analysis of Mandatory Health Support Elements (MHSE)<sup>15</sup> have been developed by UN Medical Directors (UNMD).

40. A health support plan addressing the MHSE supports managers in OSH risk management when deploying UN staff and non-staff personnel to high risk duty stations. These tools are also useful for classifying the hardship categories of UN duty stations and UN mission planning. The core stakeholders for successful health support planning and implementation in a duty station are the Resident Coordinator (RC) and the UN Country Team (UNCT).

41. Most recently UNMD, led by the Division of Healthcare Management and Occupational Safety and Health, Department of Operational Support (DHMOSH), UN Secretariat, proposed health support plans were developed for the UN Mission to Support the Hudaydah Agreement (UNMHA) in Yemen, and for the Burkina Faso Prevention and Peacebuilding Assessment.

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<sup>15</sup> The Mandatory Health Support Elements are: (1) Primary Care, (2) Hospital Care, (3) Mental Health Services, (4) Mass Casualty Incident Plan, (5) Medical Emergency Response, and (6) Access to pharmaceuticals (including PEP).

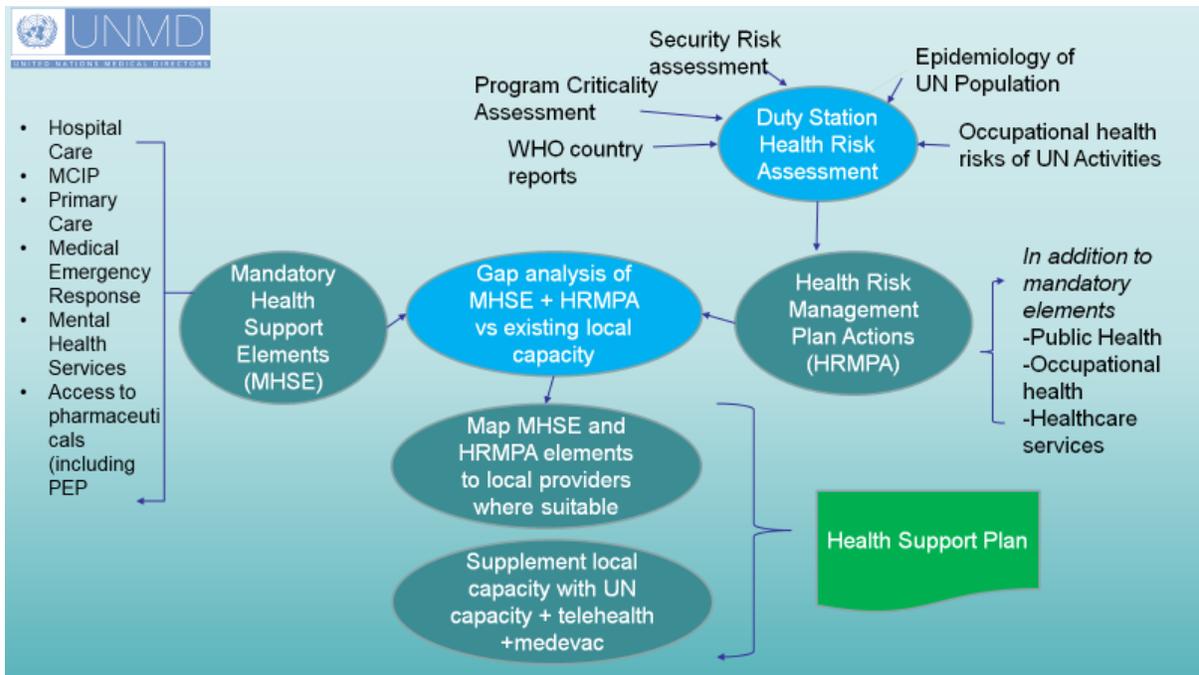


Figure 7. Health Support planning

### Duty Station Health Risk Assessments (DS-HRA)

42. The DS-HRA methodology is based on the Enterprise Risk Management methodology. The DS-HRA is a core element of OSH to support appropriate risk assessment and management of hazards inherent to a duty station which could lead to injuries, illness, death and/or disability of the United Nations personnel. The purpose of a DS-HRA in a duty station is to identify the hazards, evaluate the risks, assess the measures already in place, analyze the gaps and provide recommendations for the health support plan. The DS-HRA enables managers to make informed decisions on how to mitigate and to prioritize these risks, as part of the risk management methodology, at the duty station.

43. The majority of risks identified in the HRA can be addressed through implementation of the MHSEs. The UNMD therefore sponsored, through a donation from the UN Secretariat (DHMOOSH), the development of a self-assessment tool and guidelines for duty stations to assess the MHSEs. The tool and associated guidelines will support consistent, reproducible and transparent self-assessment and health support planning by the duty station/country team. It is proposed that such self-assessments and health support plans be endorsed by the local OSH committee and country team leadership and submitted to the UNMD for technical approval.

### **Self-assessment tool for Mandatory Health Support Elements (MHSE)**

44. The MHSE tool and guidelines (see Annex 6) were finalized in May 2019 and since July 2019 were applied and tested in Sudan for a country-wide assessment covering 10 duty stations. The assessment was requested by the Sudan Country Team which established a special task force to support the assessment. The WFP Sudan country office through its deputy country director, chairs the task force and resourced and contracted the consultant for the assessments in consultation with UNMD. The Sudan assessment is due to be completed shortly. The MHSE Toolkit will be rolled out in the fall of 2019.
45. There are some key lessons learned from both the HRA and MHSE work:
- a) Engagement of the Resident Coordinator, the Country Team, the Operations Management Team (OMT) and the World Health Organization (WHO) representative are paramount for the successful and realistic assessment, and subsequent implementation of the recommendations resulting from either the DS-HRA or MHSE assessments.
  - b) There can be conflict of interest issues within the country team – for example, if the assessment is for the purpose of determining whether or not to keep or close a clinic, there is a conflict of interest for the staff member working in the respective clinic to be involved in the assessment. An independent assessor (either from another duty station or an independent consultant) seems to be the best way to overcome actual and perceived conflicts of interest when assessing UN duty stations.
  - c) Appropriately qualified consultants can do this work competently and efficiently, allowing country teams to obtain an assessment at a timing of their own priority, without delay due to the travel availability of headquarters medical staff.

### **Implementing health support plans: the role of the Resident Coordinator and Country Team**

46. The UNMD has an advisory role, but no decision-making or resource allocation role. Decision-making lies with the RC/UNCT. Cost-sharing to implement the health support plans would need to be made on a basis that is acceptable to the constituent organizations. This was one of the Task Force action points endorsed by the HLCM in April 2018.
47. Experience has been that buy-in and support from the RC and Country Team is paramount to implement the recommendations for health support planning. This is a new way of working and has been implemented at a time of significant change in the country team environment, with introduction of the new RC mechanisms. Further work is needed to fine-tune the role of the RC and the UNCT to ensure appropriate oversight and engagement at the country level.

## **D. OSH Survey**

48. On behalf of the Task Force, the CEB/HLCM Secretariat launched a survey in June 2019 to show the progress of implementing the components of the OSH Framework by its 31-member organizations. The survey was comprised of 21 questions relating to the core components of the framework such as OSH Policy, Oversight Body, Staff participation, Capacity building, Incident Reporting System (IRS), Risk Mapping and Risk Register, Risk Assessment and Risk Mitigation, Standards and Compliance, Resourcing of implementation, communications, OSH capabilities, etc.
49. As of 29 August 2019, 20 organizations have responded (64% of CEB/HLCM organizations). The current data shows that:
- a) 3 organizations have an OSH policy implemented which is compliant with the requirements of the OSH Framework;
  - b) 8 organizations have an oversight body fully implemented;
  - c) The majority of organizations have not started promulgating standards and ensuring compliance and have not provided resources for OSH implementation;
  - d) The majority of responses indicated that implementation of OSH is in progress, however the proportion of work not started is also high.
50. In view of the results of the OSH survey, the establishment of an interagency OSH Forum would be appropriate to promote the OSH Framework and to analyze the constraints in current implementation. Please see Annex 7 for the summary of the OSH survey results.

## **E. Situating our work in the UN reform process**

51. The Management and Accountability Framework of the UN Development and Resident Coordinator System (MAF) is an opportunity to reflect OSH responsibilities within the ongoing implementation of the UN Development System reform. Since the Task Force's latest update to HLCM, we have proposed insertion of the following into the global level of the MAF:

*"...RC system, with full participation of UNCT members, promotes Occupational Safety and Health (OSH) and implements the HLCM-approved Occupational Safety and Health Framework (ref. CEB/2015/HLCM/7/rev.2) and the OSH management system promulgated by the Secretary-General (ref. ST/SGB/2018/5)."*

52. HLCM members are encouraged to continue advocating for inclusion of this language in the final global MAF to reflect the formal responsibilities and accountabilities of the RC system in the implementation of the OSH Framework.

## Monitoring and Evaluation: Implementation in UN Organizations

53. Developed based on the monitoring and evaluation framework endorsed by the HLCM in Fall 2018, the Task Force has been monitoring implementation of the HLCM action points in participating UN organizations through use of a monitoring and evaluation survey (“M&E survey”) since August 2018.
54. Following feedback from UN organizations to the first two surveys in August 2018 and in February 2019, the M&E survey was revised to take into account the specificities of headquarter-based organizations and sent to the HLCM member organizations for reporting in July 2019.
55. Out of a total of 33 HLCM organizations<sup>16</sup>, 21 organizations responded to the revised survey and provided their input (approx. 64 percent response rate). The organizations that have provided their input are: FAO, IAEA, IFAD, ILO, IOM, UNDP, UN Secretariat, UNESCO, UNFCCC, UNFPA, UN-Habitat, UNHCR, UNICEF, UNIDO, UNOPS, UNV, UN Women, WFP, WHO, WIPO and World Bank. The consolidated response is provided in Annex 8.
56. Responses from UN organizations to the M&E survey underscores the organizations’ continued commitment to expanding the HLCM action points beyond high-risk duty stations to all environments and to all staff and non-staff personnel where feasible. Some of the key progress includes:
  - a) Pre-deployment guide for all environments and all categories of staff and non-staff personnel: Many organizations have made the pre-deployment guides available for staff members deployed to not only high-risk locations but also to other environments. More than half of the organizations that have responded confirmed that they share these guides with their non-staff personnel (e.g. individual contractors, consultants, volunteers and interns) by making the guides available on the intranet or through online training modules, or that discussions are underway to allow other categories of non-staff personnel to access the guides. Many of the organizations have either updated the pre-deployment guides recently or are planning to update the guides, incorporating the elements embedded in the sample pre-deployment guide developed by the Task Force.
  - b) Resilience briefings in high-risk locations: Organizations continue to develop measures to enhance resilience of staff members deployed to high-risk locations. For example, UN Women signed an agreement with the Rome Institute to provide pre- and post-deployment resilience briefings to all international staff deployed to high-risk locations. For WFP, UNDP, UNHCR and UNICEF, the resilience briefings are mandatory for staff members deployed to high-risk locations. UNDP provides mandatory pre- and post-deployment briefings for staff in international professional category assigned to D and E duty stations.

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<sup>16</sup> There are 31 HLCM organizations. However, for the purpose of monitoring and evaluation, UN Habitat and UNFCCC were also sent the survey, separately from the UN Secretariat.

- c) Training and support for managers: WHO is piloting a managerial training for staff operating in all locations. An incident manager's training in the context of the Emergency Programme is currently under development. At UNHCR, there is a dedicated in-house management training that all staff in the Professional category can apply to and which is mandatory in order to progress to the next grade. An online course targeting junior level colleagues is open to locally-recruited staff as well as to non-staff personnel. UNHCR maintains a roster of both staff and affiliate workforce for emergencies. These staff and non-staff personnel undertake a ten-day immersive training (Workshop on Emergency Management), and staff in the Professional category rostered at a more senior level go through the Senior Emergency Leadership Program (SELP). In the case of both courses, the plan is to further highlight OSH-related issues, especially in high-risk environments. Other regular UNHCR learning programmes, such as in Human Resources, have integrated a session pertaining to occupational safety, health and well-being, and are reviewing what format to take in the future. Enhancing OSH risk management in all environments is a key cross-cutting theme. On the basis of a recently revised Field Offices Manual, UNIDO provides training to all UNIDO field staff, including those in high-risk locations and including managerial/duty of care/safety and security matters and skills. These trainings are available for non-staff personnel as well, subject to availability of space.
- d) Online claiming for medical insurance for staff: All of the organizations that have responded have online claiming for medical insurance for staff in place.
- e) UN minimum working and living standards: Organizations are at various stages in progress towards complying with the UN minimum working and living standards, including the suggested guidelines for ensuring adequate bandwidth. In UNHCR, as part of its global plan, by 30<sup>th</sup> October 2019, all guesthouse managers will be required to fill in the monitoring tool and maintenance tool. UNOPS is planning to do a gap analysis of current standards with the intention of ensuring the minimum standards are covered. A client satisfaction tool is being developed for guesthouse users to monitor their satisfaction including with bandwidth. UNFPA has agreed to participate in the WFP humanitarian accommodation hub, which will enable annual monitoring of accommodation standards in UNFPA-owned accommodations, and also of the condition of other organizations' accommodations where UNFPA staff may be housed. For UNFPA office premises, there is an annual certification or stock-taking process that takes into account space, duration of lease, costs, number of people, sustainability and UNFPA reports that the standards in UNFPA offices already exceed the UN standards. All WIPO working premises, including in non-high-risk locations, comply with the UN minimum standards and are assessed against these standards on a regular basis.
- f) Providing first aid and medical essential kits: With the exception of three organizations, mostly due to reasons of lack of funding, organizations have reported that their offices in all environments, are equipped with first aid and medical essential kits.

- g) Support to staff who can no longer serve in a particular location: While many of the organizations review these situations on a case-by-case basis, at IOM, a protocol for coordination of care for staff with complex mental health problems is in draft form and being developed. At ILO, in line with organizational staff rules and regulations, there is an option to transfer international staff based on humanitarian grounds via submission of the case to the ILO Recruitment, Assignment and Mobility Committee (RAMC). At WIPO, a Return to Work Policy as well as Special accommodations and Mental Health Strategies are being gradually implemented to support staff in these situations. In addition to considering workplace needs in the context of sick leave or disability, IAEA also accommodates staff constraints on a case-by-case basis.
- h) Special time off for locally recruited staff members: UNICEF, WFP and UNHCR grant special compressed time off for locally recruited staff members serving in difficult conditions to allow staff to have adequate time off for recuperation.
- i) Additional organizational initiatives beyond the scope of the Task Force to promote the safety, health and well-being of staff and non-staff personnel include:
  - a. UNICEF: Provides air purifiers to both international and locally-recruited staff members based in duty stations with sub-standard air quality, to use at their houses during their assignment in the affected duty station.
  - b. UNESCO: A working group will be set up with all key stakeholders to regularly monitor the implementation of the Task Force actions.
  - c. UNV: The induction programme and pre-deployment trainings have been the most impactful in terms of raising awareness of what support mechanisms are in place. The framework for affiliate workforce, developed by the Task Force, is under review for adoption in the ongoing review of UN Volunteer Conditions of Service.
  - d. UNHCR: The 'payment in lieu of family installation', which is being granted to staff members in E family duty stations, as approved by the General Assembly, may also be approved for health reasons, when certified by the Medical Section, in respect of international staff members in hardship duty stations who will not install eligible family members at the duty station. UNHCR has established a new mandatory clearance for all locally recruited staff and affiliate workforce before they start work.
  - e. UN Secretariat: Location-specific pre-deployment guides are provided to staff and non-staff personnel in all environments. In addition, the UN Secretariat has launched the Global Induction Platform (<https://induction.un.org/>) which provides personalized induction plan that suits the specific role, location and familiarity level with the Organization. The UN Secretariat also conducts workshops on managing stress, offered in pre-deployment training at Global Service Centre in Entebbe. It also uses Dynamic Bandwidth Allocation System (DBAS), a satellite technology implemented for the field, which allows bandwidth to be allocated to the users according to their needs, without saturating a link.

- f. WIPO: A working group to promote occupational safety, health and well-being has been formed and has developed a report with recommendations that has been endorsed by the Director General and approved for implementation. In addition, an Organizational Safety and Health Committee is operational and is overseeing multiple issues in the area of its responsibility.
- g. Additionally, WFP and UNHCR are piloting an online billing system for affiliate workforce to facilitate their access to UN clinics. The Interagency Security Management Network (IASMN) has made progress in developing policy guidance and tools to mitigate security risks to UN personnel and to strengthen security management decision making. In June 2019, the IASMN endorsed a new policy on chemical, biological, radiological and nuclear threats and attacks, the revised guidelines on the management of safety and security crises, the guidelines on Safe and Secure Approaches in Field Environments (SSAFE) training, guidance on reflecting “acceptance” in the Security Risk Management (SRM), and a revised air travel policy.

57. While progress is noted with the implementation of certain HLCM-endorsed action points, such as those mentioned above, there are also action points that require further attention and commitment. Some of these include implementing online claiming for medical insurance for other personnel, providing time off for locally-recruited staff members and obtaining flexible solutions to provide basic essential and standby supplies (not only first-aid and medical essential kits). Some organizations also responded that they have not conducted the necessary actuarial studies to make decisions regarding medical travel for eligible staff and families to secure essential medical care for chronic medical conditions requiring medical intervention that is unavailable or inadequate in the duty station, because they have similar provisions already in place (UNHCR, WFP), see the need to implement such travel without having to conduct a study (UNICEF), or do not have the capacity to implement at this time.

## Way forward after the end of the Task Force mandate

58. Since the endorsement of the Occupational Safety & Health (OSH) Framework by the Chief Executives Board (CEB) in 2015<sup>17</sup>, UN organizations have made gradual progress vis-à-vis OSH by promulgating policies, conducting training for staff members and establishing OSH committees in field locations. However, there is no interagency forum for coordination, which would establish and benchmark common OSH standards and tools, with a view toward promoting effective common solutions in the field.
59. With the discussion now matured on the centrality of OSH in the continuation of this work, and in view of the results of the OSH survey, the Task Force considers that the UN system could benefit from the establishment of an interagency OSH body to coordinate, set directions, and develop tools and common standards, with a focus on looking for efficient joint solutions in the field. The work of this Task Force has also demonstrated the value in tackling this from a multi-disciplinary perspective and would strongly recommend a continuation of this approach.
60. Furthermore, it is ultimately respective agencies which are accountable to implement existing deliverables and integrate OSH into their risk management processes. The Task Force would also note, however, that OSH is ultimately a management responsibility, especially as in-house capacity and reporting lines may vary by agency.
61. To this end, the Task Force proposes that a multidisciplinary interagency technical OSH Forum, chaired by WHO, is established to lead the continuation of this work within the UN system. Its priorities would include: a) leading the mainstreaming of OSH tools, b) coordinating the revision and updating of norms and standards, c) developing OSH risk management methodologies, and d) promoting the integration of OSH risk management into the accountability framework for Resident Coordinators.
62. The footprint of this forum should be lighter than that of the Task Force, may be comprised of a different mixture of experts, and should draw on the membership of and work with the technical networks, HLCM organizations and the staff representatives. Given that its purpose would be to ensure effective coordination of OSH matters and propose practical solutions to common inter-agency problems, this forum would likewise be able to bring issues to HLCM's attention as and when relevant, and would be invited to report periodically to the HLCM on its progress.

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<sup>17</sup> CEB/2015/HLCM/7/Rev.2 of 31 March 2015.

## Conclusion

63. In the course of the last three and half years since the Task Force was constituted, its members have worked in a cooperative and collaborative manner to drive the UN system's efforts in promoting a healthier, safer and more respectful workplace. Initially focusing on high-risk duty stations and on UN staff members, its work has been expanded to address all environments and to include various categories of staff and non-staff personnel. The result is a series of concrete and practical actions, tools and monitoring frameworks.
64. Going forward, these deliverables need to be integrated into UN organizational policies, procedures and guidelines and their implementation be monitored independently. The implementation of the OSH Framework, which includes identifying, mitigating and treating risks associated with employee health and safety into enterprise risk management processes is a fundamental element. It is the risk management process which ties all of this work together, as it is the means by which organisations can capture and treat risks which threaten to affect the health, well-being and safety of their workforce wherever they are located.
65. In so doing, organizations may find that there are other actions, beyond those promulgated by the Task Force, which bear consideration and possible adoption in order to address the occupational safety and health needs of their workforce. This would be a positive development, as the Task Force's role was to be an initial catalyst for the UN system in generating interest in and commitment to occupational safety and health principles.
66. Now that the Task Force's mandate has been completed, the UN system and its participants, both individual organizations and UN Country Teams, will be in a better position to nurture and continue this work. Together, making the UN a healthier, safer and more respectful place to work is and will continue to be each and everyone's priority, now and in the future.

## Annexes – CEB/2019/HLCM/27/Add.1

- Annex 1. Core Principles for a healthier, safer and more respectful UN workplace.
- Annex 2. Integration of Occupational Safety and Health (OSH) into Enterprise Risk Management: Checklist and Sample OSH detailed risk categorization.
- Annex 3. Case examples of integrating OSH into Enterprise Risk Management (ERM) systems.
  - Annex 3.A. WFP
  - Annex 3.B. UNHCR
- Annex 4. Voluntary Guidelines for Affiliate, Standby and Non-UN personnel.
- Annex 5. High-level budget and resource contributions for Mental Health Strategy Implementation.
- Annex 6. Mandatory Health Support Elements (MHSE) tools and guidelines
  - Annex 6. A. MHSE self-assessment forms
  - Annex 6. B. MHSE guidelines.
- Annex 7. Results of the survey on implementation status of Occupational Safety and Health Framework by HLCM organizations.
- Annex 8. Monitoring and Evaluation: Implementation status in UN organizations.