

**Chief Executives Board
for Coordination**CEB/2017/HLCM/6
22 March 2017**HIGH-LEVEL COMMITTEE ON MANAGEMENT (HLCM)**Thirty-third Session, 30-31 March 2017
Ministry of Agriculture, Budapest**Briefing Note on the Cross-Functional Task Force
on Duty of Care in High-risk environments****Background**

At its 31st session in March 2016, the HLCM considered the outcome of the HLCM Working Group on “Reconciling the Duty of Care for UN personnel while operating in high-risk environments”. The HLCM members expressed appreciation for the work of the Working Group and recommended the establishment of a cross-functional task force to work on the implementation of the recommendations presented by the Working Group.

Establishment of the Task Force and its composition

A cross-functional Task Force on Duty of Care has now been established. It is chaired by the Deputy High Commissioner for Refugees, UNHCR, with secretariat support provided by UNICEF.

The Task Force, composed of eighteen (18) UN organizations and staff federations, is supported by a Coordination Group which includes the Task Force Chair, the Task Force Secretariat, the HLCM Secretary and two representatives each from the Inter-Agency Security Management Network (IASMN); UN Staff Stress Counsellors Group (UNSSCG); UN Medical Directors (UNMD); and the Human Resources Network (HRN).

Activities of the Task Force

The Task Force and Coordination Group members met on 31 January 2017 and agreed on the following:

- (a) Phase 1:** A review of completed, ongoing or planned initiatives by any organization and/or inter-agency mechanisms in support of the recommendations contained in the Final Report of the HLCM Working Group on Reconciling Duty of Care for UN personnel while operating in high-risk environments (ref: CEB/2016/HLCM/11). (Hereinafter referred to as the “Final Report”.)
- (b) Implementation phase:** To develop a work plan that: (a) prioritizes; (b) institutionalizes; and (c) operationalizes recommendations formulated in the Final Report.

The terms of reference of the Task Force is attached as Annex I.

Update on Phase 1 (review of existing, ongoing and planned initiative)

At the first meeting, the Task Force and Coordination Group members were asked by the Chair to provide the Task Force Secretariat their completed, ongoing or planned initiatives in their networks/organizations to implement the recommendations in the Final Report.

Responses were received from 15 organizations¹ and all four networks/working groups².

(a) Activities of the inter-agency networks

- The inter-agency networks have completed four (4) activities. At this time, the networks are working on a total of 24 activities, which response to 10 out of the 13 recommendations of the Final Report (see Annex II for further details).
- It is noted that even though each activity is led by one network, most of the activities have been/are conducted in close cooperation of other networks. For examples:
 - UNMD has been working closely with UNSSCG in developing a Health Risk analysis and mapping methodology, with enhancements for psychosocial risk assessment (Recommendation 5); and
 - IASMN has been working closely with UNMD in the deployment and use of emergency trauma bags (Recommendation 6).

(b) Activities of organizations

- Work is ongoing in most of the field based organizations and in total, all 13 recommendations are ongoing/planned in at least one organization (see Annex III). For example:
 - Almost all organizations responded have/will have some sort of pre-deployment briefing (recommendation 1).
- Organizations are also working in close collaboration with the inter-agency networks. For example:
 - HR team in the organizations are actively involved in the HRN in the second phase of the ICSC Compensation Review for locally recruited staff (recommendation 13).

¹ FAO, IFAD, ILO, IOM, UN Secretariat (EPST and DFS), UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNOPS, WFP, WHO, WIPO and WMO

² IASMN, UNSSCG, UNMD and HRN

Planned activities for the Implementation Phase

As noted in phase I, given the amount of work already undertaken/will be undertaken by the networks and organizations, in most cases independently, the Task Force aims to carry out its work in a holistic and systematic manner to institutionalize and operationalize the recommendations formulated in the Final Report. The Task Force, with the support of the Coordination Group, will approach its work from a risk management perspective.

As such, it is planned that a meeting of all the members of the Task Force and the Coordination Group to be held in Geneva from 22 to 24 May 2017, to develop a risk management framework, which will in-turn support the work of the networks and organizations to systematically implement/operationalize the recommendations as stated in the Final Report. The Task Force plans to complete the work in the implementation phase by March 2019 (see proposed timeline in Annex I).

HLCM is invited to take note of the present summary and the planned initiatives, and give guidance to the Task Force as deemed appropriate.

Annex I

Terms of Reference Cross-functional Task Force on Duty of Care

Background

During its 31st session in March 2016, HLCM considered the outcome of a two-year work by the Working Group on “Reconciling the duty of care for UN personnel while operating in high risk environments”, which was co-chaired by Mr. Peter Drennan, USG, Department of Safety and Security, and by Ms. Karen Farkas, then Director of Human Resources Management, UNHCR.

HLCM members expressed strong appreciation and support for this work, and recommended that the focus should now be placed on how best to implement it. Specifically, the Committee decided to:

1. Ask the CEB Secretariat to undertake consultations among HLCM members with a view to continuing the work of the Task Force on duty of care under the chairmanship of an HLCM member, and with composition at the appropriate level reflecting the different stakeholders (HR Network, Medical, Safety and Security and Psychosocial).
2. Ask the Task Force to present a proposal for a way forward, with a prioritized list of concrete and achievable deliverables.

Purpose

The Cross-functional Task Force on Duty of Care (hereafter ‘the Task Force’) is responsible to coordinate follow up action on multidisciplinary and cross functional matters related to Duty of Care in High Risk environments (including the areas of psychosocial, medical, human resources, administration and safety and security), which features prominently in the new HLCM Strategic Plan (2017-2020), has high visibility among Member States and enjoys strong support from CEB. Task Force members and Secretariat will assist the Task Force Chair in presenting consolidated proposals to the HLCM.

Expected Deliverables

- A review of existing, ongoing or planned initiatives by any organization and/or inter-agency mechanisms in support of the recommendations contained in document CEB/2016/HLCM/11 (including identification of flagship initiatives and champions in different functional areas).
- A work plan that: (a) prioritizes, (b) institutionalizes and (c) operationalizes recommendations formulated in the Final Report of the HLCM Working Group on Reconciling Duty of Care (DoC) for UN personnel while operating in high-risk environments (CEB/2016/HLCM/11). The work plan should be based on a risk management approach to Duty of Care, as outlined in the following section ‘Methodology’.

Methodology

The Task Force will carry out its work in a holistic, systematic manner. Follow up action on the recommendations will be approached from a Risk Management perspective and embedded in existing enterprise risk management and security risk management frameworks.

- A) Risk assessments
 - Carry out systematic, multidisciplinary risk assessments using standardized tools
- B) Mitigation measures
 - Define applicable mitigation measures that reduce likelihood and impact of identified risks
- C) Monitoring and Evaluation
 - Set up a Monitoring and Evaluation framework (allowing for yearly reporting to HLCM)
 - Accountability: The accountability framework will remain within each agency
- D) Funding
 - Carry out a costing exercise in view of the development of a sustainable funding model to assess and address the risks.

Duration and Timeline

The Task Force will be established for a period of 2 years.

Major timeline:

February 2017	ToR finalized, operationalization of priority actions agreed, governance and implementation mechanisms agreed and put in place
March 2017	Report to HLCM on the Task Force constitution ToRs submitted and endorsed
April 2017	Task Force debrief, launch of implementation phase based on HLCM decisions
May 2017	Reports on preliminary progress from the different work streams. Meeting of Task Force members (Envisage physical meeting in Geneva)
July- August 2017	Consolidation of progress reports. Drafting of analysis and recommendations for HLCM
September 2017	HLCM preparation meeting; finalization of progress report for HLCM based on DoC Risk Management framework and including proposals on funding modalities
October 2017	Report to HLCM
November 2017	Task Force debrief, agreed actions based on HLCM decisions
November 2017 – February 2018	Implementation phase continues, based on timelines agreed for each work stream
March 2018	Report to HLCM
March 2018 – March 2019	Implementation phase continues, based on timelines agreed for each work stream. Regular updates to HLCM

Composition

The Task Force is chaired by Ms. Kelly Clements, Deputy High Commissioner for Refugees (UNHCR).

The Task Force Secretariat lead is Ms. Michelle Wong, Human Resource Specialist, Policy and Administrative Law Section (UNICEF).

In order to maintain its interdisciplinary focus, the Task Force composition shall reflect functional diversity (psychosocial, health, medical, human resources, administration and safety and security) while ensuring as well representation from a broad range of UN agencies. The Task Force will also include one member from each of Federations of UN staff associations.

The Task Force will be supported by a Coordination Group composed of the Chair, the Task Force Secretariat, the HLCM Secretary, and two representatives from each of the following groups and networks:

- Inter-Agency Security Management Network (IASMN)
- UN Medical Directors Working Group (UNMDWG)
- UN Staff Stress Counsellors Group (UNSSCG)
- HR Network (HRN)

Annex II

Activities of the inter-agency networks

Recommendations from Final Report	Lead Network/ Others	Activities	Deadline
Recommendation 1: Development of a comprehensive pre-deployment management package for staff and their families	UNSSCG	SOP on deployment briefings	Completed
	IASMN	Revision of BSITF and ASITF and inclusion of SSAFE as a continuum assessment and design phase (subject to availability of resources)	30 June 2017
	IASMN	Development of an app to make TRIP and travel advisories more relevant to travelers arriving in the field (subject to availability of resources)	31 Dec 2017
Recommendation 2: Creating a system-wide resilience briefing, as part of the pre-deployment package.	IASMN	Revision of BSITF and ASITF and inclusion of SSAFE as a continuum assessment and design phase (subject to availability of resources)	30 June 2017
	UNSSCG	Development of several materials available to staff; video series on Resilience in the Workplace (UNHCR); Resilience Workshops (UNHCR; UNICEF)	Completed
	IASMN	Development of a training package on stress and critical incident stress (MSCIS)	31 Dec 2017
Recommendation 3: Development of specific training for managers operating in high risk environments	IASMN	Management of security crisis training for Designated Officials	Ongoing/ annually
	UNSSCG/ HRN	Workshop designed to help managers build their “soft skills” associated with managing	Completed
	IASMN	Revised Designated Official Handbook	31 March 2017
Recommendation 4: Identification of consistent standards on working and living conditions for staff deployed in high risk environments	IASMN	Lead with respect to security applicability only. In relation to security, both the Security Risk Management process and Programme Criticality were revised in early 2016.	Completed
	HRN	Determination and harmonization of R&R entitlements and locations for over 650 hardship duty stations	Ongoing/ biannually
	HRN	Determination and coordination of special measures for countries in crisis and catastrophic events	Ongoing/ biannually

Recommendations from Final Report	Lead Network/ Others	Activities	Deadline
Recommendation 5: Development of a Health Risk analysis and mapping methodology.	UNMD/ UNSSCG	Development of a Health Risk analysis and mapping methodology - in the form of an operational tool	30 June 2017
	UNMD/ UNSSCG	Development of a Health Risk analysis and mapping methodology, with enhancements for psychosocial risk assessment	31 Dec 2017
Recommendation 6: Implementation of a systematic health support planning.	UNMD	Implementation of a systematic health support plan schema – with implementation of the new methodology to commence in 2017.	Ongoing
	IASMN/ UNMD	Expanded training reach and policy with respect to deployment and use of emergency trauma bags. UNSMS policy being developed	31 Dec 2017
Recommendation 7: Establishing an overarching UN Psychosocial and Healthcare Policy Framework	IASMN	Led the development and implementation of the policy on the Management of Stress and Critical Incident Stress (MSCIS) and participate in the development of the Mental Health Strategy, ensuring that the MSCIS is taken into account and addressed.	Ongoing
	UNMD	Production of an agreed system-wide mental health strategy (for psychosocial)	30 Sept 2017
	UNMD	Production of an agreed system-wide mental health strategy (Healthcare Policy Framework). Implementation of Occupational Safety and Health (OSH) Management System core elements in UN organizations such as: Policy and Oversight; Risk Mapping; Risk Management; Incident Reporting; Standards and Compliance; and Capacity building	31 Dec 2018
	UNMD	Implementation of a Manual of UN international standards for safety and quality of healthcare.	31 Dec 2018
Recommendation 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 (<i>in coordination with the ICT Network</i>).	Relevance of this recommendation to be discussed by the Task Force and the Coordination Group at the meeting to be held in Geneva from 22 to 24 May 2017		

Recommendations from Final Report	Lead Network/ Others	Activities	Deadline
Recommendation 9: Piloting and evaluating mandatory periodic visits to staff counsellors and developing anti-stigma awareness campaigns	IASMN	Pilot research on the determinants and the identification of performance impact indicators is being conducted in two peacekeeping missions	30 Sept 2017
	IASMN	Field support visits to be completed	31 Dec 2017
	IASMN	The monitoring and evaluation platform, including the record keeping database to be developed (subject to availability of resources)	30 June 2018
Recommendation 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	<i>No activity yet</i>		
Recommendation 11: Building support for managers operating in high risk environments.	IASMN	Increase support to DOs through training communications, videos, direct connections to the regional desks or to the USG UNDSS.	31 Dec 2017
Recommendation 12: Reviewing insurance processing mechanisms.	<i>No activity yet</i>		
Recommendation 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	HRN	Harmonization of implementation of the new compensation package and other HR entitlements to ensure uniformity and harmonization	Ongoing
	IASMN/ HRN	Revising residential security measures for locally recruited staff	30 June 2017
	HRN/ IASMN	Development of framework for security relocation entitlements for locally recruited staff (as amendment to Chapter VI of the Security Policy Manual)	31 Dec 2017
	HRN	Active participation in the second phase of the ICSC Compensation Review (for locally recruited staff), with a view to ensuring adequate consideration of a duty-of-care perspective	31 Dec 2018