



# **INTERNAL AUDIT DIVISION**

## **REPORT 2023/008**

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**Audit of the support provided by the Department of Management Strategy, Policy and Compliance and the Department of Operational Support to human resources management during the COVID-19 pandemic**

**While overall support provided to entities during the pandemic was effective, there was a need to establish an internal crisis communications plan**

**27 March 2023  
Assignment No. AH2021-512-01**

# **Audit of the support provided by the Department of Management Strategy, Policy and Compliance and the Department of Operational Support to human resources management during the COVID-19 pandemic**

## **EXECUTIVE SUMMARY**

The Office of Internal Oversight Services (OIOS) conducted an audit of the support provided by the Department of Management Strategy, Policy and Compliance (DMSPC) and the Department of Operational Support (DOS) to human resources management during the COVID-19 pandemic. The objective of the audit was to assess the efficiency and effectiveness of DMSPC and DOS in providing support to Secretariat entities to manage United Nations personnel in response to the COVID-19 pandemic. The audit covered the period from 1 January 2020 to 31 December 2021 and addressed three main questions.

- (a) How effective and timely were the responses by DMSPC and DOS in supporting entities to manage United Nations personnel during the COVID-19 pandemic?
- (b) How effective was the support by the Division of Health-Care Management and Occupational Safety and Health in DOS to entities to contain the COVID-19 virus?
- (c) How effective were various initiatives in ensuring that adequate human resources were available to support entities, as needed?

Overall, DMSPC and DOS chaired, co-chaired or contributed technical expertise to existing and newly established governance/coordination mechanisms that adequately identified and addressed the global human resources (HR) risks faced by entities. DMSPC and DOS also coordinated to issue and update HR policies and guidance in an ongoing iterative manner to help entities mitigate or adjust to the impact of the pandemic and in managing all categories of personnel. These included special measures for annual, home and sick leave, thereby fulfilling the Organization's duty of care for staff. Dedicated advisory support services capacity in DOS enabled it to address the high volume of client enquiries related to COVID-19 policies and administrative guidance. In addition, DMSPC, DOS and the Department of Global Communication (DGC) provided continuous communications to staff throughout the crisis. However, guidance in some areas of importance to field locations was issued with delay. Also, some entities reported that the volume and frequency of communications were overwhelming.

OIOS made one recommendation to DGC to address issues identified in the audit.

- DGC should, in coordination with relevant stakeholders including DOS and DMSPC, establish an internal crisis communications plan for HR related matters to streamline, tailor and disseminate crisis information to staff in responding to a global emergency.

DGC accepted the recommendation but has yet to initiate action to implement it. Action needed to close the recommendation is included in Annex 1.

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# **Audit of the support provided by the Department of Management Strategy, Policy and Compliance and the Department of Operational Support to human resources management during the COVID-19 pandemic**

## **I. BACKGROUND**

1. The Office of Internal Oversight Services (OIOS) conducted an audit of the support provided by the Department of Management Strategy, Policy and Compliance (DMSPC) and the Department of Operational Support (DOS) to human resources management during the COVID-19 pandemic.

2. The novel coronavirus (COVID-19) brought unprecedented changes and disruptions to the work of the Organization and management of personnel on a global scale due to: (a) stay-at-home orders; (b) social distancing requirements; and (c) inability of staff to return to their duty stations due to grounding of passenger flights and border closures imposed by host governments. Following declaration of the COVID-19 outbreak as a global pandemic by the World Health Organization (WHO) on 11 March 2020, the Secretary-General announced emergency measures on 13 March 2020 to: (a) transition the United Nations global workforce to virtual work, leveraged by technology; and (b) immediately restrict the physical footprint on United Nations premises to ensure, among others, the safety of personnel, while balancing delivery of mandates and essential and time-critical business services. In response to the crisis, the Secretary-General activated the United Nations Headquarters (UNHQ) Crisis Management Plan,<sup>1</sup> which alerted the UNHQ crisis coordination mechanisms to start assessing the situation at all duty stations in consultation with key United Nations senior management. The Secretary-General assigned DMSPC and DOS, including the Medical Director at Headquarters in New York, with the lead coordinating roles for advising on human resources (HR) management and medical aspects of the global Secretariat response to COVID-19.

3. Within DMSPC, the Office of Human Resources (OHR) issued HR policy and administrative guidance to manage all United Nations staff and non-staff personnel during the pandemic. These covered areas such as remote working arrangements, travel, leave entitlements and staff benefits in the context of the pandemic. In DOS, the Human Resources Services Division (HRSD) in the Office of Support Operations (OSO) provided ongoing advisory and operational support to Secretariat entities to facilitate their implementation of COVID-19 related policies. The Division of Health-Care Management and Occupational Safety and Health (DHMOSH) in OSO provided ongoing essential medical support to over 100 locations worldwide to ensure United Nations personnel in higher risk locations had adequate access to healthcare. Overall, the Division encouraged compliance with WHO occupational safety and health procedures to: (a) reduce the burden of COVID-19 on field hospitals and clinics; (b) strengthen crisis preparedness of field missions; and (c) ultimately, respond globally to the challenges caused by this large-scale, complex medical crisis. DHMOSH, together with the Critical Incident Stress Management Unit (CISMU) in the Department of Safety and Security, also provided vital psychosocial resources and support globally to safeguard the health and well-being of the United Nations workforce, totaling approximately 36,800 internationally and locally recruited staff.

4. The UNHQ crisis management policy in force as of 19 March 2018 stipulated responsibilities for the Department of Global Communication (DGC), DOS, and DMSPC as lead entities, to coordinate timely and continuous internal information dissemination to United Nations personnel during crises. These directives were complemented by the 2021 UNHQ Crisis Management Plan, which assigned specific

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<sup>1</sup> The UNHQ Crisis Management Plan is an integral part of the organizational resilience management system. The Plan describes how United Nations actors should coordinate efforts to respond collectively to crises and identifies the key management actors at both policy and operational levels and explains their roles and responsibilities.

responsibilities to the Division of Administration (DOA) in DOS and DGC for providing continuous updates to United Nations personnel, United Nations system bodies, permanent missions, partner organizations and the general public during a crisis.

5. At the time of writing this report, the pandemic was still ongoing, albeit the overall global risks had declined significantly, and personnel had returned to United Nations premises.

6. Comments provided by DGC are incorporated in italics.

## **II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY**

7. The objective of the audit was to assess the efficiency and effectiveness of DMSPC and DOS in providing support to Secretariat entities to manage United Nations personnel in response to the COVID-19 pandemic. The audit addressed three main audit questions:

- (a) How effective and timely were the responses by DMSPC and DOS in supporting entities to manage United Nations personnel during the COVID-19 pandemic?
- (b) How effective was the support by DHMOSH to entities to contain the COVID-19 virus?
- (c) How effective were various initiatives in ensuring that adequate human resources were available to support entities, as needed?

8. This audit was included in the 2021 risk-based work plan of OIOS due to the operational and safety risks related to human resources as a result of the pandemic.

9. OIOS conducted this audit from May 2021 to September 2022. The audit covered the period from 1 January 2020 to 31 December 2021. Based on an activity-level risk assessment, the audit covered the following areas:

- (a) Coordination and governance structures in identifying and addressing the risks relating to HR management;
- (b) Policies and administrative guidance to assist heads of entities, managers and staff;
- (c) DHMOSH support to entities in reviewing adequacy of medical capacities to treat staff;
- (d) DHMOSH response to entities in providing advice and support regarding COVID-19 cases;
- (e) Monitoring of outbreak and information for decision-making; and
- (f) Redeployment of internal human resources to critical functions at Headquarters to handle increased workloads due to COVID-19.

10. The audit methodology included: (a) interviews with key personnel in DMSPC, DOS, DGC and six focus groups comprising entities receiving HR and medical services support at Headquarters, offices away from Headquarters (OAHs), regional commissions, and field offices;<sup>2</sup> (b) review of relevant documentation pertaining to HR management; and (c) analytical review of data.

11. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

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<sup>2</sup> The six focus groups comprised HR management and medical staff in the Department of Political and Peacebuilding Affairs/Department of Peace Operations (DPPA-DPO), Development Coordination Office, Economic and Social Commission for Asia and the Pacific, Economic Commission for Africa, Multidimensional Integrated Stabilization Mission in the Central African Republic, and United Nations Mission in South Sudan.

### III. AUDIT RESULTS

#### A. How effective and timely were the DMSPC and DOS responses in supporting entities to manage United Nations personnel during the COVID-19 pandemic?

DMSPC established HR policies related to COVID-19, but they were not always timely

12. OHR, in consultation with the United Nations system organizations represented in the HR Network, updated HR policies and guidance in an ongoing iterative manner to help entities mitigate or adjust to the impact of the pandemic. These included administrative guidance issued by the secretariat of the Chief Executives Board for Coordination (CEB) on 13 February 2020 that stipulated heads of entities could authorize flexible working arrangements (FWA)<sup>3</sup> or prescribe alternate work arrangements (AWA) for non-critical staff, including the possibility of telecommuting (working from home or alternate location) to limit the possible exposure to COVID-19. Following the Secretary-General's announcement on 13 March 2020, DMSPC issued a global announcement on 23 March 2020 requiring staff to work remotely from home during the high-risk period and gradually return to the premises in a phased approach as the threat of COVID-19 risks declined. The announcement also temporarily lifted the requirement for core working hours periods to allow flexibility due to school closures and disruptions to family support services.

13. In light of travel and other restrictions imposed by most countries during this period, DMSPC issued special measures to provide staff greater flexibility in managing their leave entitlements, including annual leave, uncertified sick leave and home leave. DMSPC also introduced flexibility in the administration of staff entitlements, such as rest and recuperation (R&R), mission subsistence allowance and danger pay, which took into consideration related travel risks and mobility constraints placed on United Nations personnel due to government restrictions. Most of such measures have since been lifted.

14. The focus groups noted that guidance in some areas of importance to field locations was either not adequate or flexible or was delayed in supporting management of HR issues and administration of staff entitlements in the context of COVID-19. DMSPC had issued administrative guidelines on 14 April 2020 that stated that post adjustment and related entitlements to be paid would be determined by the Organization depending on the totality of circumstances, including, but not limited to, the length of the period of remote working. However, according to entities, this was not clear enough to enable them to determine how to apply certain entitlements/allowances for newly onboarded or reassigned staff who could not travel to their assigned duty stations due to border closures and travel restrictions. For example, one entity that had been newly integrated into the Secretariat as of 1 January 2019 was in the process of recruiting and onboarding international and national staff members (new recruits and internally reassigned staff) when the pandemic was announced in March 2020. The administrative guidelines were silent on provisions such as: (a) payment of education grant and accrual of points toward home leave travel; and (b) enrolment in a medical insurance scheme. These topics were subsequently covered in administrative guidance issued by OHR in June 2020 on onboarding new/current staff members on a telecommuting basis during COVID-19. OHR stated that entities needing support to implement guidance or policies could seek advice from OHR and/or HRSD.

15. The focus groups also stated their staff were, among others: (a) stranded in multiple locations around the world due to COVID-19 travel restrictions and border closures and there was no guidance on related expenses, including DSA and costs incurred for quarantine, hotel accommodations and repatriation

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<sup>3</sup> FWA are voluntarily remote arrangements requested by staff members, such as telecommuting from within or outside the duty station governed by Secretary-General's bulletin ST/SGB/2019/3 and Information Circular ST/IC/2019/15.

flights; and (b) working extremely long work hours on the frontlines or performing critical functions to “stay and deliver” without additional compensation. Consequently, their entities had implemented exceptions to policies as some guidance was not in place up to three months into the pandemic. OHR stated that as the situation was new and evolving, some guidance took time to develop and were revised based on feedback received from clients, particularly after the first few weeks, when it became apparent that the situation would last much longer than initially anticipated. OHR also indicated that required consultation at the inter-agency level, while adding to the response time, was a necessary step to facilitate a harmonized approach across the system.

16. In addition, some staff members across the Secretariat were unclear about the ramifications of AWA versus FWA policies to their entitlements. The Secretary-General’s bulletin ST/SGB/2019/3 on FWA, complemented by information circular ST/IC/2019/15, specified that education grant benefits would be prorated if staff members telecommute from their home country for more than two-thirds of the academic year. In April 2020, OHR issued additional HR policy guidance on education grant benefits applicable to the 2020-2021 academic schoolyear for all Secretariat duty stations during COVID-19. Although this initial guidance referred to the Secretary-General’s bulletin and the information circular in a footnote, it did not specify the impact of FWA on the staff member’s education grant benefits in the context of the “physical presence” provision. It was later spelt out in updated guidance issued in July 2021 for the 2021-2022 academic schoolyear that staff members who were on FWA in their home country for a period exceeding the maximum allowance would be subject to a prorated entitlement. This increased the risk of loss/recovery of entitlements (education grant, rental subsidy, etc.) by staff members who were on FWA for longer than the allowable period.

17. According to DMSPC, the initial policy guidance was discussed with entities at various virtual meetings during that period. The general AWA/FWA announcement issued on 23 March 2020 also indicated that AWA should not be confused with FWA. DMSPC further stated that when staff members sign their FWA agreement to work outside the duty station, they confirm their understanding that payment of some benefits and entitlements may be suspended or adjusted in accordance with the above-mentioned information circular. DMSPC also indicated, among other things, that lack of clarity as to the impact of FWA outside the duty station versus AWA on some entitlements might have been due to inadequate internal communication in some entities as to which working arrangements were in place and at what time, which, in turn, would have contributed to misunderstanding on the staff member’s side. However, considering that the policy on FWA was relatively new (promulgated in April 2019) and not widely used before the pandemic, and new AWA arrangements allowed staff to work remotely from home, it was not immediately clear to some staff members what effect FWA outside the duty station would have on education grant entitlements. Furthermore, as indicated in Table 1, 19 per cent of all requests for advice and support received by HRSD from March 2020 to December 2021 related to AWA/FWA.

18. Focus groups also indicated that delays and ambiguity in guidance led to overpayment of certain entitlements applicable to field-based staff, leading to recoveries that put an unnecessary burden on the administrative staff. In some instances, unawareness of how the policies were being implemented in the context of COVID-19 led to delayed or non-payment of entitlements such as danger pay and mission subsistence allowance. For example, the policy guidance issued on danger pay in the context of COVID-19 (April 2020) stipulated the entitlement could be authorized in “non-protected environments where medical staff were specifically at risk to their life when deployed to deal with public health emergencies, as declared by the WHO.” However, during 2020 and 2021, entities raised various queries to HRSD on its applicability for nurses, medical staff and health workers, as well as for regular location-based danger pay under different scenarios associated with COVID-19, which delayed some payments of entitlements. It was, therefore, very important for OHR and HRSD to “socialize” the COVID-19 related policies to ensure correct interpretation and implementation by the entities.

19. The Field Support Group for COVID-19 (FSGC)<sup>4</sup> after-action review highlighted multiple challenges related to HR management during COVID-19 with respect to the policy framework and role and responsibilities of UNHQ versus field missions.<sup>5</sup> It also observed that the COVID-19 guidance and resources were initially scattered across multiple platforms (HR policy portal, HRSD Knowledge Management platform or Coronavirus emergency page) making it difficult for missions to locate the right information. The review recommended that future crisis response should explore avenues to supplement the support provided by DOS by ensuring close and early engagement on HR policies between DMSPC and field missions.

20. While DMSPC and DOS acknowledged that communicating HR policy and guidance during the pandemic was a challenge, the unique and unprecedented nature of the crisis required them to work very quickly to support entities while finding themselves experiencing the same crisis. Furthermore, some of the challenges faced were beyond the remit of either DMSPC or DOS, which could not resolve issues resulting from global travel and quarantine restrictions. According to DMSPC, the timeliness of policy issuance, in some cases, was also impacted by the need to consult with the CEB Human Resources Network extensively, as well as the need to liaise with other stakeholders to feed the operational aspects into applicable policies. In addition, there was a need to take into consideration the varying HR capacity across entities to absorb and implement the guidance provided, which may have also contributed to the feedback received during the audit. Both OHR and HRSD stated they had been reviewing and incorporating lessons learned from the beginning of the pandemic in an ongoing and iterative manner, which led to the updating of HR policies and guidance, as well as special measures throughout the pandemic.

There were adequate mechanisms to facilitate coordination, but communication needed to be streamlined

21. **Coordination mechanisms:** Overall, the established governance/coordination structures adequately identified and addressed the global HR risks faced by entities. DMSPC and DOS chaired, co-chaired or contributed technical expertise to the existing UNHQ crisis governance mechanisms, such as, the Senior Emergency Policy Team and the Crisis Operations Group (COG). These mechanisms started meeting as early as February 2020 to discuss the rapidly evolving COVID-19 situation and the potential impact on United Nations personnel. In addition, the following existing and newly established mechanisms facilitated coordination on human resources and medical support globally.

- (a) The Management Client Board (MCB), established in January 2019 to provide a regular feedback mechanism between client entities and DMSPC and DOS on HR policy and operational issues respectively. The MCB was jointly chaired by the USG, DMSPC and USG DOS and comprised 12 rotating members from across the Secretariat representing Headquarters based entities, OAHs, peace operations, and resident coordinators.
- (b) OHR/OSO working group, alternately chaired by the Assistant Secretary-General (ASG) for Human Resources and ASG for Support Operations, which held monthly meetings to discuss COVID-19 updates, policy improvements, and other HR issues.
- (c) The United Nations Medical Directors Group (UNMD), comprising United Nations doctors to provide recommendations on occupational health to all organizations in the United Nations system. DHMOSH leads and/or participates in the UNMD, presenting the Secretariat's medical-related issues and matters.

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<sup>4</sup> The Field Support Group for COVID-19, established in March 2020, was jointly led by the Director of the Division of Special Activities, DOS and the Director for Coordination and Shared Services in DPPA-DPO.

<sup>5</sup> "After-Action Review of the Field Support Group for COVID-19 – April 2022: Human Resources and Personnel Well-being", paras. 17-25 (pp. 17-19)



- (d) The United Nations System-Wide MEDEVAC Task Force, enhanced in 2020 to provide medical evacuations in the context of COVID-19 and facilitate collaboration with United Nations system organizations.
- (e) FSGC was newly established in March 2020 as a mechanism to coordinate the response for peace and political missions and raise their concerns and issues with United Nations Headquarters in New York. However, some Secretariat departments and offices with field-based presence, such as the Development Coordination Office (DCO) and the Office for the Coordination of Humanitarian Affairs, were not initially represented in the FSGC.

22. OIOS noted that the MCB meeting held on 23 March 2020 only briefly referred to the COVID-19 response in the context of the need to manage it “through existing resources” and to fully document any expenditures requiring redeployment of funds for future reporting to the General Assembly. No MCB meetings were held in April 2020, when the COVID-19 situation was rapidly evolving worldwide. When MCB meetings resumed in late May 2020, the members were already raising issues and concerns that the missions found the administrative guidance on COVID-19 unclear and Headquarters-centric and did not adequately address challenges faced by the field. Subsequent MCB meetings throughout 2020 and 2021 appropriately incorporated related COVID-19 issues raised by the members.

23. Starting in late March 2020, FSGC began meeting with the field missions on a weekly basis to discuss, among others, options for: (i) revising missions’ personnel footprints; (ii) telecommuting and flexible use of staggered hours; (iii) R&R locations/country specific restrictions; (iv) other administrative entitlements; (v) travel of staff members’ dependents out of the duty stations, as necessary; and (vi) medical and psychological support for personnel and their families. DMSPC and DOS reported that weekly progress updates were also shared with all field missions and DCO had been invited to provide regular input on key issues and capacities on a daily and weekly basis through an online platform. FSGC assisted field missions in providing integrated support and the after-action review conducted by FSGC and OIOS focus groups indicated that a similar mechanism should be considered for future emergencies.

24. **Internal communication mechanisms:** Internal broadcasts on COVID-19 began in early February 2020, with messages to all staff. The Secretariat issued prompt and regular internal crisis communications to United Nations personnel on pandemic-related matters as required by the Crisis Management Plan and COG terms of reference. Focus groups indicated that communications to keep staff apprised and connected with information globally, not just for work, but to also help cope with isolation, were very well appreciated. For example, DGC, DMSPC and DOS conducted a series of virtual live events for all staff globally starting in March 2020. The New York Staff Union also led global town hall meetings, thereby providing an additional platform where DMSPC and DOS continued to answer questions from all duty stations.

25. Nevertheless, focus groups raised concerns regarding the clarity of communication and potentially overlapping messages from multiple sources, including DGC, DOS, DMSPC, FSGC, staff unions and heads of entities. For example, the Secretary-General announced in a broadcast important updates on working arrangements for Headquarters, stating that all staff would be required to telecommute and work remotely initially from 16 March to 12 April 2020, unless their physical presence was needed to carry out the essential work in New York and around the world. However, although the Secretary-General’s broadcast referred to “recent developments in the wider United Nations family in New York” and “measures set up at United Nations Headquarters,” staff at other duty stations were not clear if this directive applied to their locations since they also had started to experience risks associated with COVID-19. HRSD data showed it received 20 queries between March and September 2020 from entities related to the applicability of the policy on footprint reduction for their duty stations.

26. The focus groups also noted that staff, particularly in the field, suffered from information overload. A review of the internal crisis communications published on iSeek revealed over 39 webpages with more than 400 communications tagged under “Coronavirus” with varying degrees of information. For example, DGC issued information pertaining to Secretary-General broadcasts; DMSPC issued administrative guidance related to the COVID-19 response, frequently asked questions, and management updates; and DOS issued healthcare and medical guidance. Other entities, like the New York Staff Union, issued newsletters, press releases, brown bag presentations and articles, as well as over 90 system-wide reference documents pertaining to COVID-19. This volume and frequency of communications was overwhelming, especially in the early days of the pandemic when a myriad of information was being disseminated to staff from various entities.

27. The FGSC after-action report also highlighted that the various parallel lines of communication to field missions from Headquarters during COVID-19, combined with the high volume of information and related guidance, was confusing to field missions at times. Although there were coordination efforts between DGC, DMSPC and DOS to communicate and regularly update staff on pandemic developments (e.g., joint coordination meetings, virtual town halls with staff, etc.), an internal crisis communications plan would have helped to streamline COVID-19 information to the needs of different audiences more effectively and avoid duplication and overload.

**(1) DGC should, in coordination with relevant stakeholders including DOS and DMSPC, establish an internal crisis communications plan for human resources related matters to streamline, tailor and disseminate crisis information to staff in responding to a global emergency.**

*DGC accepted recommendation 1 and stated that it would liaise with relevant stakeholders to create an internal crisis communications plan to inform staff during global emergencies.*

#### Impact of HR policies related to COVID-19

28. DMSPC policies included special HR measures to increase the maximum leave balances that could be carried forward for annual and home leave to prevent staff from losing their entitlements and the number of uncertified sick leave days to limit visits to hospitals and doctors’ offices for medical certification. In its audit of leave and attendance in the United Nations Secretariat, which is currently under reporting, OIOS assessed the efficacy of these special measures Secretariat-wide and concluded that:

- (a) **Annual leave** - as per the broadcast of 18 March 2020, the special measure permitted staff to carry forward any annual leave balance beyond 31 March 2020. Subsequently, the number of permissible annual leave in excess of the 60 days limit was set at 15 days, allowing staff to carry forward a maximum of 75 days beyond 31 March 2021.<sup>6</sup> With the special measure, no annual leave was lost on 31 March 2020 and only 2,814 staff (instead of 9,629) lost 25,711 days (instead of 107,659 days) on 31 March 2021. The special measure on annual leave prevented approximately 25-32 per cent of staff members from losing their annual leave.
- (b) **Uncertified sick leave days** - the special measure allowed staff to avail of 14 days of uncertified sick leave instead of the standard 7 days for the 2020-2021 cycle. It was adjusted to 10 days for the 2021-2022 cycle and returned to the standard 7 days from the 2022-2023 cycle onwards. Compared to pre-COVID-19 periods, the total number of uncertified sick leave

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<sup>6</sup> As per the broadcast of 16 December 2020, the maximum number of accrued annual leave days over the 60 days limit was reduced to 15 days to be taken by 31 December 2021. Any annual leave balances above 82.5 days as of 31 December 2021 were forfeited.

days taken by staff increased by 23 and 19 per cent in the 2020-2021 and 2021-2022 cycles, respectively but remained significantly below the entitlement: an average of 3.8 days out of the maximum 14 days for 2020-2021 and 3.7 days out of the maximum 10 days for 2021-2022. Most staff (56-62 per cent) availed of less than 3 days of uncertified sick leave per cycle and there was no noticeable behavioral change with the special measure. DMSPC explained that the measures were designed to alleviate pressure on medical practitioners in cases where staff members could manage their symptoms without seeking medical care, and it was not meant to benefit all staff. Furthermore, some organizations had a greater need of this measure than others, and the measure aimed to harmonize approach within the United Nations system.

- (c) **Home leave points** - the special measure on home leave points allowed staff to accrue home leave points up to 72 points instead of the standard 48 points between 1 February 2020 to 31 December 2021 (it was reduced to 60 points in January 2023). In the 2018-2019 and 2019-2020 cycles, about 3,000 staff lost 8.6 home leave points on average. With the special measure, however, only eight staff lost 4.3 points on average, which suggests that the measure prevented many staff from losing home leave points.

29. At a time of uncertainty, the Organization acted swiftly to put in place special measures thereby fulfilling its duty of care for staff.

DOS needed to enhance its central intake and management of client requests and enquiries

30. Dedicated advisory support services capacity in HRSD/DOS enabled it to address the high volume of client enquiries related to COVID-19 policies and provide quality advice and guidance materials to the entities. According to HRSD data, entities made 1,555 requests/enquiries related to COVID-19 policies during the audit period. As indicated in Table 1, about 81 per cent of requests/enquiries were related to AWA, FWA, non-staff personnel, recruitment, onboarding, salaries, entitlements/allowances and travel. Chart 1 shows that field offices raised nearly half of the enquiries (48 per cent).

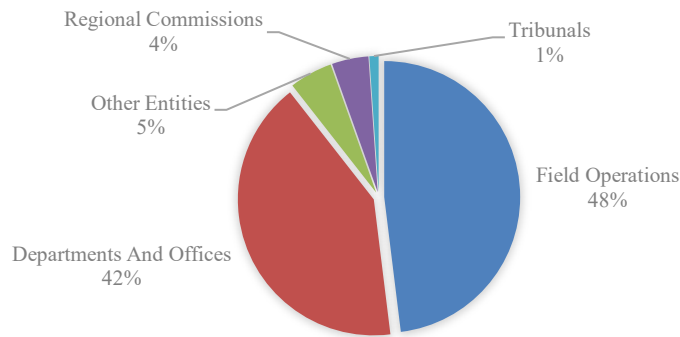
**Table 1: Areas in which entities requested for advice and support from March 2020 to December 2021**

Category	Total	Percentage
AWA/FWA	300	19%
Non-staff personnel	206	13%
Recruitment, appointments, onboarding and contracts	118	8%
Salaries, leave and other entitlements and allowances	327	21%
R&R	139	9%
Travel	127	8%
Return to work/premises	44	3%
Other <sup>7</sup>	294	19%
<b>Total</b>	<b>1,555</b>	<b>100%</b>

Source: HRSD/OSO/DOS

<sup>7</sup> Includes queries on quarantine, MEDEVAC, insurance and general administration.

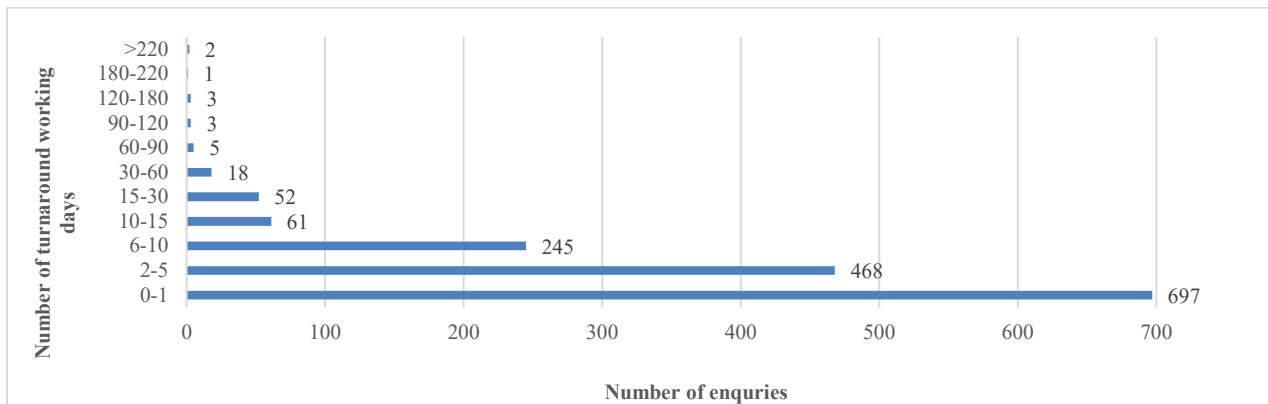
**Charts 1: HRSD Client requests/queries for the period from March 2020 to December 2021**



Source: HRSD/OSOS/DOS

31. A client relations management performance survey conducted by HRSD in 2020 indicated that clients were generally satisfied with advisory support services<sup>8</sup> (overall rate of 93 per cent), with a 79 per cent satisfaction for “response time”. These results were corroborated by the focus groups, which indicated that HRSD response to entities’ queries on implementation of COVID-19-related HR policies was somewhat timely in areas such as recruitment and onboarding/induction of new staff. Review of HRSD data for the period from March 2020 to December 2021 showed an average response time of five working days to the 1,555 COVID-19 related queries from entities. Chart 2 shows that HRSD responded to 45 per cent of requests within 1 day, 30 per cent within 5 days and another 16 per cent within 10 days. However, 2 per cent of requests related to AWA, FWA outside the duty station, R&R, education grants, repatriation grants, and mandatory quarantine expenses while on official travel had turnaround times exceeding 30 working days. OIOS noted these cases had a higher complexity. HRSD commented that some requests had to be escalated to OHR for further review, which sometimes limited HRSD’s ability to quickly respond to the client entities. Two such cases were pending with OHR for 98 and 223 working days, respectively.

**Chart 2: HRSD turnaround days and number of cases for COVID-19 related enquiries during March 2020 to December 2021**



Source: HRSD data

32. Entities submitted their enquiries through a central email address in Outlook, as well as directly to specific HR practitioners through individual emails, making it challenging for HRSD to monitor request status in the processing queue or ensure the requests were being timely addressed. Although HRSD tracked

<sup>8</sup> Based on 134 responses (or a 27 per cent response rate from a target population of 500 clients from field operations, service centre, executive offices, OAHs, etc.)

turnaround times of entities' enquiries in Excel spreadsheets, absence of a fully automated customer relationship management (CRM) system hindered HRSD's ability to effectively track and prioritize requests, monitor progress, and accurately report on performance against indicators. DOS highlighted the need for a better and more robust CRM and case management system, not just in terms of recording requests for advice, but also with respect to the areas of knowledge management and communications to benefit the global HR community of the Secretariat. At the time of the audit, DOS was developing requirements for a CRM system to support submission and processing of requests from client entities to service providers. Therefore, OIOS is not making a recommendation.

## **B. How effective was DHMOSH support to entities to contain the COVID-19 virus?**

### Support provided by DHMOSH to enable medical response by entities was effective

33. The dedicated medical advisory and support team in DHMOSH helped strengthen field medical capacities and ensured the United Nations medical response was successful. DHMOSH took immediate and effective actions to address challenges to respond to COVID-19 and sustain operations. Focus groups expressed overall satisfaction with the support provided by DHMOSH during COVID-19 pandemic. The following achievements were realized despite the vacancy in the Medical Director position (from April 2020) and other staff shortages (1 P-5 senior medical officer and 2 P-4 medical officers posts were vacant), as well as heavy workloads straining existing frontline medical capacities.

34. **Early warning detection:** DHMOSH began monitoring the COVID-19 outbreak in December 2019 and assessed the risk as high due to the direct impact the virus would have on field operations with limited access to medical care. The Division advised and supported field missions on emergency preparedness, the medical aspects of the crisis response planning and preparation of medical plans. DHMOSH also coordinated with the Critical Incident Response Service in OHR early in January 2020 on the response to the impending crisis.

35. **Support to entities:** Although the spread of COVID-19 was more contained in the early stages of January and February 2020, it escalated very quickly, challenging the Organization's ability to effectively manage its offices worldwide as the disease impacted duty stations at different times. To accelerate preparedness, DHMOSH conducted virtual walkthrough visits of United Nations-sponsored clinics in six large field missions<sup>9</sup> and used the results to provide medical advisory services to 22 duty stations, 43 contingents and 56 Level-1 clinics. The Division also conducted simulation exercises to determine how missions would manage an outbreak and gave weekly lectures on disease control, briefed medical services of possible additional pandemic waves, advised on best practices on COVID-19 prevention in a mission setting, and implemented measures to enhance entry/exit clinical procedures for patients, quarantine procedures, basic health hygiene and isolation. Focus groups also indicated that DHMOSH was responsive to their requests and provided advice in short turnaround timeframes.

36. **Monitoring COVID-19 outbreak:** DHMOSH enabled field missions to develop and build internal capacities to collect case-related data using an electronic record system it co-created with DPPA-DPO. As a result, Secretariat entities had several management dashboards and tools to monitor the COVID-19 outbreak. This included one dashboard that tracked daily COVID-19 cases and the situation on the ground

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<sup>9</sup> United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic; United Nations Multidimensional Integrated Stabilization Mission in Mali; United Nations Organization Stabilization Mission in the Democratic Republic of the Congo; United Nations Assistance Mission in Afghanistan; United Nations Mission in South Sudan; and United Nations Support Office in Somalia

at field missions and produced up-to-date data on the number of COVID-19 cases and deaths, risk profiles and the number of personnel in quarantine. This was valuable for making medical-related decisions during the pandemic. Moreover, the occupational safety and health record system, EarthMed, was used to collect Secretariat-wide vaccination data to help DHMOSH track immunity levels among staff.

37. **Strengthening psychosocial support:** In February 2020, the Staff Counsellor Office (SCO), together with CISMU, started assessing the psychosocial risks to staff associated with the pandemic. SCO and CISMU mapped a plan to address COVID-19-related stressors, while aligning strategies with relevant WHO guidance. SCO and CISMU also developed psychosocial resources to support staff experiencing anxiety caused by personal health, family and financial concerns, social lifestyle changes, difficulties in transitioning back to the workplace, career security, and uncertain prospects for the future. Additionally, SCO and CISMU coordinated to strengthen available psychosocial resources in the field, as many missions did not have any or only a few counsellors. According to SCO, they also coordinated with OHR to provide mental health-related support to over 4,500 staff in 67 countries in 2021.

#### Implementation of lessons learned and recommendations related to health emergencies was ongoing

38. DHMOSH usually compiles lessons learned after every outbreak of infectious diseases, but it stated that relevant recommendations were only partially implemented. According to DHMOSH, this was because the resources needed to implement them were not prioritized due to the infrequent nature of major health emergency risks to the Organization. As a result, the Organization missed crucial opportunities to capitalize on previous lessons and best practices to prepare its medical response for the current COVID-19 pandemic. For example, the after-action review on the Ebola outbreak in 2014 and 2015 recommended 10 key areas of best practice and 13 key areas for improvement during future health crises. A key recommendation was the need to establish a specific United Nations system-wide crisis plan for health emergencies based on health risk assessments and the wider United Nations system approach to emergencies. The crisis plan for health emergencies should stipulate roles and responsibilities between entities. The after-action review also highlighted the need for, at the onset of health crises, rapid deployment of surge medical support; establishment of strategic stockpiles of common threat-based medical supplies and personal protection equipment for staff; and a better coordination mechanism between CISMU and DHMOSH to deploy and recruit counsellors.

39. At the time of the audit, several stakeholders, including DHMOSH, DOS and FSGC, had already compiled lessons on COVID-19 related to existing capacity gaps in healthcare systems in field missions; limited intensive care units, medical equipment and supplies; availability of surge personnel and standard operating procedures; and the need to delineate roles and responsibilities in health emergencies. DHMOSH was in the process of implementing several of the after-action review recommendations on the COVID-19 pandemic. For example, according to DHMOSH, it had started a project to develop a public health disease surveillance system for four field missions. DHMOSH had also begun conducting case reviews and chronologies of all COVID-19 related deaths in field missions to carry out root cause analyses and make recommendations for improvements, as required.

### **C. How effective were various initiatives in ensuring that adequate human resources were available to support entities, as needed?**

#### There were inadequate staff resources redeployed to critical business functions during the pandemic

40. According to interviews and focus groups, by the end of 2021, DMSPC and DOS staff performing essential and time-critical business services at Headquarters, including medical support services, logistics,

procurement and human resources, reported severe exhaustion, fatigue and burnout. One DHMOSH business unit stated this was exacerbated with additional workload as it became one of the Secretariat's primary sources of information for managing workplace health and safety issues around COVID-19, even though there were more appropriate sources that could be easily accessed online (e.g., the Center for Disease Control in the United States, WHO and trusted media outlets). Another business unit described severe under-resourcing and staff shortages that called for the need to work around the clock to develop policy guidance and stay "on-call" to support field medical personnel who were working in different time zones.

41. In addition, staff in the Office of Supply Chain Management (OSCM) in DOS stated that, due to the centralization of procurement for medical supplies and equipment, activation of emergency procurement procedures and other support provided during COVID-19 pandemic (including medical evacuation arrangements and sourcing and delivery of vaccines), OSCM staff worked overtime for an extended period to meet requirements. This was due to disrupted supply chains and shortages caused by extreme demand for medical supplies and equipment worldwide. Although this support provided to entities helped prevent and contain the virus, as well as sustain operations, OSCM staff reported excessive hours, extreme fatigue, and, as noted before, some staff lost annual leave entitlements in excess of established thresholds.

42. According to DMSPC and DOS, only a small core group of staff performed the time essential critical functions during the crisis, as the surge roster to reinforce operational capacity that would have allowed for shift work or staff rotations was inadequate. DMSPC stated that the pilot project it launched to reassign staff volunteers to surge capacity duties did not meet the expected results as it became too difficult to: (i) gauge the "surge" period requiring this excess capacity; and (ii) quickly train the staff volunteers with appropriate competencies to carry out the duties. DOS coordinated with another Secretariat entity to temporarily reassign 11 staff to administrative functions to increase its operational capacities.

43. OIOS noted that the Secretariat's new "Standing Surge Capacity" became operational in September 2021 and now provides a structured approach for managing global surge-level requirements across the Secretariat. The roster, which is maintained by the Division for Special Activities in DOS, aims to augment existing surge capacities with readily available staff who can rapidly respond to an emerging situation or critical incident such as COVID-19. According to DOS, 418 staff members from 41 Secretariat entities have been retained in small pools of available candidates in logistics, administration, and technology roles. Nevertheless, it is unlikely that the surge capacity will meet the demand needed during a global event similar to the COVID-19 pandemic as many of the Secretariat entities were dealing with rapidly emerging issues and shortages of staff.

44. The General Assembly, in its resolution 76/246B,<sup>10</sup> requested the Secretary-General to include comprehensive information on the organizational response to the COVID-19 pandemic as an annex to the progress report on the organizational resilience management system. DMSPC stated that lessons learned exercise would be conducted in 2023 with results reported to the General Assembly during its seventy-ninth session in 2025. Therefore, OIOS is not making a recommendation on conducting lessons learned pertaining to the adequacy of human resources deployed to critical functions in response to COVID-19.

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<sup>10</sup> A/RES/246B, "Special subjects relating to the programme budget for 2022"; paragraph 6 (dated 18 April 2022)

#### **IV. ACKNOWLEDGEMENT**

45. OIOS wishes to express its appreciation to the management and staff of DMSPC, DOS, DGC and other entities for the assistance and cooperation extended to the auditors during this assignment.

Internal Audit Division  
Office of Internal Oversight Services



### STATUS OF AUDIT RECOMMENDATIONS

#### Audit of the support provided by the Department of Management Strategy, Policy and Compliance and the Department of Operational Support to human resources management during the COVID-19 pandemic

Rec. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	C/ O <sup>3</sup>	Actions needed to close recommendation	Implementation date <sup>4</sup>
1	DGC should, in coordination with relevant stakeholders including DOS and DMSPC, establish an internal crisis communications plan for human resources related matters to streamline, tailor and disseminate crisis information to staff in responding to a global emergency.	Important	O	Receipt of the internal crisis communications plan.	31 December 2023

<sup>1</sup> Critical recommendations address those risk issues that require immediate management attention. Failure to take action could have a critical or significant adverse impact on the Organization.

<sup>2</sup> Important recommendations address those risk issues that require timely management attention. Failure to take action could have a high or moderate adverse impact on the Organization.

<sup>3</sup> Please note the value C denotes closed recommendations whereas O refers to open recommendations.

<sup>4</sup> Date provided by DGC in response to recommendations.

# **APPENDIX I**

## **Management Response**

### Management Response

#### Audit of the support provided by the Department of Management Strategy, Policy and Compliance and the Department of Operational Support to human resources management during the COVID-19 pandemic

Rec. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation Date	Client comments
1	DGC should, in coordination with relevant stakeholders, establish an internal crisis communications plan for human resources related matters to streamline, tailor and disseminate crisis information to staff in responding to a global emergency.	Important	Yes	Chief Knowledge Solution and Design, DGC	31 December 2023	The Administration's comments are reflected in the report.

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<sup>1</sup> Critical recommendations address those risk issues that require immediate management attention. Failure to take action could have a critical or significant adverse impact on the Organization.

<sup>2</sup> Important recommendations address those risk issues that require timely management attention. Failure to take action could have a high or moderate adverse impact on the Organization.