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Joint Inspection Unit

Review of the Health Services in the United Nations system

Note by the Secretary-General

The Secretary-General has the honour to transmit to the members of the General Assembly his comments and those of the United Nations System Chief Executives Board for Coordination on the report of the Joint Inspection Unit entitled “Review of the Health Services in the United Nations system” ([JIU/REP/2025/6](#)).

* [A/81/50](#).



I. Introduction

1. In its report (JIU/REP/2025/6),¹ the Joint Inspection Unit (a) examines strategies, policies and practices related to the Health Services; (b) analyses organizational arrangements for Health Services in United Nations system organizations and assesses their adequacy and effectiveness; (c) reviews relevant system-wide mechanisms and inter-agency initiatives; and (d) identifies lessons learned and good practices.

II. General comments

2. Organizations welcome the review and its findings, noting their relevance in strengthening the governance, coordination and oversight of Health Services across the United Nations system. They broadly support the overall direction of the review, particularly in advancing staff well-being, psychosocial risk management, the improved integration of medical and well-being functions and more coherent health data and system-wide approaches.

3. At the same time, organizations underline that certain recommendations may not fully reflect diverse mandates and operational contexts and therefore require flexibility in application. They emphasize that implementation should be supported by clear system-wide guidance and coordinated frameworks to ensure consistency, while avoiding undue administrative and financial burdens.

4. Given the breadth of the report and the number of recommendations it contains, both formal and informal, entities stress the need for prioritization and a phased, risk-informed approach to the implementation of the proposed recommendations, aligned with ongoing reform efforts, including the UN80 Initiative, while remaining mindful of existing resource and staffing constraints.

5. Organizations are partially supportive of the proposed recommendations and draw attention to the annex to the report, which provides an overview of actions to be taken by participating organizations on the proposed recommendations and listing those exempt from acting on them.

III. Comments on specific recommendations

Recommendation 1

By the end of 2027, the executive heads of the United Nations system organizations that have their own Health Services and who have not yet done so should review the organizational health function and ensure that it effectively integrates relevant health-related sub-functions to achieve the best health outcomes for their organizations' personnel.

6. Most organizations support this recommendation, with several entities indicating that it has already been implemented or is reflected in existing institutional arrangements, including integrated models combining occupational health, primary care services and telehealth or counselling support, demonstrating a diverse but largely mature landscape.

7. Many organizations also highlight their reliance on established system-wide service frameworks and shared arrangements, through which they access health insurance schemes, medical services and administrative support, underscoring the importance of flexibility in applying the recommendation across different organizational contexts.

¹ Circulated to the General Assembly under the symbol [A/81/90](#).

Recommendation 2

By the end of 2027, the executive heads of the United Nations system organizations that have their own Health Services and who have not yet done so should review the organizational arrangements for the function in terms of reporting lines, to assign a degree of autonomy that is required for the proper management and supervision of the function, as well as to ensure the confidentiality of medical and psychosocial well-being services.

8. Organizations generally support the recommendation, with several entities indicating that it has already been implemented, particularly through strengthened reporting lines and organizational arrangements that safeguard the autonomy and confidentiality of medical and psychosocial services, reflecting a largely established practice across the system.

9. At the same time, some organizations underline that existing structures already ensure a clear functional separation between human resources and medical services, preserving confidentiality while maintaining effective cross-functional coordination and allowing for flexibility in how organizational structures achieve these objectives in line with specific operational contexts.

Recommendation 3

By the end of 2027, the executive heads of the United Nations system organizations that have their own Health Services and who have not yet done so should review and promulgate administrative documents that clearly set out the primary purpose, responsibilities and core activities for their organizational Health Service, including relevant aspects of occupational health and safety.

10. Organizations generally support the recommendation, with several entities indicating that it has already been implemented or is in place through existing administrative frameworks that define the mandate, roles and responsibilities of Health Services, thereby strengthening governance, accountability and medical independence.

11. Many organizations note that implementation is under way or planned within defined timelines, often through the development of occupational health and safety frameworks, administrative procedures and supporting guidelines. In this context, entities highlight the value of clear system-wide guidance, including model frameworks and best practices, to promote harmonization and ensure sustainable implementation.

12. At the same time, organizations underscore that implementation will need to be aligned with available resources and ongoing organizational priorities, including workforce adjustments and broader reform processes, while allowing for flexibility in how frameworks are developed and applied across different operational contexts.

Recommendation 4

By the end of 2028, the United Nations Secretary-General should review and promulgate administrative documents for the regional Medical Services located in offices away from Headquarters and in the regional commissions that clearly set out their purpose, responsibilities and core activities, including relevant aspects of occupational health and safety.

13. The United Nations Secretariat recognizes the importance of clearly defining the purpose, responsibilities and core functions of regional medical services, including occupational health and safety aspects. It notes that implementation will need to take into account existing governance arrangements, delegated authorities and

diverse regional contexts and be aligned with broader reform and regionalization efforts.

14. The Secretariat further emphasizes that financial constraints and capacity limitations will affect the scope, sequencing and timing of implementation, which is expected to proceed gradually, in consultation with relevant stakeholders and in line with available resources.

Recommendation 5

By the end of 2027, executive heads of United Nations system organizations who have not yet done so should assess and identify gaps or areas to improve access to healthcare of their personnel, prioritizing and using the Health Risk Assessment methodologies prepared by the United Nations Medical Directors network and endorsed by the High-level Committee on Management of the United Nations System Chief Executives Board for Coordination (CEB).

15. Most organizations generally support the recommendation and recognize the value of health risk assessment methodologies in identifying gaps and strengthening access to healthcare services, particularly in field and high-risk duty stations. Several entities indicate that such assessments are already being undertaken or integrated into existing planning processes, including alignment with occupational health and mental health frameworks.

16. At the same time, organizations emphasize that implementation should be grounded in coordinated, inter-agency approaches, with assessments conducted jointly at the country level and linked to established system-wide mechanisms and technical leadership arrangements. In this context, it is underscored that standardized methodologies can support consistency, while allowing for flexibility in their application across different operational models.

17. Some entities highlight that common methodologies may not be equally suited to all organizational contexts, noting that entities operating under broader or distinct occupational health and safety frameworks may require tailored approaches. Others emphasize reliance on existing system-wide arrangements, whereby designated entities lead risk assessments, evaluate local healthcare options and coordinate with inter-agency governance mechanisms and insurance providers to ensure adequate service coverage.

18. Further emphasis should be placed on the importance of inter-agency collaboration in conducting assessments and proposing risk mitigation measures, with decision-making resting with the appropriate country-level coordination structures. At the same time, organizations note that implementation will need to be risk-informed and gradual, considering data availability, financial constraints and workforce adjustments, which will influence the scope, sequencing and timing of implementation.

Recommendation 6

By the end of 2027, the United Nations Secretary-General should promulgate an administrative instruction on medical technical supervision in order to establish effective roles and clear responsibilities.

19. The Secretariat expresses partial support for the recommendation, recognizing the importance of clearly defined roles and responsibilities for medical technical supervision across the system, including across headquarters, regional and field settings. It notes, however, that any related administrative guidance must carefully

respect existing governance arrangements, lines of authority and the complexities of multi-entity and mission environments.

20. At the same time, the Secretariat highlights challenges stemming from decentralized structures, where entities operate under separate administrative frameworks and maintain independent medical services and supervision arrangements. In this context, system-wide oversight is constrained by existing mandates and institutional roles. The Secretariat will continue to explore options to enhance coordination and coherence in medical technical supervision, in consultation with relevant stakeholders, with implementation expected to be gradual and subject to available resources and existing frameworks.

21. Entities underscore the importance of maintaining flexibility, noting that decisions regarding medical supervision structures should remain within the authority of individual organizations, reflecting their specific operational and structural realities. Others highlight that existing arrangements, including shared services and system-wide mechanisms, already provide an adequate basis for medical technical oversight.

Recommendation 7

Executive heads of United Nations system organizations who have not yet done so should periodically review, preferably through the existing ad hoc management/supervisory bodies, the memorandums of understanding and/or service-level agreements, as appropriate, and further enhance their provisions, notably those related to amendments, termination and withdrawal, in order to ensure that the Joint/Common Medical Services remain sustainable and effective.

22. Organizations express mixed views on the recommendation, with a limited number indicating support or partial alignment and several relying on existing system-wide arrangements for medical technical supervision.

23. Where supported, organizations emphasize the value of periodically reviewing existing agreements governing joint or common medical services to ensure their continued effectiveness and sustainability. Some organizations indicate that they already conduct periodic reviews of the memorandums of understanding and/or service-level agreements. At the same time, implementation is expected to be influenced by resource considerations and ongoing organizational adjustments, with a gradual and context-sensitive approach envisaged.

Recommendation 8

By the end of 2027, executive heads of United Nations system organizations who have not yet done so should incorporate health and occupational risks into their enterprise risk management processes to identify and mitigate such risks at various operational levels.

24. Organizations support the recommendation, with many indicating that the integration of health and occupational risks into enterprise risk management frameworks is already implemented or embedded in existing policies and practices. Entities highlight that such integration strengthens organizational resilience, duty of care and operational continuity and is increasingly reflected in corporate risk registers and monitoring processes.

25. Several organizations emphasize the importance of adopting a coherent, overarching framework, such as an occupational health and safety approach, to avoid fragmentation, duplication and inefficiencies, while ensuring effective coordination

across functions. In many cases, implementation is linked to established system-wide frameworks, partnerships and service arrangements.

26. At the same time, organizations note that further strengthening these approaches will depend on available resources and competing institutional priorities, which may influence the pace of implementation. Overall, responses reflect a mature and evolving practice, with continued efforts to enhance the meaningful integration of health and occupational risks within enterprise risk management processes.

Recommendation 9

Starting in 2027, the executive heads of United Nations system organizations should take individual or collective action, in consultation with the executive heads of other CEB member organizations, preferably within the framework of the CEB inter-agency coordination mechanisms, to explore, biannually, conditions that allow for the establishment of a health technical network of the High-level Committee on Management that builds on an earlier request of the United Nations Medical Directors network, in order to provide strategic advice on health developments and inter-agency leadership on health-related management issues.

27. Organizations express broad support for strengthening inter-agency coordination on health-related matters, including openness to exploring a technical health network under the High-level Committee on Management as a platform for collaboration, knowledge-sharing and strategic guidance.

28. At the same time, several entities emphasize that any such mechanism should build on existing coordination structures, avoid duplication and be grounded in a clear mandate, governance framework and demonstrated added value. Some highlight the need to leverage existing platforms or adopt more integrated approaches, rather than creating additional formal networks.

29. Participation would depend on available resources and institutional priorities, with organizations underscoring that the feasibility, scope and functioning of any network should be determined through a consultative, system-wide process.
