Joint Inspection Unit
of the United Nations System

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Review Highlights JIU/REP/2025/6
JIU/REP/2025/6 [Expanded report]
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REVIEW OF THE HEALTH SERVICES IN THE UNITED NATIONS SYSTEM

Inspector Victor Moraru

Background

The mandate and function of a Health Service is to promote and protect the health, safety and well-being of the organization's personnel both at headquarters and in field offices. It provides a variety of personal healthcare and occupational health services to address and mitigate the main health risks faced by personnel to ensure that they remain productive, engaged and motivated, thus enabling the organization to achieve its objectives while controlling healthcare costs and ensuring adherence to the duty of care.

The review was initiated in response to requests from several Joint Inspection Unit (JIU) participating organizations, which suggested that JIU assess the current status of United Nations Health Services. The proposals from the proponent organizations also envisaged this undertaking as follow-up to the JIU review of the topic issued in 2011 (JIU/REP/2011/1) and placed it in the broader context of the coronavirus disease (COVID-19) pandemic during which the Health Services played a critical role in many aspects.

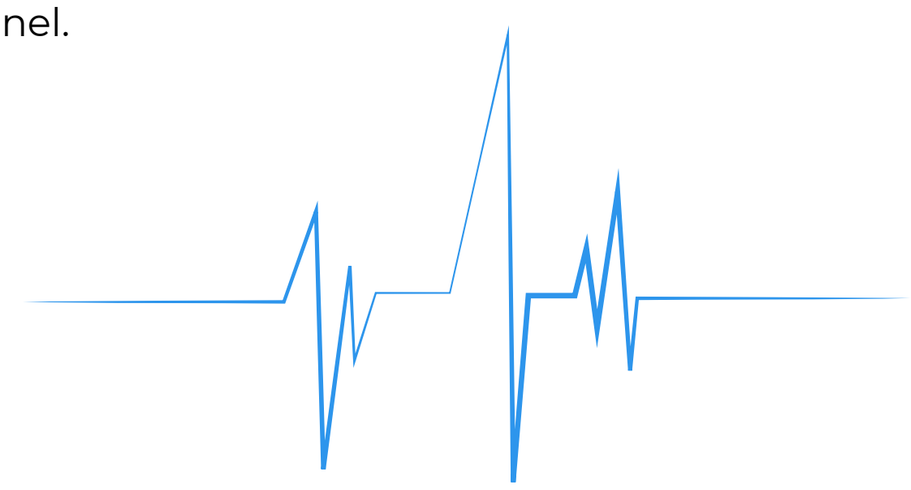
Two JIU outputs were produced from this review: (a) a concise report, issued under the symbol "JIU/REP/2025/6", focusing on the main findings, conclusions and recommendations and available in the six official languages of the United Nations; and (b) an expanded report, issued under the symbol "JIU/REP/2025/6 [Expanded report]", providing a broader analysis, detailed findings and related supporting information including annexes, available in English only.

Objectives & Purpose

The main objective of the review is to provide an assessment and comparative analysis of Health Services in the United Nations system and the related policy guidance and practices, with a view to identifying areas for further improvement and opportunities for enhancing coherence system-wide. The specific objectives of the review are to: (a) examine strategies, policies and practices related to the Health Services; (b) analyse organizational arrangements for Health Services in United Nations system organizations and assesses their adequacy and effectiveness; (c) review relevant system-wide mechanisms and interagency initiatives; and (d) identify lessons learned and good practices.

The review was carried out on a system-wide basis and included all 28 JIU participating organizations. It focused on the Health Services in place in the United Nations system. The specific aspects of field health facilities were factored in the data collection and analysis to the extent possible.

In 2024, there were more than 223 health facilities, including 11 Health Services located at headquarters duty stations and a variety of clinics and hospitals deployed in the field locations, employing more than 1,500 healthcare personnel.



Click to access the report

Click to access the expanded report

What the JIU found

1. Full integration of the health function not yet achieved in some organizations

Health-related sub-functions (e.g., medical, psychosocial well-being, occupational health and safety) are often scattered among various organizational units (human resources, safety and security, etc.). The process of integration of the health function and the subsequent structural consolidation of health organizational units is not prioritized in some organizations that have their own Health Services. The Inspector stresses that a fully integrated health function allows for a more holistic approach to healthcare, leads to the optimization of healthcare delivery and facilitates the achievement of the best health outcomes for organizations' personnel.

2. Not all Health Services have an appropriate degree of autonomy for the proper management of the function

The review found that the integration of the health function had so far little effect on the status of the Health Services in the organizational structures and on the reporting lines. Segregating the health function from other functions, notably human resources, and assigning a degree of autonomy that is required for the proper management and supervision of the function is sought by most Health Services, including those operating at the regional level. The increased autonomy of Health Services is expected, among others, to enhance the confidentiality of medical and psychosocial well-being services and encourage the personnel to seek healthcare services, notably medical consultation and counselling, without fear of breach of confidentiality.

3. Most Health Services lack a formally issued document that sets out their mandate

The policy guidance for most Health Services consists of a multitude of documents that include rules and regulations, manuals, policies, etc. However, specifically issued administrative documents that clearly set out the Health Services' primary purpose, responsibilities and core activities including relevant aspects of occupational health and safety are largely absent. A clear-cut "mandate" is necessary to offer, inter alia, a realistic basis for deciding on the adequate resource levels for the Health Services, including in cases in which additional tasks and responsibilities are being added.

4. Funding and staffing of Health Services are weakly aligned to the organizations' health priorities and needs

The decision-making on resource levels for the Health Services is mostly driven by the availability of resources and not linked closely to healthcare needs and priorities. Health Services have little say over their resource allocation. It is essential that input be sought from the Health Services on what is required in terms of adequate and sufficient staff allocation and funding in order to ensure their effective functioning and alignment to the organization's evolving health priorities and needs.

5. Risk-based healthcare management in the field is implemented inconsistently

Some outdated practices undermine the implementation of risk-based healthcare management in the field. In particular, the practice of closing or opening of field clinics by individual organizations without reference to a system-wide Health Support Plan and to the United Nations Country Team's collective needs should be avoided. The insufficient use of Health Risk Assessment methodologies and their weak implementation in managing health facilities in the field are affecting the access of United Nations personnel to healthcare.

6. Emergency preparedness and emergency medical support arrangements are sub-optimal

The United Nations Medical Emergency Response Team (UNMERT), in its current form and capacity, is partially operational and can only play a limited role in supporting medical emergency preparedness and response. The lack of endorsement of a revised UNMERT 2.0 concept may undermine the efforts to address the shortcomings of the existing emergency coordination support mechanism. The 2000 United Nations administrative instruction on medical evacuation (ST/AI/2000/10) still awaits updating and lacks alignment with the revised casualty evacuation policy (1 March 2020). This does not allow for an integrated and effective interplay of the two mechanisms. Organizations have yet to build upon the lessons learned from the COVID-19 MEDEVAC mechanism to enhance the efficient use of resources for improved medical emergency coordination support mechanisms.

7. Technical supervision for delegated medical authority is limited

The different ownerships and lines of authority of health facilities have traditionally raised a number of coordination and accountability issues in terms of accountability, health workforce planning and medical support in the field. The role of the authority in place - the Division of Healthcare Management and Occupational Safety and Health of the United Nations Secretariat - remains largely advisory, and it is limited to entities and locations under its responsibility. This set-up, combined with delegation of authority to the field, dilutes lines of authority and accountability and impedes medical workforce planning. Promulgating an administrative instruction that establishes clear roles and responsibilities for medical technical supervision would enable effective delegated medical authority.

8. Some opting out practices undermine the sustainability of cost-shared/common Medical Services and the access to healthcare in the field

Opt-out decisions are often taken arbitrarily by field managers, without considering the possible negative implications for the level of healthcare support that United Nations system field personnel are entitled to receive. While it is the prerogative of all individual signatory entities to opt out from the cost-shared/common Medical Services, such decisions should be considered in terms of potential negative consequences on burden-sharing and on personnel's access to healthcare.

9. Organizations' commitment to duty of care and occupational health and safety is evident but uneven in terms of implementation and resources

Approximately half of the organizations have made progress in, or are in the process of, implementing the Duty of Care Task Force recommendations. The implementation of the United Nations Occupational Health and Safety (OHS) Framework's components is uneven and at various stages of completion in participating organizations. OHS capacity remains sub-optimal and insufficient to support full OHS implementation in the field. The Inspector stresses that in order to meet the duty of care obligations in relation to OHS, organizations should review the investments in their OHS capacity and assess the financial impact and risks of weak OHS delivery and implementation.

10. OHS related incidents are poorly recorded

The incident data-collection system is less than optimal. Notwithstanding the reported availability of incident reporting systems by almost half of the participating organizations, few organizations have in place fully operational systems. This leads to poor recording and low visibility by management of incidents and the associated risks.

11. OHS is not adequately managed as an organizational risk

Less than a third of JIU participating organizations have included OHS related risks in their corporate risk registers. This appears to be done on an ad-hoc basis rather than in a systematic manner. As a result, OHS remains insufficiently integrated into risk management processes, leaving organizations reactive rather than proactive in addressing significant health and occupational risks.

12. Insufficient data on workforce health status and weak evidence diminishes the effectiveness of health interventions

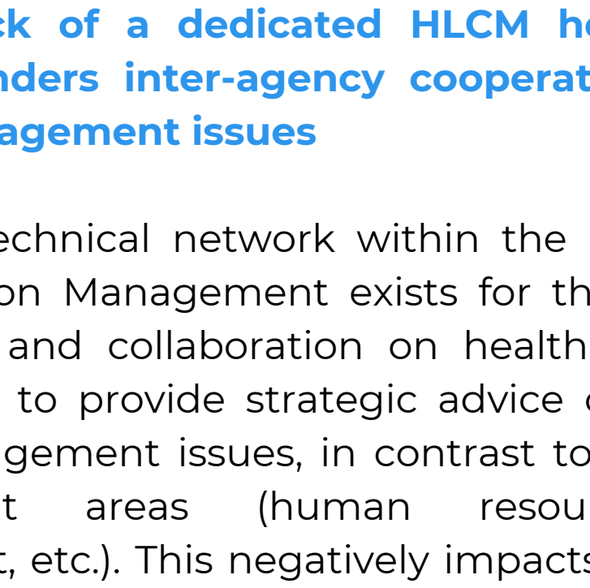
Less than half of organizations were able to provide an assessment regarding the overall health status of their workforce. The evidence base of most such assessments appears to be rather weak. Only one organization confirmed that it reports some workforce health-related data to its legislative organs and governing bodies. Improving the collection and analysis of health workforce data and evidence and leveraging it, including through expanded reporting, is key to ensuring a data-driven and risk-based approach to healthcare and workforce health management.

13. Tracking statistical and cost data on sickness-related absences remains inconsistent across the UN system

While most organizations collect statistics on sick leave absences, very few use organizational benchmarks on sickness-related absences to understand variations, trends and patterns. Only a limited number of organizations collect and report data on sick leave-related costs. The absence of effective methodologies for the determination of costs associated with certified sick leave limits the organizations' ability to consolidate their sick leave management and to make decisions on remedial action, including measures to reduce sick leave absenteeism.

14. Lack of a dedicated HLCM health technical network hinders inter-agency cooperation on health-related management issues

No health technical network within the CEB High-Level Committee on Management exists for the promotion of cooperation and collaboration on health and wellbeing matters and to provide strategic advice on system-wide health management issues, in contrast to other strategic management areas (human resources, security, procurement, etc.). This negatively impacts the promotion and implementation of common health-related standards, clinical governance, the use of common risk-based methodologies and approaches to healthcare management, health data management, health workforce planning and other health related initiatives in the United Nations system.



What the JIU recommends

(formal recommendations)

The report includes nine formal recommendations, of which six are addressed to the executive heads of the JIU participating organizations, two to the Secretary-General of the United Nations Organization and one to the executive heads of the JIU participating organizations, in their capacity as members of the United Nations Chief Executives Board.

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.

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.

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 covering all relevant aspects of occupational health and safety.

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.

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.

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.

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.

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

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.

Informal recommendations

The formal recommendations are complemented by 24 informal recommendations, outlining suggestions to the executive heads for effecting further improvements.

Those include (not exhaustive):

- Organizations that have not done so should develop operational plans for their Health Services, health strategies or similar documents, as appropriate, that could support the allocation of a healthcare budget that reflects evolving organizational healthcare needs. (paragraph 49)

- Organizations should conduct periodic needs assessments of staffing requirements of their health facilities to ensure adequate and sufficient staff allocation that is aligned with the organization's healthcare priorities. (paragraph 58)

- Organizations with a significant health staff complement should pursue the standardization of the recruitment process through the issuance of technical clearance methodology, including guidelines and/or standard operating procedures. (paragraph 60)

- Organizations should periodically review the cost-sharing agreements and costing methodologies of the common/support medical services that provide services upon subscription to ensure that they meet the interests of both the service providers and the service users. (paragraph 112)

- The Inspector suggests that organizations consider applying the model of cost-recovery through insurance in order to enhance the financial sustainability of cost-shared/common Medical Services. (paragraph 111)

- The Inspector suggests that the Secretary-General update the 2000 administrative instruction on medical evacuation. (paragraph 103)

- The Inspector suggests that organizations use lessons learned from the COVID-19 MEDEVAC mechanism to enhance the efficient use of resources for improved medical emergency coordination support mechanisms. (paragraph 103)

- The Inspector suggests that the executive heads of participating organizations ensure that the role and responsibilities of their Health Service under the organizational occupational health and safety management system are aligned closely with the principles stipulated in the occupational health and safety framework. (paragraph 122)

- The Inspector recommends that organizations ensure that personnel are regularly trained on incident reporting and have access to a system for reporting workplace incidents. Line managers should take increasing responsibility for the submission of incidents and for increased self-reporting. (paragraph 125)

- To meet the obligations under the duty of care in the area of occupational health and safety, participating organizations are strongly advised to prioritize the investment in occupational health and safety capacity to ensure that the United Nations occupational health and safety management system receives the same support as the United Nations security management system. (paragraph 128)

- Organizations should continuously improve health data collection and fully leverage the collected health-related data, including through data consolidation, effective cross-functional data -sharing and expanded reporting, in order to support the periodic assessment of workforce health status and, more strategically, to ensure a data driven and risk-based approach to healthcare and workforce health management.(paragraph 134)

- The Inspector recommends that organizations that have not done so consolidate their sick leave management through the adoption of effective methodologies for the determination of the costs associated with certified sick leave to inform decision-making and make cost data accessible for all stakeholders. (paragraph 143)

Expanded report contains additional suggestions for further enhancements

The expanded version of the report contains 20 additional suggestions for further improvements in paragraphs 39, 41, 54, 59, 62, 63, 71, 78, 79, 90, 97, 98, 100, 114, 120, 121, 123, 125 and 145.

Approach & Methodology

In accordance with the JIU Statute, internal standards and working procedures, a range of qualitative and quantitative data-collection methods from different sources were used to ensure the consistency, validity and reliability of the findings. The methodology followed in preparing the report included:

A pre-scoping exercise aimed at identifying the review's key areas and issues and defining the scope of the review including possible limitations.

A desk review and preparation of **terms of reference** in consultation with the JIU participating organizations.

Organizational questionnaires to 28 JIU participating organizations.

65 interviews, mostly virtually, with 138 officials from 27 JIU participating organizations and one non-participating organization (IFAD). Interviews with the former and current chair of the United Nations Medical Directors Network (UNMD), and UNMD Secretary were also held.

Internal peer review for quality assurance purposes.

Sharing the draft report with JIU participating organizations for factual verification and to solicit comments on the findings, conclusions and recommendations.

2024-2025 JIU Reports and Notes

Reports:

JIU/REP/2025/5 & **JIU/REP/2025/5** [Expanded report]
Review of the Ombudsman and Mediation function in the United Nations system organizations

JIU/REP/2025/4 (Comparative analysis) & **JIU/REP/2025/4** [Expanded report] (Comparative tables),
Review of the policies and practices for determining the rates of programme support costs in organizations of the United Nations system

JIU/REP/2025/3 & **JIU/REP/2025/3** [Expanded report],
Review of donor-led assessments of United Nations system organizations and other oversight-related requests from donors in the context of funding agreements and the United Nations single audit principle

JIU/REP/2025/2 & **JIU/REP/2025/2** [Expanded report],
Review of policies and practices to prevent and respond to sexual exploitation and abuse in the United Nations system organizations

JIU/REP/2025/1 & **JIU/REP/2025/1** [Expanded report],
Review of management and administration in the United Nations Environment Programme

JIU/REP/2024/4, Review of the implementation of the principle of mutual recognition within the United Nations system

JIU/REP/2024/3 Part I (Comparative analysis) & **JIU/REP/2024/3** Part II (Reference tables),
Budgeting in organizations of the United Nations system Part II (Reference tables)

JIU/REP/2024/2, Review of consideration of and action taken on the reports and recommendations of the Joint Inspection Unit by United Nations system organizations

JIU/REP/2024/1, Review of management and administration in the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women)

For all reports visit: https://www.unjiu.org/content/reports

Notes:

JIU/NOTE/2024/2, Note to the International Telecommunication Union from the review of the quality, effectiveness, efficiency and sustainability of health insurance schemes in the United Nations system organizations

JIU/NOTE/2024/1, Note to the United Nations High Commissioner for Refugees from the review of quality, effectiveness, efficiency and sustainability of health insurance schemes in the United Nations system organizations

For all notes visit: https://www.unjiu.org/content/notes

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