Integrated Management Systems for Humanitarian Aid Work

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Policy Analysis

Abstract

Humanitarian aid work is an incredibly rewarding experience, but its workers are exposed to specific risks. During the last decades, the Humanitarian Aid Workers are increasingly at risk without being necessarily prepared for work in insecure environments. Moreover, in many instances, despite having been briefed, they had not followed preventive measures for their health and safety.

From an employer's perspective, International Organizations have a direct duty of care obligations for their workers in matters of safety, security, and well-being. Thus, the employers are required to implement a preventive approach mainly focused on a better risk communication and an integrated occupational health and safety management system.

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Humanitarian work is challenging and exposes humanitarian aid workers (HAW) to vulnerable and hazardous environments characterized by specifics "exposomes." However, the literature on HAW occupational health and safety (OHS) remains scant and existing studies are generally centered on the population and victims impacted by catastrophes. After being neglected for a long time, HAW have recently gained some attention, and initial studies found that those workers were increasingly at risk without being adequately prepared for work in insecure environments.[1] In addition to being potentially targeted by malicious acts and despite having been briefed, HAW did not follow preventive measures for their health and safety. Risk-taking behavior has been reported as prevalent among HAW.[2] A study performed by the International Committee of the Red Cross team in 2009 and updated in 2022 showed, despite multiple efforts, comparable results with the proportion of health-related problems remaining high, compliance to malaria prophylaxis low, and unsafe sexual behaviors and psychological exhaustion frequent.[3,4] These results are a strong indicator that greater attention must be paid to pre-deployment medical clearances to help identify pre-existing conditions and institute adapted induction training based on robust health promotion programs.

As for all types or fields of activities, humanitarian organizations are responsible for caring for their workers in matters of safety, security, and well-being. This legal concept of duty of care presumes that organizations are responsible for their "employee's well-being and must take practical steps to mitigate foreseeable workplace dangers." Consequently, during the last decade, the need for better risk communication and OHS prevention for HAW is increasingly being recognized as a major priority.[5] There is no doubt that decision-makers are motivated by implementing strategies to avoid unacceptable risk and allowing HAW to perform their tasks safely. However, the challenge is that many managers do not have a clear understanding of what safe truly means. "Defining what safe looks like in the context of humanitarian aid work" is crucial to better decision making in humanitarian organizations and requires the use of risk assessment methodologies along with the communication of risk-based information to help decision-makers understand the nature of the risk and whether the risk is considered acceptable.

This duty of care obligation was reinforced by the voluntary standard ISO 45001:2018 that has become, since its publication, the global "gold standard" for OHS management systems.[6] The main objective of this "risk and systems-based thinking" is to ensure a holistic approach to health and safety management by being inclusive of internal and external stakeholders, improving protection to all workers, reducing workplace risks, and creating better and safer working conditions. This standard has been complemented by the newly published ISO 45003:2021, which is dedicated to psychological health and safety at work with detailed guidelines for managing psychosocial risks at the workplace.[7] At the same time, the international community has also sent a strong message by adapting the *Security Council Resolution 2668* (2022) and the UN General Assembly in its resolution A/RES/77/300, which encourages member states to

address mental health and psychosocial matters and improve research capacity and collaboration on mental health initiatives.[8,9]

From a practical point of view, the humanitarian aid sector requires the implementation of comprehensive strategies including multi-phases (pre-deployment, during deployment, and post-deployment), multi-disciplines (Occupational & Environmental Medicine, Occupational Hygiene, Occupational/organizational psychology, Occupational Ergonomics and Occupational safety), and multi-levels (United Nations Secretariat including the department of peace operations, UN Agencies Funds & Programs, international and local NGOs, host countries, troop and police contributing countries, etc.). Some of those aspects are perfectly aligned with UN resolution 2668, which highlights the importance of mental health and psychosocial support for all UN peace operations personnel. It encourages member states to provide mental health services during pre-deployment training and foster a culture of well-being during deployment.[8]

The main objective is to invest in primary prevention instead of curative approaches (tertiary prevention). HAW should always engage in good health and safe practices, based on an objective awareness of real risks at the duty station, to help avoid preventable problems. This implies a fundamental shift from hazard-based efforts and compliance-focused programs to up-to-date risk-based management systems where risk assessment and prevention through design are central.

At the organizational level, benchmarking Enterprise Risk Management concepts represents good leverage for the implementation of a sequence of cascading risk management methods to reduce uncertainty and effectively communicate risk to decision-makers by presenting the linkage between operational risk, OHS risk, and business risk, as well as allowing them to adopt a risk-based decision-making process.[10] In its simplest terms, this approach is centered on 3 main actions. This first action is a clear delineation between both safety and security to overcome existing confusion and allow an interdisciplinarity collaboration between both departments. The second action is the implementation of an integrated management system taking into consideration requirements of the ISO 45001 and ISO 45003, along with the requirements of the ISO 10075, ergonomic principles related to mental workload.[11] The third action is the deployment of a work-related injury coding system along with a well-designed taxonomy allowing an accurate and precise analysis of the type and severity of incidents occurring in both the military and civilian components. Based on the collected "lagging indicators," the employers and risk managers will be able to put in place a strong preventive strategy based on SMART "leading indicators."[6]

In conclusion, the implementation of OHS standards in the humanitarian aid work requires the collaboration of multiple stakeholders. A call is specifically launched to the international community,

research centers for disaster management, and the World Health Organization (WHO) Emergency Medical Teams initiative to fulfill their ethical obligations by providing more attention to the implementation of dedicated OHS standards for HAW, regardless of if those workers are employed by Humanitarian Organizations, the United Nations, or troop- and police-contributing countries. Most of them are volunteering to serve in severe hardship duty stations and deserve to return safe to their homes and families.

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