



CEB
Chief Executives Board
for Coordination

High-Level Committee on Management (HLCM)
 40th Session, 13 October 2020

COVID-19: Aligning and Coordinating
UN System’s Return to Office

Basic facts and figures

Update as of 30 September 2020

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Note: sources of data

The information presented in the document has been gathered through a questionnaire submitted by the HLCM Secretariat in September 2020 (as a follow-up to the first round of May 2020 and the second of July 2020) to all its members, as well as to Regional Commissions. The data has been gathered only with respect to HQ locations.

In the **third round (September 2020 – current document)**, the HLCM Secretariat received response from 27 of its members, as well as from Regional Commissions.

1 Occupancy rates

Data on the evolution of occupancy rates across months is varied and strongly dependent on the local context. All Headquarter offices and Regional Commissions have started gradual return to premises (see table 1), generally through a phased approach.

Overall, if we compare the latest table to the previous rounds, we see that many organizations update their plans on a month-to-month basis and can only provide estimates on future occupancy rates.

In some cases, a re-surge of cases in the month of August entailed new decreases in occupancy rates due to government restrictions (e.g. Amman and Washington). As the pandemic re-gains strength in many countries, we can expect the landscape to continue evolving and possibly include new restrictions or lockdowns.

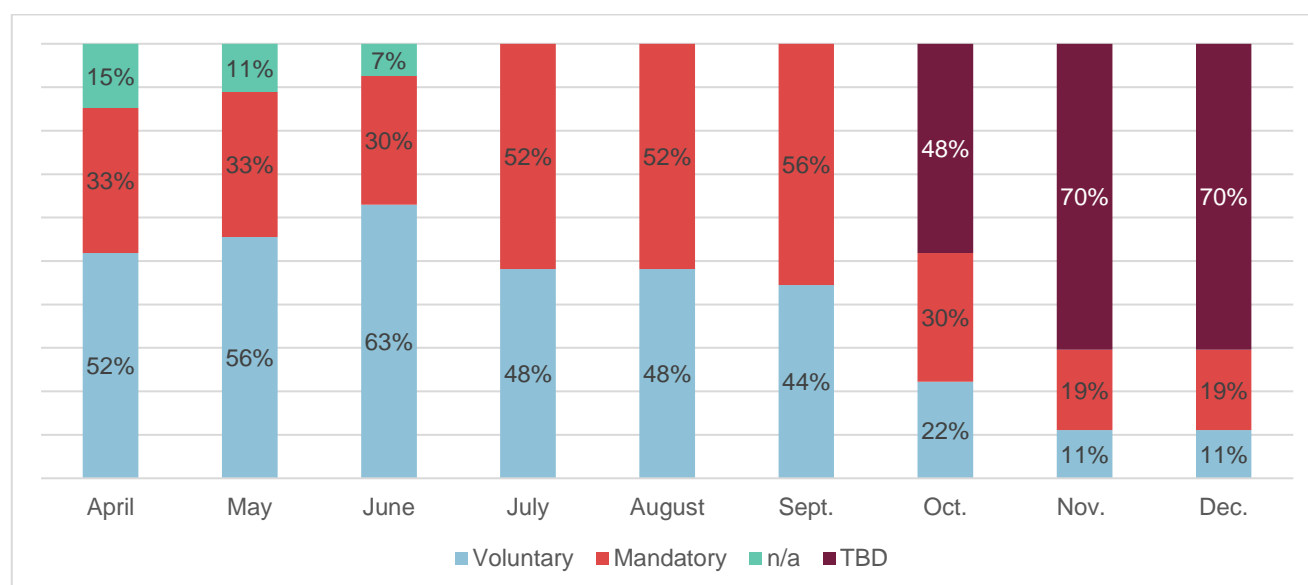
1.1 Occupancy data for HQ locations

Table 1. Occupancy rates by duty-station/organization (*estimate, ** with a flexibility margin of additional 50 people)

Location	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	
Amman (UNRWA)	0%	10%	30%	100%	50%			TBD			
Bonn	2%	10%	40%		60%			TBD			
Copenhagen (UN City)	On-site req.	10%	30%		65%			TBD			
Geneva											
<i>ILO</i>	On-site required personnel			25%	30%	50%		TBD			
<i>UNOG</i>	On-site required personnel		30%		60%			TBD			
<i>UNHCR</i>	On-site req.	20%			50%			TBD			
<i>UNAIDS</i>	On-site req.	20%	40%	65%	80%						
<i>WIPO</i>	5%		18%	23%	29%	36%*		TBD			
<i>WHO</i>	On-site req.	13%	13%	30%				TBD			
<i>IOM</i>	On-site req.	20%		30%		40%		TBD			
<i>ITU</i>	3%	8%	12%	18%	15%	21%*		TBD			
London (IMO)	On-site required personnel		10%	25%	25%				TBD		
Montreal (ICAO)	On-site required personnel					25%			TBD		
Nairobi (UNON-UNEP-UN Habitat)	1%								40%*		
New York											
<i>UNHQ</i>	On-site required personnel			10%	10-40%				TBD		
<i>UNDP</i>	On-site required personnel								TBD		
<i>UNFPA</i>	On-site required personnel			6%	10%	40%		TBD			
<i>UN Women</i>	On-site required personnel					10-40%	40%	TBD			
<i>UNICEF</i>	On-site required personnel		5%	10%	20%	40%		TBD			
Paris (UNESCO)	On-site req.	10%	20%	30%	50%			TBD			
Rome											
<i>IFAD</i>	On site req.	30 ppl.	50 ppl.	130 ppl.**		150 pp.**					
<i>WFP</i>	On-site req.	3%	10%					TBD			
<i>FAO</i>	On-site req.	2%	10%			20%		TBD			
Vienna (VIC)	On-site req.	20%	50%	100%				TBD			
Turin (UNSSC)	0%	17%	27%	34%	21%	31%	30%*	TBD			
World Bank	On-site required personnel								TBD		
IMF	On-site req.	1%			2%	5%	15%				

Until April (table 1), most respondents had reported no presence of personnel at the premises, apart from a limited number of on-site required staff. However (figure 1), in several locations the epidemiological situation improved before and during the summer months, allowing for a gradual return to premises, initially on a voluntary basis (May/June). From July up to September, data indicates that more than half of the organizations are requesting mandatory return to office. Mandatory return continues to represent the prevailing approach from October to December, although most respondents, as for occupancy rates, were not able to provide precise plans beyond September.

Figure 1. Percentage of entities that opt for voluntary vs mandatory return of staff to office, per month



1.2 Occupancy data for Regional Commissions

In the third round of the questionnaire, the request for information was limited to HQ locations. Data for field offices other than Regional Commissions is therefore not included in the tables below. It is worth noting that in Beirut, following the explosion in August combined with the outbreak, led to a new lockdown of offices, with only essential staff present.

Table 2. Occupancy rates by Regional Commission

Location	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Bangkok (ESCAP)	On-site required personnel		20%			50%			TBD	
Beirut (ESCWA)	On-site required personnel		50%		85%	On-site req.			TBD	
Santiago (ECLAC)		4%			2%		5%	10%		TBD
Addis Ababa (ECA)	On-site required personnel		18%		20%		25%	50%	75%	100%
Geneva (ECE)	On-site required personnel			30%		60%				TBD

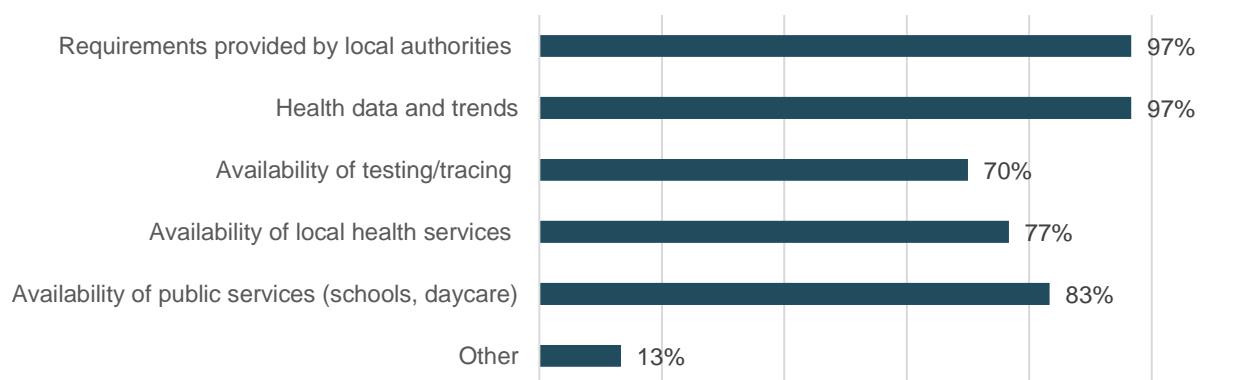
Table 3. Voluntary vs. mandatory return to office (within the limits of occupancy applicable as illustrated in table 2), by Regional Commission

Location	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Bangkok (ESCAP)				Voluntary						TBD
Beirut (ESCWA)				Mandatory						TBD
Santiago (ECLAC)				Mandatory						TBD
Addis Ababa (ECA)				Voluntary				Mandatory		
Geneva (ECE)	Mandatory				Voluntary		Rotation		TBD	

1.3 Triggers and indicators

The vast majority of respondents continued to report the use of a set of triggers/indicators to assess when to modify occupancy rates (figure 2). Entities rely on local authorities' provisions, as well as on health data and trends. Availability of testing and tracing and availability of local health services are also widely reported among the triggers. The availability of public services was previously reported by only 50 per cent of respondents: in this third phase it is instead the third most used indicator. This could be explained by the shift of the organizational response from emergency to "new normal", which needs to consider also the personal needs of staff.

Figure 2. What are the indicators/triggers that drive return to office decisions (HQs and Regional Commissions)?



Organizations were also asked to indicate whether they applied any measures beyond those recommended by the host country. Around two thirds of respondents (60 per cent) answered positively: such measures included social distancing and cleaning, temperature measuring, testing and quarantine. Respondents also reported conducting internal risk assessments and adhering to the UNMD/WHO guidelines even when they went beyond requirements from authorities.

2 Hosting of meetings

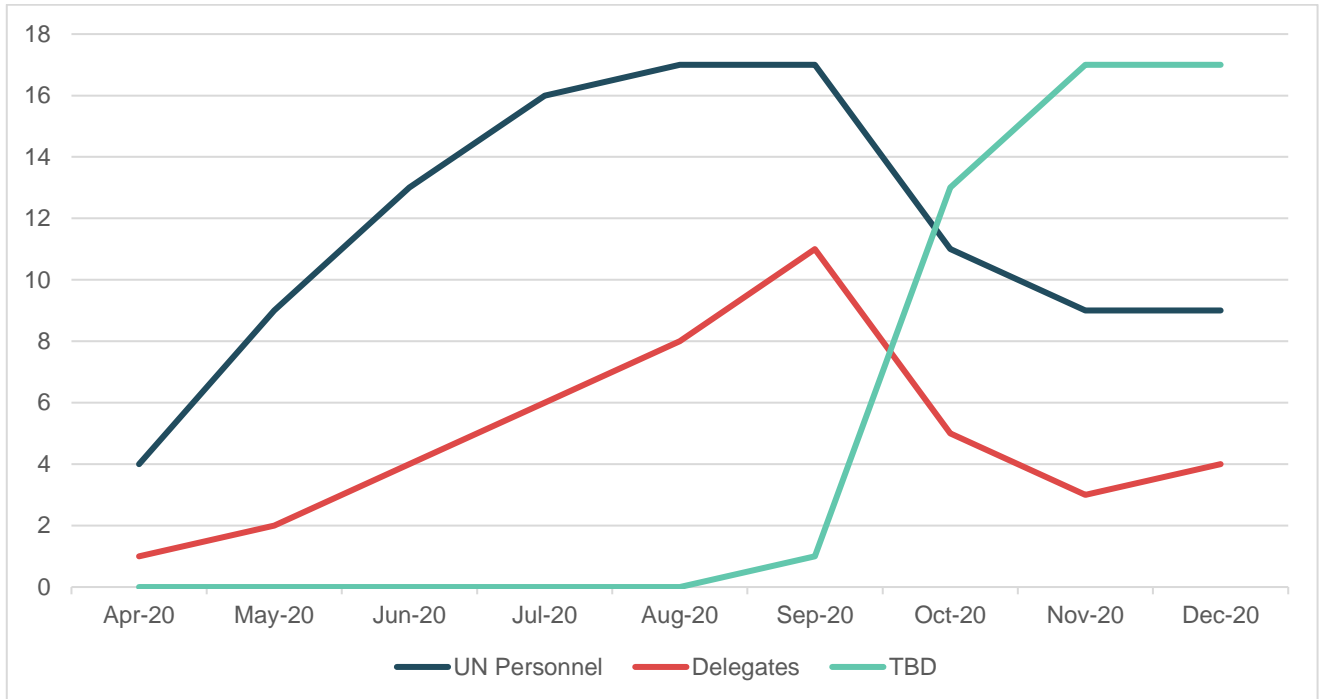
2.1 Type of meetings

With regard to meetings, the trend is consistent with the previous rounds (figure 3). After the first phase when meetings were discontinued or heavily reduced, later months saw a relaxing of restrictions, primarily for UN personnel and, to a lesser extent, for delegates and external participants. From September to December most organizations were unable to provide plans rather, resulting in the chart showing a declining trend, which therefore will need to be seen in light of data from the next round

Organizational mandates play an important role in decisions related to meetings: entities where the hosting of inter-governmental meetings and conferences is one of the core functions are expecting to ease restrictions sooner than others.

With regard to the Regional Commissions, meetings for UN personnel were in general allowed throughout the period under review, although with strict occupancy and distancing measures.

Figure 3. Number of organizations allowing meetings, per month (only HQ)

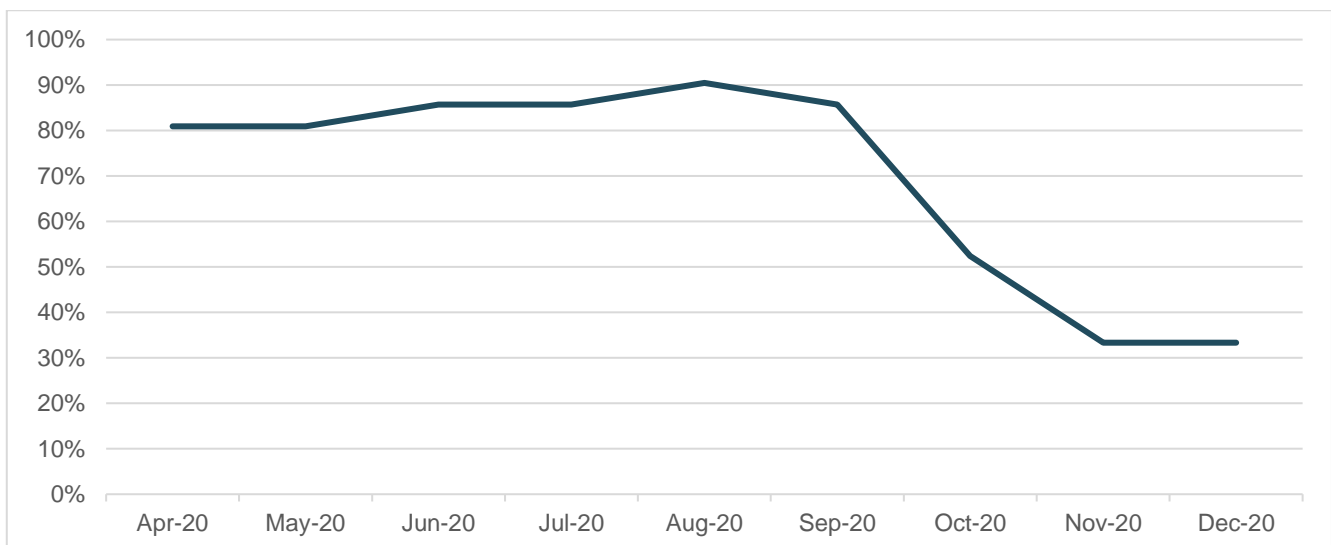


2.2 Remote conferencing

Entities have been utilizing various remote conferencing services, including with interpretation, to allow for the continuation of meetings even in the presence of restrictions for in-person meetings. As illustrated in figure 4, more than two thirds of respondents from both HQs and Regional Commissions have been offering this service. However, provision of interpretation presents a challenge for some organizations due to strict information security protocols.

As phases progress and more in-person meetings resume, the amount of remote conferencing has been and will continue to decrease, but will remain an important resource.

Figure 4. Use of remote conferencing with interpretation (HQs and Regional Commissions)



3 Prevention measures

In this section, respondents were asked to identify which types of measures they are utilizing to prevent the spreading of the virus. In particular, the survey focused on masks, testing, and contact tracing.

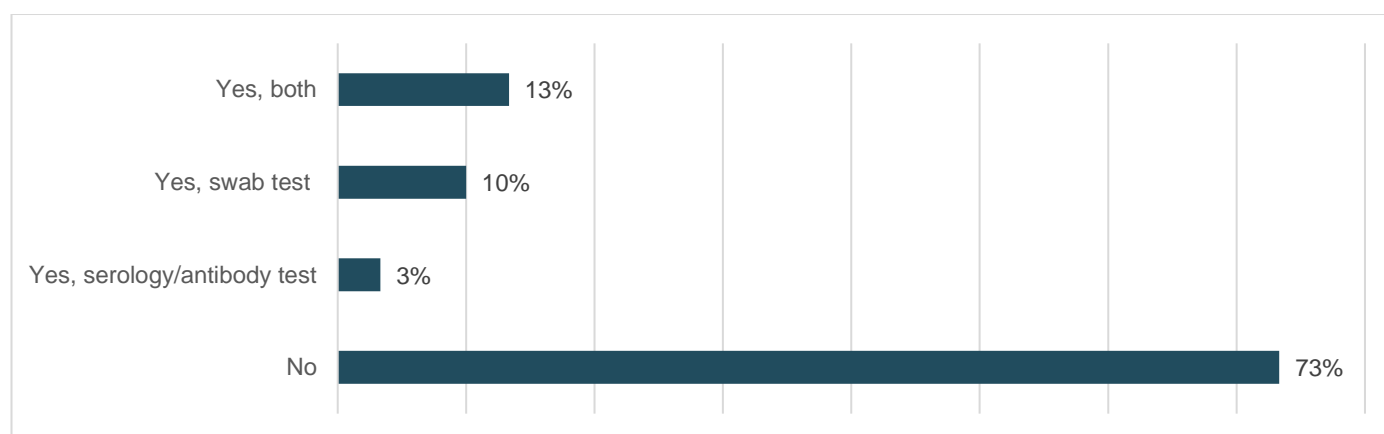
3.1 Masks

The survey highlights a widespread use of masks at the premises (87 per cent of respondents). In 69 per cent of the cases this is applied to all public and common areas, i.e. excluding only individual offices. Only in 23 per cent of the cases the mask is required only when social distancing cannot be respected.

3.2 Testing

The majority of organizations (73 per cent) rely on local health authorities for testing. The ones that provide testing usually make available both swab and serology/antibody testing. In most of the cases testing is available only to symptomatic or to members of personnel before travelling. In a few cases testing is available to anyone who asks for it.

Figure 5. Do you offer testing? (HQs and Regional Commissions)



3.3 Contact tracing

Contact tracing is applied by 73 per cent of respondents, with the rest of respondents relying on local authorities. When contact tracing is in place, it is usually managed by the internal medical service (often guided by a risk assessment plan), in close collaboration with the local health authorities. Confirmed cases are traced through several ways – e.g. interviews, lists of visitors, testing, etc. –and are quarantined in case of close contact. Timing of quarantine usually depends from the local government indications.

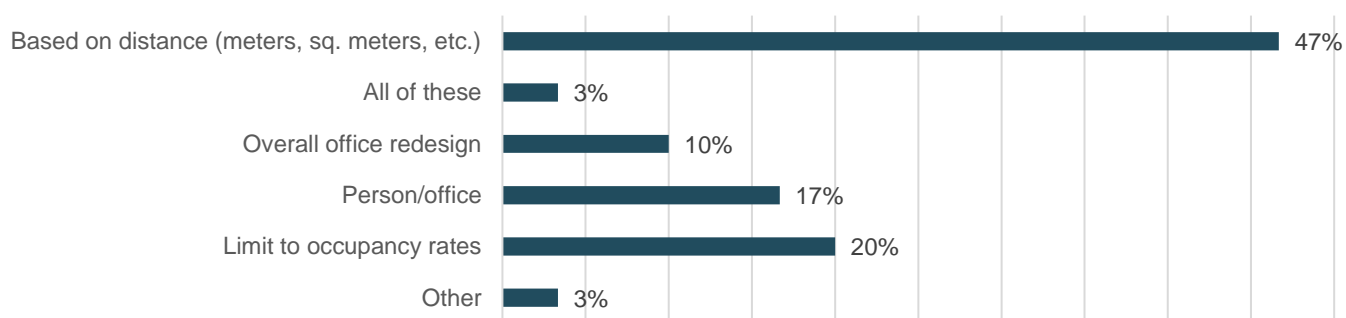
4 Measures at the premises

The third round of the survey also included a set of questions to explore the different measures put in place by organizations to reduce the density of personnel at the premises.

4.1 De-densification measures

The most common measure, consistently with the previous question, is based on distance, i.e. setting a minimum of meters or squared meters around and between members of personnel. Other measures include limiting the overall occupancy rates of the offices through telecommuting and rotations, setting a limit of persons per office (usually limited to one), and redesigning the overall layout of offices to comply with safety requirements.

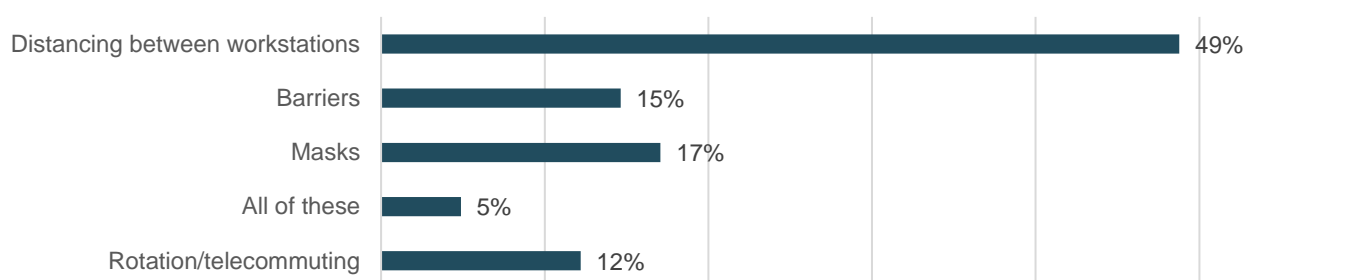
Figure 7. De-densification measures



4.2 Open spaces

The last question of this section aimed to understand common approaches towards ensuring safety in open space settings (figure 8). In most cases, this is done through distancing between workstations. In some limited cases, safety is also ensured by putting in place barriers – e.g. plexiglass between workstations – and by making masks mandatory when working in this type of office. Rotation and telecommuting are also used to reduce the number of people in open spaces.

Figure 8. Approach for open spaces



5 Travel and borders

The last set of questions was meant to explore the status of travel and measures put in place to support personnel in case of border closing.

5.1 Travel

Work-related travel is permitted in 73 per cent of cases, although with strong limitations. Of these, 73 per cent allow only critical travel (e.g. surge assignments, critical field visits, R&R, new staff and separation, etc.), usually upon approval from senior management, and always taking into account local health considerations, including required testing and quarantine. In 14 per cent of cases the decision on whether to approve a travel request is based solely on the provisions of local authorities, and in 9 per cent of cases the decision is taken through an assessment, which takes into account the criticality, risks, and local health provisions.

5.2 Provisions in place to accommodate potential border closures/restrictions

Two thirds of respondents have some provisions in place to accommodate border restrictions. These include:

- Support to UN Personnel on returning to duty station (i.e. compliance with local authorities including testing and quarantine, and special passes);
- Reduction or discontinuation of physical meetings and resuming of telework (including necessary administrative arrangements: e.g. adaptation of post-adjustment, payment of DSA, special/annual leave);
- Assessment of incidents on case-by-case basis, through support from HR, medical services, etc.
- Risk assessments / business continuity plans.

6 Conclusion

At the time when this questionnaire was administered, many entities were updating the dates and parameters applicable to their Back to Office plans on a month by month basis, as the current situation is extremely volatile, with great differences even at regional level. It is therefore extremely difficult for organizations to share plans for the medium and long term, given the lack of precise estimates on the evolution of the pandemic in the coming months, on the basis of currently available data.

It is nevertheless clear that organizations have put in place strong prevention measures to protect the safety of personnel, both internally and in collaboration with local health authorities. Differently from occupancy rates, prevention measures are not expected to change in the near future; however, as the situation develops, there might be some loosening – e.g. on travel and meetings – or some tightening in case of surge in infections.