



# General Assembly

Distr.: General  
1 April 2022

Original: English

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## Seventy-sixth session

Agenda item 150

### Administrative and budgetary aspects of the financing of the United Nations peacekeeping operations

## Post-traumatic stress disorder framework for uniformed personnel

### Report of the Advisory Committee on Administrative and Budgetary Questions

#### I. Introduction

1. The Advisory Committee on Administrative and Budgetary Questions has considered the report of the Secretary-General on the post-traumatic stress disorder (PTSD) framework for uniformed personnel ([A/76/662](#)). During its consideration of the report, the Committee met online with representatives of the Secretary-General, who provided additional information and clarification, concluding with written responses dated 18 March 2022.

2. The report of the Secretary-General is submitted pursuant to General Assembly resolutions [74/280](#) and [75/293](#). In his report, the Secretary-General provides information on a study of PTSD claims relating to uniformed personnel and presents a proposal for a PTSD framework aimed at promoting a sustainable and appropriate approach to the compensation of PTSD claims (*ibid.*, para. 4). He also provides information on the status of PTSD claims received by the Secretariat (*ibid.*, para. 8).

#### II. Background

3. The United Nations provides compensation for the death and disability of uniformed personnel who were deployed to United Nations missions, in accordance with General Assembly resolution [52/177](#) and subsequent resolutions. In his report, the Secretary-General indicates that PTSD is a mental disorder recognized by the World Health Organization and that it often results in chronic disability (*ibid.*, para. 30). The Secretariat has received a significant number of PTSD disability claims relating to uniformed personnel since 2017 and anticipates additional claims in the near future (*ibid.*, paras. 2 and 8).



4. **The Advisory Committee pays tribute to the uniformed personnel deployed to United Nations missions. The Committee recognizes their service and the challenging circumstances under which they operate that can lead to death and disability, including PTSD. The Committee reiterates the importance of the expeditious settlement of all death and disability claims, including PTSD claims.**

5. The Advisory Committee recalls that following a receipt of 342 PTSD claims, including 304 related to closed missions, between 2017 and 2019, the Secretary-General had requested an amount of \$3,545,400 for compensation for PTSD cases arising from closed peacekeeping missions under the proposed support account budget for 2020/21 (A/74/809, paras. 16–20). Emphasizing the need for early settlement of death and disability claims, the Committee noted with concern the considerable number of pending PTSD claims and stressed the importance of addressing the backlog in a timely manner. With a view to promoting a sustainable and appropriate approach to PTSD claims, the Committee recommended that the General Assembly request the Secretary-General to prepare, as soon as possible, a study for the consideration of the Assembly. The study was intended to provide a holistic analysis of the policy, legal, administrative and financial aspects of the matter, including the procedures for processing claims, medical standards, budgetary methodology for liability estimation and source of funding. The proposal would also contain information on the number of submitted, rejected, closed and pending PTSD claims from active and closed peacekeeping missions in recent years, along with the corresponding compensation amounts and source of funding. Pending the completion of the study, the Committee recommended against the proposed resources of \$3,545,400 for PTSD compensation under the support account (ibid., para. 21). In the meantime, the Committee recommended approval of the resources proposed for the processing of the outstanding claims: three new positions (2 P-4 and 1 GS (OL)) and an amount of \$75,000 for a consultant (ibid., paras. 36 and 38). In its resolution 74/280, the Assembly endorsed the conclusions and recommendations contained in the report of the Committee.

6. During its consideration of the support account budget for the period 2021/22, the Advisory Committee was informed that additional claims had been received, resulting in 380 pending PTSD claims, of which 305 had been medically assessed. In addition, the PTSD study had not been completed. Consultations were ongoing, including through an advisory board comprising representatives of 26 Member States, with the aim of submitting a proposal on a PTSD framework in the context of the 2022/23 peacekeeping budget (A/75/849, paras. 58 and 59). The Committee welcomed the creation of an advisory board and stressed the importance of developing, as soon as possible, a PTSD framework for the consideration of the General Assembly (ibid., para. 60). In its resolution A/75/293, the Assembly endorsed the conclusions and recommendations contained in the report of the Committee.

### **III. Study to develop a post-traumatic stress disorder framework for uniformed personnel**

7. In paragraphs 9 to 17 of his report, the Secretary-General provides information on the PTSD study methodology. The study was informed by regular briefings and consultations of the established advisory board consisting of representatives from 26 Member States,<sup>1</sup> including the top 10 troop- and police-contributing countries and

<sup>1</sup> Bangladesh, Brazil, Burkina Faso, Canada, Chad, China, Egypt, Ethiopia, France, Germany, Ghana, India, Indonesia, Japan, Morocco, Nepal, Pakistan, Russian Federation, Rwanda, Senegal, Togo, Uganda, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America and Uruguay.

financial-contributing countries. In addition, the study was informed by an online survey distributed to 124 troop- and police-contributing countries to gather information on national frameworks on PTSD; briefings with all the troop- and police-contributing countries; interviews with Member States and Secretariat experts, including from field missions; and a scientific literature review. **The Advisory Committee acknowledges the broad range of inputs that informed the study and recognizes the crucial contribution of Member States (see also [A/75/849](#), para. 60).**

8. In his report, the Secretary-General outlines key findings from the study. **The Advisory Committee underscores, in particular, the following:**

(a) **Prevalence rate of PTSD in uniformed personnel deployed to United Nations missions is unclear.** The limited scientific literature available indicates that the prevalence rate of PTSD varies from 0 to 11 per cent in military personnel associated with their deployment to United Nations peace operations. The responses to the troop- and police-contributing countries survey suggest an overall PTSD prevalence rate in the range of 0 to 20 per cent, as well as significant differences among the respondents, with more than three quarters reporting a prevalence rate between 0 and 5 per cent, three countries between 6 and 10 per cent and one country between 11 and 20 per cent. More than a quarter of the respondents indicated that they did not have prevalence data for PTSD (see para. 8 (c) below). Beyond United Nations operations, the PTSD prevalence rates identified in typical military and police populations that have deployed to a peace or combat operation is between 4 and 8 per cent ([A/76/622](#), paras. 19 and 20). Upon enquiry, the Advisory Committee was informed that identified PTSD rates varied among different scientific sources, empirical data, populations and periods, and that no one source could claim to be definitive as a way of predicting potential future PTSD rates in the United Nations;

(b) **Time delay is a significant factor in the onset, recognition and treatment of PTSD, as well as in the submission of related claims.** Upon enquiry, the Advisory Committee was informed that PTSD symptoms might appear even years after the traumatic event(s). In addition, the late onset of PTSD was often accompanied by a time delay in its recognition. Furthermore, the permanent loss of function could be calculated only following the completion of all required treatment and the achievement of the maximum medical improvement. In addition, time was required for the preparation of claims that must be supported by relevant documentation in English and their submission by Member States. As a result, PTSD claims might be received by the United Nations long after the closure of the missions in which the claimants had been deployed and exposed to the traumatic event(s);

(c) **More PTSD claims are expected in the future, but there is uncertainty as to their number and timing.** The survey suggests that the Secretariat could expect to receive between 754 and 1,510 PTSD claims in the near future. Moreover, the Secretary-General indicates in his report the potential for a substantial increase in the number of claims as Member States establish national systems for the assessment of PTSD and the processing of related claims (*ibid.*, para. 22; see also para. 8 (d) below);

(d) **National approaches and resources related to PTSD vary considerably and such differences can result in significant disparities among Member States with respect to PTSD management and PTSD claim compensation.** In addition to the substantial differences in the PTSD prevalence rate, the study indicates that not all troop- and police-contributing countries currently have formal practices in place to assess and process PTSD claims ([A/76/662](#), paras. 20 and 22). Furthermore, the Secretary-General notes a 10-fold difference in the number of mental health facilities and a 40-fold difference in the number of per capita outpatient mental health visits between low- and high-income countries (*ibid.*, para. 45). Differences in national

policies on mental health, insurance systems and the availability of mental health professionals can lead to a significant disparity between Member States (ibid., para. 27).

#### **IV. Proposed post-traumatic stress disorder framework for uniformed personnel**

9. In his report, the Secretary-General presents a proposal for a PTSD framework covering the policy, legal, administrative and financial aspects of PTSD claims, as well as the need for prevention and mitigation measures. The Advisory Committee discusses aspects of the proposed framework in the paragraphs below.

##### **A. Principles and procedures related to post-traumatic stress disorder claims**

10. The Secretary-General indicates that PTSD claims received from Member States are processed in accordance with existing principles of compensation for disability claims agreed by the General Assembly (ibid., para. 30). Key elements of existing policies, as applied to PTSD claims, are outlined in paragraphs 30 to 39 of the report. For instance, in line with the established practice for disability claims, the standard of proof should be “at least as likely as not” that the claimants’ PTSD would not have occurred in the absence of its association with an event or series of events related to their deployment to a United Nations mission. “At least as likely as not” equates to a likelihood of 50 per cent or greater, with the benefit of the doubt going to the claimant, if the evidence is at equipoise (ibid., para. 37).

11. Upon enquiry, the Advisory Committee was informed that the only practical difference between PTSD claims and other disability claims related to the potential late onset and recognition of PTSD, as well as the time delay in the submission of claims. The passage of time might complicate the determination of the causal relationship between the traumatic event(s) during deployment to a United Nations mission and PTSD. In order for the causality to be determined, the claim documentation must include a record of the claimant’s deployment to the United Nations mission as well as records of the traumatic incident(s) that caused PTSD.

12. Upon enquiry, the Advisory Committee was informed that the existing United Nations notification system of casualty (NOTICAS) recorded only physical injuries or death during deployment. Deployment records and documentation of the traumatic incident(s) to substantiate PTSD claims were therefore typically provided from other sources, such as the United Nations, national or third-party reports, media and personal accounts, as well as national assessment and compensation procedures. The Committee was also informed, however, that the Secretariat had developed a new incident reporting system to record incidents in field missions and data on multiple personnel involved in an event, even if the personnel were not injured. The system, which would require a professional safety officer in each mission and additional Headquarters support for training and oversight, had yet to be launched, owing to competing priorities related to the coronavirus disease (COVID-19). **The Advisory Committee emphasizes the importance of having the United Nations maintain proper records on the deployment of uniformed personnel and on incidents that occurred during deployment, along with any predeployment screening information, where available, and looks forward to receiving updated information on the envisaged incident reporting system in the context of the next report on the overview of the financing of the United Nations peacekeeping operations.**

13. Upon enquiry, the Advisory Committee was further informed that Member States that submitted death and disability claims had primary responsibility and accountability to establish national systems and processes to provide credible, professional and recognized evidence to the causal nexus between the death or injury and events associated with deployment to a United Nations mission. Several factors, however, might lead to disparities in the submission of timely and well-substantiated PTSD claims, such as the existence of a national policy on PTSD, awareness among uniformed personnel, cultural reasons and an insufficient level of PTSD-related services. In an effort to reduce disparities, the Secretariat provided guidance and support to Member States to submit claims for death and disability, including PTSD, and also on a case-by-case basis. According to the Secretariat, potential additional initiatives might include training and education campaigns as well as the coordination of clinical services to be delivered through virtual means. Financial resources relating to those and other measures remained to be determined.

**14. The Advisory Committee is concerned that the challenges related to the potential late onset of PTSD and the different national approaches to PTSD management would lead to significant disparities in the access to PTSD compensation for uniformed personnel. The Committee emphasizes the importance of the principle of equal treatment of Member States and encourages the Secretary-General to make every effort to facilitate the claim submission process, in close coordination with relevant stakeholders and within existing resources, including the dedicated positions within the Department of Operational Support (see para. 5 above).**

15. The Advisory Committee notes that the compensation scheme for death and disability approved by the General Assembly in resolution [52/177](#), whose principles extend to PTSD claims, applies to compensation for incidents that occurred after 30 June 1997. Upon enquiry, the Committee was informed that prior to the adoption of the resolution, death and disability compensation paid to members of contingents was solely based on the national standards adopted by the troop- and police-contributing countries, which varied significantly and resulted in unequal treatment. The Committee notes that a number of currently pending PTSD claims relate to years of deployment before 30 June 1997, including 352 claims for the United Nations Protection Force (UNPROFOR), 13 claims for the United Nations Guards Contingent in Iraq (UNGCI), 9 claims for the United Nations Peacekeeping Force in Cyprus (UNFICYP) and 8 claims for the United Nations Iraq-Kuwait Observation Mission (UNIKOM). The Committee notes that the Secretariat paid compensation for some of those claims (see para. 33 below). **Noting that the approach to death and disability claims approved by the General Assembly in its resolution [52/177](#) was intended to address the previous unequal access to compensation, the Advisory Committee emphasizes the importance of processing claims, including PTSD claims, in the spirit of the resolution.**

16. In his report, the Secretary-General indicates that the General Assembly has not placed any time limits for Member States to submit death and disability claims to the United Nations ([A/76/662](#), para. 32). Upon enquiry, the Advisory Committee was informed that the Secretariat would not be in favour of introducing time limits for the submission of PTSD claims, given the potential delay in the onset and recognition of PTSD and the possible submission of such claims at a later stage from Member States in the process of developing a system for PTSD assessment and compensation. **The Advisory Committee is of the view that the establishment of time limits for the submission of PTSD claims is a policy decision within the purview of the General Assembly.**

## B. Establishment of a reserve fund

17. In his report, the Secretary-General indicates that compensation for death and disability claims, including PTSD disability claims, is paid from the relevant mission budget as long as the mission is active (*ibid.*, para. 7). However, resources for compensation claims related to closed missions, which constitute the great majority of outstanding PTSD claims, are not readily available. The Secretary-General therefore proposes to establish a reserve fund for the compensation of death and disability claims related to closed missions, while compensation for claims related to active missions will continue to be paid from the relevant mission's budget (*ibid.*, para. 40).

### Scope of the proposed reserve fund

18. The Secretary-General proposes that the reserve fund cover compensation claims for claims for death and disability, comprising both PTSD and physical disability, for uniformed personnel related to closed mission (*ibid.*, para. 40). Upon enquiry, the Advisory Committee was informed that, as the procedures that apply to death and disability claims also apply to PTSD, it was proposed, for the sake of consistency, that compensation be paid from the same reserve fund for all such claims related to closed missions for which there were no available funds. The Committee was further informed that physical disability claims could also be submitted years after the incidents that caused them, including when missions had closed, since permanent loss of function was calculated upon the completion of all treatment and after maximum medical improvement had been achieved. Currently, there were nine pending death and physical disability claims related to closed missions. **The Advisory Committee notes that the proposal of the Secretary-General for the establishment of a reserve fund that would cover all death and disability claims, including PTSD claims, related to closed peacekeeping missions, is beyond the scope of the Committee's recommendations endorsed by the General Assembly (see resolutions 74/280 and 75/293, as well as A/74/809, para. 21, and A/75/849, para. 60). The Committee also notes that, while the proposal extends to the full range of death and disability claims, the analysis presented by the Secretary-General is limited to the estimation of the prevalence of and process for compensating PTSD claims and related implications and does not support the proposed inclusion of the full range of death and disability claims (see para. 22 below).**

### Amount of the proposed reserve fund

19. The Secretary-General proposes that the reserve fund derive its revenue from a recurring charge of 0.5 per cent of total troop and police personnel reimbursement costs to be charged against each peacekeeping and special political mission budget. For example, the potential 0.5 per cent charge of the total uniformed personnel cost for the 2019/20 period (approximately \$1.3 billion) will amount to around \$6.6 million. It is indicated in the report that the proposed funding methodology is similar to the existing mechanism under appendix D to the Staff Regulations and Rules for the payment of compensation for death and disability claims from civilian staff, which derives its revenue from a charge of 0.5 per cent of net base salary, including post adjustment. The fund balance will be regularly monitored against the amount needed for compensation based on the number and status of outstanding claims, as well as operational circumstances, such as closure of a mission. Adjustments to the reserve fund and/or its funding rate will be proposed to the General Assembly. Furthermore, it is proposed that the Secretariat will report to the Assembly

on the status of the fund and the claims processed on an annual basis ([A/76/662](#), para. 41).

20. Upon enquiry, the Advisory Committee was informed that the Secretariat considered that the approximate annual charge of \$6.6 million would be appropriate for covering the backlog of PTSD claims of approximately \$4 million and for providing a modest amount of funding towards the annual estimated liability amounting to \$51 million for PTSD compensation for uniformed personnel. The Committee was informed that the \$51 million annual estimated liability was calculated by multiplying the median of the PTSD prevalence rate in the general military population deployed to peace or combat operations (6 per cent) by both the number of uniformed personnel (77,000) and the average compensation for PTSD claims (\$11,000). The Committee questions the use of the 6 per cent rate, amid the wide range of possible PTSD rates to estimate potential liability (see para. 8 (a) above). Furthermore, the Committee notes that a 6 per cent rate in a population of approximately 77,000 would lead to 4,620 PTSD cases, a figure that is at least six and three times the estimated number of claims (754 to 1,510) expected by the Secretariat in the near future (see para. 8 (c) above) and more than 10 times the number of PTSD claims received since 2017. Furthermore, in annex IV of his report on the overview of the financing of the United Nations peacekeeping operations ([A/76/717](#)), the Secretary-General shows payment of \$5,697,000 in 2021 in death and disability claims, with a pending amount of \$8,862,000. The Committee notes that the total of \$14,559,000, which includes \$4,269,000 related to pending PTSD-related claims, is far less than the projected \$51 million for PTSD compensation. **The Advisory Committee considers that the annual estimated liability for PTSD compensation projected by the Secretariat in the amount of \$51 million is not substantiated, including due to the uncertainty regarding the PTSD prevalence rate in uniformed personnel deployed in United Nations missions, and notes that it greatly exceeds the experience with both existing and expected PTSD claims, and, in fact, exceeds the liabilities related to all death and disability claims based on data reported for 2021 and on claims submitted to date (see para. 22 below).**

21. Upon enquiry, the Advisory Committee was informed that the proposed reserve fund would be initially invested into the United Nations short-term investment pool and then transitioned into diversified assets, including long-term diversified investment assets. The initial management fees are expected to be from 0.25 to 0.5 per cent of the managed assets.

**22. In view of its observations above (see paras. 18 and 20 above), the Advisory Committee considers that the proposed annual reserve fund for the compensation of death and disability claims, including PTSD claims, related to closed peacekeeping missions has not been justified, and recommends against its establishment (see para. 27 below).**

### C. Other compensation modalities

23. Upon enquiry, the Advisory Committee was informed that the Secretariat considered that the establishment of a reserve fund was the best option available, as it would cover pending claims, future claims related to closed missions and future claims related to currently active missions after their closure. It would also ensure that each mission bore a reasonable charge for the future costs arising from its operations, given that the proposal for creating the reserve was based on a percentage of the reimbursement costs of the troop- and police-contributing countries.

24. The Advisory Committee notes that the report of the Secretary-General does not present alternative options beyond the proposed establishment of a reserve fund.



Upon enquiry, the Committee was informed that the Secretariat did not consider that other options were viable, including those outlined below:

(a) Use of funds in closed peacekeeping accounts for the payment of compensation of pending PTSD claims related to closed missions with sufficient balances was not considered a possible option, whether through a special charge against remaining funds in closed missions or a separate special assessment, either of which would be supplemented by a pay-as-you-go approach through a special assessment for future claims against closed missions. The Committee was informed that the Secretariat had no spending authority to entertain new claims for closed missions, absent a new spending authority from the General Assembly and a corresponding assessment for such funds using the scale for the mission to which the claim relates. In addition, the Secretariat would have to keep all closed mission accounts active until it had a basis for determining that no further PTSD claims would arise. Furthermore, according to the Secretariat, the assessment scales applied to peacekeeping operations changed as the composition of Member States changed. The Committee notes that since the establishment of the peacekeeping scales in General Assembly resolution [55/235](#), changes in the relative economic and demographic circumstances of Member States as manifested, inter alia, in their per capital gross national income, have had a greater impact on their assessed contributions to the financing of the peacekeeping operations than has the United Nations membership composition. On the basis of data provided to it, the Committee notes that all closed missions for which there are pending PTSD claims are missions that have a sufficient balance to cover the outstanding claimed amounts. The Committee also notes that payments from the remaining balances of UNPROFOR were made in 2017 for PTSD claims related to that mission (see para. 33 below);

(b) The Committee was informed that the option of an assessment against the support account that had originally been envisaged by the Secretary-General (see [A/74/743](#)) was not proposed in view of the endorsement by the General Assembly of the Committee's recommendation against the \$3.5 million proposed in the budget for 2020/21 to address the backlog of outstanding PTSD claims. The Committee recalls that, at the time, the Committee had recommended against that requirement, pending the completion of a study on the matter to be conducted as soon as possible (see para. 5 above);

(c) Regarding the potential use of unforeseen and extraordinary expenses or a commitment authority, the Committee was informed that a budget proposal for a reasonable amount of a known liability that could be anticipated would be a more appropriate solution. The Committee recalls the current uncertainty regarding the number and timing of expected cases, as well as inconclusive data regarding the PTSD prevalence rate in United Nations uniformed personnel;

(d) The use of commercial insurance was not deemed viable, owing to the number of uniformed personnel, the time delay in recognizing PTSD and the costs associated with the required coverage. The Committee notes that the United Nations has a malicious acts insurance policy to cover staff and other eligible individuals worldwide for death or disability caused by a malicious act or war, including, since 2006, permanent disabilities brought about by chronic PTSD.

**25. The Advisory Committee considers that other modalities could have been presented to enable a fuller consideration by the General Assembly, including measures to address the backlog in payment of pending PTSD claims related to closed peacekeeping missions along with measures for new claims, such as a pay-as-you-go approach in the context of annual budgets.**

**26. The Advisory Committee again expresses concern regarding the considerable number of outstanding PTSD claims and stresses the need to**



address the existing backlog as soon as possible (see also [A/74/809](#), para. 21). The Committee considers, in particular, that the consolidated net cash balances of the closed peacekeeping missions with a net cash surplus may provide an opportunity to settle all long-overdue payments to troop- and police-contributing countries, including existing PTSD claims related to closed missions. The Committee is of the view that the granting of spending authority against funds remaining in closed missions is a policy matter for the consideration of the General Assembly (see also [A/76/738](#), para. 9). Regarding new PTSD claims related to closed peacekeeping missions, the Committee considers that authorization could be given to pay compensation either from the interest of the peacekeeping reserve fund or through the support account.

27. With regard to the payment of PTSD claims related to closed special political missions, the Advisory Committee considers that separate arrangements would be required. Such arrangements could include a pay-as-you-go approach or the use of the appendix D reserve fund under the regular budget. The Committee is of the view that any decision to extend the use of the appendix D reserve fund for uniformed personnel of special political missions is a policy decision within the purview of the General Assembly. However, regarding claims related to active peacekeeping and special political missions, the Committee has no objection to the continued payment from the respective mission budgets.

#### **D. Prevention and mitigation of post-traumatic stress disorder**

28. In his report, the Secretary-General discusses matters related to the prevention and mitigation of PTSD in uniformed personnel. According to the results of the survey of troop- and police-contributing countries, the most widely used practices for the prevention of PTSD are training and screening. The screening of high-risk groups, such as contingent units recently repatriated from high-risk missions, helps with early identification, so that potentially serious issues can be mitigated or treated before they worsen and become chronic ([A/76/662](#), para. 26). Upon enquiry, the Advisory Committee was informed that the United Nations did not currently require predeployment or post-deployment psychological screening. The predeployment medical expense data provided by participating troop- and police-contributing countries is based on the standard mandatory medical requirements prior to the deployment of uniformed personnel. According to the Secretariat, should the General Assembly request the future inclusion of post-deployment PTSD screening as a cost category, it is the current opinion of the medical experts in the Secretariat that such a screening would not preclude future PTSD claims. **Noting that any revisions to the current methodological framework for the quadrennial survey, as agreed in resolution [67/261](#), remain under the exclusive purview of the General Assembly, and the cost categories included in the current survey are as established by the Assembly, the Advisory Committee is of the view that cost categories constitute a policy matter to be decided by the General Assembly (see also [A/76/757](#), para. 6).**

29. Upon enquiry, the Advisory Committee was also informed that efforts aimed at preventing PTSD and other mental disorders in uniformed personnel were a shared responsibility of the United Nations, Member States and individuals, in all phases of every deployment cycle. The Secretariat did not currently have capacity to proactively manage or mitigate the risk of PTSD related to the deployment of uniformed personnel. A proposal for additional deployment of military psychiatric nurses and/or psychiatrists in level II hospitals would be discussed during the contingent-owned equipment working group in 2023. In addition, a two-year project on a mental health strategy for uniformed personnel, started in February 2022, would include initiatives to prevent and mitigate PTSD. According to the Secretariat, potential additional

measures could include targeted training; an awareness-raising campaign; gender-specific initiatives; unified record-keeping systems of the deployed uniformed personnel and major stressor events; a coordination network among the Secretariat, field missions and Member States; support for troop- and police-contributing countries with insufficient mental health professional capacity through bilateral assistance and partnerships; the coordination of clinical services to be delivered remotely; and the development of guidelines and procedural manuals. Such initiatives would necessitate separate funding, with requirements to be determined, on the basis of further research and action plans developed in consultation and cooperation with Member States.

30. The Advisory Committee stresses the importance of prevention and mitigation as part of a sustainable and appropriate approach to the management of PTSD in uniformed personnel. The Committee encourages the Secretary-General to pursue further consultations with relevant stakeholders with a view to identifying and maximizing opportunities for prevention and mitigation, including through partnerships, within existing resources. The Committee looks forward to receiving information on the efforts undertaken in the context of the next report on the overview of the financing of the United Nations peacekeeping operations.

## V. Status of post-traumatic stress disorder claims

31. Upon enquiry, the Advisory Committee was informed that a total of 466 claims had been received as of 15 March 2022.

### Closed claims

32. The Advisory Committee was provided, upon request, with information on paid claims (see table 1 below).

Table 1  
Summary of post-traumatic stress disorder claims paid by the Secretariat

<i>Mission</i>	<i>Entity</i>	<i>Number</i>	<i>Source of funding</i>	<i>Year of service</i>	<i>Date received</i>	<i>Date paid</i>	<i>Amount paid (United States dollars)</i>	<i>Processing time (months)</i>
<b>Active mission</b>								
United Nations Multidimensional Integrated Stabilization Mission in Mali	Peacekeeping operation	1	Mission	2017	31/10/2019	23/6/2020	18 480	7
United Nations Peacekeeping Force in Cyprus	Peacekeeping operation	1	Mission	1990	22/11/2017	30/12/2019	11 550	25
United Nations Interim Force in Lebanon	Peacekeeping operation	13	Mission	2007	25/7/2019	4/2/2020	13 860	6
				2011	20/12/2017	27/4/2020	13 090	28
				2011	20/3/2018	27/4/2020	10 010	25
				2011	20/2/2018	27/4/2020	13 090	26
				2011	17/1/2018	27/4/2020	13 090	27
				2010	17/1/2018	3/6/2021	10 010	40
				2010	2/5/2018	24/1/2022	7 700	44

<i>Mission</i>	<i>Entity</i>	<i>Number</i>	<i>Source of funding</i>	<i>Year of service</i>	<i>Date received</i>	<i>Date paid</i>	<i>Amount paid (United States dollars)</i>	<i>Processing time (months)</i>
				2011	27/9/2018	27/4/2020	13 090	19
				2009	18/12/2018	27/4/2020	10 010	16
				2011	18/11/2019	27/4/2020	7 700	5
				2009	12/2/2021	2/7/2021	3 850	4
				2011	12/2/2021	2/7/2021	11 550	4
				2007	7/7/2017	13/11/2018	10 500	16
United Nations Interim Administration Mission in Kosovo	Peacekeeping operation	4	Mission	2001	16/6/2017	12/3/2020	10 010	32
				2008	18/11/2019	12/3/2020	11 550	3
				2002	16/7/2020	16/7/2021	11 550	12
				1999	31/3/2014	25/8/2014	7 000	5
United Nations Truce Supervision Organization	Peacekeeping operation/regular budget	1	Mission	2011	20/2/2018	25/8/2021	10 010	42
<b>Subtotal</b>		<b>20</b>					<b>217 700</b>	
<b>Closed missions</b>								
United Nations Operation in Côte d'Ivoire	Peacekeeping operation	1	Mission	2008	29/12/2009	24/9/2010	15 000	8
United Nations Protection Force	Peacekeeping operation	2	Mission	1992	8/1/2016	15/9/2017	10 500	20
				1993	8/1/2016	15/9/2017	14 000	20
<b>Subtotal</b>		<b>3</b>					<b>39 500</b>	
<b>Other</b>								
United Nations Guards Contingent in Iraq	Other	1	United Nations Assistance Mission for Iraq	1993	31/3/2014	12/1/2015	7 000	9
<b>Subtotal, closed missions</b>		<b>4</b>					<b>46 500</b>	
<b>Total</b>		<b>24</b>					<b>264 200</b>	

33. The Advisory Committee was informed that, as at 15 March 2022, 24 claims had been paid, comprising: (a) 20 claims paid from the budgets of active missions, for a total amount of \$217,700; and (b) four claims from closed missions paid as follows: (i) an amount of \$24,500 for two claims related to UNPRFOR was paid from the remaining balances of UNPROFOR; (ii) an amount of \$15,000 related to one claim for the United Nations Operation in Côte d'Ivoire (UNOCI) was paid from the mission's budget when UNOCI was still active; and (iii) an amount of \$7,000 for one claim related to UNGCI was paid from the United Nations Assistance Mission for Iraq (UNAMI) under the regular budget. **The Advisory Committee previously noted that two claims related to UNPROFOR were paid in 2017 from the remaining balances of that closed mission (see A/74/809, para. 19; see also para. 24 (a) above) and notes that compensation for one claim for UNGCI was paid from the funds of UNAMI under the regular budget.**

34. The Advisory Committee was also informed that five claims had been rejected. Of the rejected claims, one was reopened and was currently pending re-evaluation, as requested by the relevant Member State.

35. The Advisory Committee recalls that in its resolution [52/177](#) and subsequent resolutions, the General Assembly requested the Secretary-General to settle death and disability claims as soon as possible, but not later than three months from the date of submission of a claim. The Committee notes, from table 1 above, that the processing time for the paid PTSD claims, with the exception of one case related to the United Nations Interim Administration Mission in Kosovo, exceeded the three-month timeline set by the Assembly, with nine cases related to active missions that had been pending for more than two years (see para. 26 above).

### Pending claims

36. Upon enquiry, the Advisory Committee was informed that a total of 438 PTSD claims received since 2017 are pending (see table 2 below). The Committee requested, but did not receive, information as to the specific reasons underpinning the increased submissions of PTSD claims since 2017 or statistical data regarding the nationality of all claimants. **The Advisory Committee recommends that the General Assembly request the Secretary-General to provide information on the reasons underpinning the increased submission of PTSD claims and on the nationality of the claimants for all PTSD claims received by the Secretariat, to the Assembly at the time of its consideration of the present report and in the context of the next report on the overview of the financing of the United Nations peacekeeping operations.**

Table 2

### Summary of outstanding post-traumatic stress disorder claims received by the Secretariat since 2017

<i>Mission</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>	<i>2022 (as at 15 March)</i>	<i>Total</i>
United Nations Assistance Mission in Afghanistan					1		1
United Nations Assistance Mission for Iraq		1					1
United Nations Confidence Restoration Operation in Croatia	1	1					2
United Nations Peacekeeping Force in Cyprus	1	5	3				9
United Nations Guards Contingent in Iraq	6	4	1		1	1	13
United Nations Interim Force in Lebanon			1		13	24	38
United Nations Iran-Iraq Military Observer Group	1						1
United Nations Iraq-Kuwait Observation Mission	5	1	1	1			8
United Nations Mission in Ethiopia and Eritrea	2		1	1			4
United Nations Mission in the Sudan	1					1	2

<i>Mission</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>	<i>2022 (as at 15 March)</i>	<i>Total</i>
United Nations Military Observer Group in India and Pakistan				1		1	2
United Nations Preventive Deployment Force		3				2	5
United Nations Protection Force	133	124	28	29	18	20	352
<b>Total</b>	<b>150</b>	<b>139</b>	<b>35</b>	<b>32</b>	<b>33</b>	<b>49</b>	<b>438</b>

37. The Advisory Committee notes that the majority of claims relate to UNPROFOR (352 claims) and were mostly received in 2017 (133 claims) and 2018 (124 claims). By comparison, the mission with the second largest number of claims is the United Nations Interim Force in Lebanon (UNIFIL), with 38 claims, mostly submitted in 2021 and 2022. One or just a handful of claims per year have been received during the 2017–2022 period with respect to all other missions with pending claims. Information regarding the disproportionately higher number of claims related to UNPROFOR compared with other missions was requested, but not provided.

38. Information provided to the Advisory Committee indicates that the outstanding PTSD claims as at 15 March 2022 amount to: (a) \$4,091,820 for claims related to closed peacekeeping missions, and all pertain to missions with net cash balances and sufficient surpluses (United Nations Confidence Restoration Operation in Croatia, United Nations Iran-Iraq Military Observer Group, UNIKOM, United Nations Mission in Ethiopia and Eritrea, United Nations Mission in the Sudan, United Nations Preventive Deployment Force and UNPROFOR); (b) \$976,430 for claims related to active missions (United Nations Assistance Mission in Afghanistan; UNAMI; UNFICYP; UNIFIL; and United Nations Military Observer Group in India and Pakistan); and (c) \$134,750 for claims related to UNGCI.

## VI. Conclusion

39. The action requested of the General Assembly is contained in paragraph 47 of the report of the Secretary-General. **Subject to its observations and recommendations (see paras. 4, 7, 8, 12, 14, 15, 16, 18, 20, 22, 25, 26, 27, 28, 30, 33 and 36 above), the Advisory Committee recommends that the General Assembly take note of the report of the Secretary-General.**