Special Report

Duty of Care
and Travel Risk Management
Benchmarking Study
SUB-SAHARAN AFRICA

International SOS

Introduction

In today's globalized world, the number of business travelers, international assignees and expatriates continues to rise. While working abroad, these employees often find themselves in unfamiliar environments that pose increased risks and threats to their health, safety, security and well-being.

An employer's Duty of Care is the obligation of an organization to assume its responsibility for protecting its employees from risks and threats when working around the world. The responsibility of organizations to look after their employees is now widely, although not uniformly, protected by legislation in many countries.

The purpose of the *Duty of Care and Travel Risk Management Global Benchmarking Study*[1] is to enable organizations around the world to benchmark their Duty of Care practices with others, and to develop best practices to both protect and support global mobile employees and their dependents.

The Global Benchmarking Study, available at www.internationalsos.com/dutyofcare, provides worldwide Duty of Care findings based upon:

■ Perceived high-risk locations in which global companies operate;

■ Risks and threats faced by employees;

■ Awareness by company, industry, key stakeholders and departments;

■ Primary, coordination and decision-making responsibilities within companies;

■ Employer motivation for assuming responsibility;

■ Legal and moral obligations; and

■ Company and respondent characteristics.

An employer's Duty of Care is the obligation of an organization to assume its responsibility for protecting its employees from risks and threats when working around the world.

Additionally, the study explores three fundamental questions:

1. What types of Duty of Care activities are companies currently undertaking?

2. How do global companies benchmark against each other in regard to these activities?

3. What does a Duty of Care concept really mean to organizations needing to apply their obligations to employees?

The purpose of this in-depth report is to compare responses from employees in Sub-Saharan Africa (Sample size: N=46)—who work in different countries and for different companies, and represent different departments within those companies—against worldwide employee responses from the Global Benchmarking Study (N=718). This report also:

■ Benchmarks Duty of Care activities within organizations in the same geographic area (Sub-Saharan Africa) as well as worldwide; and

■ Provides specific best practice recommendations for employers in Sub-Saharan Africa.

Sample Profile and Methodology

Of the 718 employees surveyed around the world, 46 of them represent nine Sub-Saharan African countries—6.4% of all Global Benchmarking Study respondents. Due to the small number of respondents (18) originating outside of South Africa (from Angola, D.R. Congo, Madagascar, Mozambique, Namibia, Nigeria, Tanzania and Zambia), no country differences will be reported in this regional report **(see Figure 1).**

Figure 1
Europe Respondents
South Africa. 28
Remainder of Sub-Saharan Africa 18
Total of Sub-Saharan Africa 46

The Sub-Saharan Africa respondents work in a variety of industries and for small, medium and large companies. Almost all respondents are employed at for-profit organizations (97.8%), while the remaining work in the educational sector (2.2%). There are fewer respondents from Global 500 companies in the Sub-Saharan sample than in the Global Benchmarking Study (7.1% versus 15.2%). Although there are many governmental and non-governmental organizations operating in the region, the sample contains only respondents from the corporate sector. Therefore, the results are a reflection of that sector.

A benchmarking instrument was developed and validated to compare employer Duty of Care activities based upon a checklist of 100 Duty of Care practices. These 100 practices were subsequently grouped into 15 indicators[2], which then rolled up into the eight steps of the Integrated Duty of Care Risk Management Model[3], and overall company scores. These scores created a Duty of Care baseline which allows for benchmarking based on company and respondent characteristics. In this report, the Sub-Saharan overall Duty of Care baseline score is compared with the worldwide benchmarking score. For the detailed benchmarking methodology, please refer to the Global Benchmarking Study.

Highlights of the Findings: Sub-Saharan Region

Sub-Saharan Africa operates with an overall Duty of Care score of 63—the same baseline as the Global Benchmarking Study. This is a very good result for the region, although the findings suggest significant differences among employers within this area of the African continent.

Many Sub-Saharan African countries are perceived to be high-risk locations, with the main threats being infectious diseases, road accidents and work accidents.

Due to perceived high-risks, employers have a high awareness of their Duty of Care obligation toward their employees. And, despite not having any Duty of Care legislation, employers have a strong sense of moral responsibility, which is both counter-intuitive and different from the other regions in the Global Benchmarking Study. There is also less planning and implementation of Duty of Care activities, even though respondents know what should be done.

Significant findings for the region reveal that Sub-Saharan Africa respondents:

■ Perceive different countries as "dangerous" locations for employees than the worldwide respondents. In addition to perceiving China as "risky," other high-risk locations primarily include African countries;

[1] 1 Claus, L., Duty of Care and Travel Risk Management Global Benchmarking Study. London: AEA International Pte. Ltd., 2011. The first comprehensive and authoritative research publication on the topic which is available for download at www.internationalsos.com/dutyofcare.

[2] The 15 Duty of Care indicators identified in the Global Benchmarking Study include Assessment; Strategy; Planning; Insurance; Alerts; Policies; Procedures; Global Mobility; Communication; Education and Training; Tracking; Advice; Assistance; and Control and Analysis.

[3] The eight steps of the Integrated Duty of Care Risk Management Model are: 1) Assess Company-Specific Risk; 2) Plan Strategically; 3) Develop Policies and Procedures; 4) Manage Global Mobility; 5) Communicate, Educate and Train; 6) Track and Inform; 7) Advise, Assist and Evacuate; and 8) Control and Analyze.

- Have more local employees and international assignees who work in high-risk locations than their worldwide counterparts;

- Perceive higher employee risk for 29 threats compared to worldwide respondents (expect for threats related to natural disasters);

- Report a higher occurrence of employee threats, compared to the rest of the world, during the past three years for situations related to infectious diseases, road accidents and work accidents;

- Indicate a higher company and industry awareness of Duty of Care than worldwide respondents—even higher than North America and Europe;

- Demonstrate higher Duty of Care awareness among all stakeholders than worldwide, with the exception of insurance and security/risk management;

- Expand ownership of Duty of Care to include occupational health and safety, project management and operations in addition to the same functional groups as the rest of the world (HR, senior management, security, travel, and risk management);

- Report higher awareness among stakeholders for five of the eight steps of the Duty of Care model compared to the worldwide sample, but have lower awareness for strategic planning, policies, procedures and tracking of employees;

- Are less likely to engage in most Duty of Care practices than the worldwide sample;

- Score lower on Duty of Care indicators that relate to strategy, planning and overall implementation (assessment; tracking; alerts; advice and assistance) and higher on indicators that relate to post-incident management (insurance; control and analysis);

- Score below the worldwide baseline in six of the eight steps of the Duty of Care model, except for manage global mobility and control and analyze;

- Score lower in South Africa than the rest of the Sub-Saharan countries on all eight steps of the Duty of Care model;

- Have the same overall Duty of Care score (63) as the worldwide baseline;

- Relate to the same employee-centered Duty of Care motivators than the rest of the world, and do so with even greater intensity;

- Have a lower legal Duty of Care obligation; and

- Have a significant moral Duty of Care obligation.

10 Best Practices

The following 10 best practice recommendations from the Global Benchmarking Study are derived from the important Duty of Care gaps:

1. Increase awareness
2. Plan with key stakeholders
3. Expand policies and procedures
4. Conduct due diligence
5. Communicate, educate and train
6. Assess risk prior to every trip
7. Track traveling employees at all times
8. Implement an employee emergency response system
9. Implement additional management controls
10. Ensure vendors are aligned

At the conclusion of this regional report **(see page 11),** Sub-Saharan Africa employers will benefit from specific best practices that were identified based upon gaps found between the regional and worldwide responses.

Detailed Findings

Respondents identified perceived *high-risk locations* where their companies currently operate, and the perception and occurrences of threats that their employees face when they travel and work abroad. The respondents also reported the various levels of *Duty of Care awareness* that employers have within their company and industry, among various stakeholders and for different areas of Duty of Care responsibility. In exploring who has *Duty of Care ownership* in companies, a distinction was made between primary, coordination and decision-making responsibilities. Duty of Care practices were benchmarked against both company and respondent characteristics. Finally, employer motivation for assuming Duty of Care responsibility was explored and contrasted with the *legal and moral obligations* for these responsibilities.

Perceived High-Risk Locations
Based on the question, *"What are the most dangerous countries in which your company currently operates?,"* Sub-Saharan respondents perceive certain countries as more high-risk than others. However, their responses must be considered "perceptions" and may (or may not) coincide with the actual risk as rated by country risk experts.

The rank order of high-risk locations is drastically different for the Sub-Saharan region when compared to the Global Benchmarking Study. Only five of the "most dangerous" or "high-risk" countries (China, South Africa, Angola, Colombia, and Algeria) within the worldwide ranking appear in the top ranking of the Sub-Saharan

4

respondents. Perceived high-risk countries identified by respondents from this region do not appear in the top 20 Global Benchmarking Study ranking. In addition, most of the countries listed are on the African continent **(see Figure 2).**

Several explanations can be put forth as to why Sub-Saharan respondents list countries on their own continent as highest in terms of risks. The following questions may address why these countries do not appear in the top 20 Global Benchmarking Study ranking:

■ Are Sub-Saharan African respondents better informed in their risk assessment of African countries compared to worldwide respondents?

■ Do they have less exposure to other parts of the world and/or more exposure to their own continent?

■ Do they not know how to operate and navigate through the medical and security risks on their own continent, and should they not be in a better position to do so?

■ Do the significant differences between regions and countries negate the notion of "one" Africa?

■ Are respondents from other regions unaware of the operating risks in the African continent?

It should be noted that by listing African countries as high-risk locations, Sub-Saharan respondents do not depart from the findings in other regions. Several rules of thumb apply to what are generally considered risky locations:

1. *Tend to be the "bottom 60" countries*—This is mainly due to the extreme political, economic, social and environmental situations, and the limited rule of law in these countries;

2. *Are in the fastest growing emerging markets*—The BRIC (Brazil, Russia, India and China) countries consistently rate among the top 20 high-risk locations, and many companies are learning how to operate in these markets; and

3. *Include locations in close geographic proximity on the same continent among its top 10 high-risk countries*—This is the case for North America (where Mexico and Haiti rank high); Europe (where Russia ranks fifth); Asia (ranking only Asian countries among the top seven); Australia (with Papua New Guinea as number one); and Sub-Saharan Africa (including African countries among the top 10). A heightened sense of danger for local neighbors is likely due to greater local news coverage and negative experiences traveling to neighboring countries.

These findings must be interpreted with caution as there are a large number of Global 500 respondents who work in the Sub-Saharan region as international assignees.

Compared to the worldwide respondents, Sub-Saharan respondents are more likely to have local employees (84% versus 74%); international assignees (84% versus 70%); about an equal percentage of dependents (46% versus 45%); and international business travelers (96% versus 95%). Having more local and international assignees may be an indication of the sector (e.g., international government organizations and NGOs), industry (e.g., energy and natural resources, and financial services) and the operating model of companies in the region (e.g., project management-based work). It also indicates that Duty of Care practices in the region include (rather than exclude) local employees.

Figure 2			
Top 12 Perceived High-Risk Countries for Sub-Saharan Africa Respondents			
1 China (8)	4 Angola (12), Kenya* and Namibia*	7 Algeria	10 Yemen
2 South Africa (11)	5 Iraq	8 Colombia	11 Indonesia
3 Mozambique*	6 Afghanistan	9 China	12 Saudi Arabia

(Global Benchmarking Study ranking of country)

* Countries not included in the top 20 Global Benchmarking Survey ranking

Risks and Threats—Companies with globally mobile employees must manage many different threats. The Global Benchmarking Study identifies a wide variety of risks and threats that employees face when traveling and working abroad, and documents the perception of risks associated with these threats *(How do you rate the specific threat to their employees in terms of perception?)* along with the actual occurrence *(Have your employees experienced the threat in the past three years?).*

Perception of Threats—Of the 37 perceived threats, Sub-Saharan respondents rate eight threats lower and 29 threats higher in comparison to the Global Benchmarking Study. Threats related to natural disasters (such as earthquakes, ash clouds, hurricanes/typhoons/tsunamis and floods) are perceived to be significantly lower threats by Sub-Saharan respondents when compared to respondents from other regions. All other threats—whether related to political unrest, environmental factors, illness, disease and/or lack of medical care, road and work accidents, and travel-related incidents—are rated a higher risk. This is rather interesting as one would expect Sub-Saharans to be familiar with the risks in their environments, and to see themselves as robust and more able to handle familiar threats. A more plausible explanation is the way respondents were classified in the study as being from the region, namely working in a Sub-Saharan country. This classification does not distinguish whether the respondent is a local African or an international assignee on location in Africa.

Occurrence of Threat—For almost one-half of the 37 identified threats, Sub-Saharan African respondents indicated either higher or lower occurrence of incidents to their employees compared to the Global Benchmarking Study. The following threats are reported by Sub-Saharan respondents to have occurred significantly, and in much higher frequency, than in other regions during the past three years: infectious diseases, road accidents and work accidents. Although natural disasters were less likely to have occurred, the trend was not statistically significant compared to other regions **(see Figure 3).**

Figure 3	
Percentage of Likelihood of Threat to Occur	
Threat	**More likely to occur (per Sub-Saharan Africa)**
Hijacking	105%
Infectious diseases*	74%
Imprisonment	70%
Lack of administrative/legal compliance	55%
Chronic disease of employee	54%
Road accidents*	40%
Language and cultural estrangement	38%
Work accidents*	37%

* Indicates that a threat has occurred significantly more in Sub-Saharan Africa compared to other regions of the world.

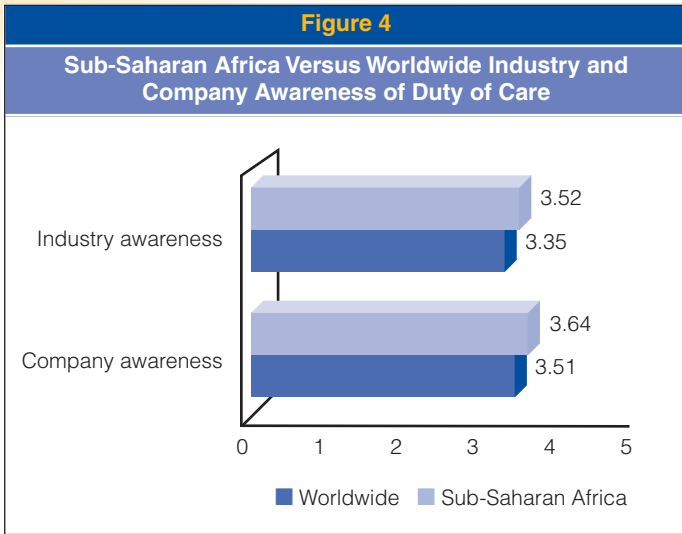Higher occurrences can be explained as follows:

- Infectious diseases are a result of higher environmental disease loads and increased transmission opportunities (e.g., respiratory droplets in overcrowded living conditions; viral in terms of poor basic hygiene techniques; lack of awareness about bodily fluid transmissions);

- More road accidents are due to a combination of poor infrastructure, traffic volume and congestion, poor vehicle maintenance, poor road lighting and markings, and inefficient regulation of driving licenses; and

- More work accidents are due to the nature of the work and the remoteness of the locations in the region (e.g., a preponderance of energy, mining, and infrastructure and international non-governmental organization aid work).

Duty of Care Awareness

In general, respondents from developed countries have greater Duty of Care awareness than those in other less developed regions. Yet, the findings for Duty of Care awareness in Sub-Saharan Africa are much higher than the Global Benchmarking Study. With regard to overall awareness, Sub-Saharan respondents rate their company and industry Duty of Care awareness higher than worldwide respondents. On a Likert scale from 1 (very unaware) to 5 (very aware), they rate their Duty of Care industry awareness (3.52) and company awareness (3.64) as average, but this is above the worldwide sample (3.35 and 3.51 respectively) **(see Figure 4).** This awareness rating is the second highest of any region in the Global Benchmarking Survey, including Europe and North America.

The higher level of industry and company awareness is likely connected to the earlier findings of higher perception of risk by respondents and actual occurrence of threats in the region. It would be interesting to further investigate whether the high level of Duty of Care awareness is localized within functional company areas/departments or is widespread (all the way up to senior management), and whether this awareness is deep enough to lead to the implementation of best practices. The number of respondents (N=46) does not provide enough data to answer these questions, but the Duty of Care awareness of Sub-Saharan respondents is likely higher because the regional risks and occurrences are higher.

Figure 4

Sub-Saharan Africa Versus Worldwide Industry and Company Awareness of Duty of Care

Industry awareness — 3.52 / 3.35

Company awareness — 3.64 / 3.51

■ Worldwide ■ Sub-Saharan Africa

In reviewing the eight steps in the Duty of Care Risk Management Model, Sub-Saharan respondents have a higher awareness than the worldwide average for five of the eight steps. They are also at, or slightly below, the Global Benchmarking Study ranking for planning strategically, developing policies and procedures, and tracking employees.

There are also differences in how Sub-Saharan Africa respondents rate the awareness of the various stakeholders. For example, the top three functional groups with the greatest awareness are security/risk management, workers' compensation, and occupational health and safety. This is slightly different from the worldwide ranking, where travel management (rather than workers' compensation) is among the top three. When compared worldwide, all Sub-Saharan Africa stakeholders are perceived to have greater Duty of Care awareness, with the exception of insurance managers and security/risk management, who have slightly lower awareness than their worldwide counterparts. It is interesting to note that security/risk management ranks lower in Duty of Care awareness (compared to their worldwide counterparts), yet this group has the highest awareness among its regional stakeholders.

Duty of Care Ownership

When reviewing who "owns" Duty of Care, a distinction is made organizationally between primary, coordination and decision-making responsibility. Each ownership measurement is conceptualized in two ways: actual practice ("as is") and the wish list ("should be"), which allows for comparing reality versus what is valued.

According to the Global Benchmarking Study, five key functional groups currently own Duty of Care: HR, security, senior management, travel and risk management. In Sub-Saharan Africa, the same groups have primary responsibility, but in slightly different rank order. With regard to coordination responsibility, travel takes the lead. And, while the same functional groups have ownership regionally versus worldwide, project management also plays a role in coordinating Duty of Care activities. In terms of decision-making responsibility, the top three groups (senior management, HR, and security) are the same. Occupational health and safety, and operations, are also considered key decision-makers **(see Figure 5).**

In ranking Duty of Care owners, the inclusion of occupational health and safety, operations and project management is likely due to the important role that the first two groups play in managing infectious diseases, work accidents and road accidents, and the impact that these incidents have on project completion.

Figure 5

Sub-Saharan Africa Versus Worldwide Duty of Care Ownership

Rank	Primary Responsibility		Coordination Responsibility		Decision-Making Responsibility	
	Worldwide	Sub-Saharan Africa	Worldwide	Sub-Saharan Africa	Worldwide	Sub-Saharan Africa
1	HR	Senior Management	HR	Travel	Senior Management	Senior Management
2	Security	HR	Security	HR	HR	HR
3	Senior Management	Risk Management	Travel	Senior Management	Security	Security
4	Travel	Security	Risk Management	Security*, Risk Management* and Project Management*	Risk Management	Occupational Health and Safety* and Operations*
5	Risk Management	Travel	Senior Management		Travel	

* Equal ranking.

Duty of Care Benchmarking

As mentioned above, the 100 Duty of Care practices were grouped into 15 indicators, which roll up into the eight steps of the Integrated Duty of Care Risk Management Model to create a baseline and an overall Duty of Care score.
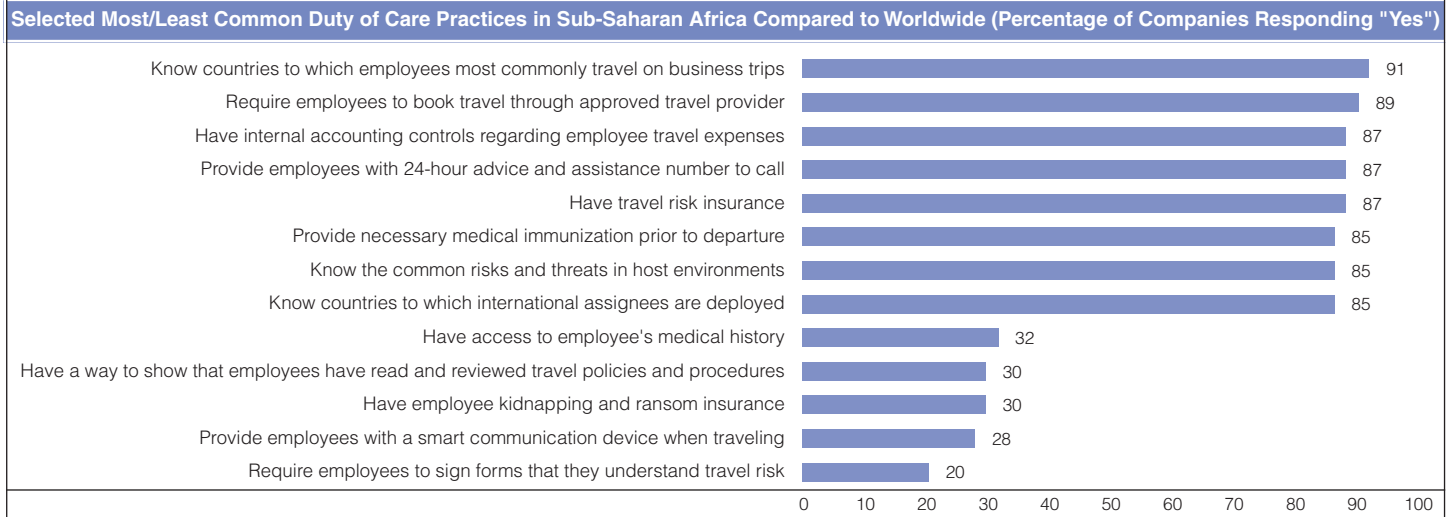
Duty of Care Practices—Sub-Saharan Africa respondents indicate that their companies engage in 100 different Duty of Care practices to varying degrees. Some practices are not commonly used (as low as 15%), while other practices are engaged in by most companies (as high as 91%). Average worldwide engagement ranges from 13-92%. Yet, according to Sub-Saharan respondents, their companies are generally less likely to engage in most Duty of Care practices compared to their worldwide counterparts. The most and least common Duty of Care practices in the Sub-Saharan region are illustrated in **Figure 6.**

- Require health insurance from subcontractors (12%);
- Provide medical services for employees who are on assignment (11%);
- Offer evacuation assistance insurance (11%); and
- Have internal controls regarding employee travel planning and expenses (11%).

Meanwhile, Sub-Saharan Africa companies are less likely than worldwide companies surveyed to:

- Provide employees with "smart" communication devices (20% less likely);
- Have a crisis management team in place to respond to incidents (18%);
- Have a hotel/accommodation policy (18%);
- Have reliable sources that provide travel risk advice (17%);
- Rely on global security and information providers as a source of information to manage security alerts (16%);
- Communicate travel policies and procedures to appropriate employees (16%);

Figure 6

Selected Most/Least Common Duty of Care Practices in Sub-Saharan Africa Compared to Worldwide (Percentage of Companies Responding "Yes")

Practice	Percentage
Know countries to which employees most commonly travel on business trips	91
Require employees to book travel through approved travel provider	89
Have internal accounting controls regarding employee travel expenses	87
Provide employees with 24-hour advice and assistance number to call	87
Have travel risk insurance	87
Provide necessary medical immunization prior to departure	85
Know the common risks and threats in host environments	85
Know countries to which international assignees are deployed	85
Have access to employee's medical history	32
Have a way to show that employees have read and reviewed travel policies and procedures	30
Have employee kidnapping and ransom insurance	30
Provide employees with a smart communication device when traveling	28
Require employees to sign forms that they understand travel risk	20

Companies in Sub-Saharan Africa are more likely than the worldwide companies surveyed to engage in the following Duty of Care practices:

- Ensure that traveling employees are getting their required immunizations (26% more likely);
- Have their accounting department verify whether the employee is authorized to travel before making a payment (19%);
- Have their accounting department verify whether the employee has actually traveled before making a payment (19%);
- Ensure that traveling employees are preventively taking their medication(s) (16%);
- Provide necessary medical immunization prior to departure (13%);

- Have a crisis management plan for traveling employees (14%);
- Have a travel management policy (14%);
- Have a system to track the changing nature of risk for the locations where employees travel (13%); and
- Identify security alerts by destinations (12%).

The Duty of Care practices more often engaged in Sub-Saharan Africa than worldwide are related to medical risk management and accounting controls. Practices less likely to be engaged in include: security, risk assessment sources, crisis management and policies.
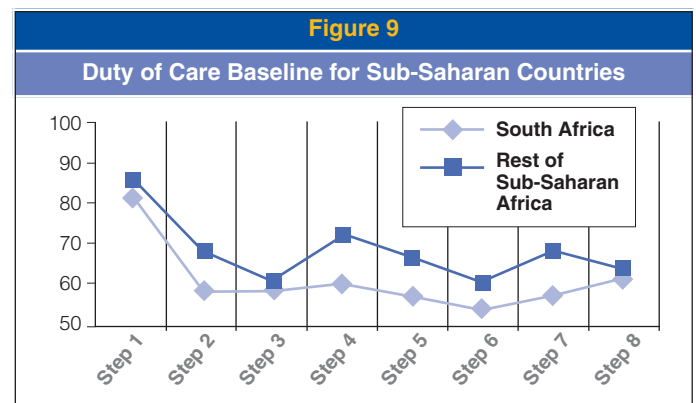
Duty of Care Indicators—Sub-Saharan Africa scores slightly higher on six, and lower on nine, of the Duty of Care indicators compared to the worldwide results **(see Figure 7).** Companies in this region are slightly more likely to engage in managing global mobility (especially in terms of medical preparation) and all forms of control (especially accounting controls). Yet, all indicators that relate to strategy, planning, policies, and supporting the traveling employee through communication, tracking, advice and assistance, are lower than worldwide. As a result, Sub-Saharan regional companies demonstrate little planning and execution capability, which is often related to a capacity issue.
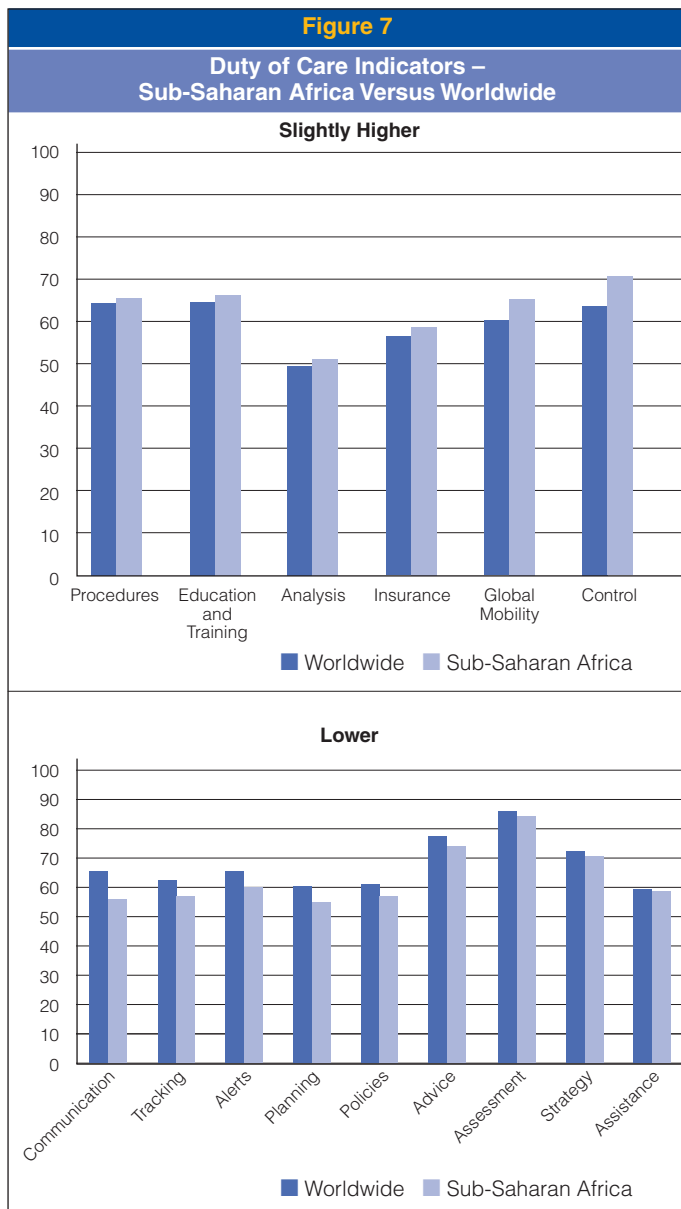
Duty of Care Baseline—Sub-Saharan Africa is below the worldwide baseline on the Duty of Care Risk Management Model, except for manage global mobility (step 4) and control and analyze (step 8) **(see Figure 8).** As reflected above, global mobility activities are more likely to occur in the region because employers are closely managing medical risks and controlling travel and accident-related expenses. The involvement of Sub-Saharan accounting departments may be a reflection of the high occurrence of Duty of Care incidents and the business costs associated with poor Duty of Care practices for employees.

Figure 8

Sub-Saharan Africa Duty of Care Baseline Versus Worldwide
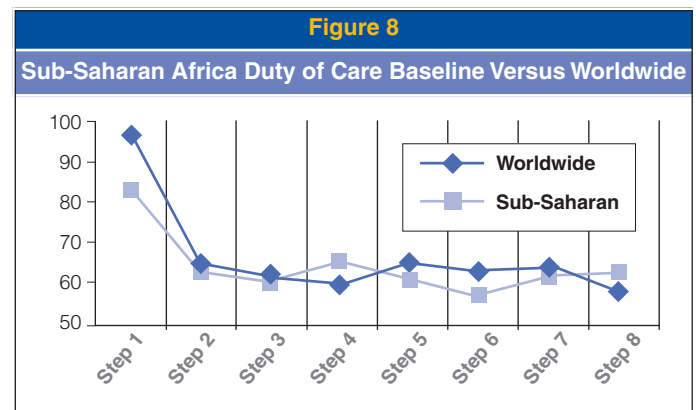
As shown in **Figure 9,** the rest of Sub-Saharan Africa scores significantly higher on all steps of the Duty of Care Risk Management Model than South Africa. While South African companies lead the continent in terms of business practices, they are not up to the level of non-African and Global 500 companies operating within Sub-Saharan Africa. The sample from the "rest of Sub-Saharan Africa" is mainly made up of non-African organizations and tend to be Global 500 companies who operate not only at a higher Duty of Care level than South African companies, but also better compared to the other companies in the Global Benchmarking study.

Figure 7

**Duty of Care Indicators –
Sub-Saharan Africa Versus Worldwide**

Figure 9

Duty of Care Baseline for Sub-Saharan Countries

Overall Duty of Care Score—The overall Duty of Care score for Sub-Saharan Africa is the same as the Global Benchmarking Study baseline of 63 out of 100. Yet, the score for South Africa is below the worldwide baseline (and similar to the Asian region). Meanwhile, the rest of Sub-Saharan Africa is above the worldwide baseline, with a score of 67. This indicates that companies operating in the rest of the region take greater precautions when protecting their workers—scoring even higher than North America and Europe, but lower than Australia and Oceania **(see Figure 10).** Again, this contradiction is likely due to the overrepresentation of non-African and Global 500 companies in the sample.

Figure 10

Sub-Saharan Africa Duty of Care Score Versus Worldwide

Worldwide overall company score (63)
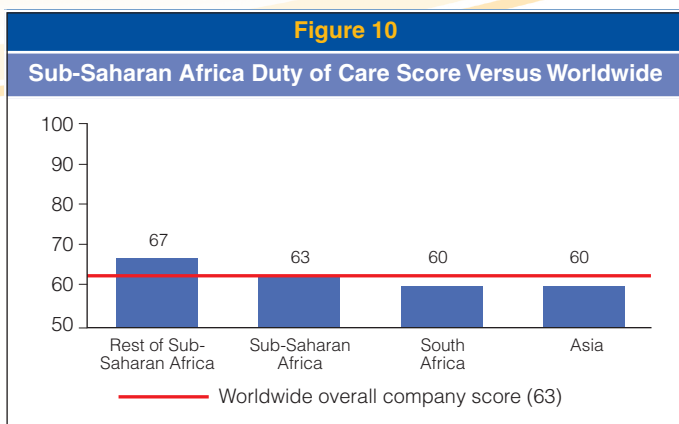
Motivators and Legal and Moral Obligations

With regard to legal and moral obligations for Duty of Care, the findings are different in Sub-Saharan Africa from the expected trend found in the worldwide study—and seem counter-intuitive.

As for legal responsibility, Sub-Saharan respondents are less likely to agree with the statement that, *"It is the law,"* than the worldwide respondents (with a mean rating of 3.4 versus 3.5 worldwide). There is little or no legal obligation when operating in the African continent.

In response to the question, *"My company is concerned about Duty of Care and travel risk management because...,"* respondents from Sub-Saharan Africa indicate the same top three motivators as worldwide respondents, but with greater intensity. They are:

1. *"It's the right thing to do for employees"* (with a mean rating of 4.6 on a scale from 0 to 5 versus 4.3 worldwide).

2. *"We care about the health, safety and security of our employees"* (with a mean rating of 4.5 versus 4.4 worldwide).

3. *"Prevention is less costly than taking care of incidents"* (with a mean rating of 4.3 versus 3.9 worldwide).

The greater sense of moral obligation in the Sub-Saharan region is likely rooted in the African people's sense of justice and fairness, which may stem from its history of colonial liberation and the attainment of freedom (including the post-Apartheid period in South Africa).

Conclusion

The Sub-Saharan region has some specific challenges in terms of its medical, safety and security threats. Yet, when it comes to the planning and implementation of Duty of Care, the region has a long way to go. This is likely linked to another African dynamic, which is that employers know what should be done around Duty of Care. While there is dialogue about the issues and some companies have the right policies in place, few employers practice planning and implementation. Thus, the Sub-Saharan region falls short on execution and/or may not have the capacity to execute. The exception is found in mostly the non-African and Global 500 companies that operate on the continent.

After comparing Sub-Saharan Africa Duty of Care activities with those of global employers, **Figure 11** lists 10 best practices based on the Global Benchmarking Study findings. In the right column, there is special emphasis for Sub-Saharan African organizations that wish to improve their Duty of Care activities.

Figure 11	
Duty of Care Best Practice Recommendations	
10 Best Practices	**Sub-Saharan Regional Focus**
1 Increase awareness	**Focus on increasing awareness of employer Duty of Care among all stakeholders, but especially insurance, security/risk management and senior management.** While industry, company and stakeholder awareness is relatively high in the Sub-Saharan Africa region, insurance and security/risk managers have a lower awareness of Duty of Care than their worldwide counterparts. This is troublesome since these two functional groups (because of their specialized expertise) are critical to an organization's Duty of Care responsibility. The focus of their awareness should not just be on Duty of Care knowledge, but also their important role in the planning and execution of appropriate activities. Duty of Care is first and foremost a business issue that should be owned and embraced by senior management, and supported by experts like those in security, insurance and other divisions. But, the ultimate responsibility for proper execution lies with senior management.
2 Plan with key stakeholders	**Engage in Duty of Care strategic planning with key local stakeholders.** When it comes to Duty of Care strategic planning, the Sub-Saharan Africa region scores lower than worldwide. Due to the specific nature of employee threats in that region—infectious diseases, road accidents and work accidents (many of them which may be prevented through effective planning, implementation and monitoring)—companies operating in the region must plan for specific environmental contingencies. It is also recommended that companies (from other parts of the world operating in the region) should involve those in local management who are more attuned to the risks and threats of the region. Senior management needs to be involved in strategic planning and goals setting, as well as providing guidelines that can be cascaded down into operational plans. These operational plans must be designed and implemented by functional and regional experts. Duty of Care planning must be elevated to the C-suite and get onto the radar screen of Board committees (e.g., risk and human capital management).
3 Expand policies and procedures	**Develop additional Duty of Care policies and procedures common in other parts of the world.** Duty of Care policy development lags in the region and is below the worldwide average. African and non-African companies operating in the region should focus especially on policies and procedures pertaining to transportation, rest breaks and restrictive behavior, since they are related to the main regional threats (e.g., infectious diseases, road accidents and work accidents).
4 Conduct due diligence	**Implement a vendor due diligence discipline with regard to Duty of Care.** Employers cannot delegate their Duty of Care responsibility to others. However, when operating in the Sub-Saharan Africa region, they must often rely on local vendors, which requires conducting appropriate due diligence to assess how well the associated vendors take care of the health, safety and security of their employees. For an employer to assume its Duty of Care responsibilities, each step of the custody chain (including vendors) must follow established protocols and maintain proper controls.
5 Communicate, educate and train	**Encourage employee buy-in and create a Duty of Loyalty culture.** Expanding awareness and ownership to employees requires effective communication, education and training to create a culture of engagement and shared responsibility. The responsibility for this lies primarily within global and local HR departments (with the support of senior management). Employees who demand the necessary Duty of Care activities will also influence their organizations, especially when they are expected to work in high-risk locations.
6 Assess risk prior to every trip	**Conduct a thorough risk assessment prior to every employee's international departure.** Conduct travel risk assessments for all employees (especially international assignees and business travelers) before departure. Because of a greater occurrence of infectious diseases, work accidents and road accidents, the profile of the traveling employee must be thoroughly assessed vis-à-vis the environmental risk. A plan must be in place to better prepare each employee for such situations.
7 Track traveling employees at all times	**Implement an employee tracking system.** Respondents from the region report that only 37% of their companies track traveling employees. Tracking employees is a basic requirement in order to be able to assess changing risk when traveling, and properly advise and assist the employee.
8 Implement an employee emergency response system	**Implement an "I'm okay" policy.** Less than one-third of the companies in the region have an "I'm Okay" policy in case of emergency. Due to the common medical and security risks facing employees who work in the region, employers should be able to immediately assess whether their employees are "okay," and/or need special assistance and evacuation.
9 Implement additional management controls	**Oversee and monitor the implementation of Duty of Care practices across the business.** There is a general lack of control and analysis with regard to Duty of Care. Yet, there are important liabilities associated with an organization's promise (through values, policies, procedures, etc.) and its consistency of implementation. While Sub-Saharan Africa companies show great intent with regard to a Duty of Care moral obligation, they lack the execution. Management must oversee and monitor the implementation of Duty of Care practices across the business. The efficacy of Step 8 (control and analyze) is fundamental to the continuous improvement of Duty of Care practices.
10 Ensure vendors are aligned	**Unravel the chain of custody in vendor management.** Companies using multiple vendors for Duty of Care must unravel the chain of custody, and understand the importance of control and visibility over the care of the traveling employee. This means understanding whether the assistance company (vendor) works directly for the employer, whether the work is outsourced or whether the vendor reports directly to the insurer. Unless multiple vendors are coordinated under one umbrella, there is a potential for failure due to unclear lines of responsibility and authority.

Western and Chinese companies are increasingly interested in doing business within Sub-Saharan Africa. Multinational organizations, particularly those in the energy, mining, finance and IT industries, may face many challenges and have a learning curve due to their environmental unfamiliarity. This is especially true when it comes to managing the major Duty of Care threats to their employees (namely infectious disease, safety and security). Certain industries in the Global 500, such as energy, mining and infrastructure, have tackled these challenges head-on to facilitate business continuity. Other companies—even those with advanced business practices already in place in South Africa—may not have the know-how and the resources to attain the best practice level of large global companies. In spite of the need of corporations, government organizations and non-governmental organizations to operate in Western, Eastern and Southern Africa, these countries present many challenges when it comes to protecting their employees from foreseeable harm.

These Sub-Saharan Africa findings reveal that companies operating on the African continent perceive the region as risky in terms of dangerous countries, medical and security risks and threats, and actual occurrences to employees. Due to these risks, there is a high overall awareness of Duty of Care. Despite little or no legal responsibility for Duty of Care, Sub-Saharan African respondents demonstrate a high moral obligation to protect their employees, but lack in the execution and implementation of Duty of Care activities. Global 500 companies operating throughout the continent have more implementation know-how, experience and resources than local companies.

In spite of the continent's unique medical and security risks and challenges that organizations operating in Sub-Saharan Africa face, they can deliver real results with the right approach to Duty of Care. The best practice recommendations for companies operating in the region cluster around a number of interrelated central themes:

- **Increase employer awareness of all stakeholders.** Senior management, security, insurance, HR and employees must assume their Duty of Care responsibilities;
- **Plan strategically.** Senior management must set goals as well as demand functional and local plans from their managers;
- **Execute better.** Stakeholders must be held accountable by senior management and the board for Duty of Care execution, implementation of best practices and vendor coordination; and
- **Learn from experience and improve continuously.** The efficacy of the analysis and control steps must provide the basis for continuous improvement.

In spite of the strong Duty of Care awareness and moral obligations among Sub-Saharan Africa respondents, employer Duty of Care—and for that matter, employee Duty of Loyalty—has not yet become a central feature of an organization's responsibility in managing global mobility. As a result, there is room for improvement in putting Duty of Care best practices into action.

Sustainable talent management requires more than just hiring the right talent for the right job, in the right place and at the right price. It also encompasses the concept of "doing the right thing" in protecting the health, safety, security and well-being of globally mobile employees.

Duty of Care is important because it's about "doing the right thing" and taking care of employees. It is also about complying with increasingly stringent Duty of Care legislation that is developing around the world. By protecting their most important assets (employees) first, organizations may also realize that it is less costly to prevent and manage risk, than having to take care of incidents after the fact.

Organizations that effectively manage and mitigate business, financial and reputational risks are in a position to develop smart, sustainable business operations. This constitutes an ideal "sweet spot" where the needs of employees also meet the needs of employers.

For a full copy of the White Paper, please contact us at DutyofCare@internationalsos.com or visit www.internationalsos.com/dutyofcare and/or www.dialoguesondutyofcare.com.

International™ SOS

Worldwide reach Human touch