Office of Internal Oversight Services

INTERNAL AUDIT DIVISION

REPORT 2023/104

Audit of medical services in the United Nations Interim Force in Lebanon

UNIFIL evacuated patients and tested their mass casualty plans effectively; however, the Mission needed to update the medical support plan, and seek guidance on the provision of non-emergency medical services to the local civilian population

31 December 2023
Assignment No. AP2023-672-02

Audit of medical services in the United Nations Interim Force in Lebanon

EXECUTIVE SUMMARY

The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Interim Force in Lebanon (UNIFIL). The objective of the audit was to assess the efficiency and effectiveness of the delivery of medical services in UNIFIL. The audit covered the period from July 2021 to June 2023 and included UNIFIL's medical support arrangements, provision of medical services, and the monitoring and reporting of medical service provision.

UNIFIL evacuated patients and tested the mass casualty plans effectively. The medical support plan was developed in 2013, which had not been updated since. As a result, it did not include the Mission's medical risks and an analysis of the optimum and cost-effective use of the Mission's medical assets.

During the audit period, UNIFIL provided non-emergency medical services to 17,400 local civilians. However, the local civilian population who received non-emergency medical services did not sign liability waivers as required by the Medical Support Manual, which posed a liability risk.

OIOS made two recommendations. To address issues identified in the audit, UNIFIL needed to:

- Develop and implement a medical support plan that incorporates an appraisal of medical facilities, personnel and risks; and

- Seek guidance from the Division of Healthcare Management and Occupational Safety and Health and Office of Legal Affairs to provide non-emergency medical services to the local civilian population; and if such non-emergency medical services are provided, obtain a signed waiver of liability to indemnify the United Nations against legal risks.

UNIFIL accepted both recommendations and has initiated action to implement them. Actions required to close the recommendations are indicated in Annex I.

CONTENTS

Audit of medical services in the United Nations Interim Force in Lebanon

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Interim Force in Lebanon (UNIFIL).

2. UNIFIL Medical Services Section (MSS) is responsible for the use of the Mission's medical assets and resources to provide medical care to UNIFIL personnel comprising 10,116 military personnel and 778 civilian staff, and 1,172 personnel in the Office of the United Nations Special Coordinator for Lebanon (UNSCOL) and United Nations Peacekeeping Force in Cyprus (UNFICYP). The medical care provided by UNIFIL is intended to meet the requirements for immediate and routine medical care of both military and civilian members.

3. UNIFIL provided medical services at different levels with a network of medical facilities distributed within the UNIFIL area of operation, which included 15 Troop Contributing Countries (TCCs) Level 1[1] hospitals and two-Level 1+[2] hospitals as outlined in table 1. In addition, the Mission had contracted four hospitals in Lebanon (one in Tyre and Saida; and two in Beirut) and two regional hospitals in Israel and Cyprus to offer Level 3[3] and Level 4[4] medical care. From 1 January 2020 to 31 December 2021, UNIFIL provided services to 114,025 outpatients, 2,279 inpatients and 2,595 personnel in UNSCOL and UNFICYP. The outbreak of the COVID-19 pandemic affected the UNIFIL area of operation, with 3,156 recorded cases between 2020 and 2023.

Table 1: Medical facilities in UNIFIL as of 30 June 2023

Type of facility	*Facility level*	*Sector*			*Total*
		HQ	*East*	*West*	
Contingent-owned	Level 1	1	5	9	15
	Level 1+		1		1
	AMET[5]	1			1
United Nations-owned	Level 1+	1			1

4. MSS is headed by a Chief Medical Officer (CMO) at the P-5 level who reports to the Chief Service Delivery. The CMO works in cooperation with the Force Medical Officer. Four units reported to the head of MSS: Force Medical Cell; Clinical and MEDEVAC/CASEVAC Services Unit; HIV/AIDS Unit; and Counselling Services Unit. The Section has 17 authorized posts comprising 6 international staff, 11 national staff and 4 staff in the Force Medical Cell deployed from the TCCs. The Section had an approved budget of $1.9 million and $1.5 million in the 2021/22 and 2022/23 fiscal years, respectively.

[1] A Level 1 facility is a primary-care facility providing immediate lifesaving and resuscitation capabilities along with routine clinical care.
[2] A Level 1+ facility is a Level 1 facility with one or more modular capabilities, including primary dental care, basic laboratory, preventive medicine, forward surgical team and Aero Medical Evacuation Team.
[3] A Level 3 facility has all the capabilities of a Level 1 and Level 2 facility, in addition to capabilities for multi-disciplinary surgical services, specialist services and specialist diagnostic services, increased high dependency care capacity and extended intensive-care services, specialist outpatient services and maxillofacial surgery.
[4] A Level 4 facility is the highest-level medical care facility that provides definitive medical care and specialist treatment in all fields of surgery and medicine.
[5] AMET - Aeromedical Evacuation Team

5. The Mission's medical operations and activities are governed by the: Medical Support Manual (the Manual) for United Nations Field Missions; UNIFIL standard operating procedures (SOP) for medical, casualties and COVID-19 evacuation; United Nations standards for healthcare quality and patient safety; Environmental Policy for Field Missions; and Contingent-owned equipment manual.

6. Comments provided by UNIFIL are incorporated in italics.

II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

7. The objective of the audit was to assess the efficiency and effectiveness of the delivery of medical services in UNIFIL.

8. This audit was included in the 2023 risk-based work plan of OIOS due to operational and financial risks related to providing medical services in UNIFIL.

9. OIOS conducted this audit from August 2023 to November 2023. The audit covered the period from July 2021 to June 2023. Based on an activity-level risk assessment, the audit covered higher and medium-risk areas in the delivery of medical services, which included: (a) medical support arrangements; (b) provision of medical services; and (e) monitoring and reporting of medical services provision.

10. The audit methodology included: (a) interview with key personnel, (b) reviews of relevant documentation, (c) analytical review of medical services utilization data and budgetary data, and (d) sample testing of medical inventory data.

11. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

III. AUDIT RESULTS

A. Medical support arrangements

Need for an updated medical support plan

12. UNIFIL is required to establish a medical support plan that identifies the principal considerations and recommendations for establishing an integrated healthcare system aimed at maintaining the physical and mental well-being of mission personnel. The operational requirements are determined based on the Mission Concept of Operations, an assessment of its area of operations, prevailing health threats and risks, available medical facilities and operational efficiency. It also covers the staffing and resources required to execute the plan.

13. Referencing the 2011 Medical Support Manual, UNIFIL developed a medical support plan in 2013 annexed to the Mission Support Plan that outlined the Mission's medical facilities and the challenges of medical service provision. However, this plan had not been updated or revised for more than 10 years. As a result, the plan did not fully include the Mission's medical risks. It also did not provide an analysis of the optimum and cost-effective use of the Mission's medical assets, as noted in the following instances:

(a) Utilization of UNIFIL medical facilities

14. An analysis of medical facilities utilization showed an average utilization rate of 24 per cent, resulting in an idle capacity as summarized in table 2. Although optimizing the utilization of a hospital's usage is not a key measure, it is a factor the Mission needs to analyze to inform the medical support plan.

Table 2: Distribution and utilization of medical facilities in UNIFIL as of June 2023

Location	*Number of medical facilities*	*Type of medical facility*	*Utilization rates (percentage[6])*
UNIFIL HQ	3	Level 1, 1+ and AMET	21 %
Sector East	6	1 Level 1+ and 5 Level 1	25 %
Sector West	9	Level 1	27 %

15. Optimal utilization and efficiency could be achieved if the Mission adopted the integrated modular services concept, as required by the Manual. In integrated modular concept, United Nations-owned and contingent-owned medical facilities or medical personnel from different TCCs may be combined. It was noted that the TCC-owned medical facilities were deployed to missions based on individual memorandums of understanding, which required each TCC to deploy its own Level 1 clinic. However, after the deployment, the Mission is required to make optimization and rationalization decisions on the medical facilities in collaboration with the Department of Operational Support (DOS). Less than optimum utilization of medical facilities in UNIFIL occurred because MSS had not sought the guidance of DOS regarding the possible implementation of the integrated modular concept.

(b) Composition and number of medical staff deployed by the Troop Contributing Countries

16. UNIFIL had one approved position for staff counselor for civilian staff, who occasionally supported the military personnel as the TCCs did not deploy staff counselors in UNIFIL. During interviews with MSS personnel, it was highlighted that one civilian staff counselor could not adequately cater to civilians (778) and military personnel (10,116), resulting in military cases not being sufficiently addressed. The MSS also identified other gaps in essential capabilities for the Mission, including gynecology, physiotherapy and language support positions.

17. Inadequate composition of MSS staff resulted because the Mission did not establish adequate criteria for efficient deployment of its staff considering the Mission's health needs, existing local medical infrastructure, and the nature of the tasks performed by the medical staff. The absence of these capacities in the Mission may lead to delayed medical action that could prevent the escalation of health conditions and result in referrals to the contracted hospitals, which may not be cost-effective.

(c) Identification of medical threats in the Mission

18. Medical services had not fully identified the medical threats in the medical support plan due to delays in updating the plan. A medical threat and risk analysis was not regularly conducted to inform the planning process. Although the Mission had measures to address the COVID-19 pandemic, the medical support plan did not identify this as a medical threat. Also, discussions with MSS personnel revealed that other medical threats, such as rabies and snake bites, were not included in the medical support plan.

[6] Level 1 hospital has a capacity of 20 patients per day and Level 1+ has a capacity of 40 patients per day

19. The Mission informed that it also used the medical section SOPs in the absence of an updated medical support plan. However, it was noted that the SOPs did not include an analysis of the optimum and cost-effective way of providing medical services. The Mission further stated that the development of an updated medical support plan was underway and would be finalized after the review of the Medical Support Manual for United Nations field missions.

(1) UNIFIL should develop and implement a medical support plan that incorporates a review of the composition and deployment of medical facilities and an assessment of medical risks.

UNIFIL accepted recommendation 1 and stated that the Medical Services Section was in the process of preparing a medical support plan that included an analysis of medical risks. The Mission also stated that it was already making optimal utilization of available medical facilities and staff.

The Medical Services Section could assess its staffing capacity to support the delivery of medical services

20. MSS was headed by a P-5 supported by a front office of one P-2 and two G-S staff. The Security Council mandated civilian staffing review conducted in 2020 recommended the reclassification of a GS-6 post to a GS-7 senior pharmacist to provide the requisite pharmaceutical responsibilities required in managing and dispensing narcotics and controlled drugs within the Medical Services Section.

21. UNIFIL requested it to be rather reclassified to an NPO level in the 2023-2024 budget, given the size of the UNIFIL mission, but it was deferred to the upcoming civilian staffing review in 2024. Since the civilian staffing is due in 2024, OIOS did not make a recommendation.

The Mission could assess the training needs of its personnel

22. UNIFIL was required to plan, coordinate and implement continuous in-mission medical training programmes. The Manual requires the Mission paramedics and nurses to regularly practice core medical skills and for doctors to participate in a continuing medical education programme. The CMO, in conjunction with the Force Medical Officer, is required to conduct regular first aid training for non-medical personnel and health education for military personnel.

23. However, MSS had not prepared a comprehensive annual training plan for its personnel. The Mission did not conduct a training needs assessment to develop the training plan, considering the limited budgetary funding for training over the last two years. Without such a plan, the Mission did not focus training on core medical services. The Mission budgeted 10 mandatory core medical skills training course for nurses and doctors. The Mission set the 10-training course to secure the funding for training through the budgeting process, but it did not assess what specific core medical training was required for its medical staff members. As a result, only 3 courses of the 10 budgeted trainings were organized and attended by MSS staff from July 2021 and June 2023. Furthermore, MSS medical staff took 40 other internal and external training, of which 14 (or 35 per cent) were focused on core medical skills.

24. The Mission explained that the Mission's medical staff participated in relevant training programmes managed centrally by Division of Healthcare Management and Occupational Safety and Health (DHMOSH), including the annual CMO-FMO conferences and the mandatory Advanced Trauma Life Support training for the nurses. Additionally, MSS conducted internal trainings on topical medical subjects including first aid training for paramedics and military personnel and health education training for military personnel. The Mission also made training schedules available for the first five months of the 2023/24 cycle, covering core and non-core medical skills.

25. Although UNIFIL conducted limited training given the budget constraint, there was an opportunity to conduct a training needs assessment that informs and is incorporated into an annual training plan that provides medical professionals with the required core medical skills, and also for non-medical personnel.

B. Provision of medical services

The Mission adequately supplied medicine through its pharmacies

26. The Manual requires the Mission to establish a medical logistics support framework and a resupply system requiring central control and coordination through the Mission administration. The logistics support framework includes information on: (a) medical equipment procurement/contracting, installation, and maintenance (preventive and corrective); (b) medical consumables and supplies; and (c) drugs and pharmaceutical products.

27. The Mission procured medical supplies and consumables for the United Nations-owned Level 1+ hospital through a system contract that was centrally established at Headquarters. TCCs were self-supporting; therefore, the medical logistics for the remaining 16 medical facilities were covered under the COE reimbursement mechanism. MSS had a dedicated pharmacy staff to coordinate the demand planning, acquisition, storage and issuance of pharmaceutical products, including controlled products.

28. The Mission had implemented a methodology for demand planning and for determining safety-stock levels and re-order points for pharmaceutical products. Both methodologies incorporated historical consumption trends over the previous year and expected delivery lead times. OIOS review of the medical supplies and consumables found that the planned demand adequately covered the Mission's medical supply needs for the audit period. MSS conducted periodic stock counts of its medical supplies and consumables and used this information to assess potential stockouts and to monitor expiring supplies. A further OIOS review of inventory records at different mission pharmacies indicated varying levels of depleted stock for up to nine per cent of pharmaceutical products which was explained by the existence of alternative products for each pharmaceutical product line. OIOS concluded that the Mission adequately supplied medicine to meet the Mission's demand.

The Mission adequately evacuated patients and tested its mass casualty plan

29. The Manual requires UNIFIL to establish and implement procedures for effective and efficient lifesaving interventions, which include performance indicators for medical evacuation and principles such as the 10-1-2 framework[7]. Also, the Mission is required to plan, allocate resources, prepare and rehearse emergency situations.

30. OIOS review of documentation for 22 patient evacuations during the audit period noted that the Mission complied with the 10-1-2 rule and were appropriately approved as per the Manual. Also, the Mission had an updated mass casualty incident plan which included the emergency response exercise which was test annually as specified in the plan. Notable issues during the emergency response exercises included communication, cooperation and coordination among the stakeholders, which were addressed in the debriefs and subsequent training.

31. OIOS review of the evacuation equipment noted that UNIFIL had a total of 180 ambulances with a utilization rate of seven per cent between June 2021 and July 2023. The Mission explained that some of

[7] The 10-1-2 timeline concept in medical emergencies requires access to skilled first aid within 10 minutes of the point of injury or the onset of symptoms; advanced life support as soon as possible and no later than 1 hour; and access to limb and lifesaving surgery no later than 2 hours.

the TCC brought in extra ambulances at their discretion as per the COE Manual which contributed to the overall low utilization rates. UNIFIL conducted periodical inspections of the TCCs' medical equipment, which were in good working condition at the time of audit.

Need to mitigate legal risks when providing medical services to the local population

32. According to the Manual, medical emergency services can be provided to the local population[8] in emergency situations. Emergency cases shall be transferred as soon as possible thereafter to a local medical facility. Further, the Manual requires persons not covered under the United Nations staff rules and who want access to TCC-owned or United Nations-owned medical facilities to sign waivers of liability.

33. During the audit period, UNIFIL provided non-emergency medical services to 17,400 local civilians mainly for minor medical interventions. The Mission informed that offering such services created a good working relationship between UNIFIL and the local population that helped to advance the implementation of UNIFIL's mandate.

34. Furthermore, OIOS noted that the local civilian population who received medical services did not sign liability waivers. This issue was also raised in the audit of medical services in UNIFIL in 2017 (OIOS report 2017/099 dated 27 September 2017), in which the Mission stated that it had initiated the use of waiver forms when medical services were provided to the local civilian population. A communication between MSS and the Mission's Legal Unit on implementing the OIOS recommendation showed that the Legal Unit advised the continued use of waiver forms to mitigate unforeseen legal risks. OIOS sought advice from the policy division within DHMOSH who stated that access to United Nations medical services by local populations remains a risk to the organization.

(2) UNIFIL should: (a) seek guidance from the Division of Healthcare Management and Occupational Safety and Health and Office of Legal Affairs to provide non-emergency medical services to the local civilian population; and (b) if such non-emergency medical services are provided, obtain a signed waiver of liability to indemnify the United Nations against legal risks.

UNIFIL accepted recommendation 2 and stated that, based on guidance from the Division of Healthcare Management and Occupational Safety and Health and Office of Legal Affairs, UNIFIL would ensure that all patients seeking non-emergency medical services are required to sign a register acknowledging comprehension and acceptance of the contents of the waiver before any medical services are provided.

C. Monitoring and reporting of medical service provision

The Mission took action on low survey scores on service provider communication

35. The Manual requires the CMO to monitor medical support provided to the Mission through routine reports and staff surveys.

36. UNIFIL submitted the required reports to DOS/DHMOSH, including medical facility reports that were submitted quarterly; medical treatment reports submitted quarterly; and casualty incidence reports that

[8] Medical Support Manual for UN Field Missions C-1: The scope of healthcare provisions and the population size supported depends on the mission mandate, which determines the nature of peacekeeping activity and security risks. United Nations medical assets primarily serve the peacekeeping population and are not extended to the local populace. In specific missions where the mandate specifies the provision of humanitarian assistance, medical services may be expanded to cover the local population.

were submitted within two weeks of the incidence occurring. OIOS noted that the reports were timely submitted in the required templates and included information about the equipment and the staffing level within the facilities.

37. UNIFIL also conducted surveys of staff patients who visited the medical facilities. This information was analyzed and given ratings for various categories of services, such as getting timely appointments, care information, providers' use of information to coordinate care, communication about medicine, discharge information and care transition. OIOS noted that the Mission consistently scored low in-service provider communication, as shown in table 3.

Table 3: Rating per service category (in per centage)

Service Category	***2022 Q3***	***2022 Q4***	***2023 Q1***	***2023 Q2***
Getting timely appointment, care and information	33	100	79	94
Provider communication	56	88	75	79
Provider use of information to coordinate care	42	19	46	40

Source: United Nations clinic patient experience dashboard

38. UNIFIL informed that the low scores were attributed to a language barrier due to low English proficiency of the TCC medical personnel. The Mission further stated that plans were in progress to offer English language programmes to TCC medical staff to improve proficiency. As the Mission was taking action to respond to the low survey scores on communication, OIOS did not make a recommendation.

IV. ACKNOWLEDGEMENT

39. OIOS wishes to express its appreciation to the management and staff of UNIFIL for the assistance and cooperation extended to the auditors during this assignment.

Internal Audit Division
Office of Internal Oversight Services

ANNEX I

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Interim Force in Lebanon

Rec. no.	Recommendation	Critical[9]/ Important[10]	C/ O[11]	Actions needed to close recommendation	Implementation date[12]
1	UNIFIL should develop and implement a medical support plan that incorporates a review of the composition and deployment of medical facilities and an assessment of medical risks.	Important	O	Receipt of an updated medical support plan, medical risk assessment and documentary evidence of support plan implementation activities and actions.	31 July 2024
2	UNIFIL should: (a) seek guidance from the Division of Healthcare Management and Occupational Safety and Health and Office of Legal Affairs to provide non-emergency medical services to the local civilian population; and (b) if such non-emergency medical services are provided, obtain a signed waiver of liability to indemnify the United Nations against legal risks.	Important	O	Receipt of evidence that guidance is sought from OLA and DMOSH to provide non-emergency medical services to the local civilian population; and if such non-emergency medical services are provided, signed waiver of liability forms are obtained for medical services provided to the local civilian population.	31 July 2024

[9] Critical recommendations address those risk issues that require immediate management attention. Failure to take action could have a critical or significant adverse impact on the Organization.
[10] Important recommendations address those risk issues that require timely management attention. Failure to take action could have a high or moderate adverse impact on the Organization.
[11] Please note the value C denotes closed recommendations whereas O refers to open recommendations.
[12] Date provided by UNIFIL in response to recommendations.

APPENDIX I

Management Response

Rec. no.	Recommendation	Critical[13]/ Important[14]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNIFIL should develop and implement a medical support plan that incorporates a review of the composition and deployment of medical facilities and medical staff and an assessment of medical risks.	Important	YES	Chief Medical Officer	31 July 2024	UNIFIL is in the process of developing a UNIFIL Medical Support Plan to incorporate review of the composition and deployment of UNIFIL Medical facilities and medical staff and an assessment of current medical risks and optimum, efficient and cost-effective use of available resources
2	UNIFIL should: (a) seek guidance from the Division of Healthcare Management and Occupational Safety and Health and Office of Legal Affairs to provide non-emergency medical services to the local civilian population; and (b) if such non-emergency medical services are provided, obtain a signed waiver of liability to indemnify the United Nations against legal risks.	Important	YES	Chief Medical Officer	31 July 2024	The waiver of liability form is already obtained in all UNIFIL Medical Facilities for medical interventions. Based on guidance from Division of Healthcare Management and Occupational Safety and Health and Office of Legal Affairs, UNIFIL will ensure that all patients seeking non-emergency medical services are required to sign a register acknowledging comprehension and acceptance of the contents of the waiver before any medical services are provided.

[13] Critical recommendations address those risk issues that require immediate management attention. Failure to take action could have a critical or significant adverse impact on the Organization.

[14] Important recommendations address those risk issues that require timely management attention. Failure to take action could have a high or moderate adverse impact on the Organization.