



# **INTERNAL AUDIT DIVISION**

## **REPORT 2022/021**

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### **Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic**

**Medical support planning needed to improve to ensure services are delivered in an efficient and cost-effective manner**

**17 June 2022**

**Assignment No. AP2020-637-02**

# **Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic**

## **EXECUTIVE SUMMARY**

The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA). The objective of the audit was to assess the efficiency and effectiveness of the delivery of medical services in MINUSCA and compliance with established guidelines and procedures. The audit covered the period from July 2019 to December 2021 and included a review of medical support planning, medical facilities and delivery of medical services, as well as MINUSCA's response to the COVID-19 pandemic.

MINUSCA developed and implemented an adaptive contingency plan to contain the threat from the outbreak of the COVID-19 pandemic and to minimize its impact on United Nations personnel and mandate implementation. However, the Mission needed to improve its medical support planning to ensure services are delivered in an efficient and cost-effective manner.

OIOS made six recommendations. To address issues identified in the audit, MINUSCA needed to:

- Update and finalize the Medical Support Plan with changes to the Mission's mandate in line with the approved Mission Support Plan to ensure the effective and efficient provision of medical services to its personnel.
- Review and test its medical mass casualty incident response plan at least annually to ensure it is adequately prepared to respond to an emergency.
- Allocate staff to ensure that the Medical Services Section in conjunction with the Force Medical Cell conduct functional inspections, assessments, surveys and exercises in contingent-owned medical facilities to ensure adherence to professional and clinical standards.
- Implement a mechanism to track and monitor the implementation of recommendations from health risk assessment missions.
- Dedicate staffing resources to regularly review inventory balances, analyze trends and consumption patterns to properly estimate its medical procurement requirements to avoid excessive inventory levels and wastage caused by the disposal of expired pharmaceutical products and consumables.
- Ensure medical waste is disposed of in an environmentally friendly manner through providing adequate availability of incinerators and training staff on operating them.

MINUSCA accepted the recommendations and has initiated action to implement them.

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# Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic

## I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA).
2. The MINUSCA Medical Services Section is responsible for coordinating the delivery of medical care and preventive services to Mission personnel comprising 11,635 military, 2,381 police, 1,472 civilian staff and 99 government provided personnel.
3. Medical services in MINUSCA are provided through United Nations-owned medical facilities comprising 1 Level-1 hospital and 7 health posts, and contingent-owned medical facilities comprising 3 Level-2, 1 Enhanced Level-1, and 39 Level-1 hospitals. MINUSCA also has contracts with four Level-4 hospitals in Kenya and three Level-3 hospitals in Uganda for the evacuation of its personnel. The medical facilities are classified as either Level-1, 2, 3 or 4 depending on their capabilities and complexities of treatments offered.
4. The Medical Services Section is headed by a Chief Medical Officer (CMO) at the P-5 level who reports to the Chief of Service Delivery Management. The Section has 35 authorized posts comprising 15 international, 4 national, and 16 United Nations volunteers. The CMO is also supported by the Force Medical Officer (FMO) in planning, reporting and inspection of contingent-owned medical facilities.
5. The approved operating budgets and expenditures (excluding salaries) of the Medical Services Section for 2019/20, 2020/21, and 2021/22 (up to 31 December 2021) are shown in Table 1.

Table 1

**MINUSCA Medical Services Section budgets and expenditures for 2019/20, 2020/21, and 2021/22 (Up to 31 December 2021)**

	2019/20	2020/21	2021/22
Budget	\$5 998 713	\$6 415 429	\$7 289 000
Expenditure	(\$5 715 630)	(\$6 409 749)	(\$3 980 768)
Surplus/(deficit)	\$283 083	\$5 680	\$3 308 232

Source: MINUSCA Budget and Finance Section

6. Comments provided by MINUSCA 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 MINUSCA and compliance with established guidelines and procedures governing the provision of medical services in field missions.
8. This audit was included in the 2020 risk-based work plan of OIOS due to health, operational and financial risks related to the provision of medical services in MINUSCA.

9. OIOS conducted this audit from October 2020 to March 2022. The audit was suspended from April to October 2021 due to the onset of the COVID-19 pandemic and associated pressing priorities, including vaccinating personnel, and maintaining clinics operational. The audit covered the period from 1 July 2019 to 31 December 2021. Based on an activity-level risk assessment, the audit covered higher and medium risk areas in the provision of medical services, which included: medical support planning, medical facilities and delivery of medical services, and MINUSCA's response to the COVID-19 pandemic.

10. The audit methodology included: (a) interview with key personnel, (b) review of relevant documentation, (c) analytical review of data, and (d) visits to all 32 medical facilities in Bangui, Bouar, Kaga-Bandoro and Bria.

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

### III. AUDIT RESULTS

#### A. Medical support planning

##### Need to update the MINUSCA Medical Support Plan to ensure operational efficiency and effectiveness

12. MINUSCA had a Medical Support Plan that detailed available medical services and emergency arrangements including medical/casualty evacuation of MINUSCA personnel through the network of United Nations-owned and contingent-owned hospitals in Bangui and its 11 field offices. The Plan was last revised in March 2020 and although an update was expected in March 2021, as of February 2022, the Plan had not been revised. A revision was necessary to incorporate changes affecting the provision of medical services to Mission personnel. This included changes in troop strength (increase of 2,750 troops and 940 individual uniformed personnel), force composition and location of troops, and the intensity of peacekeeping tasks, as well as the additional medical services needed caused by the COVID-19 pandemic.

13. In planning for the delivery of its services, the Medical Services Section considered the above-mentioned changes and shared its inputs for the development of the overall Mission Support Plan. It had also updated procedures, protocols and personnel responsibilities in response to the COVID-19 pandemic. The Medical Services Section indicated that they were awaiting the finalization of the Mission Support Plan, as both plans needed to be fully aligned. However, OIOS subsequent review noted that while the Mission Support Plan was approved in October 2021 by the Acting Director of Mission Support, it was not shared with the Medical Services Section. As a result, the Medical Support Plan was still in draft as of April 2022. Without a final Plan there is a risk that medical services are not properly aligned with needs to ensure effective and efficient provision of services.

**(1) MINUSCA should update and finalize the Medical Support Plan with changes to the Mission's mandate in line with the approved Mission Support Plan to ensure the effective and efficient provision of medical services to Mission personnel.**

*MINUSCA accepted recommendation 1 and stated that the Mission has taken the necessary action to update the Mission Support Plan. The Medical Support Plan should be finalized by 15th June 2022.*

#### Need to update and rehearse the medical mass casualty incident response plan

14. A mass casualty plan that is up to date and has been tested ensures the Mission's readiness to respond to mass casualty situations. MINUSCA had a medical mass casualty incident response plan for Bangui as well as provisional measures for field locations outside Bangui, which was developed in January 2019. Although the Mission was required to review the plan annually, it had not been done, or tested since its development. The Mission informed that action had not been taken as its response to the COVID-19 pandemic had taken precedence. In OIOS view, considering the highly volatile security environment in the Central African Republic, there is need for the Mission to review and test the plan annually to ensure it is adequately prepared to respond in an emergency.

**(2) MINUSCA should review and test its medical mass casualty incident response plan at least annually to ensure it is adequately prepared to respond to an emergency.**

*MINUSCA accepted recommendation 2 and stated that the Mission conducts its Table-Top-Exercise (TTX) on yearly basis. The Joint Operations Centre supports the Chief of Staff and Field Offices Coordinator to ensure the Field Offices complete the integrated TTX with different crisis scenarios. The next TTX on mass casualty should be completed by 30 September 2022.*

#### Need for adequate staffing allocation for effective and efficient implementation of the Medical Support Plan

15. To maintain the physical and mental well-being of its personnel, it is important for MINUSCA to identify and provide adequate staffing resources for executing its Medical Support Plan.

16. In the 2018/19 budget submission, the Mission (in the light of its increased focus on core peacekeeping activities), enhanced geographical prioritization of its mandate and revised the field offices structure for its operations. Due to this, the Mission requested (and it was approved) the abolishment of a significant number of civilian posts including 14 in the Medical Services Section. This had adversely impacted on the services provided. For instance: (a) the abolishment of the P-3 pharmacist decreased its ability in managing procurement of drugs and consumables and its inventory levels in the United Nations-owned Level 1 hospital in Bangui and the seven health posts in field offices; (b) the HIV Counselling Unit was discontinued, weakening the Mission's ability to provide support to affected staff and conduct the necessary promotional campaigns; and (c) the planned establishment of emergency health posts in Bria and Kaga-Bandoro could not be pursued, which meant that the early establishment of severity of reported illness and casualties in field offices may not have been determined.

17. In recognizing the shortfall in medical staffing resources, the Mission proposed an additional 10 posts in the 2021/22 budget, and they were approved. At the end of February 2022, five posts have been filled and the remaining five were under recruitment. The CMO proposed a further five posts in 2022/23, but Mission leadership did not include them in their final budget submission because of other competing priorities. The additional requirements were mainly to support the increased workload due to the COVID-19 pandemic such as maintaining a 24/7 telephone hotline, follow-up of confirmed cases and their close contacts, assisting the Reverse Transcription Polymerase Chain Reaction laboratory and rapid antigen testing, and conducting vaccinations. Considering these additional tasks are mainly related to COVID-19, senior management could continue to monitor their impact on the resources of the Medical Services Section, and reconsider in the future whether it has sufficient staffing capacity to fulfil its functions effectively.

## **B. Medical facilities and delivery of medical services**

### Need for contingent-owned medical facilities to meet established standards

18. To ensure the health and well-being of its personnel, MINUSCA medical facilities should meet specified standards prescribed in the Medical Support Manual. The Manual provides that the FMO under the tasking of the CMO, shall conduct functional inspections, assessments, surveys and exercises in troop-contributing countries (TCCs) medical facilities to ensure adherence to professional and clinical standards.

19. OIOS visits to 32 contingent-owned facilities found that they were compliant with the standards in terms of equipment and medical supplies as outlined in their respective memorandum of understanding with the United Nations. However, the following issues were noted:

(a) None of the personnel in 14 medical facilities were proficient in French and/or English and these facilities did not have interpreters. Inadequate communication with patients may impact the quality of diagnosis, treatments or medications provided.

(b) Ambulances in 12 medical facilities were not equipped with basic medical equipment such as stethoscope, pulse oximeter, defibrillators, oxygen and ventilators. While the equipment was available, it was kept inside the medical facilities meaning possible delays in providing assistance for medical emergencies.

(c) There was no evidence that calibration/maintenance of medical equipment was regularly done in 27 medical facilities to mitigate the risk of inaccurate test results, incorrect diagnosis, and improper treatment of patients. In five medical facilities, although calibration/maintenance records were available, maintenance was conducted by paramedics and not qualified electro-medical technicians.

(d) In 16 medical facilities, inventory records for medicines and consumables were not adequately maintained. While no instances of expired medicines were noted during the visit, excessive stock levels were observed such as malaria tablets and paracetamol. This was because contingents brought the minimum required levels of medicine supplies during each troop rotation without considering existing inventory balances.

(e) In nine medical facilities, medicines were not kept in a temperature-controlled environment either because air-conditioners were not operational or were not switched on. In three instances, food items including juices and fruits were found in medical fridges containing medicines. Exposure to light, humidity and extreme temperatures can break down drugs, making them less effective and in some cases toxic.

20. To ensure the above-mentioned issues are identified and corrected in a timely manner, there is a need for the Medical Services Section along with the Force Medical Cell to conduct periodic inspections of contingent-owned medical facilities. The Mission informed that due to staffing shortages compounded by COVID-19, medical personnel were unable to regularly participate in inspections of contingent facilities or conduct other necessary assessments to ensure force military medical resources are meeting the United Nations standards.

<p><b>(3) MINUSCA should allocate staff to ensure that the Medical Services Section in conjunction with the Force Medical Cell conduct functional inspections, assessments, surveys and exercises in contingent-owned medical facilities to ensure adherence to professional and clinical standards.</b></p>
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*MINUSCA accepted recommendation 3 and stated that the Mission through the contingent-owned equipment with the Force Medical Officer conducts functional inspections, assessments, surveys, and exercises in contingent-owned medical facilities to ensure adherence to professional and clinical standards on quarterly basis.*

#### Need to monitor implementation of recommendations from health risk assessment missions

21. To enhance the quality of medical services provided to its personnel, MINUSCA is required to timely implement recommendations from headquarters health risk assessment missions.

22. In 2018, a technical assessment mission from United Nations headquarters conducted a health risk assessment of MINUSCA and made 14 recommendations to enhance the quality of its medical services. However, the recommendations had not been implemented. These included, for example, the need to: (a) relocate and co-locate aircrafts and Aero-Medical Evacuation Teams (AMETs) based on the Mission' personnel distribution; (b) establish a Level-1-Plus with surgical and AMET module in Bangassou in Sector East; (c) establish a memorandum of understanding with the United Nations Organization Stabilization Mission in the Democratic of the Congo (MONUSCO) for casualty evacuation from Obo to Goma TCC Level-3 hospital using MONUSCO air assets; and (d) establish a full physical therapy service for civilian personnel to facilitate return to work after sick leave and avoid sick leave related to osteo-articular conditions.

23. The recommendations were not effectively implemented mainly as the Mission had not established procedures for tracking, monitoring and following up recommendations until implemented. As a result, medical risks identified as part of the 2018 technical assessment had not been properly mitigated. For instance: (a) at the time of OIOS review (October 2021-February 2022), no air assets had been assigned to Kaga-Bandoro in Sector Centre and in remote locations such as Bangassou and Obo in Sector East, hence limiting the scope of operations of AMET with a risk of non-achievement of the required timeframe for emergency response in those areas; and (b) AMET at the contingent-owned Level-2 hospital in Bangui, where air assets are parked, was located 20 to 40 minutes (depending on traffic) from the airport. This distance could hamper the timeliness of medical response, making it difficult for the team to respond effectively to emergencies.

#### **(4) MINUSCA should implement a mechanism to track and monitor the implementation of recommendations from health risk assessment missions.**

*MINUSCA accepted recommendation 4 and stated that the recruitment process of the P-3 Occupational Health and Safety Officer is finalized, and the selection is pending approval. Once the staff member is on board, he/she will develop a formal mechanism to track and monitor recommendations from health risk assessments. It is expected that the mechanism will be in place by end of August 2022. Ultimately, the process involving senior leadership will be revisited so as to take the necessary actions for improvements.*

#### Staff counselling services were adequate

24. It is important that confidential stress counselling services and other types of counselling are available to Mission personnel to support their wellbeing and mental health.

25. MINUSCA had a Staff Counselling Unit with three staff counsellors; two of them including the Chief were based in Bangui and one in Kaga-Bandoro, but none were located in Sector headquarters of Bouar and Bria. To address this, the Unit: (a) trained several civilian and uniformed personnel through the



Peer Helper Programme to act as first psychosocial responders and to refer severe cases to professional staff counsellors, (b) conducted visits to field offices and held tele-counseling sessions, and (c) shared monthly psychoeducation materials on various topics for self-psychological management.

26. The Unit was active and had, for example: (a) provided individual counselling sessions and facilitated stress management training; (b) established a Peer-Helper Programme through which 78 staff were trained and held mental health/peer helper day in 2019 and 2021 to raise staff awareness on the importance of mental health and stress management, and to strengthen the Peer-Helper Network; (c) conducted psychological workshops for 41 groups on various topics; and (d) conducted virtual COVID-19 response training for uniformed medical and paramedical personnel. OIOS concluded that the Mission personnel had adequate access to counselling services.

#### Need to monitor stock levels of pharmaceutical products and consumables

27. There needs to be effective management of pharmaceutical products and consumables to ensure availability when required and to avoid excess stock holdings and thus financial loss through wastage.

28. OIOS analysis of inventory records as of 15 February 2022 identified 63 line-items (which included over 30,000 items) valued at \$479,858 with no movement for more than one year; an indicator that excess items may be accumulating because of irregular use. Therefore, there was a need for the Medical Services Section to establish optimal inventory levels by reviewing trends and consumption patterns and current stock balances to identify excess and slow/non-moving items for appropriate and timely action. This, together with improved procurement planning, may reduce the level of expired drugs that require disposal. For instance, the Mission had to dispose of expired pharmaceutical products and consumables valued at \$550,824 from July 2019 to December 2021. The Mission informed that its inability to adequately monitor its drugs and medicines was due to the abolishment of the Pharmacist post in 2018/19 that was previously responsible for managing such activities.

**(5) MINUSCA should, to avoid excessive inventory levels and wastage caused by the disposal of expired items, dedicate staffing resources to regularly review pharmaceutical and consumable inventory balances and analyze trends and consumption patterns to properly estimate its procurement requirements.**

*MINUSCA accepted recommendation 5 and stated that the Mission does not have a dedicated Pharmacist. However, the functions of this vital unit are fulfilled by doctors and nurses in conjunction with their duties. The excessive supplies identified were initially destined to a Level 2 Hospital when acquired by the Mission. The hospital then became autonomous and was no longer supplied pharmaceuticals by the United Nations.*

#### Blood products were appropriately stored and handled

29. MINUSCA procured blood through systems contracts established by the Procurement Division and was distributing it to three contingent-owned Level-2 hospitals in Bangui, Bria, and Kaga-Bandoro, and one contingent-owned Enhanced Level-1 hospital located in Bouar. OIOS inspection of these medical facilities confirmed that adequate records of blood products were maintained including their receipt and expiry dates. The blood products were also stored in temperature-controlled refrigerators to ensure their safety and quality, and expired blood products were disposed-off through incineration in accordance with the World Health Organization's (WHO) guidelines.

Disposal of bio-medical waste by contingent-owned medical facilities needed to meet United Nations standards

30. A review of practices adopted by the Mission found that medical waste generated at the United Nations-owned Level-1 hospital and the RT-PCR laboratory in Bangui were adequately treated before incineration. However, in 5 of 17 mission locations there were no incinerators and when available, Mission staff had not always been trained to operate them. Additionally, due to lack of secured space and construction materials, the United Nations-owned incinerators in Bria and Obo, acquired in June 2020, were yet to be installed. MINUSCA informed that it was sending construction materials from Bangui for their installation.

31. Moreover, of the 32 contingent-owned medical facilities visited, there was a need to improve disposal procedures and ensure that available incinerators were used effectively. For instance, due to poor communication, the newly installed incinerator located at M'poko Greenfield location in Bangui and the incinerator at the contingent-owned Level-2 hospital in Bria were not used by other nearby Mission medical facilities. As a result, these facilities adopted improper practices such as burning and burying medical waste and accumulating them in garbage bags. This was not environmentally sound as it increased health and safety risks to mission personnel and the surrounding population. For example: four Level-1 medical facilities in Bangui and Kaga-Bandoro burned and buried their medical waste in ditches at the edge of their camp; and sharp items, infectious, and non-infectious waste of two Level-1 medical facilities were disposed of in garbage bins containing household waste collected by camp management.

32. Additionally, although the Mission was accountable for the proper handling and disposal of medical waste, its recordkeeping was incomplete and not reliable, exposing the Mission of being held responsible for unsafe disposal practices. This included: (a) the contingent-owned Level-2 hospital in Bangui that had a contract with a local facility for incineration of its bio-medical waste; and (b) 15 Level-1 medical facilities in Bangui and Kaga-Bandoro that were handing over their medical waste to respective Level-2 hospitals.

33. The above resulted as the Mission was not conducting periodic inspections of medical facilities to ensure poor practices were identified and corrected in a timely manner.

**(6) MINUSCA should inspect medical facilities and ensure medical waste is disposed of in an environmentally friendly manner including: (a) providing adequate availability of incinerators and staff trained to operate them; and (b) maintaining records to demonstrate that safe practices are in place.**

*MINUSCA accepted recommendation 6 and stated that as part of the environmental action planning and performance, the Mission carried out biannual inspections and continuously monitored the medical facilities to ensure the safe management of biomedical waste. The Mission had 11 operational biomedical waste incinerators in Bangui and the regional field offices with three others in the process of being installed. A contract is being put in place to train staff to operate the incinerators. A biomedical waste delivery/receipt form used by the Mission's medical facilities to deliver biomedical waste at different disposal locations that would provide incineration services had been shared with relevant Units.*

MINUSCA took action to assess the performance of commercially contracted third-party medical service providers

34. For Level-3 and Level-4 medical care, the Mission contracted medical services from hospitals in Uganda and Kenya. During the audit period, MINUSCA referred 80 medical cases to Uganda and 10 cases to Kenya for various medical conditions. MINUSCA also referred four COVID-19 related cases to United

States of America, Egypt, and Ghana which were outside the scope of the Procurement Division/Regional Procurement Office contracts due to the criticality and particularity of the medical condition.

35. For 2020/21, MINUSCA assessed the performance of the medical service providers against established performance indicators which included: technical and cost performance, and compliance with occupational safety, health and environmental regulations. All assessment reports indicated that services provided by these medical facilities were acceptable/satisfactory.

Cost-recovery procedures for provision of medical services to third parties were in place

36. The Medical Support Manual provides that medical services are made available to all members of the United Nations Country Team (UNCT) on a fee-for-service arrangement. In December 2019, MINUSCA developed and implemented standard operating procedures on cost-recovery for such services. The Finance Unit in MINUSCA and the Regional Service Centre Entebbe were systematically following up with all concerned entities to recover amounts due, and therefore, no recommendation is made.

### **C. Response to COVID-19 pandemic**

MINUSCA response to COVID-19 pandemic was satisfactory

37. General Assembly resolution 74/270 called upon the United Nations system, under the leadership of the Secretary-General, to work with all relevant actors to mobilize a coordinated global response to the COVID-19 pandemic and its adverse social, economic, and financial impact on all societies.

38. In April 2020, following the declaration of the COVID-19 outbreak as a pandemic disease by WHO in March 2020, MINUSCA developed an adaptive contingency plan to ensure preparedness for a consistent and coordinated system-wide response in Central African Republic. The plan outlined a wide range of tasks and responsibilities in line with WHO guidelines. At the time of the audit, the plan was being implemented and continued to be adapted as the crisis evolved.

39. The MINUSCA Senior Leadership Team engaged in strategic discussions to review the Mission's comprehensive strategy and concept of operations to reflect COVID-19 pandemic dynamics and its impact on the host country and its activities. Examples of actions implemented by MINUSCA to contain the threat from the outbreak and minimize its impact on United Nations personnel and mandate implementation included the following:

- Implementation of sensitization and preventive measures including: (a) installation of washing points at all United Nations premises; (b) distribution/installation of hand sanitizers at all entry points, airports, cafeterias, offices and shuttle buses and distribution of personal protective equipment, (c) dissemination of measures to be taken to prevent the spread of the disease; (d) alternative work arrangements to reduce the footprint in MINUSCA premises; and (f) self-quarantine for staff returning to the Mission and newly arriving staff from affected areas.
- Establishment of a dedicated and nationally accredited United Nations-owned COVID-19 testing laboratory costing \$627,000 for MINUSCA and members of the UNCT in Central African Republic. Establishment of an 84-bed capacity quarantine and isolation facility at Camp Mamica in Bangui to cater for positive and suspect cases among MINUSCA personnel.

- Acquisition of 50,000 COVID-19 PCR test kits of which 15,000 together with 18,000 sample collection kits and transport media were donated to the Government. The Mission procured 21,000 rapid antigen tests to facilitate testing in field locations and reduce dependency on the PCR testing capabilities.
- Implementation of a vaccination programme starting in April 2021, with vaccines being distributed across the country based on pre-defined prioritization. As of 31 December 2021, MINUSCA and UNCT had administered 22,177 doses of COVID-19 vaccines to its personnel and those of eligible international non-governmental organizations.
- Provision of support to the Government which included: (a) rehabilitation of health facilities to store testing supplies, and isolation centres for the safe and effective treatment of confirmed cases; (b) provision of water in isolation centres and hospitals, and distribution of hand washing facilities for the protection of vulnerable people; and (c) community mobilization to raise awareness about COVID-19.

40. OIOS concluded that the Mission's response to contain the threat from the COVID-19 pandemic and minimize its impact on United Nations personnel and mandate implementation, was adequate.

#### **IV. ACKNOWLEDGEMENT**

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

*(Signed)* Eleanor T. Burns  
Director, Internal Audit Division  
Office of Internal Oversight Services

## STATUS OF AUDIT RECOMMENDATIONS

## Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic

Rec. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	C/ O <sup>3</sup>	Actions needed to close recommendation	Implementation date <sup>4</sup>
1	MINUSCA should update and finalize the Medical Support Plan with changes to the Mission's mandate in line with the approved Mission Support Plan to ensure the effective and efficient provision of medical services to Mission personnel.	Important	O	Receipt of the finalized Medical Support Plan	30 June 2022
2	MINUSCA should review and test its medical mass casualty incident response plan at least annually to ensure it is adequately prepared to respond to an emergency.	Important	O	Receipt of evidence of review and testing of the medical mass casualty incident response plan.	30 September 2022
3	MINUSCA should allocate staff to ensure that the Medical Services Section in conjunction with the Force Medical Cell conduct functional inspections, assessments, surveys and exercises in contingent-owned medical facilities to ensure adherence to professional and clinical standards.	Important	O	Receipt of evidence that quarterly inspections, assessments and surveys have been duly conducted in the contingent-owned medical facilities for the next one year.	30 June 2023
4	MINUSCA should implement a mechanism to track and monitor the implementation of recommendations from health risk assessment missions.	Important	O	Receipt of evidence that a tracking mechanism for recommendations from the health risk assessment missions has been implemented	30 August 2022
5	MINUSCA should, to avoid excessive inventory levels and wastage caused by the disposal of expired items, dedicate staffing resources to regularly review pharmaceutical and consumable inventory balances and analyze trends and consumption patterns to properly estimate its procurement requirements.	Important	O	Receipt of evidence of improved medical procurement planning as well as establishment of optimal inventory levels to identify excess and slow/non-moving items for appropriate and timely action.	31 December 2022

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Please note the value C denotes closed recommendations whereas O refers to open recommendations.

<sup>4</sup> Date provided by MINUSCA in response to recommendations.

## STATUS OF AUDIT RECOMMENDATIONS

**Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic**

6	MINUSCA should inspect medical facilities and ensure medical waste is disposed of in an environmentally friendly manner including: (a) providing adequate availability of incinerators and staff trained to operate them; and (b) maintaining records to demonstrate that safe practices are in place.	Important	O	Receipt of evidence of: (a) adequate availability of installed incinerators in the Mission and staff trained to operate them; and (b) maintenance of records by medical facilities to demonstrate that safe practices are in place.	31 December 2022
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# **APPENDIX I**

## **Management Response**

**United Nations**

United Nations Multidimensional Integrated  
Stabilization Mission in the Central African Republic



**MINUSCA**

**Nations Unies**

Mission Multidimensionnelle Intégrée des Nations Unies  
pour la Stabilisation en République centrafricaine

**INTEROFFICE MEMORANDUM**

**MEMORANDUM INTERIEUR**

TO: Ms. Eleanor T. Burns  
A: Director Internal Audit Division  
OIOS

DATE: 02 June 2021

FROM: Valentine Rugwabiza  
DE: Head of MINUSCA  
MINUSCA

REF: MINUSCA/OSRSG/XXX/2022

SUBJECT: MINUSCA's comments on the Draft report on an audit of medical services in MINUSCA  
OBJET: (Assignment No. AP2020-637-03)

1. With reference to your email addressed Tuesday 17 May 2022 on the above captioned subject, kindly find attached MINUSCA's comments on the Draft report on an audit of medical services.
2. I take this opportunity to express our general agreement with the findings and recommendations and, thank you and your staff for their cooperation during the audit.

Annex: MINUSCA's comments on the Draft report on an audit of medical services

cc: Ms. Fatoumata Ndiaye, OIOS  
Mr. Philip Compte, Acting DMS, MINUSCA  
Ms. Vivian van de Perre, COS, MINUSCA  
Mr. Braima Jamanca, Chief Service Delivery, MINUSCA  
Dr. Sophia Oteng, Chief Medical Officer, MINUSCA  
Ms. Tiphaine Dickson, Audit focal Point, MINUSCA



## Management Response

## Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic

Rec. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	MINUSCA should update and finalize the Medical Support Plan with changes to the Mission's mandate in line with the approved Mission Support Plan to ensure the effective and efficient provision of medical services to Mission personnel	Important	Yes	Medical Services	15 June 2022	MINUSCA has taken the necessary action to update the Mission Support Plan. The medical support Plan should be finalized by 15th June 2022.
2	MINUSCA should review and test its medical mass casualty incident response plan at least annually to ensure it is adequately prepared to respond to an emergency.	Important	Yes	Joint Operations Center	30 September 2022	MINUSCA conducts its Table-Top-Exercise (TTX) on yearly basis. The Joint Operations Center supports the Chief of Staff and Field Offices Coordinator to ensure the Field Offices complete the integrated TTX with different crisis scenario. The next TTX on mass casualty should be completed by 30 September 2022.
3	MINUSCA should allocate staff to ensure that the Medical Services Section in conjunction with the Force Medical Cell conduct functional inspections, assessments, surveys and exercises in contingent-owned medical facilities to ensure adherence to professional and clinical standards.	Important	Yes	Contingent-Owned Equipment Force Medical Cell Medical Services	Ongoing	MINUSCA via the Contingent Owned Equipment with the Force Medical Officer conducts inspections functional inspections, assessments, surveys, and exercises in contingent-owned medical facilities to ensure adherence to professional and clinical standards on quarterly basis.
4	MINUSCA should implement a mechanism to track and monitor the	Important	Yes	Senior Leadership Team	30 August 2022	MINUSCA accepts the recommendation and wishes to inform that the recruitment process

<sup>1</sup> 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.

<sup>2</sup> 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.

## Management Response

## Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic

Rec. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
	implementation of recommendations from health risk assessment missions					<p>of the P-3 Occupational Health and Safety Officer is finalized, and the selection is pending approval. Once he is on board, he will develop a formal mechanism to track and monitor recommendations from health risk assessments. It is expected that also, the mechanism will be in place by end of August 2022.</p> <p>Ultimately, the process involving the Senior Leadership would be revisited so as to take the necessary actions for improvements as needed.</p>
5	MINUSCA should, to avoid excessive inventory levels and wastage caused by the disposal of expired items, dedicate staffing resources to regularly review pharmaceutical and consumable inventory balances and analyze trends and consumption patterns to properly estimate its procurement requirements.	Important	Yes	Service Delivery		MINUSCA does not have a dedicated Pharmacist nor a Pharmacy Unit in the Section. However, the functions of this vital unit are fulfilled by doctors and nurses in conjunction with their duties. The excessive supplies identified were initially destined to a Level 2 Hospital when acquired by the Mission. The hospital then became autonomous and was no longer to be supplied by the United Nations.
6	MINUSCA should inspect medical facilities and ensure medical waste is disposed of in an environmentally friendly manner including: (a) providing adequate availability of incinerators and	Important	Yes	Environment Unit Medical Services	(a) 30 June 2022 (b) Implemented	MINUSCA through its Environment Unit carries out continuous monitoring of medical facilities to ensure the safe management of biomedical waste which is part of

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	<p>staff trained to operate them; and (b) maintaining records to demonstrate that safe practices are in place.</p>					<p>the environmental Action Planning and Performance (eAPP), the inspections are done biannual.</p> <p>The Mission has a total of 14 biomedical waste incinerators in Bangui and the regional offices, 11 are operational, and the installation of 2 is almost completed.</p> <p>The Mission has selected participants and Training of Trainers (TOTs) for the biomedical waste incinerator operations training. The mission is working on getting the vendor to Bangui to carry out training for operators as part of the Purchase Order (PO), this recommendation will be completed by 30 June 2022.</p> <p>The Environment Unit and Waste Management Office have developed and shared a biomedical waste delivery/receipt form that will be used by the mission’s medical facilities to deliver biomedical waste at the different disposal locations that provide incineration services (COE and UNOE). The Unit will use the form to track the disposal of biomedical waste across the mission to ensure compliance with mission standards and policies.</p>