Office of Internal Oversight Services

INTERNAL AUDIT DIVISION

REPORT 2018/027

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

There was a need to conduct a comprehensive review of the medical support structure and improve oversight of medical services provided to staff members

13 April 2018
Assignment No. AP2017/641/12

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

EXECUTIVE SUMMARY

The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA). The objective of the audit was to assess the efficiency and effectiveness of the delivery of medical services in MINUSMA. The audit covered the period from 1 July 2015 to 31 December 2017 and included key aspects of the provision of medical services in the Mission including: governance; delivery of medical services; medical waste management; medical logistics; and medical repatriation and emergency response capabilities.

MINUSMA had appropriately contracted third parties to provide Levels II, III and IV medical services to Mission personnel, and entered into commercial contracts for aeromedical evacuation services. However, MINUSMA needed to: improve oversight of the quality of care provided by the United Nations-owned and contingent-owned medical facilities and contracted hospitals; develop a medical support plan for effective and efficient use of its medical resources including medical facilities and staff; review and finalize the medical component of the mass casualty plan; and improve controls over blood donations.

OIOS made 11 recommendations. To address issues identified in the audit, MINUSMA needed to:

- Establish a comprehensive medical support plan considering the optimal and cost-effective use of the Mission's medical assets to serve both civilian and uniformed personnel;
- Establish a medical performance framework for assessing the quality of care provided by the United Nations-owned and contingent-owned medical facilities and contracted hospitals;
- Conduct the required due diligence exercise of the contracted Level II hospital in Bamako to ensure all post-Ebola concerns have been addressed;
- Monitor the implementation of recommendations of technical assessment missions conducted by the Medical Support Section in the Department of Field Support;
- Conduct periodic inspections of waste management practices at the Mission's medical facilities;
- Implement an adequate drugs inventory management system and train medical staff on the handling and storage of drugs;
- Improve controls over blood donations to local hospitals;
- Establish a maintenance programme for its medical equipment;
- Establish a mechanism to assess the performance of the Mission's medical evacuation system;
- Finalize the mass casualty incident plan and establish procedures for conducting regular exercises to ensure its effectiveness; and
- Conduct and document periodic tests of on-call procedures to respond to medical emergencies after regular business hours.

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

CONTENTS

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

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 Mali (MINUSMA).

2. The Medical Section of MINUSMA is responsible for: delivering medical care and providing health maintenance and preventive services to all MINUSMA personnel comprising 1,483 civilian, 10,631 military and 1,082 police personnel; coordinating medical and casualty evacuations within and outside the Mission area; planning for medical contingencies; and providing medical services to the local population on emergency and humanitarian basis.

3. Medical services in MINUSMA are provided through three United Nations-owned Level I clinics in Bamako, Gao and Mopti with on-call ambulance services. The Medical Section provides support to contingent-owned medical facilities comprising 35 Level I clinics and 3 Level II hospitals in 12 locations, and manages the contract for the Level II clinic in Bamako. The Section also oversees medical evacuation arrangements with three medical facilities comprising one Level II clinic in Bamako, one Level III and one Level IV hospitals in two locations outside the Mission area.

4. The Medical Section is headed by a Chief Medical Officer (CMO) at the P-5 level who reports to the Chief Service Delivery. The Section has an authorized staffing of 51 comprising of 12 international staff, 28 national staff and 11 United Nations volunteers.

5. From 1 July 2015 to 30 June 2017, the Section provided medical services to 63,577 outpatients and 1,629 inpatients consisting of: international and national staff; individual police officers; staff officers; military and police contingent members; staff members of United Nations agencies, funds and programmes; and members of the local population.

6. The approved budgets for the Medical Section for fiscal years 2015/16 and 2016/17 were $5,418,000 and $5,074,000, respectively.

7. Comments provided by MINUSMA and the Department of Management are incorporated in italics.

II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

8. The objective of the audit was to assess: the efficiency and effectiveness of the delivery of medical services in MINUSMA; and compliance with established guidelines and procedures governing the provision of medical services in field missions.

9. This audit was included in the 2017 risk-based work plan of OIOS because of the criticality of medical services to staff health and achievement of the MINUSMA mandate.

10. OIOS conducted this audit from July 2017 to January 2018. The audit covered the period from 1 July 2015 to 31 December 2017. Based on an activity-level risk assessment, the audit covered higher and medium risk areas in the provision of medical services, which included: governance; delivery of medical services; medical waste management; medical logistics; and medical repatriation and emergency response capabilities.

11. The audit methodology included: interviews of key personnel; review of relevant documentation; analytical reviews of data; sample testing of medical equipment and inventory records and reporting activities; review of contractual arrangements between MINUSMA and third-party medical service providers; and site visits to 16 select medical facilities in Bamako, Kidal, Gao, Mopti and Timbuktu.

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

III. AUDIT RESULTS

A. Governance

There was a need to develop and implement a comprehensive medical support plan

13. The Medical Support Manual for United Nations field missions requires MINUSMA to prepare and implement a comprehensive medical support plan taking into consideration relevant health threats, the United Nations standard of care and the optimal and cost-effective use of the Mission's medical assets to serve both civilian and uniformed personnel. To achieve operational efficiencies and optimization of medical services provided, the Manual encourages missions to consider the integrated modular services concept, and describes various levels of integration whereby the co-location of United Nations and contingent medical facilities, resources and personnel in certain locations can result in the provision of medical services to integrated patient populations.

14. Since the inception of the Mission in July 2013, the Mission has drafted two medical support plans for fiscal years 2016/17 and 2017/18 that were not finalized at the time of the audit due to other competing priorities. Although these draft support plans provided useful information on the Mission's support facilities, the role of MINUSMA medical support to mitigate the Mission's health risks and other medical support challenges, the plans did not provide a comprehensive analysis on the optimum and cost-effective use of the Mission's medical assets. This prevented MINUSMA management from taking informed decisions on the Missions' medical facilities and increased the risk of inefficient use of the Mission's medical resources as follows:

(a) Low utilization of United Nations and contingent medical facilities

15. At the time of the audit, the Mission had established 41 medical facilities (3 United Nations-owned Level I clinics, 35 contingent-owned Level I clinics and 3 contingent-owned Level II clinics) and contractual arrangements with three medical service providers in Bamako (Level II hospital); Dakar, Senegal (Level III hospital); and Cairo, Egypt (Level IV hospital) to provide medical services to 12,640 uniformed personnel and 1,600 civilian staff. In line with the 2016/17 budget, the Mission also planned the establishment of two additional United Nations-owned Level I clinics in Timbuktu and Kidal where a total of 231 civilian staff have been deployed. However, these facilities were established without a comprehensive analysis to maximize the utilization of medical resources in a cost-effective manner taking into consideration the integrated modular services concept recommended in the Medical Support Manual. As a result, there was a heavy concentration of medical facilities in Bamako, Gao, Timbuktu and Kidal and utilization rates were less than 40 per cent in all locations as shown in Table 1. In Gao, for instance, there were four medical facilities (one contingent-owned Level II facility, two contingent-owned Level I facilities and one United Nations-owned Level I facility) within close proximity to each other and within the Super-camp. At a minor camp in Gao, two contingent-owned Level I clinics were right next to each other. A review of the Medical Section's activity reports for fiscal years 2015/16 and 2016/17 further indicated

generally low utilization rates for the contingent-owned Level I clinics, with the 35 contingent-owned Level I clinics having utilization rates ranging between 0.3 and 68 per cent over a two-year period and with 29 clinics having utilization rates of less than 10 per cent. For each of the three contingent-owned clinics located inside the Super-camp in Gao, the utilization rates were less than 10 per cent.

16. Optimal utilization and efficiencies can be achieved if the Mission adopted the integrated modular services concept in certain locations. However, contingent-owned medical facilities are deployed to missions based on individual memorandum of understanding (MoU), which required each troop-contributing country (TCC) to deploy its own Level I clinic. Therefore, it is only after deployment that decisions on optimization and rationalization of medical facilities can be taken by the Mission. The above condition resulted as the Medical Section had not sought the guidance of the Department of Field Support (DFS) regarding the possible implementation of the integrated modular concept.

Table 1
Distribution of medical facilities per location in MINUSMA as at 30 June 2017

	Number of Level I clinics		*Number of Level II clinics (all contingent-owned)*	*Average utilization rate of clinics (%)*
Location	*United Nations-owned*	*Contingent-owned*		
Bamako	1	4		38
Gao	1	8	1	33
Mopti	1	1		20
Timbuktu		5	1	22
Kidal		7	1	20
Menaka		2		25
Tessalit		1		16
Aguelhok		1		8
Goundam		2		2
Sevare		1		19
Diabali		1		14
Duentza		2		39
Total	**3**	**35**	**3**	**22**

(b) Non-establishment of within Mission Level III hospital

17. In its resolution 69/289B of 25 June 2015, the General Assembly underscored the importance of suitably staffing the medical component of MINUSMA and putting in place adequate arrangements to handle medical and casualty evacuation cases, urging the Secretary-General to consider establishing a Level III hospital within the Mission.

18. Interview with CMO and review of the draft medical support plans indicated that MINUSMA had not established a Level III hospital but maintained Level III hospital arrangements under a Letter of Assist (LoA) with the Government of a neighbouring country. This decision was however not justified by any comparative study or analysis to ensure that the hospital was delivering timely, optimal and cost-effective medical services taking into consideration the physical distance and the evacuation costs. For the period from 1 July 2014 to 30 June 2017, 72 patients were evacuated to the hospital and MINUSMA incurred about $1.6 million for services provided by the hospital under the LoA. This resulted because the CMO relied on a study conducted in 2012 by the Department of Peacekeeping Operations (DPKO) which concluded that a preferred option would be to have a regional Level III Hospital to serve multiple missions and preferably located outside the theatre of operations. OIOS was of the view that the Mission's reliance on this study, which predated the General Assembly resolution of 2015, should have been supported by further and more current analysis.

(c) Inadequate deployment of Medical Section staff

19. A review of Medical Section staffing table showed a disproportionate distribution of medical officers between the United Nations-owned Level I facilities Mission-wide. For example, the United Nations-owned Level I clinic in Bamako had six doctors with one doctor providing care to an average 157 staff compared to one doctor in the United Nations-owned Level I clinic in Gao providing care to an average 197 staff. Also, of the 51 authorized posts for the Medical Section, 20 (83 per cent) of 24 filled positions were in Bamako where staff had access to private clinics that had been cleared by the Medical Section. However, Mopti and Gao, where a total of 321 civilian staff were deployed, had significantly higher vacancy rates of 62 per cent of the authorized eight posts and 43 per cent of the authorized seven posts, respectively, impacting on their abilities to function as expected. In Gao, for instance, where there was only one doctor, medical cases were referred to a contingent-owned Level II hospital in Gao during periods of the doctor's absence. The CMO indicated that of the six doctors deployed in Bamako, three, including the CMO, were not primarily involved in patient consultation as they predominantly carried out administrative duties such as budget and procurement processes; medical statistics reporting; medical evacuation; recruitment and staff administration; commercial and contingent-owned hospitals oversight; and public health activities. This resulted as the Medical Section did not establish adequate criteria for efficient deployment of its staff taking into consideration the number of staff per location, the Mission's health threats, existing local medical infrastructure and the nature of the tasks performed by the medical staff.

(1) MINUSMA should develop and implement a comprehensive medical support plan through the review of the structure, composition and deployment of medical facilities and staff and consideration of the optimal and cost-effective use of the Mission's medical assets to serve both civilian and uniformed personnel, in coordination with DFS.

MINUSMA and the Medical Services Division (MSD) of the Department of Management accepted recommendation 1. MINUSMA stated that it had started drafting a comprehensive plan, which would be ready for review by mid-May 2018. The MSD stated that it had requested extrabudgetary funding to conduct a health risk assessment in MINUSMA and to assist the Medical Section of MINUSMA in developing a more comprehensive and appropriate medical support plan, one which would be based on the health risks of the duty station and serve the needs of both military and civilian components of the Mission. Recommendation 1 remains open pending the completion of a comprehensive medical support plan with a view to deploying more optimal and cost-effective medical facilities.

B. Medical facilities and delivery of medical services

MINUSMA had taken action to improve medical facilities in order to meet established standards

20. The Medical Support Manual for the United Nations field missions stipulates that to secure the health and well-being of MINUSMA personnel in a timely and efficient manner, all medical facilities must fully meet specified standards contained in the Manual.

21. As at July 2017, 9 of the 35 contingent-owned Level I hospitals were not compliant with United Nations standards in terms of equipment and operational readiness: 5 facilities did not have adequate self-sustainment capacity as they did not have the required inpatient capacity or the appropriate number of equipment such as electrocardiogram machines, proctoscope, resuscitation trolleys, gynecological speculum, coniotomy set, defibrillator; and 4 contingents did not deploy the required Level I clinics in line with their respective memorandum of understanding. Moreover, the United Nations-owned Level I clinic in Mopti lacked the required capacity to provide medical care to staff, as its clinical equipment had not been completely set up and installed due to space constraints, which in addition to the lack of inpatient facilities

led to patients being referred to private clinics in Bamako. The shortfalls in self-sustainment capacity affected the quality of contingents' medical services, which the Mission had sent to DFS for appropriate follow-up action with the respective troop-contributing countries (TCCs). The Mission had also initiated necessary actions to strengthen the capacity of the United Nations-owed Level I clinic in Mopti. Hence, OIOS is not making a recommendation this time.

There was a need to improve oversight of medical services provided to staff

22. The Medical Support Manual requires the CMO to exercise supervisory control over all United Nations-owned and contingent-owned medical facilities including contracted or commercial hospitals. The Manual requires the CMO, in collaboration with the Force Medical Officer, to conduct inspections, assessments and surveys of contingent medical facilities to ensure adherence to professional and clinical standards.

23. Interviews of Medical Section managers and review of the Section's records indicated that there was inadequate supervisory control over medical services provided to staff which impacted on the Mission's ability to promptly detect and address issues, as follows:

(a) Inspection of United Nations and contingent medical facilities and services

24. Although the Medical Section collaborated with the Contingent-owned Equipment Unit to consistently perform inspections of contingent facilities, the Section did not establish and implement a medical performance framework for assessing the quality of care provided by the Mission's medical facilities. This increased the risk that the provision of poor quality or substandard medical services might not be identified and addressed in a timely manner as shown in the following example.

25. Medical services provided by the contingent-owned Level II hospitals did not always reflect the standard expected of these facilities. A review of 65 medical evacuations made to the contracted Level II facility in Bamako indicated that 22 cases were from the contingent-owned Level II hospitals, which were expected to have the same capacity. In 10 other cases, evacuations were conducted from Level I facilities to the contracted Level II facility although distance and logistics favoured evacuation to contingent-owned Level II facilities. The issue of low quality of medical service was also mentioned in the report of the Civilian Staffing Review conducted in August 2016 by DPKO, DFS and another multi-disciplinary team, which stated that the contingent-owned Level II hospitals were not handling cases as expected. There were shortfalls in the decision-making process and delivery of specific critical services. Furthermore, the DFS Medical Support Section conducted an assessment mission in October 2015, which recommended that MINUSMA perform and submit to the DFS Medical Support Section an assessment of all Level II hospitals. This assessment, which should have identified and highlighted challenges related to the quality of medical services provided by contingent-owned Level II hospitals, was however not performed by the Mission's Medical Section.

(b) Staff survey

26. The Medical Support Manual requires the CMO to monitor medical support provided to the Mission through routine returns and reports and the conduct of staff surveys. The CMO established and implemented procedures to review routine and informal returns and reports from the Mission's medical facilities. However, the Medical Section did not conduct any surveys of staff to assess the adequacy and quality of services provided by the medical facilities. A global survey conducted by DFS identified several cross-cutting issues in peacekeeping missions including unavailability of medical services for extended periods; low quality of doctors and services; and gaps in equipment. There were also two issues specific to MINUSMA relating to medical staff not being fluent in English or French and the lack of medical services

for dependents of national staff members at some locations, all of which were being addressed by MINUSMA at the time of the audit.

(c) Inspection of contracted hospitals

27. MINUSMA entered into contractual arrangements with three medical service providers in Bamako (Level II hospital); Dakar, Senegal (Level III hospital); and Cairo, Egypt (Level IV hospital) that were satisfactorily assessed by the Mission at the time of the procurement process. However, the Mission was not adequately assessing the performance of these medical service providers against key performance indicators defined in the various contracts. Relevant data on established indicators such as emergency calls answered, quality of physician care and invoicing deadline were not collected and analysed and used to complete contractor performance reports. This resulted because the Medical Section had not implemented adequate procedures for monitoring the performance of contracted hospitals. As a result, performance issues relating to contracted medical service providers were not identified and adequately addressed in a timely manner thereby increasing the risk of unsatisfactory delivery of medical services to MINUSMA, such as:

- After the Ebola outbreak in Mali between November 2014 and April 2015, MINUSMA suspended the contractual arrangements with the Level II hospital in Bamako and requested the Medical Section to conduct a due diligence exercise to verify that the hospital has implemented adequate measures for caring Ebola patients. However, the contract was renewed in April 2016 without a diligence review by the Medical Section; and

- The service provider in Bamako did not have required dental facilities and had subcontracted the provision of dental services for MINUSMA staff to another provider. This subcontracting agreement was contrary to procurement rules as it was entered into by the service provider without the involvement of MINUSMA. Also, there had been no reference to this agreement in numerous contractor performance evaluations conducted by the Mission and MSD.

(d) Technical assessment missions

28. The Medical Support Manual requires the Medical Support Section in DFS to carry out periodic technical assessment missions to monitor and evaluate the Mission's medical services and facilities.

29. The DFS Medical Support Section conducted an assessment mission in October 2015 of the Mission's contingent-owned Level II hospitals that issued six recommendations, three of which were still pending at the time of the audit. MINUSMA had not: put in place key management tools including risk-based planning with risk register, incident analysis in collaboration with all partners involved, client satisfaction survey for civilian staff and developed medical standard operating procedures to address residual medical risks; provided guidance to contingent Level II facilities on enhancing supply chain operations; and performed and submitted to the Medical Support Section an assessment of all Level II hospitals.

30. This resulted because MINUSMA did not prioritize the implementation of recommendations and had not established procedures for monitoring and tracking the status of recommendations from technical assessment missions. As a result, medical risks may not be properly identified and addressed and the Mission's medical support services and facilities may not be in accordance with the United Nations standards.

(2) MINUSMA should establish and implement a medical performance framework for assessing the quality of care provided by the United Nations-owned and contingent-owned medical facilities and contracted hospitals; survey the staff; and conduct regular inspections of the quality of the Mission's medical services.

MINUSMA and MSD accepted recommendation 2. The MSD stated that it was establishing a medical performance framework for assessing the quality of care provided by United Nations-owned and contingent-owned medical facilities and contracted hospitals. Member States were being consulted on the new standards, which would become the new standard for compliance by the end of 2018. Thereafter, the Division would train CMOs and Force Medical Officers on the implementation of this standard performance framework. Therefore, implementation by missions would be dependent on the roll-out of these standards. MINUSMA indicated that it had launched a staff survey and would implement regular inspections of medical facilities within and outside the Mission. Recommendation 2 remains open pending receipt of evidence of implementation of the United Nations medical performance framework.

(3) MINUSMA should conduct the required due diligence exercise of the contracted Level II hospital in Bamako to ensure all post-Ebola concerns have been addressed.

MINUSMA accepted recommendation 3 and stated that the Medical Section would conduct the due diligence exercise of the contracted Level II hospital in Bamako as soon as the Mission completes the ongoing solicitation process for the award of a commercial Level II hospital in Bamako. Recommendation 3 remains open pending completion of a due diligence exercise on the contracted Level II hospital in Bamako.

(4) MINUSMA should monitor the implementation of recommendations of technical assessment missions conducted by the Medical Support Section in DFS.

MINUSMA accepted recommendation 4 and stated that the Medical Section would establish and implement a framework for the implementation of the recommendations of the technical assessment missions. Recommendation 4 remains open pending receipt of evidence of the establishment of a mechanism to track implementation of recommendations of technical assessment missions.

Cost-recovery procedures needed to be implemented for services provided to United Nations agencies, funds and programmes

31. The Medical Support Manual provides that medical services are integrated and made available to all members of the United Nations Country Team (UNCT), comprising United Nations agencies, funds and programmes, on a fee-for-service arrangement.

32. OIOS reviewed medical statistics submitted to the Medical Support Section in DFS and noted that from July 2015 to June 2017 the MINUSMA Medical Section provided medical services to 85 staff of the UNCT at locations outside Bamako. However, there was no MoU or fee-for-service arrangement to guide cost-recovery for the medical services provided. In the absence of an agreement, OIOS could not determine cost of services rendered.

33. The CMO indicated that there were ongoing discussions with UNCT in Mali for the establishment of an MoU for the provision of medical services to staff of agencies, funds and programmes in Mali. Hence, OIOS is not making a recommendation at this time.

C. Medical waste management

Need to improve medical waste disposal procedures

34. The Medical Support Manual requires MINUSMA to dispose of medical waste through incineration, sterilization, microwave methods, electro-thermal deactivation or by local contracts. MINUSMA is required to ensure that the disposal method does not present any immediate or future danger to personnel or the local population. The DFS/DPKO medical guidelines on waste management for peacekeeping operations require hazardous waste to be separated from non-hazardous waste and that disposal records are maintained.

35. In October 2015, MINUSMA signed a contract for the collection and treatment of the Mission's waste including biomedical waste. The contractor was required to collect and dispose medical waste in accordance with international and local regulations and under the supervision of the Environment Unit.

36. OIOS visits to 13 contingent-owned and 3 United Nations-owned clinics in Bamako, Mopti, Gao, Kidal and Timbuktu showed accumulation of medical waste and inappropriate waste disposal practices. For instance, two United Nations-owned facilities had a stock of used syringes due to unclear guidance on how they should be disposed. At another contingent-owned facility, expired drugs were not disposed of, rather the contingent continued to hold the drugs separately inside a container. One contingent-owned facility disposed of medical waste by burying it in the ground while another did not classify or label waste before handing it over to the contractor, which presented a potential danger to personnel. Also, in 11 of the 16 facilities visited, there were no records of the weight and classification of medical waste collected and disposed.

37. The above resulted because of inadequate oversight of waste disposal practices at the Mission's medical facilities. Current practices increased health and safety risks for personnel and local population and contamination of the environment.

(5) MINUSMA should conduct periodic inspections of waste management practices at the United Nations-owned and contingent-owned medical facilities.

MINUSMA accepted recommendation 5 and stated that it had established a contract for the collection and treatment of the Mission's medical waste. The Medical Section would coordinate with the Mission's Facilities Management Unit to ensure compliance with the contract and United Nations environmental protection policies. Recommendation 5 remains open pending receipt of evidence of implementation of a mechanism for periodic inspection of waste management practices at the Mission's medical facilities.

D. Medical logistics

Management of medical inventory needed to be improved

38. The Medical Support Manual requires the CMO to establish and implement procedures for the use and storage of drugs in MINUSMA. These procedures include: maintaining records and adequate levels of inventory of drugs; establishing access controls to drugs and medical supplies; disposing and writing off expired drugs and supplies; and monitoring the use of controlled drugs. The Manual further requires all contingents to maintain a minimum inventory of 60 days for all drugs and medical supplies.

39. Each of the 16 locations visited adequately stored drugs and medical supplies in a temperature-regulated environment, maintained a list of drugs and supplies in stock and had dedicated personnel for the receipt, issuance and safekeeping of medical inventory. However, the medical staff did not consistently implement the United Nations drug inventory management practices as they did not: maintain the required 60-day minimum inventory for drugs and medical supplies; establish reorder levels of essential drug items; isolate expired drugs from stocks that were being dispensed to patients; and conduct adequate physical verification of drugs and supplies in stock. OIOS physical verification of 80 drug items identified 33 items with unexplained variances between the pharmacy control sheet and the quantities on hand.

40. The above resulted because of: the absence of an adequate system to monitor inventory; inadequate training of the staff involved in pharmacy administration and management; and supply chain delays. It took a contractor an average of five months to deliver drugs after the purchase order date as opposed to the prescribed 30-day delivery timeframe. The Mission had reported delays encountered to the Medical Support Section and Procurement Division in Headquarters for corrective action. Hence, OIOS is not making a recommendation on the supply chain delays.

41. In the absence of adequate inventory management controls, there was a risk of: waste and financial losses from expired drugs and excessive quantities of drugs and supplies; and shortages of essential drugs and supplies needed to provide staff with adequate medical care. Additionally, the failure to properly segregate expired drugs could pose health risks in the event such drugs are administered to patients.

(6) MINUSMA should provide Mission medical facilities with adequate drugs inventory management system and train medical staff on the handling and storage of drugs.

MINUSMA accepted recommendation 6 and stated that Umoja supply chain module would include a drug inventory management system and that the Medical Section would establish a mechanism to ensure that medical staff were consistently implementing the Mission's standard operating procedures for management of drugs. Recommendation 6 remains open pending the use of Umoja to manage inventory of drugs and the training of medical staff on the handling and storage of drugs.

Need to improve supervisory controls over blood donations

42. The DPKO medical guidelines on the use of blood and blood products in peacekeeping missions require the CMO to ensure that reliable blood is available in the Mission in adequate quantities at all times. The CMO is responsible for establishing a reliable supply of blood and coordinating its distribution, transportation, storage and disposal within the Mission. Also, stockpiling of blood should be consistent with intended clinical use. The MINUSMA standard operating procedures for the receipt, storage, distribution and disposal of human blood states that blood donation to non-United Nations health facilities is prohibited unless duly authorized by the Director of Mission Support or the Controller in United Nations Headquarters.

43. MINUSMA receives blood and blood products through a system contract that provides 20 units of blood on a bi-weekly basis and had established and implemented adequate procedures for the processing of blood and blood products in the Mission. The blood storage facilities were temperature-regulated and there were adequate records of receipt, usage and disposal of blood by incineration. However, a review of the blood records indicated that on five occasions, a contingent-owned Level II hospital donated blood to local hospitals without the authorization of the CMO and the Director of Mission Support and a due diligence by the Medical Section to assess the capability of local facilities to properly store and manage donated blood products in line with United Nations standards and international best practices. This might expose the mission to reputational risks.

44. The above resulted because the CMO had not adequately monitored blood donations to local hospitals to ensure they were properly processed.

(7) MINUSMA should take steps to ensure blood donations by contingent-owned medical facilities to local hospitals are properly controlled and authorized by the Chief Medical Officer and Director of Mission Support.

MINUSMA accepted recommendation 7 and stated that the Medical Section would establish a follow-up mechanism to ensure that contingent-owned medical facilities consistently implement the Mission's standard operating procedures on blood utilization. Recommendation 7 remains open pending receipt of evidence of approval of all blood donations.

Need for maintenance arrangements for the Mission's medical equipment

45. The DPKO/DFS medical equipment guidelines require the Mission to establish a detailed maintenance plan and carry out preventive maintenance and safety tests on medical equipment. MINUSMA is required to maintain records of medical equipment to enable tracking of their history and use and ensure that equipment not passing safety tests are taken out of service.

46. Although the Medical Section conducted some maintenance and safety tests of equipment in the United Nations-owned Level I clinic in Bamako, the Section did not have a formal maintenance programme or schedule for its medical equipment and did not maintain records on their usage. The issue was also noted with the contingent-owned medical facilities where maintenance schedules and records were also not available. This was because the CMO had not prioritized the maintenance of medical equipment and had not developed any policy or procedures to govern this process. Inadequate or poorly maintained medical equipment could impact the functioning and useful life of equipment resulting in disruptions and complications in the delivery of medical services, and financial losses to the Organization.

(8) MINUSMA should implement a formal maintenance programme for its medical equipment including the safety tests and detailed record of usage.

MINUSMA accepted recommendation 8 and stated that it had hired a biomedical technician who would implement the Mission's medical equipment maintenance programme. Recommendation 8 remains open pending receipt of evidence of implementation of the Mission's medical equipment maintenance programme.

E. Medical repatriation and emergency response capabilities

Need to ensure adequacy of pre-deployment medical examinations for uniformed personnel

47. The Medical Support Manual requires TCCs to conduct a thorough pre-deployment medical examination and clear troop personnel prior to deployment. It is the responsibility of Member States to deploy physically, mentally and emotionally fit personnel for United Nations peacekeeping operations, and to bear costs incurred by the United Nations with respect to uniformed personnel that are repatriated due to medical conditions that were pre-existing at the time of their deployment.

48. MINUSMA repatriated 273 uniformed personnel with chronic medical conditions. The Medical Section had appropriately communicated details of the repatriations to MSD and had determined that in 5 of the 273 repatriations, the concerned personnel had a pre-existing condition that should have precluded the individual from being deployed to the Mission. The Medical Section recommended recovery of about

$25,000 for the cost of repatriation of the five uniformed personnel and recovery action was in progress at the time of the audit.

49. The above resulted because of inadequate pre-deployment medical screening by some TCCs. Inadequate pre-deployment medical screening impacts on the operational effectiveness and efficiency of contingents and poses health risks to other Mission personnel.

50. The adequacy of pre-deployment medical screening has been raised by OIOS in previous audit reports. Headquarter departments (DFS and DM): maintains statistics to monitor contingent's health at point of deployment; and continue to emphasize with Members States the requirement of strict pre-medical screening at the pre-deployment stage. Based on the action being taken, no recommendation has been made at this time.

Oversight of medical evacuation procedures needed to be improved

51. The Medical Support Manual requires the Medical Section 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[1] which requires access to advanced life support from medical professionals within one hour of injury. Additionally, the DPKO Aviation Manual requires non-United Nations staff members to sign waivers of indemnity before any medical evacuation by United Nations aircraft.

52. Because of the large landmass in Mali, prevailing security situation, limited night flying capacity of contingent-owned medical evacuation assets, and operational constraints, the Mission utilized the three Level II hospitals Aeromedical Evacuation Team (AMET) with two commercial arrangements for medical evacuation purposes. For the commercial AMET operations, MINUSMA had: a commercial AMET contract with a not-to-exceed (NTE) amount of $5.6 million from April 2016 to May 2017, which was replaced with another commercial AMET contract effective May 2017 with an NTE amount of $4.3 million; and an AMET component in a Search and Rescue (SAR) contract with an NTE amount of $5.5 million. The initial AMET contract, which was managed by the Medical Section, had conducted 60 flights, airlifting 134 patients during the review period. The SAR contract that was managed by the Aviation Section conducted 35 AMET flights carrying 88 patients. Although MINUSMA had established the required medical evacuation systems for life saving interventions, there was no assurance that the evacuation system was effective and efficient as the Medical Section did not implement the required procedures to assess and improve its performance as follows:

- The SAR contract stated that responsibility for all AMET service-related issues will be delegated to the CMO as the responsible officer and that the office of the CMO will periodically conduct inventory taking, inspections and site visits as part of the performance evaluation process. However, the office of the CMO was not involved in any evaluation against key performance indicators defined in the contract, such as response time or information accessibility; or other inspections of the vendor;

- The Mission had not developed any performance indicators that could be used in assessing the efficiency and effectiveness of medical evacuation especially with regards to adherence to the 10-1-2 framework; and

[1] This requires ensuring 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 60 minutes; and access to limb - and lifesaving surgery, no later than two hours. This first 60 minutes of time is referred to as the golden hour.

- Out of a population of 42 non-MINUSMA medical evacuees, 34 did not have waivers of liability to be medically evacuated by MINUSMA.

53. The above resulted because the CMO had not prioritized the need to establish an evaluation system with performance goals for medical evacuations based on key performance indicators. There was also inadequate coordination between the Medical Section and other Mission components such as Aviation Section, Movement Control and Joint Operations Command in ensuring that signed waivers were obtained from non-MINUSMA personnel and/or the signed forms were properly retained. As a result, issues impacting on the efficiency and effectiveness of medical evacuation services in the Mission might not be identified and timely addressed. In addition, the United Nations was exposed to reputational risks for non-MINUSMA passengers who might be medically evacuated without waivers of indemnity.

(9) MINUSMA should: (a) consistently assess the performance of the Mission's medical evacuation system to improve efficiencies; (b) ensure proper coordination between the Medical and Aviation Sections in managing the search and rescue contract, as well as other components involved in the medical evacuation process; and (c) establish mechanisms to verify that waiver forms are signed by non-United Nations passengers that are medically evacuated by the Mission.

MINUSMA accepted recommendation 9 and stated that there was room for improvement of the medical evacuation system, which was hampered by resource constraints, the security situation and size of the country. The Medical Section and concerned units would ensure proper coordination in the medical evacuation process. Recommendation 9 remains open pending receipt of evidence that the Medical Section has implemented a mechanism to assess and improve the performance of the Mission's evacuation system.

Mass casualty planning procedures needed to be established

54. The Medical Support Manual requires the CMO to prepare the medical component of the mass casualty incident plan, and conduct regular rehearsals of the plan to ensure readiness to deal with mass casualty situations.

55. The Medical Section had not finalized the medical component of the mass casualty incident plan and as a result was not conducting the required rehearsals to test the effectiveness of the plan. This was because the Mission's mass casualty incident plan had not been developed by the Security Section and there was no basis for conducting rehearsals of the plan. Considering the highly volatile security environment in Mali, there was a high risk that the Mission would not be able to effectively respond to a mass casualty incident.

(10) MINUSMA should finalize the mass casualty incident plan and establish procedures for conducting regular exercises to ensure its effectiveness.

MINUSMA accepted recommendation 10 and stated that it would establish procedures for conducting regular exercises to ensure the effectiveness of the Mission's mass casualty incident plan. Recommendation 10 remains open pending receipt of a copy of the Mission's mass casualty incident plan and evidence of its implementation.

On-call duty procedures needed to be strengthened

56. The Medical Support Manual stipulates that emergency medical care should be available to all Mission staff after business hours.

57. The Medical Section had arrangements in place to ensure medical personnel could be reached after business hours in the event of emergencies. This includes weekly broadcasts of the names and telephone numbers of the doctor, nurse, emergency coordinator and security officer that are on-call duty. At other Mission locations, because of the staffing limitations, the medical personnel are required to be on-call practically at all times. The following issues were noted:

- OIOS made five surprise phone calls to the various duty officers that were on-call in Bamako at 4 a.m. on select dates and received responses in approximately one minute of the call in four cases. However, one emergency responder could not be reached on the main number and the alternate number provided was also switched off. The individual later returned the call one hour and thirty minutes later. A similar lack of responsiveness was noted in the case of a medical emergency that occurred in July 2017 where a distress call was not responded to because the duty officer forgot his duty telephone in his office. This incident resulted in an investigation by the Security Investigation Unit;

- There were logistical challenges in ensuring prompt emergency response to staff at Gao where the staff were located at two different sites. This was because the doctor stayed at one location and the nurse stayed at the other and neither of them were assigned a vehicle to ensure prompt emergency response and movement between both sites. Also, the ambulance assigned to the clinic was not being used as there was no ambulance driver at the location; and

- There were two on-call ambulance drivers in Bamako but neither was required to be on the premises during their on-call hours. In the event of an emergency, they were responsible for transporting themselves to the Mission's premises to pick up the ambulance to respond to the emergency.

58. The above occurred because of inadequate oversight by the CMO and there were no periodic independent checks on the effectiveness of on-call medical responses to staff. The CMO indicated that delayed response by the duty officer in Bamako to the OIOS test call was due to problems with the mobile network system in the country. There was a risk that the Medical Section would not be able to effectively respond to emergencies that occur after regular business hours.

(11) MINUSMA should review, conduct and document periodic tests of on-call procedures to respond to medical emergencies after regular business hours.

MINUSMA accepted recommendation 11 and stated that the Medical Section had already established a mechanism for periodic tests of on-call procedures and that it had engaged a contractor to assist with the implementation of the Mission's emergency plan and ambulance coverage. Recommendation 11 remains open pending receipt of evidence that the Medical Section has implemented adequate oversight of the Mission's on-call procedures.

IV. ACKNOWLEDGEMENT

59. OIOS wishes to express its appreciation to the management and staff of MINUSMA 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

ANNEX I

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

Rec. no.	Recommendation	Critical[1]/ Important[2]	C/ O[3]	Actions needed to close recommendation	Implementation date[4]
1	MINUSMA should develop and implement a comprehensive medical support plan through the review of the structure, composition and deployment of medical facilities and staff and consideration of the optimal and cost-effective use of the Mission's medical assets to serve both civilian and uniformed personnel, in coordination with DFS.	Important	O	Receipt of evidence of the establishment and implementation of a comprehensive medical support plan.	31 July 2019
2	MINUSMA should establish and implement a medical performance framework for assessing the quality of care provided by the United Nations-owned and contingent-owned medical facilities and contracted hospitals; survey the staff; and conduct regular inspections of the quality of the Mission's medical services.	Important	O	Receipt of evidence of the establishment and implementation of the United Nations medical performance framework.	31 July 2019
3	MINUSMA should conduct the required due diligence exercise of the contracted Level II hospital in Bamako to ensure all post-Ebola concerns have been addressed.	Important	O	Receipt of evidence of the completion of a due diligence exercise on the contracted Level II hospital in Bamako.	31 July 2018
4	MINUSMA should monitor the implementation of recommendations of technical assessment missions conducted by the Medical Support Section in DFS.	Important	O	Receipt of evidence of the establishment of a mechanism to track implementation of recommendations of technical assessment missions.	1 June 2018
5	MINUSMA should conduct periodic inspections of waste management practices at the United Nations-owned and contingent-owned medical facilities.	Important	O	Receipt of evidence of periodic inspections of waste management practices at medical facilities.	1 June 2018

[1] Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.
[2] Important recommendations address important (but not critical or pervasive) deficiencies in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.
[3] C = closed, O = open
[4] Date provided by MINUSMA in response to recommendations.

ANNEX I

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

Rec. no.	Recommendation	Critical[1]/ Important[2]	C/ O[3]	Actions needed to close recommendation	Implementation date[4]
6	MINUSMA should provide Mission medical facilities with adequate drugs inventory management system and train medical staff on the handling and storage of drugs.	Important	O	Receipt of evidence of the use of Umoja to manage inventory of drugs and training of medical staff.	1 June 2018
7	MINUSMA should take steps to ensure blood donations by contingent-owned medical facilities to local hospitals are properly controlled and authorized by the Chief Medical Officer and Director of Mission Support.	Important	O	Receipt of evidence of approval of all blood donations.	31 July 2018
8	MINUSMA should implement a formal maintenance programme for its medical equipment including the safety tests and detailed record of usage.	Important	O	Receipt of evidence of implementation of the Mission's medical equipment maintenance programme.	1 September 2018
9	MINUSMA should: (a) consistently assess the performance of the Mission's medical evacuation system to improve efficiencies; (b) ensure proper coordination between the Medical and Aviation Sections in managing the search and rescue contract, as well as other components involved in the medical evacuation process; and (c) establish mechanisms to verify that waiver forms are signed by non-United Nations passengers that are medically evacuated by the Mission.	Important	O	Receipt of evidence of implementation of a mechanism to assess and improve the performance of the Mission's evacuation system.	30 October 2018
10	MINUSMA should finalize the mass casualty incident plan and establish procedures for conducting regular exercises to ensure its effectiveness.	Important	O	Receipt of a copy of the Mission's mass casualty incident plan and evidence of its implementation.	31 July 2018
11	MINUSMA should review, conduct and document periodic tests of on-call procedures to respond to medical emergencies after regular business hours.	Important	O	Receipt of evidence that the Medical Section has implemented adequate oversight of the Mission's on-call procedures.	31 August 2018

APPENDIX I

Management Response

UNITED NATIONS
United Nations Multidimensional
Integrated Stabilization Mission
in Mali

MINUSMA

NATIONS UNIES
Mission multidimensionnelle intégrée
des Nations Unies pour la stabilisation
au Mali

FACSIMILE

Date: 10 April 2018 **Reference: MINUSMA/ODMS/2018/159**

TO: Mr. Arnold Valdez OIC,Peacekeeping Audit Service Internal Audit Division,OIOS	**FROM** : Michael Mulinge Kitivi Director of Mission Support
FAX NO:	**Email Transmission: Minusma-Mars@un.org**

SUBJECT: Draft report on audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali (Assignment No:AP2017/641/12)

Total number of transmitted pages including this page: **6**

1. Reference is made to your IAD-17/641-12 dated 23 March 2018.
2. Please find attached MINUSMA's response to the findings and recommendations that OIOS considered important in the report.
3. We have taken note of the mentioned areas and are determined to take the necessary actions to improve the efficiency and effectiveness of MINUSMA operations.
4. The Mission's comments on OIOS's recommendations are attached herewith.

Thank you and best regards.

Drafted by: Boniface Mailu	**Authorized by:** John Rodopoulos, SAO

APPENDIX I

Management Response

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	MINUSMA should develop and implement a comprehensive medical support plan through the review of the structure, composition and deployment of medical facilities and staff and consideration of the optimal and cost-effective use of the Mission's medical assets to serve both civilian and uniformed personnel, in coordination with the Department of Field Support.	Important	Yes	Chief Medical Officer (CMO) and Mission Support Division (MSD)	1st July 2018	The drafting of the compressive plan started and the draft will be ready for review by mid-May. Mission Support Division (MSD) and Mission Support Services (MSS) inputs expected to be completed by mid-June and the plan signed by 1st July 2018. Meanwhile, MSD is sourcing for extra-budgetary financing to conduct MINUSMA-wide health risk assessment (HRA) that will be incorporated in the Support plan. This is expected in early 2019.
2	MINUSMA should establish and implement a medical performance framework for assessing the quality of care provided by the United Nations-owned and contingent-owned medical facilities and contracted hospitals; survey the staff; and conduct regular inspections of the quality of the Mission's medical services.	Important	Yes	Medical Services Division (MSD) UNHQ	A standard UN performance assessment framework is being developed at MSD UNHQ and is expected to be ready by end 2018	The UN has no standard performance framework for assessing quality of services provided to peacekeepers. Medical services division is currently establishing a medical performance framework for assessing the quality of care provided by United Nations-owned and contingent-owned medical facilities and contracted hospitals. Member States are being consulted on the new standards, which will become the new standard for compliance by the end of 2018. Thereafter, Chief Medical Officers (CMOs) and Force Medical Officers (FMOs) will be trained in

[1] Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.
[2] Important recommendations address important (but not critical or pervasive) deficiencies in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

APPENDIX I

Management Response

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
						this new initiative assessment. Therefore, implementation by missions will be dependent on the rollout of these standards by MSD. Meanwhile MINUSMA will continue with regular visits and inspections of medical facilities within and outside the mission and appropriate documentations submitted and filed. The schedule is as follows • Level III hospital Dakar will be assessed by 1st June 2018 • Contracted Level II hospital in Bamako by 1st July • Level II TCC hospitals by 1st September 2018 The first online client satisfaction survey is currently active and this will be repeated on a periodic basis.
3	MINUSMA should conduct the required due diligence exercise of the contracted Level II hospital in Bamako to ensure all post-Ebola concerns have been addressed	Important	Yes	Chief Medical Officer	31st July 2018	A new solicitation for level II hospital service provider is ongoing and is expected to be completed by 31 July 2018. If the current vendor qualifies, a thorough qualitative review will be conducted by 1st July 2018. If not, it will be unnecessary to conduct this.
4	MINUSMA should monitor the implementation of recommendations of technical assessment missions conducted by the Medical Support Section in the Department of Field Support.	Important	Yes	Chief Medical Officer and Force Medical Officer	1st June 2018	The implementation of some of the recommendations such as incident analysis is being monitored and a framework will be put in place to ensure full implementation. This is an ongoing process and the first report will be submitted by 1st June 2018.

APPENDIX I

Management Response

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
5	MINUSMA should conduct periodic inspections of waste management practices at the United Nations-owned and contingent-owned medical facilities	Important	Yes	Chief Medical Officer Force Medical Officer Facilities Management Unit (FMU)	1st June 2018	There is a waste management contract in MINUSMA under the Engineering Facilities Management Unit (FMU). Medical Services Section participated fully in its establishment. All medical waste is sorted, classified, packed, weighed and handed over to MINUSMA contractor for safe disposal by incineration. A mechanism is already in place and the Medical unit is working closely with FMU to ensure compliance to the contract and environmental protection. The first monthly reports will be submitted starting 1st June 2018.
6	MINUSMA should provide Mission medical facilities with adequate drugs inventory management system and train medical staff on the handling and storage of drugs.	Important	Yes	Chief Medical Officer	1st June 2018	The deployment of supply chain management to Umoja will address the inventory issue but only at UNOE L1 clinics level. COE clinics and hospitals may have independent inventory systems which cannot be managed by Medical Services Section. However SOP on the management of drugs in Mission's medical facilities has already been distributed to all the medical facilities in the mission to address usage and storage concerns. Reminders will be sent every 6 months to address the gaps that may be created by rotations of the contingents. The first report will be provided by 1st June 2018
7	MINUSMA should take steps to ensure blood donations by contingent-owned medical facilities to local hospitals are	Important	Yes	Chief Medical Officer and Force Medical Officer	31st July 2018	Measures have already been put in place as an approved Standard Operating Procedure on blood utilization in the mission has already been distributed to all

APPENDIX I

Management Response

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
	properly controlled and authorized by the Chief Medical Officer and Director of Mission Support.					L2 medical facilities that receive UN blood in the mission and regular follow-ups will be conducted to promote better compliance. Monthly utilization reports will be monitored
8	MINUSMA should implement a formal maintenance programme for its medical equipment including the safety tests and detailed record of usage.	Important	Yes	Chief Medical Officer	Full Mission-wide cycle will be completed by 1st Sept 2018	A maintenance programme for all medical equipment in the clinics is already in place and safety tests and record keeping will be further strengthened with the recent hiring of a biomedical technician to the mission. Bamako clinic schedules are completed and the regional schedule will start in May and completed by 1st September 2018
9	MINUSMA should: (a) consistently assess the performance of the Mission's medical evacuation system to improve efficiencies; (b) ensure proper coordination between the Medical and Aviation Sections in managing the search and rescue contract, as well as other components involved in the medical evaluation process; and (c) establish mechanisms to verify that waiver forms are signed by non-United Nations passengers that are medically evacuated by the Mission.	Important	Yes	Chief Medical Officer, Joined Operation Centre MOVCON	30th October 2018	(a).While Medical Services and other stakeholders have significantly improved, the efficiency of medical evacuation system; there is room for improvement especially in the area of allocating more resources such as Night Vision Goggles (NVG) and military aircrafts in view of the prevailing security situation and the huge geographical size of Mali, factors that are a major challenges and big constraint on available resources. (b).The Medical section, Joint Operation Centre and the Aviation will work in together to ensure there is proper coordination in the medical evaluation process.

APPENDIX I

Management Response

Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in Mali

Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
10	MINUSMA should finalize the mass casualty incident plan and establish procedures for conducting regular exercises to ensure its effectiveness.	Important	Yes	Chief Medical Officer and Others	31st July 2018	Measures are already in place as work is in progress to establish procedures for conducting regular exercises and to ensure effectiveness. It will be completed and tested by July 2018.
11	MINUSMA should review, conduct and document periodic tests of on-call procedures to respond to medical emergencies after regular business hours.	Important	Yes	Chief Medical Officer	31st August 2018	Mechanisms for periodic tests of on-call procedures after business hours are already established. Alternate emergency numbers are also broadcast on a weekly basis to ensure maximum coverage. A commercial vendor has been enrolled in the emergency response and ambulance coverage.

United Nations Nations Unies

INTEROFFICE MEMORANDUM MEMORANDUM INTERIEUR

TO: Mr. Arnold Valdez, Officer-in-Charge, Peacekeeping Audit Service, DATE 2 April 2018
A: Office of Internal Oversight Services

THROUGH: Christian Saunders, Assistant Secretary-General, OCSS and
S/C DE: Officer-in-Charge, Office of the Under-Secretary-General for Management

FROM: Mario Baez, Chief, Policy and Oversight Coordination Service
DE: Office of the Under-Secretary-General for Management

SUBJECT: **Draft report on an audit of medical services in the United Nations Multidimensional**
OBJET: **Integrated Stabilization Mission in Mali (AP2017/641/12))**

1. We refer to your memorandum dated 23 March 2018 regarding the above-subject draft report and provide you with the below comments from the Department of Management (DM).

Recommendation 1

MINUSMA should develop and implement a comprehensive medical support plan through the review of the structure, composition and deployment of medical facilities and staff and consideration of the optimal and cost-effective use of the Mission's medical assets to serve both civilian and uniformed personnel, in coordination with the Department of Field Support.

2. The Medical Services Division (MSD) of the Department of Management has requested extrabudgetary funding in response to the Cruz report to conduct a Health Risk Assessment in MINUSMA and assist the Medical Section of MINUSMA to develop a more comprehensive and appropriate medical support plan, one which would be based on the health risks of the duty station and serve the needs of both military and civilian components of the mission.

Recommendation 2

MINUSMA should establish and implement a medical performance framework for assessing the quality of care provided by the United Nations-owned and contingent-owned medical facilities and contracted hospitals; survey the staff; and conduct regular inspections of the quality of the Mission's medical services.

3. MSD is establishing a medical performance framework for assessing the quality of care provided by United Nations-owned and contingent-owned medical facilities and contracted hospitals. Member States are being consulted on these new standards, which will become the new standard for compliance by the end of 2018. Chief Medical Officers (CMOs) and Force Medical Officers (FMOs) will be trained in this assessment methodology. Since this is a new initiative being led by MSD, implementation by missions will be dependent on the roll-out of these standards by MSD.

4. Thank you for giving us the opportunity to provide comments on the draft report.