



INTERNAL AUDIT DIVISION

AUDIT REPORT 2013/114

Audit of medical services in the United Nations Assistance Mission in Afghanistan

Overall results relating to effective management of medical services in the United Nations Assistance Mission in Afghanistan were partially satisfactory. Implementation of three important recommendations remains in progress

FINAL OVERALL RATING: PARTIALLY SATISFACTORY

5 December 2013

Assignment No. AP2013/630/06

CONTENTS

	<i>Page</i>
I. BACKGROUND	1
II. OBJECTIVE AND SCOPE	1-2
III. AUDIT RESULTS	2-4
A. Risk management and strategic planning	2-3
B. Regulatory framework	4-5
IV. ACKNOWLEDGEMENT	5
ANNEX I Status of audit recommendations	
APPENDIX I Management response	

AUDIT REPORT

Audit of medical services in the United Nations Assistance Mission in Afghanistan

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Assistance Mission in Afghanistan (UNAMA).
2. In accordance with its mandate, OIOS provides assurance and advice on the adequacy and effectiveness of the United Nations internal control system, the primary objectives of which are to ensure: (a) efficient and effective operations; (b) accurate financial and operational reporting; (c) safeguarding of assets; and (d) compliance with mandates, regulations and rules.
3. The UNAMA Medical Section was established to provide integrated health-care services and medical support to UNAMA staff, including emergency evacuations. The UNAMA medical facilities included a Level I clinic and nine satellite clinics in Kabul and its regional offices.
4. The Medical Section was headed by a Chief Medical Officer at the P-4 level, who reported to the Chief of Administrative Services. The approved staffing in 2013 was 21 posts, which included two international staff, six United Nations volunteers and 13 national staff. The budget for medical services including staff costs was \$1.59 million and \$1.53 million for 2012 and 2013 respectively.
5. Comments provided by UNAMA are incorporated in italics.

II. OBJECTIVE AND SCOPE

6. The audit was conducted to assess the adequacy and effectiveness of UNAMA governance, risk management and control processes in providing reasonable assurance regarding the **effective management of medical services in UNAMA**.
7. The audit was included in the 2013 OIOS risk-based work plan due to the operational, safety and health-related risks associated with ineffective medical services in the Mission.
8. The key controls tested for the audit were: (a) risk management and strategic planning; and (b) regulatory framework. For the purpose of this audit, OIOS defined these key controls as follows:
 - (a) **Risk management and strategic planning** - controls that provide reasonable assurance that risks relating to the management of medical services are identified and assessed, and that action is taken to mitigate or anticipate risks.
 - (b) **Regulatory framework** - controls that provide reasonable assurance that policies and procedures: (i) exist to guide the management of medical services; (ii) are implemented consistently; and (iii) ensure reliability and integrity of financial and operational information.
9. The key controls were assessed for the control objectives shown in Table 1.

10. OIOS conducted the audit from June to September 2013. The audit covered the period from 1 January 2012 to 31 March 2013.

11. OIOS conducted an activity-level risk assessment to identify and assess specific risk exposures, and to confirm the relevance of the selected key controls in mitigating associated risks. Through interviews, analytical reviews and tests of controls, OIOS assessed the existence and adequacy of internal controls and conducted necessary tests to determine their effectiveness.

III. AUDIT RESULTS

12. The UNAMA governance, risk management and control processes examined were partially satisfactory in providing reasonable assurance regarding the **effective management of medical services in UNAMA**. OIOS made three recommendations to address the issues identified. Adequate medical facilities were available to UNAMA personnel, and arrangements were established with hospitals outside of the country for staff that required higher level medical care. UNAMA implemented preventive medical practices, provided adequate training opportunities to medical staff and prepared and tested its contingency and mass casualty plans in Kabul; but these had not been tested in field locations. UNAMA also needed to: (a) update its medical standard operating procedures; and (b) ensure proper disposal of medical waste and expired drugs and medicines.

13. The initial overall rating was based on the assessment of key controls presented in Table 1 below. The final overall rating is **partially satisfactory** as implementation of three important recommendations remains in progress.

Table 1: Assessment of key controls

Business objective	Key controls	Control objectives			
		Efficient and effective operations	Accurate financial and operational reporting	Safeguarding of assets	Compliance with mandates, regulations and rules
Effective management of medical services in UNAMA	(a) Risk management and strategic planning	Partially satisfactory	Partially satisfactory	Partially satisfactory	Partially satisfactory
	(b) Regulatory framework	Partially satisfactory	Partially satisfactory	Partially satisfactory	Partially satisfactory
FINAL OVERALL RATING: PARTIALLY SATISFACTORY					

A. Risk management and strategic planning

Adequate medical services were available to Mission staff

14. The United Nations Medical Support Manual required missions to ensure that staff had access to adequate medical facilities and emergency medical treatment.

15. UNAMA had a Letter of Agreement with the International Security Assistance Force for the provision of higher level and emergency medical services, and staff members that required specialized medical care were referred to facilities located in nearby countries. During the audit period, UNAMA had successfully dealt with 30 medical evacuations of personnel. The UNAMA Medical Section had also

visited 24 regional and provincial medical facilities to assess their capabilities to provide medical care after the planned withdrawal of the International Security Assistance Force in 2014. OIOS concluded that UNAMA personnel had adequate access to medical facilities as required.

Adequate preventive medical measures were in place

16. The Medical Support Manual identified preventive medicine as an important aspect of medical support to reduce man days lost, morbidity rates and treatment cost.

17. UNAMA had implemented preventive medical measures, including provision of training and awareness sessions to new staff. There was also a focal person for HIV/AIDS. UNAMA had 18 HIV/AIDS awareness campaigns attended by staff based in Kabul, and plans were underway to roll out these campaigns to field offices. Additionally, in 2012, annual health outreach programmes were conducted in 11 UNAMA locations to collect baseline information on the prevalence of health related issues. At the time of the audit, the 2013 programme was ongoing in six locations. Overall, OIOS concluded that UNAMA had implemented adequate preventive medical measures and programmes for staff.

Contingency and mass casualty plans were prepared but needed to be tested in field offices

18. The Medical Support Manual required all medical units to prepare contingency and mass casualty plans and align them with the mission's operational and security plans.

19. UNAMA prepared contingency and mass casualty plans. Three exercises were conducted to test the plans in Kabul between 1 January 2012 and 30 April 2013, and post exercise evaluations indicated that the Medical Unit was fully prepared to respond to an emergency. However, medical emergency drills were not scheduled to test the adequacy and effectiveness of contingency and mass casualty plans for field offices. These exercises had not been done as field medical staff had not been trained on dealing with multiple casualties. However, as the training was conducted in July 2013, UNAMA needed to schedule drills to test field office plans' effectiveness to ensure that staff involved was aware of their responsibilities. OIOS understood that the scheduling of such exercises was dependent on the security situation. However, the lack of testing of contingency and casualty plans may impact the Mission's ability to effectively respond to medical emergencies.

(1) UNAMA should conduct medical emergency drills at all its locations to ensure adequacy and effectiveness of the contingency and mass casualty plans.

UNAMA accepted recommendation 1 and stated that it would conduct follow up medical emergency drills at all offices by June 2014. In addition, the United Nations Medical Emergency Response Team conducted a week-long multiple casualty incidence management training in June 2013. UNAMA stated that emergency drills would be conducted at least twice yearly countrywide and such exercises would be included in the revised medical work plan. Recommendation 1 remains open pending receipt of evidence that medical emergency drills have been conducted in all UNAMA field offices.

B. Regulatory framework

The medical standard operating procedures were not regularly updated

20. The Medical Support Manual required medical standard operating procedures to be prepared and regularly reviewed to ensure effective management of medical operations.

21. UNAMA had these standard operating procedures; however, the Medical Section and the Mission's structure had changed since these were developed in February 2009. UNAMA therefore needed to revise its current procedures to ensure that they provided up-to-date and current guidance to staff. For example: (a) locations and contact numbers of medical units and focal points to be contacted in an emergency were not current; and (b) UNAMA was not applying the same procedures for the referral of staff to higher level medical facilities as outlined in the procedures.

(2) UNAMA should review and update its standard operating procedures in line with the current condition of the Mission.

UNAMA accepted recommendation 2 and stated that the standard operating procedures had been updated and awaiting signature by the Chief of Mission Support. Recommendation 2 remains open pending receipt of a copy of the approved standard operating procedures.

Procedures and facilities for disposal of medical waste were not adequate

22. The Medical Support Manual required establishment of procedures for the proper disposal and destruction of medical waste and expired medical products, according to internationally accepted procedures.

23. UNAMA had not implemented adequate procedures to ensure the safe disposal of medical waste. For example: (a) medical waste in Kandahar and Mazar-e-Sherrif were co-mingled with non-medical waste prior to handing it over to the solid waste disposal contractors; and (b) medical waste in Kabul was stored in a room until it was handed over to the Disposal Unit in the Property Management Section for incineration. Additionally, UNAMA did not ensure that contractors disposed of medical waste in accordance with the Government's required procedures and the terms of their contracts with UNAMA.

24. UNAMA did not have the capacity to dispose of expired medicines. This resulted in the temporary storage in containers of all expired medical products, exposing these products to the risk of being stolen and inappropriately used. No recommendation was made, as UNAMA was in the process of hiring a vendor to assist in the disposal of expired medical products.

(3) UNAMA should implement procedures to ensure that medical waste including expired medical products is disposed of in accordance with the United Nations' and internationally accepted guidelines.

UNAMA accepted recommendation 3 and stated that the unserviceable incinerator had been repaired, and approved by the manufacturer for the disposal of medical waste. Small scale disposal of medical waste was ongoing in accordance with accepted medical guidelines, which met the Mission's waste disposal requirement. The existing medical waste would be disposed of by 31 January 2014. Recommendation 3 remains open pending receipt of evidence that the existing medical waste has been adequately dealt with.

Training opportunities were available to medical personnel

25. The Medical Support Manual required medical sections to ensure that medical personnel remained current in medical knowledge and attended continuing medical education programmes.

26. Annual budget proposals for the UNAMA Medical Section included training for medical personnel. UNAMA also demonstrated that they had provided training to its medical personnel and ensured that all personnel attended mandatory training. Based on the information provided, OIOS concluded that UNAMA implemented adequate opportunities to train its medical staff

IV. ACKNOWLEDGEMENT

27. OIOS wishes to express its appreciation to the Management and staff of UNAMA for the assistance and cooperation extended to the auditors during this assignment.

(Signed) David Kanja
Assistant Secretary-General for Internal Oversight Services

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Assistance Mission in Afghanistan

Recom. no.	Recommendation	Critical ¹ / Important ²	C/ O ³	Actions needed to close recommendation	Implementation date ⁴
1	UNAMA should conduct medical emergency drills at all its locations to ensure adequacy and effectiveness of the contingency and mass casualty plans.	Important	O	Receipt of evidence that medical emergency drills have been conducted in all UNAMA field offices.	30 June 2014
2	UNAMA should review and update its standard operating procedures in line with the current condition of the Mission.	Important	O	Receipt of a copy of the updated standard operating procedures.	30 November 2013
3	UNAMA should implement procedures to ensure that medical waste including expired medical products is disposed of in accordance with the United	Important	O	Audit verification that adequate mechanisms for the disposal of medical waste were implemented.	31 January 2014

¹ Critical recommendations address significant and/or pervasive deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance cannot be provided regarding the achievement of control and/or business objectives under review.

² Important recommendations address important deficiencies or weaknesses in governance, risk management or internal 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 UNAMA

APPENDIX I

Management Response

Management Response

Audit of medical services in the United Nations Assistance Mission in Afghanistan

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNAMA should conduct medical emergency drills at all its locations to ensure adequacy and effectiveness of the contingency and mass casualty plans.	Important	Yes	Chief Medical Officer	June 30 2014 – and ongoing thereafter.	UNAMA will conduct follow up medical emergency drills simulating multiple casualty incidence at all offices by June 2014. Medical emergency drills have already been conducted in Kabul in coordination with UNAMA security, United Nations Department of Safety and Security, UNAMA Medical & International Security Assistance Force. In addition UN Medical Emergency Response Team assisted with a week-long Multiple Casualty Incidence Management Training workshop in June 2013. The Medical team is prepared at all times to take part at short notice in any full scale mass causality incident drill which is initiated and planned by United Nations Country Team/ Security, but should nevertheless be conducted at least twice yearly countrywide. The Chief Medical Officer will include in revised medical work plan.
2	UNAMA should review and update its standard operating procedures in line with the current condition of the Mission and the revised United Nations Medical Support Manual.	Important	Yes	Chief Medical Officer	November 30 2013	Standard operating procedures are updated and at the Chief of Mission Support' signature stage.
3	UNAMA should implement procedures to ensure that	Important	Yes	Deputy Chief Medical	January 31 2014.	At the time of audit, the mission's incinerator was unserviceable but has since been repaired

¹ Critical recommendations address significant and/or pervasive deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance cannot be provided regarding the achievement of control and/or business objectives under review.

² Important recommendations address important deficiencies or weaknesses in governance, risk management or internal control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

Management Response

Audit of medical services in the United Nations Assistance Mission in Afghanistan

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
	medical waste including expired medical products is disposed of in accordance with the United Nations' and internationally accepted guidelines.			Officer Environment Officer		and reported to the audit team. It has been approved by the incinerator manufacturer for the disposal of medical waste. Small scale disposal of medical waste is now ongoing in accordance with accepted medical guidelines. This meets UNAMA waste disposal requirements and the existing medical waste will be disposed of by January 31 2014.
4	UNAMA should implement a training plan for its Medical Section and provide professional education opportunities to all medical personnel to enhance their professional knowledge and skills.	Important	No	Chief Medical Officer	31 October 2013 - and ongoing thereafter	Recommended basic training is carried out in mission by REMOTE Medical Solutions International (RMSI) e.g. Basic Life Support, Advance Cardiac Life Support, Advance Airway Management, and Hostile Environment Emergency Response. At the time of the audit, eight out of the missions fifteen Doctors had received two year certification and a further seven received the training in October 2013. Training is also provided to UNAMA Medical Staff once a year by American Heart Association accredited trainers. There is no requirement for Doctor recertification once the Doctorate is obtained but there are number of on-line medical updates/journals available to all Doctors. In addition UNAMA Doctors share knowledge/best practices with each other on a regular basis. As previously indicated all mandatory training is provided as required. <u>UNAMA requests that this recommendation be closed.</u>