



## **INTERNAL AUDIT DIVISION**

### **REPORT 2018/096**

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#### **Audit of medical services at the United Nations Office at Geneva**

**There is need to strengthen arrangements  
for processing sick leave and medical  
evacuations**

**16 October 2018  
Assignment No. AE2018/310/01**

# **Audit of medical services at the United Nations Office at Geneva**

## **EXECUTIVE SUMMARY**

The Office of Internal Oversight Services (OIOS) conducted an audit of medical services at the United Nations Office at Geneva (UNOG). The objective of the audit was to assess the adequacy and effectiveness of arrangements put in place for the provision and management of medical services at UNOG. The audit covered the period from 1 January 2016 to 30 April 2018 and included a review of risk areas including: (a) management of clinical services; (b) medical administrative services; and (c) operational and general administration issues.

Arrangements were in place for planning and implementing health promotion and preventive programmes. Surveys were regularly conducted to assess client satisfaction with clinical and other medical services. Also, there were adequate arrangements for medical clearance of staff travelling on official assignments and for billing the clients. However, controls relating to processing sick leave and medical evacuations needed to be strengthened.

OIOS made five recommendations. To address issues identified in the audit, UNOG needed to:

- Ensure that medical evacuation cases are properly reviewed and documented; and consult with the Medical Services Division at Headquarters to clarify its authority to approve medical evacuation cases beyond 45 days;
- Finalize and implement a return-to-work policy for staff returning from extended sick leave;
- Strengthen the arrangements for processing and monitoring rejected sick leave;
- Ensure that all rejected and pre-approved certified sick leave since 1 November 2015 is correctly processed in Umoja; and
- In collaboration with the Medical Services Division at Headquarters, ensure that the migration of all data that can be technically transferred from the current system (Yasmin) to the new system (Earthmed) is completed.

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

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# Audit of medical services at the United Nations Office at Geneva

## I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services at the United Nations Office at Geneva (UNOG).
2. The UNOG Medical Services Section (MSS) evolved from what was initially the Joint Medical Service (JMS) which, until 2004, was under the supervision of the World Health Organization (WHO). JMS was formed in 1968 and served almost all United Nations agencies based in Geneva. MSS, as currently constituted, was set up at UNOG in 2004. The Director of Medical Services Division at United Nations Headquarters (MSD) visited Geneva in February 2004 and advised UNOG on how to set up MSS. At the time, MSS was only conducting periodic medical examination of staff and medical clearances. To this list of activities, MSD recommended the addition of a walk-in clinic and wellness programmes.
3. Currently, MSS provides its services to 11 entities of the United Nations Secretariat based in Geneva and 29 non-secretariat entities as shown in Table 1. The services provided include clinical activities, consultations, medical examinations and preventive measures. In addition, MSS advises management on medico-administrative matters and acts as medical advisor to various committees including Pension, Compensation, and Staff Health Insurance Committees. MSS served approximately 11,493 staff of whom 4,932 were registered in Umoja.

**Table 1: List of MSS clients**

United Nations Secretariat entities	UNOG, ECE, OCHA (including field presence), UNISDR, (including field presence) OHCHR (including field presence), OIOS, UNCTAD (including field presence), ODA, JIU, ECA (liaison office), UNEP
Other entities	UNITAR, UNRISD, UNJSPF, GPAFI, MEC, UNIDIR, FICSA, UNCC, ACWL, UNICEF, UNDP, UNOPS, UNFPA, UNRWA (liaison office), UNIDO (liaison office), ITC, UNCCD, UNFCCC, UNV, UNSSC, BIE, ITU, WIPO, WMO, IAEA (liaison office), FAO (liaison office), WFP (liaison office), UNFPA, CEB

4. MSS had 12 posts as follows: one P-5 (Chief of Section), two P-4s and eight General Service level staff. There was also one P-4 temporary post. The Chief of Section reports to the Chief of the Human Resource Management Service (HRMS) who reports to the Director of the Division of Administration. MSS expenditure for 2016 and 2017 was \$2.4 million and \$2.5 million respectively and the budget for 2018 was \$2.4 million.
5. Comments provided by UNOG are incorporated in italics.

## II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

6. The objective of the audit was to assess the adequacy and effectiveness of arrangements put in place for the provision and management of medical services at UNOG.
7. This audit was included in the 2018 risk-based work plan of OIOS due to the risk that potential weaknesses in provision of medical services could adversely affect the operations of UNOG and other clients served by MSS, and the wellness of staff.

8. OIOS conducted this audit from May to July 2018. The audit covered the period from 1 January 2016 to 30 April 2018. Based on an activity-level risk assessment, the audit covered risk areas in the management of medical services at UNOG, including: (a) management of clinical services; (b) medical administrative services; and (c) operational and general administration issues.

9. The audit methodology included: (a) interviews with key personnel; (b) reviews of relevant documentation; (c) analytical review of data; (d) physical observation; and (e) sample testing.

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

### **III. AUDIT RESULTS**

#### **A. Management of clinical services**

##### Surveys were regularly conducted to assess client satisfaction with clinical and other medical services

11. MSS provided clinical services which included a walk-in clinic, medical care and consultation by telephone. Between 2016 and 2018, there were 7,644 consultations with nurses, and 4,609 consultations with medical doctors. MSS measured its performance in the provision of clinical and other services using a key performance indicator (KPI): “Improved level of satisfaction expressed by staff regarding services provided”. To measure this KPI, MSS used surveys. In 2016, 87 per cent of MSS clients expressed satisfaction with the services MSS provided. MSS aimed to achieve the same percentage in 2017, but the actual satisfaction rate achieved was marginally lower at 83 per cent. The survey for 2017 and analysis of the results had just been completed at the time of the audit. The surveys were done as part of the overall survey for UNOG administrative services. MSD stated that in 2018 it had rolled out a validated client satisfaction questionnaire which offices such as MSS could adopt to their own needs. The validated questionnaire is an instrument that has been psychometrically tested for reliability (the ability of the instrument to produce consistent results) and validity. The use of the validated questionnaire in future surveys was expected to provide more comprehensive feedback on the services provided.

##### Health promotion and preventive programmes were adequately planned and implemented

12. As stipulated in the UNOG budget document for 2018-2019, MSS is responsible for organizing and delivering health awareness and wellness programmes. MSS undertook various health promotion and preventative activities as outlined in Table 2.

**Table 2: Health promotion and preventive activities: 2016-2018**

<b>Staff health monitoring activity</b>	<b>No. of participants</b>
Vaccination	3,355
Prostate detection	607
Thyroid detection	307
Immunity checks for hepatitis A	186
Immunity checks for hepatitis B	108
Malaria detection	20
Blood group checks	271
Mental health consultations	637

13. Prostate and thyroid detection, immunity checks for Hepatitis A and B, blood group checks and influenza vaccinations were carried out at the request of and financed by the United Nations Staff Mutual Insurance Society, while MSS carried out vaccinations related to official travel, conducted laboratory tests for malaria detection and performed other activities based on risk assessment. Within the period 2016-2018, MSS also organized health promotion and health education programmes in which 3,000 staff members participated. Through various tests and questionnaires, participating staff found out important information about their health and the actions they could put in place to safeguard it. In 2017, MSS came up with a three-year plan for health promotion activities. Topics of focus were identified three months in advance, while in 2018 and 2019, they were scheduled to be identified six months in advance.

14. Further, UNOG had taken several initiatives to safeguard the mental well-being of staff. In particular, the UNOG Working Group on Staff Well-being was launched in August 2016. It acts as an advisory body to support and advise the UNOG Director-General on the well-being of staff and conditions of work directly impacting staff well-being. The Working Group is responsible for identifying, discussing and addressing systemic issues of staff well-being in an informal setting with a view to raising awareness in general, and proposing measures to improve staff welfare. In addition, between 2016 and 2018, UNOG medical and security personnel carried out a Major Incident Medical Management and Support (MIMMS) training course which included a series of simulation exercises. The training was carried out in collaboration and cooperation with the Host Country including the police, fire brigade, public health, technical and civil protection participants.

15. Based on the above, OIOS concluded that there were adequate arrangements for planning and implementing health promotion and preventive programmes at UNOG.

## **B. Medical administrative services**

### Controls were in place for medical clearance of staff in line with established requirements

16. According to ST/AI/2018/4 on medical clearances, the purpose of medical clearance is to ensure that staff are physically and mentally fit to perform their designated functions without risk to the safety and health of themselves or others, considering their health status, the job demands, and the health risks and health support available at the location in which they are to serve. In addition, medical clearance for official travel is required when either the nature of the travel or the conditions at the destination, including the unavailability of adequate medical facilities, present health risks to staff members. The United Nations Medical Director establishes in which cases medical clearance for travel must be obtained and under what conditions it will be granted. At UNOG, medical clearances were undertaken annually for all security officers, manual workers and drivers. For the rest of staff members, the needs for medical clearances were determined by MSS on a case by case basis. Likewise, MSS also determined circumstances in which medical clearance for travel was required. For staff members going to destinations within Europe where medical facilities at the staff member's disposal were not significantly different from those available in Geneva, medical clearances were not deemed essential, and were thus not being conducted. Staff going to these destinations therefore got automatic medical clearances. For all other travel, adequate arrangements were in place for medical clearance ahead of staff travel. OIOS therefore concluded that there were adequate arrangements for medical clearance of staff in accordance with established requirements.

### Need to strengthen the review of medical evacuations

17. According to ST/AI/2000/10 on medical evacuations, staff and eligible family members may be evacuated in case of an acute illness or injury at United Nations expense for the purpose of securing essential medical care or treatment which cannot be secured locally because of inadequate medical facilities. The

decision to evacuate shall be taken upon the recommendation of the United Nations medical officer responsible for the provision of medical services to the department or office concerned. For medical evacuations expected to exceed 45 days, or for any extension of medical evacuations beyond 45 days, authorization must be obtained from the United Nations Medical Director. The administrative instruction outlines the supporting documentation that should be maintained for each medical evacuation case which includes: the medical evacuation form completed by the examining physician (MS 39 form); a complete medical report by the attending physician at the place of evacuation; and any supporting documents and justifications for medical evacuation in excess of 45 days.

18. MSS provided a list of 56 cases of medical evacuation which were approved from 1 January 2016 to 30 April 2018. OIOS sampled 24 out of the 56 cases for review to determine whether they were adequately supported as required, and that the rationale for decisions made were clearly documented. The sample of 24 cases related to seven staff members and/or their family members. Of the 24 medical evacuation cases sampled, 5 cases were for a duration of more than 45 days, according to the records in Umoja. As the medical information related to these cases was deemed confidential from a medical perspective, OIOS requested MSD to provide an independent review of the medical evacuation records for the 24 sampled cases.

19. OIOS' review showed that 6 out of the 24 medical evacuation cases sampled were not supported with adequate documentation. For example, in one case, a report supporting the request was just a Word document without signature or stamp, and there were no medical reports in Earthmed. In another case relating to a staff member who had several medical evacuations, it was unclear as to why medical evacuation was required to conduct laboratory tests, electrocardiography, stress tests and echocardiography which could have been done at the staff member's duty station. It was not evident that MSS had checked whether alternatives to addressing non-life-threatening medical evacuation had been explored. MSS explained that all decisions on medical evacuations were based on medical reports and completed MS-39 forms but not all documentation may have been recorded or attached in Earthmed because they had been in a transition from their old database Yasmin to Earthmed since the beginning of 2016.

20. Also, MSS approved medical evacuations above 45 days but it did not have clearly documented authority for approving such cases. According to MSS, MSD had informally confirmed by telephone that MSS had the authority to approve medical evacuations above 45 days. However, MSD indicated that cases exceeding 45 days should be submitted to Headquarters for approval as required by ST/AI/2000/10. MSS needs to clarify and formalize the delegation of authority, if any, to avoid uncertainties.

**(1) The UNOG Medical Services Section should: (a) ensure that medical evacuation cases are properly reviewed and documented; and (b) consult with the Medical Services Division at Headquarters to clarify its authority to approve medical evacuation cases beyond 45 days.**

*UNOG accepted recommendation 1 and stated that it will create a checklist to ensure consistency and completeness of documentation for each medical evacuation case. The medical evacuation template in Earthmed will be systematically used. The need to refer evacuation cases beyond 45 days to MSD for approval will be clarified. Recommendation 1 remains open pending receipt of evidence that: (a) a checklist has been established and is being used to ensure consistency and completeness of documentation for each medical evacuation case; and (b) the delegation of authority for approving medical evacuation beyond 45 days has been clarified.*

#### Need for a return-to-work policy after extended sick leave

21. The roles and responsibilities of all the parties involved in managing staff members' return to work after extended leave including the staff member, MSS, the Staff Counsellor's office, the staff member's

supervisor and the human resources office need to be clearly stipulated. Further, to effectively manage individual staff members' return to work, it is essential to have a return-to-work plan indicating the provisional date of return to work; any reasonable accommodation sought to help the staff member get back to work; and details of how the return to work would be monitored and reviewed. According to best practices from other organizations, "reasonable accommodation" means necessary and appropriate measures to enable a staff member to be able to optimize performance during the transition back to work and could include: (a) exceptional additional telecommuting beyond the two-days per week stipulated by ST/SGB/2003/4 on Flexible Working Arrangements; (b) return to work part-time; (c) change in the office environment such as change of office, ergonomics and adjustments of the workstations; (d) a phased return through modified working hours; (e) redistribution of certain tasks/responsibilities or modification of the work schedule and tasks; (f) light duties, which may involve limiting or exceptionally excusing a staff member from performing certain tasks; (g) modification to duty travel; and (h) exceptionally, a reassignment within the organization, if viable.

22. UNOG had drafted a local return-to-work policy and was in the process of finalizing it at the time of the audit. Currently, on a case-by-case basis, the Staff Counsellor's office, MSS and HRMS coordinated with staff supervisors, where appropriate, to facilitate the return-to-work or to adjust the working conditions of the staff concerned. Staff returning from extended sick leave were required to see United Nations medical doctors to determine whether they were fit to return to work. However, discussions with client organizations of MSS showed that there was lack of clarity with regard to roles and responsibilities of all parties concerned with the management of a staff member's return-to-work after extended sick leave. In some cases, arrangements of reasonable accommodation were not clearly communicated to supervisors, which created room for potential misunderstandings and inadequate management of the staff member's return to work. Given the magnitude of the cross-functional effort needed to effectively manage staff members return to work from extended sick leave, it is important for UNOG to finalize and promulgate the return-to-work policy as soon as possible.

**(2) UNOG should finalize and implement a return-to-work policy for staff returning from extended sick leave.**

*UNOG accepted recommendation 2 and stated that although there is no official return-to-work policy in place at the United Nations Secretariat level, guidelines developed by HRMS at UNOG will be finalized and promulgated by 31 December 2018. Currently, guidance and support to managers was being provided on a case-by-case basis. Recommendation 2 remains open pending receipt of evidence that the return-to-work policy has been finalized and promulgated.*

Need to strengthen the arrangements for processing rejected sick leave

23. The approval of certified sick leave lies with Human Resource Partners (HR Partners) or MSS depending on the number of days taken during the leave cycle (1 April of one year to 31 March of the following year). According to ST/AI/2005/3 on sick leave, after 20 working days of certified sick leave, certification of further sick leave by the Medical Director or designated medical officer is required. Requests for certified sick leave (with the exception of cases of extended sick leave) are expected to be submitted by staff members through Umoja Employee Self-Service (ESS) module. When a staff member has used more than 20 certified sick leave days, the request is automatically routed to MSS, where the Earthmed system used by MSS for approval interlinks with Umoja.

24. Sometimes MSS rejected the certified sick leave requests due to deficiencies in the supporting documentation provided or late submission of the requests. When a request for certified sick leave was rejected, the staff member was expected to submit additional documents or justifications, based on which MSS could subsequently approve the sick leave in Earthmed (pre-approve) or still reject it. Sick leave that



remains rejected should be replaced by other type of leave (annual leave, uncertified sick leave, or special leave without pay as may be applicable). There were approximately 4,800, rejected certified sick leave requests from 1 November 2015 (when Umoja was launched) to April 2018. OIOS reviewed 120 rejected certified sick leave requests and noted 10 instances (8 per cent) in which the rejected leave had not been replaced with other type of leave in Umoja. Table 3 shows a sample of rejected leave in which there was no evidence that the rejected leave had been replaced by other type of leave.

25. OIOS also noted that when MSS approved a previously rejected certified sick leave request in Earthmed (pre-approved sick leave), Umoja records were not automatically updated to reflect the absence relating to the sick leave (similar to what happens when certified sick leave is approved the first time it is submitted). The update of individual staff member's records in Umoja needed to be done separately but this was not always done in a timely manner. OIOS review of 86 of the 859 pre-approved certified sick leave from 1 November 2015 to 30 April 2018 showed that there were significant delays in approving previously rejected sick leave and updating Umoja records. In approximately 12 per cent of the cases, Umoja records had not yet been updated to reflect the approved certified sick leave at the time of the audit. Table 4 shows a sample of leave pre-approved in Earthmed but still shown in Umoja as rejected.

**Table 3: Examples of leave rejected but not replaced by annual, uncertified or unpaid leave**

Office	Leave started from	Leave ended on	Leave rejected on	No. of leave days unaccounted for
UNOG	03-02-2016	21-03-2016	19-04-2017	34
UNOG	01-02-2016	31-03-2016	23-04-2017	42
OHCHR	19-04-2016	06-06-2016	22-04-2017	34
UNOG	25-10-2017	22-12-2017	30-11-2017	43
UNOG	26-01-2017	26-01-2018	31-01-2018	23
UNCTAD	09-01-2017	10-02-2017	21-04-2017	25
OCHA	30-01-2017	17-02-2017	21-02-2017	15
OCHA	18-01-2017	10-04-2017	07-12-2017	59
OHCHR	04-04-2017	26-05-2017	05-07-2017	36

**Table 4: Examples of leave pre-approved in Earthmed but still shows as rejected in Umoja**

Office	Leave started from	Leave ended on	Leave pre-approved on	No. of leave days affected
OHCHR	13-09-2016	25-09-2016	04-07-2017	43
UNOG	07-06-2017	18-07-2017	24-07-2017	42
OHCHR	11-07-2016	02-08-2016	26-05-2017	23
UNOG	10-07-2017	20-07-2017	10-10-2017	11
UNOG	15-12-2016	27-01-2017	01-03-2018	44
UNOG	07-03-2018	04-05-2018	07-03-2018	59
OCHA	02-11-2015	30-11-2015	11-05-2017	29
UNOG	13-11-2017	17-12-2017	22-12-2017	35
OCHA	21-05-2016	05-06-2016	03-05-2017	16
UNOG	17-07-2017	14-08-2017	07-08-2017	14

26. Failure to update Umoja records after a certified sick leave request is approved or to replace rejected sick leave with other types of leave leads to incorrect (overstated) leave balances in Umoja. This could lead to staff exceeding their sick leave or annual leave entitlements. Although the staff member, her/his supervisor and HR Partners were automatically notified when certified sick leave was rejected, the automatic message did not clearly indicate the actions the staff member and supervisor were required to take. Staff members were also required to verify at the end of each month whether the leave balances

reflected in Umoja were accurate, but they did not do this consistently, as evidenced by the delays in updating Umoja records noted above. UNOG needs to ensure that staff and supervisors are clearly informed of their obligations in addressing rejected sick leave and updating Umoja records in a timely manner.

27. Further, since staff may deliberately or inadvertently fail to address discrepancies in their leave records, HRMS needs to regularly monitor to ensure that rejected certified sick leave requests are addressed in a timely manner. HRMS had developed guidelines for time administrators in the context of the End of Cycle Time and Attendance Audit in April 2017. The guidelines stated that HRMS would provide the time administrators with a list of certified sick leave requests that had been rejected by MSS to facilitate the processing of the absence in Umoja. However, the guidelines had not been fully implemented. HRMS said it proved difficult to come up with a final list of rejected certified sick leave. According to MSD, when previously rejected sick leave is subsequently approved, Earthmed transfers the data to Umoja interface tables. However, HRMS staff reported that the data on the interface tables was not complete as it did not include pre-approved sick leave as recorded in Earthmed. The data available had to be reconciled, cross-checked and cleaned in order to provide a meaningful picture of rejected sick leave for which action remained to be taken. HRMS indicated that attempts to reconcile data from these tables had proven very time-consuming. Identification of rejected certified sick leave for the 2017-2018 cycle was ongoing at the time of the audit. HRMS needs to request MSD to ensure that it gets access to or is regularly provided with relevant information to enable monitoring, reconciliations and follow up of rejected sick leave, in particular sick leave that was pre-approved in Earthmed.

**(3) UNOG should strengthen the arrangements for processing and monitoring rejected sick leave by: (a) reminding staff, supervisors and time administrators on their obligation to ensure timely processing of rejected sick leave; and (b) in cooperation with the Medical Services Division and the Umoja team, ensuring that the Human Resources Management Service has access to or is regularly provided with information on rejected and pre-approved sick leave to enable effective monitoring of rejected sick leave.**

*UNOG accepted recommendation 3 and stated that: (a) instructions have already been issued on several occasions for staff, supervisors and timekeepers. HRMS will issue a broadcast message to remind staff, supervisors and timekeepers regarding their obligation to ensure timely processing of sick leave; (b) HRMS has raised the issue of the fragmented system and processes and the need to address gaps in the management of sick leave with the Office of Human Resources Management (OHRM). HRMS has expressed its readiness to participate in a joint exercise involving MSD and OHRM to re-engineer and streamline the process. Recommendation 3 remains open pending receipt of evidence that: (a) clear instructions have been issued reminding staff, supervisors and time administrators of the actions they need to take to ensure timely processing of rejected sick leave; and (b) arrangements have been put in place for HRMS to have access to information on rejected and pre-approved sick leave.*

**(4) UNOG should ensure that all rejected and pre-approved certified sick leave since 1 November 2015 is correctly processed in Umoja by: (a) reconciling all the data of pre-approved certified sick leave in Earthmed with records in Umoja and ensuring that all records of staff are up-to-date in Umoja; and (b) with the cooperation of time administrators, ensuring that each rejected sick leave is replaced with other types of leave.**

*UNOG accepted recommendation 4 and stated that HRMS undertakes to take appropriate action by the end of March 2019, with the assistance of MSS and time administrators from UNOG and client departments. It will seek OHRM guidance in drawing relevant Umoja reports if necessary. Recommendation 4 remains open pending receipt of evidence that the reconciliation of rejected sick*

leave data is complete and action has been taken to ensure that all rejected and pre-approved sick leave since 1 November 2015 is correctly processed in Umoja.

### C. Operational and general administration issues

#### Relationship with clients were formalized and billing arrangements were satisfactory

28. The relationship between MSS and its clients were governed by Memorandum of Understanding agreements (MOUs) between UNOG and the clients. In 2017, UNOG changed the billing methodology for medical services to charge medical services based on a fixed fee per staff member of an organization, instead of per use of medical services, and to bill clients every quarter instead of biannually. OIOS noted that the MOUs for 26 out of 27 clients had already been updated to reflect the new billing arrangements. The new billing methodology was more efficient with regard to the calculation of the bills and the anticipated income was more predictable. In 2017, the fees collected were \$2.6 million. OIOS verified that the amount collected was fully utilized for MSS activities.

#### Gaps in transfer of data from the Yasmin to Earthmed systems need to be addressed

29. MSS transferred data from the Yasmin system – an in-house system developed in 2007 – to the Earthmed system used globally by the United Nations Secretariat and agencies. MSS provided a total of three data extracts to the Earthmed IT team from June 2015 to June 2018. However, not all relevant data had been migrated into Earthmed. At the time of the audit, only data pertaining to consultations and vaccinations had been migrated. Data pertaining to sick leave, medical evacuations and medical clearances had not been migrated. MSD informed OIOS that data on medical classification, dates and diagnosis pertaining to sick leave, and medical evacuation (diagnosis and locations) could be migrated to Earthmed, whereas results of laboratory tests would not, as it was not technically possible to do so. MSS indicated that it was working on instructions for MSD to locate the data on medical evacuation within the database extracts already provided. MSS and MSD need to collaborate to ensure that the migration of all relevant data that can be technically transferred to Earthmed is completed to enhance the usefulness of Earthmed.

**(5) UNOG should, in collaboration with the Medical Services Division at Headquarters, ensure that the migration of all data that can be technically transferred from Yasmin to Earthmed is completed.**

*UNOG accepted recommendation 5 and stated that the data and methodology of data identification in the extracts MSS had sent to MSD had been agreed upon. MSD acknowledged difficulties in uploading complete data to Earthmed. MSS stands ready to provide any clarification to MSD on identification of data. Timelines and actions for completion are to be established within MSD subject to available resources. Recommendation 5 remains open pending receipt of evidence that all relevant data that can be migrated to Earthmed has been migrated from the Yasmin system.*

### IV. ACKNOWLEDGEMENT

30. OIOS wishes to express its appreciation to the management and staff of UNOG 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 at the United Nations Office at Geneva

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	The UNOG Medical Services Section should: (a) ensure that medical evacuation cases are properly reviewed and documented; and (b) consult with the Medical Services Division at Headquarters to clarify its authority to approve medical evacuation cases beyond 45 days.	Important	O	Receipt of evidence that: (a) a checklist has been established and is being used to ensure consistency and completeness of documentation for each medical evacuation case; and (b) the delegation of authority for approving medical evacuation beyond 45 days has been clarified	31 December 2018
2	UNOG should finalize and implement a return-to-work policy for staff returning from extended sick leave.	Important	O	Receipt of evidence that the return-to-work policy has been finalized and promulgated.	31 December 2018
3	UNOG should strengthen the arrangements for processing and monitoring rejected sick leave by: (a) reminding staff, supervisors and time administrators on their obligation to ensure timely processing of rejected sick leave; and (b) in cooperation with the Medical Services Division and the Umoja team, ensuring that the Human Resources Management Service has access to or is regularly provided with information on rejected and pre-approved sick leave to enable effective monitoring of rejected sick leave.	Important	O	Receipt of evidence that: (a) clear instructions have been issued reminding staff, supervisors and time administrators of the actions they need to take to ensure timely processing of rejected sick leave; and (b) arrangements have been put in place for HRMS to have access to information on rejected and pre-approved sick leave.	31 December 2018
4	UNOG should ensure that all rejected and pre-approved certified sick leave since 1 November 2015 is correctly processed in Umoja by: (a) reconciling all the data of pre-approved certified sick leave in Earthmed with records in Umoja and ensuring that all records of staff are up-to-date in Umoja; and (b) with the cooperation of time	Important	O	Receipt of evidence that the reconciliation of rejected sick leave data is complete and action has been taken to ensure that all rejected and pre-approved sick leave since 1 November 2015 is correctly processed in Umoja.	31 March 2019

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> C = closed, O = open

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

## STATUS OF AUDIT RECOMMENDATIONS

## Audit of medical services at the United Nations Office at Geneva

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>
	administrators, ensuring that each rejected sick leave is replaced with other types of leave.				
5	UNOG should, in collaboration with the Medical Services Division at Headquarters, ensure that the migration of all data that can be technically transferred from Yasmin to Earthmed is completed.	Important	O	Receipt of evidence that all relevant data that can be migrated to Earthmed has been migrated from the Yasmin system.	31 October 2019

# **APPENDIX I**

## **Management Response**

Office des Nations Unies à Genève  United Nations Office in Geneva


MEMORANDUM INTERIEUR

INTEROFFICE MEMORANDUM

TO: Mr. Gurpur Kumar  
A: Deputy Director  
Internal Audit Division, OIOS

DATE: 12 October 2018

REF.

FROM: Clemens M. Adams   
DE: Director  
Division of Administration, UNOG

SUBJECT: **Confidential: OIOS-2018-01783 Draft report on an audit of medical services at**  
OBJET: **the United Nations Office at Geneva (Assignment No. AE2018/310/01)**

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1. UNOG acknowledges receipt of your memorandum of 25 September 2018 transmitting the draft report of the above-mentioned audit.
2. We take note of the overall comments of the audit and the recommendations made to UNOG.
3. Please find attached Appendix 1 duly completed, including the action plan with target dates and title of individual responsible for implementing the recommendations.

cc. Ms. Nataliya Myronenko, Chief, Human Resources Management Service, UNOG  
Dr. Jillann Farmer, Director, Medical Services Division, UNHQ  
Dr. Pascal Achard, Chief, Medical Services Section, UNOG  
Ms. Sophie Veaudour, Chief, Financial Resources Management Service, UNOG  
Mr. Hugues Noumbissie, Focal Point, Division of Administration, UNOG  
Ms. Annabelle Borg, Staff Counsellor, UNOG  
Ms. Cynthia Avena-Castillo, Professional Practices Section, Internal Audit Division, OIOS

## Management Response

## Audit of medical services at the United Nations Office at Geneva

Rec. no.	Recommendation	Critical/ Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	The UNOG Medical Services Section should: (a) ensure that medical evacuation cases are properly reviewed and documented; and (b) consult with the Medical Services Division at Headquarters to clarify its authority to approve medical evacuation cases beyond 45 days.	Important	YES	Chief, MSS, HRMS, UNOG	31 December 2018	a) UNOG MSS will create a check-list to ensure consistency and completeness of documentation for each medical evacuation case. The medical evacuation template in Earthmed will be systematically used. b) The need to refer medical evacuation cases beyond 45 days to MSD for approval will be clarified.
2	UNOG should finalize and implement a return-to-work policy for staff returning from extended sick leave.	Important	YES	Chief, HRMS, UNOG	31 December 2018	Although there is no official return-to-work policy in place at the UN Secretariat-level, guidelines developed by UNOG HRMS are being finalized and will be promulgated by 31.12.2018. Currently, guidance and support to managers is provided on a case-by-case basis.
3	UNOG should strengthen the arrangements for processing and monitoring rejected sick leave by: (a) reminding staff, supervisors and time administrators on their obligation to ensure timely processing of rejected sick leave; and (b) in cooperation with the Medical Services Division and the Umoja team, ensuring that the Human Resources Management Service has access to or is regularly provided with information on rejected and pre-approved sick leave to enable effective monitoring of rejected sick leave.	Important	YES	Chief, HRMS, UNOG	a) Broadcast to be issued by 31 December 2018 b) Request MSD to provide monthly (automated) report on rejected and pre-approved sick leave in order to reconcile with Umoja time and attendance records.	a) Instructions have already been issued on several occasions for staff, supervisors and timekeepers. HRMS will issue a Broadcast message to remind staff, supervisors and timekeepers regarding their obligation to ensure timely processing of sick leave. b) UNOG HRMS has raised the issue of fragmented system and processes and need to address gaps in the management of sick leave with OHRM. UNOG HRMS reported that when previously

<sup>1</sup> 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.

<sup>2</sup> 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.



## Management Response

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Rec. no.	Recommendation	Critical <sup>1</sup> / Important <sup>2</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
						rejected sick leave is subsequently approved in Earthmed and transferred to Umoja, the Umoja interface tables did not reflect this information and data needed to be manually reconciled, cross-checked and cleansed. UNOG HRMS has expressed its readiness to participate in joint exercise involving MSD and OHRM to re-engineer and streamline process.
4	UNOG should ensure that all rejected and pre-approved certified sick leave since 1 November 2015 is correctly processed in Umoja by: (a) reconciling all the data of pre-approved certified sick leave in Earthmed with records in Umoja and ensuring that all records of staff are up-to-date in Umoja; and (b) with the cooperation of time administrators, ensuring that each rejected sick leave is replaced with other types of leave.	Important	YES	Chief, HRMS, UNOG	31 March 2019	UNOG/HR undertakes to take appropriate action by end of March 2019, with the assistance of MSS and Time Administrators from UNOG and client-departments. UNOG will seek OHRM guidance in drawing relevant Umoja reports if necessary.
5	UNOG should, in collaboration with the Medical Services Division at Headquarters, ensure that the migration of all data that can be technically transferred from Yasmin to Earthmed is completed.	Important	YES	Earthmed/Medical Services Division, UNHQ and Chief, MSS, UNOG	The timeline to upload data to Earthmed shall be established by MSD and subject to available resources within MSD.	The data and the methodology of data identification in the extracts already sent has been agreed upon. UNOG MSS stands ready to provide any clarifications to MSD on identification of data that may be required. MSD acknowledged difficulties in uploading complete data to Earthmed. Timelines and actions to upload data to be established within MSD subject to available resources.