



## INTERNAL AUDIT DIVISION

### REPORT 2018/061

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#### Audit of the Medical Support Section in the Department of Field Support

While the Medical Support Section delivered its overall mandate, improvement was needed in staff planning, automating data collection and analysis, and work plan implementation monitoring

18 June 2018

Assignment No. AP2017/615/06

# **Audit of the Medical Support Section in the Department of Field Support**

## **EXECUTIVE SUMMARY**

The Office of Internal Oversight Services (OIOS) conducted an audit of the Medical Support Section (MSS) in the Department of Field Support (DFS). The objective of the audit was to assess the adequacy and effectiveness of control processes in MSS to support the provision of medical services in peace operations in the field. The audit covered the period from 1 July 2015 to 30 June 2017 and included reviews of medical policies and guidelines; coordination with the Medical Services Division (MSD); monitoring the delivery of medical services in the field; management of medical logistics; and management of the MSS.

MSS contributed to the revision of the Medical Support Manual for United Nations Field Missions and was adequately managing medical systems contracts. However, improvement was needed in planning staffing arrangements, automating data collection and analysis, and monitoring the implementation of MSS annual work plans.

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

- Establish a timeline to complete the development of the MSS Reporting Tool and mandate missions to use it consistently;
- Review and address unsatisfactory responses from client satisfaction surveys relating to the delivery of medical services in field missions;
- Clarify MSS roles and responsibilities for verifying, certifying and processing of medical claims submitted by troop and police contributing countries and adjust the Manual, if necessary;
- Review MSS staffing to determine the appropriate balance between civilian staff and seconded military personnel;
- Timely initiate and complete the recruitment process in MSS; and
- Periodically monitor the implementation of MSS annual work plan.

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

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# **Audit of the Medical Support Section in the Department of Field Support**

## **I. BACKGROUND**

1. The Office of Internal Oversight Services (OIOS) conducted an audit of the Medical Support Section (MSS) in the Department of Field Support (DFS).
2. MSS is a specialized section within the Strategic Support Service of the Logistics Support Division (LSD) in DFS. MSS is responsible for facilitating medical operational and logistical activities in United Nations peacekeeping operations (PKOs) and special political missions (SPMs). The Secretary-General's bulletin on the organization of DFS (ST/SGB/2010/2) describes the core functions of MSS as: (i) ensuring the health and well-being of members of field operations through medical planning, coordination, execution and monitoring; (ii) developing operational medical policies, doctrine and guidelines in collaboration with the Office of Human Resources Management (OHRM); (iii) overseeing the maintenance of medical support for field operations; (iv) making on-site assessments of host nation and regional medical facilities; (v) advising on immunization and disease prophylaxis; and (vi) managing systems contracts for medical material.
3. Additional responsibilities of MSS are defined in the Medical Support Manual for United Nations Field Missions (the Manual) and include: (a) medical logistics<sup>1</sup>; (b) provision and review of training, in conjunction with the Medical Services Division (MSD) in OHRM; and (c) medical intelligence and health information management.
4. MSS comprises seven posts: one Chief at the P-5 level, four officers at the P-4 level, one officer at the P-3 level and one assistant at the G-5 level. Of these four professional posts, including the Chief of Section, are earmarked for personnel on secondment from Member States' militaries. MSS is organized into three units: Office of the Chief (two posts), Medical Planning Unit (three posts) and Medical Logistics Unit (two posts).
5. MSD is responsible for setting medical policy and standards for the United Nations.
6. Comments provided by DFS are incorporated in italics.

## **II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY**

7. The objective of the audit was to assess the adequacy and effectiveness of control processes in MSS to support the provision of medical services in peace operations in the field.
8. This audit was included in the 2017 risk-based work plan of OIOS due to the risk that inadequate medical logistics support to peace operations could expose personnel to life and health risks.
9. OIOS conducted this audit from June 2017 to February 2018. The audit covered the period from 1 July 2015 to 30 June 2017. Based on an activity-level risk assessment, the audit covered higher and medium

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<sup>1</sup> This includes review of missions' budgets and finances for medical goods and services, management of medical strategic deployment stock in conjunction with the Global Service Centre in Brindisi, acting as the United Nations Headquarters requisitioning office for all Headquarters solicitations for medical goods and services for peace operations, verification, certification and processing of medical-related claims by troop and police contributing countries (except for death and disability claims) and vendor claims for Headquarters-made purchases and provision of technical clearance for local procurement of medical products and services.

risk areas in the MSS control processes, which included: (a) formulation and periodic review of medical policies; (b) effectiveness of coordination with MSD; (c) adequacy of monitoring the delivery of medical services in the field; (d) efficiency and effectiveness of medical logistics; and (e) effective management of MSS.

10. The audit methodology included: (a) interviews of key personnel, (b) reviews of relevant documentation, (c) analytical reviews of data, and (d) sample testing of controls designed to collect and analyze medical information from the field.

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

### **III. AUDIT RESULTS**

#### **A. Medical policies and guidelines**

##### MSS contributed to the revision of the Medical Support Manual for United Nations Field Missions

12. The Secretary-General's bulletin on the organization of DFS (ST/SGB/2010/2) mandated inter alia that MSS develop, in collaboration with OHRM, operational medical policies, doctrine and guidelines.

13. MSS was the lead party of the Pilot Project on Military Medical Support Capability Development, which yielded the third revision of the Medical Support Manual for United Nations Field Missions in 2015. (Procedures related to civilian medical support are the responsibility of MSD). The objective of the Manual is to harmonize medical support work in all missions. The Chief, MSS is responsible for the distribution of the Manual and its triennial reviews and revisions. OIOS found the Manual to be comprehensive, providing a framework for establishing and managing military medical service units in peacekeeping missions.

##### MSS review existing operational procedures and guidelines

14. The MSS annual work plan for 2016/17 included the issuance and implementation of a generic standard operating procedure (SOP) on casualty evacuation. This SOP was expected to be completed in July 2017 and implemented thereafter. However, the SOP was still in draft stage at the time of the audit.

15. There were also 20 guidelines related to medical support in field missions that had not been updated for at least 10 years and there was no policy on the periodic review of such guidelines. The infrequent review of guidelines was attributed to MSS focusing its resources on more sensitive and higher priority issues. However, outdated guidelines that do not reflect advancements in medical and other technologies or changes in organizational structures had limited relevance.

16. MSS has since the end of audit fieldwork reviewed all the guidelines for relevance and applicability to the current operating environment and business processes, and supersedence by other guidelines and policies. The review resulted in the withdrawal of 17 guidelines, while 3 which were still considered to be relevant or in need of update, were assigned a lead developer based on the nature of the guideline. Based on the action taken by MSS, OIOS did not make a recommendation on this issue.

## **B. Coordination with the Medical Services Division**

Coordination between MSS and MSD could be further strengthened through formalized and periodic meetings

17. The Secretary-General's bulletins governing MSD and MSS as well as the Manual outlined their respective roles and responsibilities. The two entities are expected to coordinate their activities to foster effective medical support to peace operations.

18. MSS and MSD coordinated their work in areas such as: accreditation of medical personnel in the field and verification of their credentials, assessing capabilities of medical services in PKOs and SPMs and effectuating medical evacuations.

19. OIOS noted through interviews with key personnel, reviews of pertinent documents and results of a recent survey administered by DFS that there was mutual appreciation of the performance of the respective roles of MSS and MSD. The two entities cooperated and exchanged information on professional matters and resolved issues that arose.

## **C. Monitoring the delivery of medical services in the field**

Information collection methods on delivery of medical services in the field needed improvement

20. To monitor the health and well-being of members of field operations as well as oversee the maintenance of medical support for field operations, the Manual prescribes five reports that MSS should receive from missions. These are: Casualty Incident Report, Casualty Individual Report, Medical Facility Report, Medical Treatment Report per Capita, and Medical Treatment Report by Diagnosis. The reports are used to: (i) advise missions and troop contributing countries on epidemiology and prevalent diseases in the mission area; (ii) continuously assess medical coverage in missions; and (iii) present data on scale of issues, self-sustainment and contingent-owned equipment to Member State working groups. The information is also reported to the field medical directors' annual conference.

21. The reports are submitted by each mission to DFS monthly via fax. Since 2015, MSS also collected information from a monthly electronic report from 22 missions (all PKOs and several SPMs). The application supporting this report, the MSS Reporting Tool, was developed in-house and is being enhanced and refined progressively as and when resources are available. In the interim, missions are encouraged, but not yet mandated, to report using the MSS Reporting Tool.

22. OIOS noted from a sample of monthly reports that missions were not reporting on all five information types defined in the Manual, which compromised the quality of information available at Headquarters. Also, since the use of the MSS Reporting Tool was not mandatory, it was not used by all missions. Requiring missions to report electronically may contribute to standardization of reporting, which will in turn improve information and decision-making capabilities at Headquarters. However, DFS had not yet established a timeline for the completion of enhancements to the Tool.

**(1) DFS should establish a timeline for completion of the Medical Support Section Reporting Tool and require all missions to use it to submit monthly medical reports.**

*DFS accepted recommendation 1 and stated that discussions on completion of the MSS Reporting Tool had been revived and a target date for completion set. Recommendation 1 remains open*

pending notification of the completion and requirement for all missions to use the MSS Reporting Tool.

Results of client satisfaction survey data needed to be addressed

23. The fifth annual “Client Satisfaction” survey administered by DFS in 2017 covered a variety of services provided to field personnel, including medical services. The information was gathered from civilian staff, uniformed civilians and military personnel. The survey was well responded to (over 7,000 responses). The survey responses were analyzed and presented to the directors of DFS and those in missions and posted on a DFS intranet site.

24. The survey results flagged medical services as an area that required additional attention, mainly due to low availability of services, low quality of doctors and equipment, and language barriers with medical providers. Satisfaction levels of military personnel were higher than those of civilian staff.

25. MSS advised, however, that the survey results could not be considered as an expert evaluation of medical services, as they reflected perceptions more than facts. MSS further advised that in cases where the survey pointed at potentially serious medical matters, it would follow up with the Chief Medical Officer in the mission and/or the Director of Mission Support, as applicable. However, there was no record of any specific follow-up.

26. In OIOS’ view, although survey responses were not a professional assessment of medical services delivery, they nevertheless provided useful supplemental information to MSS and DFS. Therefore, MSS needed to make better use of the survey results, which were statistically valid, by further exploring causes for dissatisfaction and addressing them.

**(2) DFS should require the Medical Support Section to review and address unsatisfactory responses from client satisfaction surveys relating to the delivery of medical services in field missions.**

*DFS accepted recommendation 2 and stated that MSS would continue to address all medical support issues of dissatisfaction with mission focal points and refer clinical dissatisfaction issues to MSD. Recommendation 2 remains open pending receipt of evidence that unsatisfactory responses from the next DFS client satisfaction survey are addressed or referred to MSD.*

**D. Management of medical logistics**

Management of systems contracts was adequate

27. The delegation of procurement authority to DFS required approval of the Director, Procurement Division at Headquarters for procuring medical equipment and pharmaceutical products. MSS acts as the requisitioning office for all Headquarters solicitations for medical goods and services, which are managed as systems contracts. These include medical and dental equipment, drugs and blood products.

28. The systems contracts in effect during the audit period are listed in Table 1:

**Table 1: List of systems contracts for medical products and services in effect during the audit**

Product/Service	Contract values	
	€and \$ (in thousands)	Effective through
Equipment and medical consumables	€34,116 (\$40,760)	28 September 2018
Drugs	\$28,601	24 June 2018
	\$1,911	30 June 2018
Blood	€10,283 (\$12,286)	30 June 2018
Commercial medical services	\$9,457	17 March 2019
	\$14,673	16 June 2019
	\$5,442	17 March 2019
Cholera vaccine	€571 (\$682)	09 November 2019
Stand-by Medical Personnel	\$8/year each plus	17 March 2019
	variable cost per	16 June 2019
	deployment	17 March 2019

Note: Contract values are as per the contracts. Dollar equivalents are translated at the 31 December 2017 exchange rate of €0.837 to \$1.00

29. OIOS reviewed documentation related to the contracts for supply of blood, drugs and dental equipment, instruments and consumables, as well as the recent establishment of a standby medical personnel capacity. Documents reviewed included contracts, requests to extend contract duration, deliberations of the Headquarters Committee on Contracts and vendor performance appraisal records. OIOS also reviewed the annual MSS work plan for 2016/17 and 2017/18 to determine whether contract management activities were included and conducted.

30. MSS adequately managed the contracts and ensured that: (i) purchases remained within the maximum contract amount (or that the maximum amounts were adjusted as needed); (ii) contracts were renewed or rebid, as needed; (iii) contractors complied with contract provisions; and (iv) bids were properly evaluated for compliance with technical and other requirements. Issues relating to products or services that required special consideration were reviewed and addressed. For example, due to the short shelf-life of blood coupled with the requirement to ensure that there were adequate supplies available, a large portion of procured blood ended up being destroyed. Therefore, MSD and MSS developed in 2017 a new model for supply of blood that was aimed at reducing waste. Also, maintaining a cold chain for delivery of certain medical consumables (i.e., transporting supplies to their destination and their storage in a controlled temperature) remained challenging in some circumstances. MSS was aware of this and provided guidance to address the issue.

31. Based on its review, OIOS concluded that systems contracts for which MSS was responsible were managed adequately.

Verification, certification and processing of medical-related claims by troop and police contributing countries only partially comply with the Manual

32. The Manual assigned MSS the responsibility to verify, certify and process medical-related claims made by troop and police contributing countries. In practice, this function was carried out for the most part by missions in cooperation with another unit at DFS, while MSS only handled claims for exceptional matters, such as, the occasional comprehensive vaccine drive. This deviation from the Manual was not

reviewed and no appropriate updates to the Manual or other actions to ensure implementation of the current provisions of the Manual were made or taken.

**(3) DFS should clarify the specific roles and responsibilities of the Medical Support Section regarding verification, certification and processing of medical claims submitted by troop and police contributing countries and update the Medical Support Manual for United Nations Field Missions as necessary.**

*DFS accepted recommendation 3 and stated that it would examine the most effective way to clarify the specific roles and responsibilities regarding verification, certification and processing of medical claims. Recommendation 3 remains open pending receipt of the results and action taken.*

## **E. Management of the Medical Support Section**

Continuity and retention of institutional knowledge were challenged by heavy reliance on seconded personnel

33. The proposed budget for the support account for peacekeeping operations for 2017/18 maintained the level of approved posts at MSS at six professional and one general service staff. This number remained unchanged over the past several years.

34. Four of the six professional posts at MSS, including the Chief of the Section, were encumbered by seconded personnel. The typical duration of service by seconded personnel was two to three years. Potential benefits of this approach include fresh perspectives from incoming staff, wider geographical representation and availability of large arrays of military and police expertise. These benefits, however, may be offset by the challenges to continuity of strategies and operations, accumulation and retention of institutional knowledge and the learning-curve of newcomers. This can potentially be mitigated by maintaining a better-balanced ratio between the numbers of civilian and seconded personnel.

**(4) DFS should conduct a review of the staffing of the Medical Support Section aimed at determining the appropriate ratio between civilian staff and seconded personnel.**

*DFS accepted recommendation 4 and stated that it would continue to examine the feasibility of rebalancing the work force to meet core tasks. Recommendation 4 remains open pending the results of the review of MSS staffing requirements.*

MSS needed to enhance human resources planning to ensure availability of sufficient human capacity at MSS

35. Recruitment of staff for vacant positions should be conducted in an efficient and timely manner. Hiring managers are expected to initiate the recruitment process to replace retiring staff members 12 months before their anticipated retirement date.

36. One of the two professional posts that were encumbered by civilian staff became vacant in February 2016, and remained vacant as at November 2017. During 2017, two more professional posts became vacant upon the departure of seconded personnel. This left MSS professional capacity at half the approved level for several months in 2017. This was caused by inadequate planning of recruitment and resulted in non-achievement of certain planned activities, such as conclusion of the development and implementation of the MSS Reporting Tool and updating guidelines.

**(5) DFS should introduce measures to ensure timely initiation and completion of recruitment process in the Medical Support Section.**

*DFS accepted recommendation 5 and stated that timely initiation and completion of recruitment was a key management focus for the 2018/19 work plan. Recommendation 5 remains open pending notification of the measures introduced to ensure timely initiation and completion of the recruitment process in MSS.*

MSS developed annual work plans but their monitoring needed improvement

37. In accordance with the results-based budgeting method applicable at the United Nations, each budgeted entity is required to develop and implement annual work plans, which include goals, actions and success criteria.

38. OIOS reviewed the annual work plans of MSS for 2016/17 and 2017/18. OIOS noted that the MSS work plans were aligned with MSS mandates and the overall work plan of LSD. Additionally, MSS assigned thematic areas of responsibility to its staff and defined quantitative performance indicators for activities that lent themselves to such measurement. However, with one exception that showed the status of the work plan in December 2017, no evidence of periodic review to monitor progress in implementation of the work plans was provided to OIOS.

39. While MSS achieved some of the outputs indicated in its 2016/17 work plan, a more effective monitoring process would have shown gaps between available capacity and the ability to achieve planned deliverables, such as, completing the development of the MSS Reporting Tool (scheduled for March 2017) and fully integrating MSS within the integrated supply chain management of the Strategic Support Service.

**(6) DFS should introduce periodic monitoring of the implementation of the annual work plan of the Medical Support Section to assess progress and make timely adjustments as necessary.**

*DFS accepted recommendation 6 and stated that MSS would implement a monitoring and review schedule from 1 April 2018, for the 2018/19 workplan to assess progress and make timely adjustments as necessary. Recommendation 6 remains open pending receipt of evidence of monitoring of the MSS work plan for 2018/19.*

#### **IV. ACKNOWLEDGEMENT**

40. OIOS wishes to express its appreciation to the management and staff of DFS and MSD 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 the Medical Support Section in the Department of Field Support

Rec. no.	Recommendation	Critical <sup>2</sup> / Important <sup>3</sup>	C/ O <sup>4</sup>	Actions needed to close recommendation	Implementation date <sup>5</sup>
1	DFS should establish a timeline for completion of the Medical Support Section Reporting Tool and require all missions to use it to submit monthly medical reports.	Important	O	Notification of the completion and requirement for all missions to use the MSS Reporting Tool.	31 December 2019
2	DFS should require the Medical Support Section to review and address unsatisfactory responses from client satisfaction surveys relating to the delivery of medical services in field missions	Important	O	Provision of evidence that unsatisfactory responses from the next DFS client satisfaction survey are addressed or referred to MSD	30 June 2019
3	DFS should clarify the specific roles and responsibilities of the Medical Support Section regarding verification, certification and processing of medical claims submitted by troop and police contributing countries and update the Medical Support Manual for United Nations Field Missions as necessary	Important	O	Provision of the results of the review of the specific roles and responsibilities of MSS regarding verification, certification and processing of medical claims submitted by troop and police contributing countries, and action taken.	31 December 2019
4	DFS should conduct a review of the staffing of the Medical Support Section aimed at determining the appropriate ratio between civilian staff and seconded personnel	Important	O	Provision of the results of the review of MSS staffing requirements.	31 March 2019
5	DFS should introduce measures to ensure timely initiation and completion of the recruitment in the Medical Support Section.	Important	O	Provision of evidence of the measures introduced to ensure timely initiation and completion of the recruitment process in MSS.	30 June 2019
6	DFS should introduce periodic monitoring of the implementation of the annual work plan of the Medical Support Section to assess progress and make timely adjustments as necessary.	Important	O	Provision of evidence of monitoring of the MSS 2018/2019 workplan.	30 June 2019

<sup>2</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>3</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>4</sup> C = closed, O = open

<sup>5</sup> Date provided by DFS in response to recommendations.

# **APPENDIX I**

## **Management Response**



**UNCLASSIFIED**

**Immediate**

TO: Ms. Muriette Lawrence-Hume, Chief, New York Audit Service,  
A: Internal Audit Division  
OIOS

DATE: 7 June 2018

REFERENCE: 2018.UNHQ.AR-BOIMEMO.88702.3

FROM: Lisa Buttenheim, Assistant Secretary-General  
DE: for Field Support

A handwritten signature in blue ink, appearing to read 'L. Buttenheim', located to the right of the 'FROM' and 'DE' fields.

SUBJECT: **Draft report on an audit of the Medical Support Section in the Department of Field**  
OBJET: **Support (Assignment No. AP2017/615/06)**

1. I refer to your memorandum, dated 15 May 2018, regarding the above-mentioned audit. We note that OIOS has substantially taken our comments provided earlier into account. We have, however, updated Appendix I with additional comments as well as the individual responsible for the implementation of the recommendations and the deadline.
2. Thank you for the opportunity to comment on the draft report. We stand ready to provide any further information that may be required.

cc: Ms. Cynthia Avena-Castillo

## Management Response

## Audit of the Medical Support Section in the Department of Field Support

Rec. no.	Recommendation	Critical <sup>6</sup> / Important <sup>7</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	DFS should establish a timeline for completion of the Medical Support Section Reporting Tool and require all missions to use it to submit monthly medical reports.	Important	Yes	Director, LSD	Fourth Quarter of 2019	The Department of Field Support's (DFS') comments are reflected in the report.
2	DFS should require the Medical Support Section to review and address unsatisfactory responses from client satisfaction surveys relating to the delivery of medical services in field missions.	Important	Yes	Director, LSD	Second Quarter of 2019	DFS' comments are reflected in the report.
3	DFS should clarify the specific roles and responsibilities of the Medical Support Section regarding verification, certification and processing of medical claims submitted by troop and police contributing countries and update the Medical Support Manual for United Nations Field Missions as necessary.	Important	Yes	Director, LSD	Fourth Quarter of 2019	DFS' comments are reflected in the report.
4	DFS should conduct a review of the staffing of the Medical Support Section aimed at determining the appropriate ratio between civilian staff and seconded personnel.	Important	Yes	Director, LSD	First Quarter of 2019	DFS' comments are reflected in the report. Furthermore, the staffing tables will be updated based on the outcome of the General Assembly decisions on management reform.
5	DFS should introduce measures to ensure timely initiation and completion of the	Important	Yes	Director, LSD	Second Quarter of 2019	DFS' comments are reflected in the report.

<sup>6</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>7</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

Audit of the Medical Support Section in the Department of Field Support

Rec. no.	Recommendation	Critical <sup>6</sup> / Important <sup>7</sup>	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
	recruitment in the Medical Support Section.					
6	DFS should introduce periodic monitoring of the implementation of the annual work plan of the Medical Support Section to assess progress and make timely adjustments as necessary.	Important	Yes	Director, LSD	Second Quarter of 2019	DFS' comments are reflected in the report.