



INTERNAL AUDIT DIVISION

REPORT 2025/067

Audit of medical services in the United Nations Mission in the Republic of South Sudan

UNMISS needed to review the cost effectiveness of its medical support arrangements in Juba, implement key planned public health and mental well-being activities, and strengthen medical emergency preparedness

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Audit of medical services in the United Nations Mission in the Republic of South Sudan

EXECUTIVE SUMMARY

The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Mission in the Republic of South Sudan (UNMISS). The objective of the audit was to assess the efficiency and effectiveness of the delivery of medical services in UNMISS. The audit covered the period from 1 July 2023 to 30 June 2025 and included: medical support planning; public and mental health and well-being activities; medical logistics and inventory management; medical emergency capabilities; medical cost-recovery; and performance monitoring of medical facilities.

UNMISS has taken actions to improve its medical services including the development of draft medical support plan and initiating actions for mental health and well-being strategy. However, UNMISS needed to address gaps including the need to review the cost effectiveness of its medical support arrangements, more effective implementation of key planned public health and mental well-being activities and strengthening medical emergency preparedness.

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

- Revise and approve its Medical Support Plan to ensure it is aligned to the Medical Support Manual and seek guidance from the Division of Healthcare Management and Occupational Safety and Health on how to better implement modular medical support concept to assure optimal financial resources utilization.
- Strengthen the planning and implementation of Infectious Diseases and Public Health Unit activities, especially the quarterly health promotions campaign activities targeting all staff categories across all field offices.
- Periodically verify with all medical personnel that they hold valid certifications as required by the Medical Manual.
- Ensure that field offices conduct periodic Mass Casualty Incident Plans drills and systematically track the implementation of after-action recommendations to assure operational readiness.
- Raise the cases of undisclosed pre-existing medical conditions to the Division of Healthcare Management and Occupational Safety and Health to facilitate discussion and action on appropriate recovery of medical and repatriation costs from the concerned troop and police contributing countries in accordance with the Medical Support Manual.
- Ensure all medical facilities establish a transparent and credible system for obtaining patient feedback.

UNMISS accepted all recommendations and has initiated action to implement them. Actions required to close the recommendations are indicated in Annex I.

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Audit of medical services in the United Nations Mission in the Republic of South Sudan

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Mission in the Republic of South Sudan (UNMISS).
2. UNMISS Health Services Section (HSS) is responsible for providing a range of quality integrated health care services by promoting the physical, mental, and emotional well-being of Mission personnel comprising 19,101 military and police personnel, 2,453 civilian staff and 464 volunteers as part of the Organization's general duty of care. Medical services are provided in 59 medical facilities across the 10 field office locations, comprising of United Nations-owned facilities (2 Level I plus and 9 Level I clinics), and contingent-owned facilities (1 Level II plus, 4 Level II, 31 Level I facilities, and 12 Forward Medical Teams).
3. UNMISS also established regional contracts with hospitals in Uganda and Nairobi for the provision of Level III and IV medical support, and a "letter of assist" arrangement with the Government of Egypt for the provision of medical services. Between 1 July 2023 to 30 June 2025, UNMISS provided services to 149,321 outpatients and 4,131 inpatients consisting of Mission personnel and staff of United Nations agencies, funds and programmes, and non-governmental organizations.
4. HSS is comprised of seven units: (a) staff counselling; (b) infectious diseases and public health (IDPHU); (c) medical evacuation coordination; (d) pharmacy; (e) biomedical; (f) budget and finance; and (g) nursing. The Section is headed by a Chief Medical Officer (CMO) at the P-5 level who reports to the Director of Mission Support through the Chief, Service Delivery Management. The CMO works in close cooperation with the Force Medical Officer (FMO). The FMO leads the Force Medical Cell and ensures that military medical resources meet the United Nations standards through regular participation in the contingent-owned equipment inspections.
5. The HSS has 140 authorized posts comprising of 17 international staff, 67 national staff and 56 United Nations Volunteers (UNVs). As of 30 June 2025, HSS had 15 vacancies (representing 11 per cent). The HSS approved budgets for 2023/24 and 2024/25 fiscal years were \$8.8 million and \$9.6 million, respectively.
6. Comments provided by UNMISS are incorporated in italics.

II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

7. The objective of the audit was to assess the efficiency and effectiveness of the delivery of medical services in UNMISS.
8. This audit was included in the 2025 risk-based work plan of OIOS due to the criticality of adequate medical services for staff working in difficult and remote locations and related financial risks related to the provision of medical services in UNMISS.
9. OIOS conducted this audit from June to August 2025. The audit covered the period from 1 July 2023 to 30 June 2025 and included: medical support planning; public and mental health and wellbeing activities; medical logistics and inventory management; medical emergency capabilities; medical cost-recovery; and performance monitoring of medical facilities.

10. The audit methodology included: (a) interviews with key personnel in the Mission involved in the delivery of medical services; (b) review of relevant reports and documentation pertaining to the Mission's medical services and activities; (c) analytical reviews of relevant medical data to identify unusual trends or anomalies; (d) review of casualty evacuation reports to assess their effectiveness; and (e) conduct of site visits to medical facilities in Juba and Wau to verify the adequacy of their medical personnel and equipment.

11. UNMISS medical service activities are primarily managed through the EarthMed record system to store patients medical records while medical procurement, inventory management and cost recoveries from third-parties are processed in Umoja. Both systems are corporate systems subject to regular audit and restricted to personnel with appropriate access rights only. UNMISS also maintained manual medical records and excel spreadsheets for reporting purposes, both of which are only accessed by authorized personnel that signed oaths of confidentiality. The SharePoint serves as the repository for storing medical operational reports.

12. The audit was conducted in accordance with the Global Internal Audit Standards.

III. AUDIT RESULTS

A. Medical support planning

Need to enhance the Mission's planning for medical services

13. UNMISS is required to develop a Medical Support Plan (MSP) based on operational requirements considering Mission concept of operations, prevailing health threats, available medical facilities and operational efficiency, to assure provision of United Nations medical standard of care to all personnel.

(a) UNMISS needed to align MSP with the Medical Support Manual and approve it

14. UNMISS prepared a draft MSP on 24 January 2024 which accurately reflected the authorized troop, police and civilian personnel strength, the prevailing medical threats, and available medical facilities. However, UNMISS did not prioritize the revision and approval of its MSP to align it to the current version of the Medical Support Manual. For instance, the draft MSP did not include all required elements of the MSP such as clear medical supervision and reporting arrangements between the CMO and FMO, as well as delineation of Mission and Troop and Police Contributing Countries(T/PCCs) responsibilities for occupational safety, accident prevention, health protection, pre-deployment testing, immunization, and vector control.

(b) Limited utilization of medical capabilities in Juba

15. Juba hosts 15 Level I clinics at an annual reimbursement cost of \$243,360 for the facilities and about \$2.1 million¹ for medical personnel to support predominantly stationary troops and police units. The average utilization rate of these clinics during the audit period was very low at 8 per cent while most of the military personnel supported by these Level I facilities were mainly treated at the Level II plus facility that reported 59 per cent utilization. More cost-effective alternatives, such as communal first aid or field medical kits for operational requirement complemented by the Level II medical facility were not considered. Thus, the Mission missed an opportunity to save costs. In this regard, UNMISS may seek guidance from the Division of Healthcare Management and Occupational Safety and Health (DHMOSH) on how it can better

¹ The average medical personnel were eight per clinic reimbursed at about \$1,468 per month each.

implement the modular medical support concept², which aims to tailor medical support to operational needs for optimal resource use.

(1) UNMISS should strengthen its medical support planning by: (a) revising and approving its Medical Support Plan to ensure it is aligned to the Medical Support Manual; and (b) conducting a comprehensive review of the cost effectiveness of Level I medical facilities and accordingly seek guidance from the Division of Healthcare Management and Occupational Safety and Health on how to better implement the modular medical support concept to assure optimal financial resources utilization.

UNMISS accepted recommendation 1 and stated that (a) revision of the Health Support Plan will be finalized; and (b) the Mission will seek guidance from Division of Healthcare Management and Occupational Safety and Health on review of level 1 clinics cost effectiveness.

Mission was taking action to mitigate risks arising from inadequate aviation assets to meet the 10-1-2 casualty evacuation timelines³

16. Most UNMISS personnel are based in field office locations where they have access to adequate medical facilities, considering the staffing levels within those locations. However, OIOS analysis of personnel deployment reports and aviation and health assets deployment map of October 2024 showed that 1,481 personnel were stationed in 11 county and temporary operations bases which lacked adequate medical facilities, and these locations were, on average, one hour and forty-five minutes of flight time (excluding mobilization time) from the nearest Level I or Level II medical facility capable of providing advanced life support, stabilization, or life-saving surgery. Aviation Unit estimates that flight mobilization, including obtaining Flight Safety Assurance from the host government during emergencies, takes approximately 45 minutes. Additionally, Aweil, Kuajok and Yambio field offices did not have Level II medical facilities and prepositioned air assets and Aero Medical Evacuation Teams.

17. During the audit period, UNMISS conducted six casualty evacuations from temporary operating bases and field operation locations. None of the casualty evacuations met the expected 10-1-2 evacuation timelines as the durations ranged from three hours and twenty minutes to five hours and thirty minutes. While some delays were attributed to factors beyond the control of the Mission, the lack of familiarity with casualty evacuation procedures, such as knowing the officials that needed to be informed, also contributed to some delays.

18. To mitigate potential negative effects of the delays in evacuating casualties due to air assets reductions, the Mission rolled out, on pilot basis, general telemedicine in Juba and Malakal Field Office Level II facilities, and three temporary operating bases, namely Kodok, Koch and Leer. Additionally, telesurgery was being piloted in Juba Level I and II plus facilities. Also, DHMOSH personnel visited the Mission in June 2025 to help streamline the casualty evacuation procedures to assure compliance and better coordination in medical emergency situations.

² The modular medical support concept involves breaking down medical services and facilities into standardized, interchangeable components or modules to provide flexible, adaptable, and scalable healthcare.

³ 10-1-2 timeline concept in responding to medical emergencies require access to first aid within 10 minutes of injury or sickness, advanced life support, reanimation and stabilization, and damage control resuscitation no later than an hour and access to limb-and lifesaving surgery no later than two hours.

B. Public and mental health and well-being activities

Need for effective planning and implementation of Infectious Diseases and Public Health Unit activities

19. UNMISS standard operating procedures require the Infectious Diseases and Public Health Unit (IDPHU) to implement HIV/AIDS awareness and intervention programmes in and out of the Mission and conduct health promotion and prevention of infectious disease activities in the Mission.

20. OIOS review of IDPHU activities showed the unit regularly issued health advisories and raised awareness about infectious and non-infectious diseases such as yellow fever, malaria, hepatitis, Mpox, diabetes, heat stroke, hypertension, and HIV/AIDS. The Unit also conducted voluntary confidential counselling and testing for HIV, hepatitis and syphilis for UNMISS personnel and trained peer HIV/AIDS educators. Further, IDPHU trained 125 HIV/AIDS change agents from the host communities and key stakeholders, including the host government armed forces, and conducted HIV/AIDS raising awareness for the host communities through World AIDS Day commemoration activities. The Mission Level I clinics also administered 6,375 vaccine doses against common diseases in South Sudan.

21. OIOS observed that, while the IDPHU was focussed on HIV/AIDS, there were significant shortfalls in the implementation of other planned activities, especially concerning the health promotion campaigns. For instance, only 11 (25 per cent) out of the 44 planned quarterly health campaigns were conducted. This was despite the Mission engaging a contractor to build capacity of the staff members in health promotion, disease prevention and infection prevention control in 2023 at a cost of \$43,200.

22. The above occurred due to inadequate management supervisory oversight over the planning and implementation of the IDPHU annual work plans, and especially health promotion activities, that do not require additional financial resources across the field offices. As a result, there was unmitigated risk that key health promotion activities may not be adequately implemented in all field offices.

(2) UNMISS should strengthen the planning and implementation of Infectious Diseases and Public Health Unit activities, especially the quarterly health promotions campaign activities targeting all staff categories across all field offices.

UNMISS accepted recommendation 2 and stated that the revision of the unit's workplan will be completed. UNMISS further stated that the quarterly health campaigns started on 24 November through 5 December 2025.

Staffing constraints impeded adequate implementation of mental health and well-being strategy

23. The United Nations System developed a mental health and well-being strategy to address significant financial losses⁴ associated with sick leave and reduced productivity due to mental health conditions. The strategy aims to strengthen individual staff members' knowledge, skills and behavior mainly through awareness and training activities to ensure they take care of their own mental health, and that of others (colleagues, family and friends). The strategy also seeks to facilitate staff access to a range of psychosocial support and interventions to assure quick recovery.

⁴ 2015 global survey revealed that approximately 50 per cent of respondents reported symptoms consistent with serious mental health conditions such as depression, anxiety, post-traumatic stress disorder, and hazardous drinking and mental health-related sick leave accounted for 14 per cent of total sick leave days, indicating a significant burden that translated to about \$12 million financial loss to the United Nations. Also, the 2021 health survey also showed that 23 per cent of staff had mental health issues and 24 per cent had suffered stigma and discrimination due to mental health.

24. OIOS review of the Staff Counsellor Units' and Force Medical Officers' activities reports and interviews with responsible personnel showed that several mental health awareness and intervention activities, including counselling sessions, critical incidents interventions, managerial consultations, stress management induction and training, psycho-educational material broadcasts and troops and formed police units' mental health awareness training⁵, were conducted. However, staffing constraints in both civilian and military components affected the effective implementation of key aspects of the mental health and well-being strategy. For instance:

- As of 23 July 2025, only three (representing 43 percent) out of seven staff counsellor positions were encumbered. The three staff members were stationed in Juba and expected to serve about 4,000 personnel across the Mission. The vacant posts included that of Chief Staff Counsellor at P-4 level, which has been vacant since August 2024. In addition, three United Nations Volunteer counselor positions meant to serve six field offices and two temporary operating bases have been vacant since March 2025. These positions have not been filled due to the recruitment freeze occasioned by the liquidity crisis.
- Furthermore, in line with the requirements of the Medical Support Manual, two out of five Contingent-Owned Level II hospitals (both from the same TCC) deployed one psychiatrist nurse each. However, this number has proven to be inadequate for UNMISS because of the geographical dispersion of the troops in 22 locations. Moreover, the two psychiatrist nurses in the Mission are from the same country, a situation that can undermine the effectiveness of mental health interventions in the Mission for all troops given the language barriers, cultural and personal sensitivity of mental health issues, especially for military personnel. On a positive note, OIOS noted that one T/PCC deployed mental health experts for its personnel, which is not a requirement under the Memorandum of Understanding with the United Nations.

25. OIOS also noted the following shortfalls in the implementation of the mental health and well-being strategy:

- (a) The Psychosocial Needs Assessment survey was conducted

26. UNMISS had not conducted a psychosocial needs assessment survey, which is essential to identify factors like past trauma, current stressors, social support systems, and coping mechanisms to inform targeted psychological support needs and interventions to promote staff recovery and resilience. However, after the audit field work, UNMISS conducted a rapid psychosocial needs assessment survey in October 2025.

- (b) Mental peer helper volunteer network was not revitalized

27. UNMISS had not conducted detailed training for mental health peer helpers since 2017 except for an online refresher training on crisis preparedness and well-being conducted in March 2025. Of the 52 peer helpers trained in 2017, only 29 mostly national staff are still serving in the Mission. The mental peer helpers volunteer programme is designed to equip staff members with comprehensive practical skills to support their colleagues emotionally especially during emergencies.

- (c) Mental health training for managers was limited

28. UNMISS did not roll out a comprehensive training programme for managers to enable them to recognize and respond to mental health issues, promote a culture of support and openness, advocate for

⁵ For the period July 2024 to July 2025 and excludes awareness training done in sectors East and North with 3,592 troops

stigma reduction and address organizational stressors as envisaged in the mental health and wellbeing strategy. Although Staff Counselling Unit attended to 302 ad hoc managerial consultations during the period under review, the Mission had not yet identified and taken steps to ensure Mission managers and leaders completed the “Lead and Learn I and II” online training programme for managers and leaders that the organization launched in 2025. Staff Counselling Unit staff also indicated that the implementation of the mental health and well-being training programmes was limited, mostly conducted online or during field visits when responding to critical incidents and upon request by sections.

(d) Mental health awareness for military contingents and formed police units was inadequate

29. Comparison of military troop and formed police unit strength reports and mental health awareness and use of organization MindCompanion Application⁶ training reports showed that only 2,059 out of 13,871 troops and formed police personnel attended the awareness trainings conducted by a mental health expert between July 2024 and June 2025. Further, the Force Medical Office report showed that 28 mental health awareness sessions were conducted in sectors North and East, but the reports did not indicate how many of the 3,592 troops in these sectors were trained. Additionally, comparison between the mental health awareness generation activities and use of MindCompanion Application trainings and contingent rotations dates showed significant delays in the trainings. For instance, a battalion with 850 troops deployed in Bor, Pibor and Akobo in March 2024 was only trained in November 2024 and 142 troops deployed in Aweil in September 2024 were trained in July 2025.

30. UNMISS agreed that the Staff Counseling Unit will assess the risk posed by understaffing in the unit and will reiterate the speedy on-boarding of the Chief, Staff Counselling Unit (P-4) and the three United Nations Volunteer staff counselors Wau, Bentiu and Bor field offices subject to operational challenges faced by the Mission.

C. Medical logistics and inventory management

UNMISS took action to address medical vendors’ under-performance

31. To ensure optimal inventory of medicines and medical supplies at all times, UNMISS developed annual demand plans based on historical consumption data, with an additional 30 percent included to serve as buffer stock. This buffer was intended to mitigate the risk of stockouts caused by delayed vendor deliveries. OIOS analysis of purchase orders delivery timelines for medical supplies confirmed that significant delays and partial deliveries had occurred, validating the necessity of this approach. For instance, at the time of the audit, 13 purchase orders for medicines, medical supplies, and equipment valued at \$419,392 had not been delivered to the designated forwarder in Europe. These deliveries were delayed by an average of 102 days or more than three months beyond the contractual delivery dates. As a stop-gap measure, UNMISS issued 22 low-value acquisition purchase orders totaling \$70,415 during the audit period to address immediate supply needs.

32. As a result of irregular deliveries, medical facilities did not always maintain optimal stock of medicines and medical supplies as reflected in the Monthly Consumption Trackers prepared by the medical facilities. The Monthly Consumption Trackers revealed varying stock levels, i.e. some stock items were far more than the determined minimum stock which was estimated to be three months’ supply while others were out of stock, or the stock levels were low. This situation negatively affected smooth operations of the medical facilities and implementation of planned public health activities. For instance, 5,000 of the HIV

⁶ UN MindCompanion application launched in October 2024 is a mobile application designed to help troops to confidentially gauge their mental well-being and provide them with practical tools that would support them in staying mentally fit.

Oral Test Kit, that IDPHU informed OIOS was the most preferred test kit by Mission personnel, were among the delayed commodities. The Mission was also exposed to stock holding costs and risk of medicine expiring due to overstocking.

33. UNMISS accurately reflected the vendors under-performance in terms of failing to meet delivery timelines in the quarterly contract performance reporting tool as required and escalated the issue to the Procurement Division for resolution.

Need to improve management of medical inventory

34. UNMISS centralized warehousing Standard Operating Procedure requires HSS to: (a) identify and reduce dead stock (items not issued for a year or longer) and surplus stock (items that exceed the defined maximum stock to be held); and (b) ensure that inventory is kept in the appropriate storage to prevent damage and prolong their shelf life.

35. As of 9 July 2025, UNMISS Medical inventory consisting of equipment, medicines, and medical supplies was valued at \$416,626. OIOS analysis of medical inventory records showed that UNMISS had old and slow-moving items such as surgeon gowns, face shields and masks received over five years ago and valued at \$113,388 (or 27 per cent of total stock) that had not been issued for periods exceeding six months with an average of 482 days in storage. Additionally, other items such as N95 Masks valued at \$23,569 received in 2020 had exceeded their three-year shelf life in 2023 and were slow-moving. HSS stated that these items were not procured by the Mission for regular use but were received from Brindisi as part of the strategic stock for pandemics - originally for Ebola and then COVID-19. The items were not used much because the impacts of Ebola and COVID-19 were very minimal in South Sudan. Consequently, the items are kept as strategic reserve considering the logistical delays in shipping items in South Sudan.

36. OIOS inspection of the medical warehouses and random physical count of old and slow-moving inventory items also identified weakness in inventory management as follows:

- **Inappropriate storage conditions:** Inventory made of polythene materials such as biohazard disposal bags, facemasks/shields, drug bags worth \$61,900 received over five years ago were kept in sea shipping containers. This exposed the items to excessive heat that would potentially compromise their quality and reduce their shelf life.
- **Ineffective physical inventory counts:** Periodic physical counts were not effective in identifying discrepancies between physical stock and Umoja records. OIOS random counts found discrepancies in 8 out of 26 old and slow-moving inventory line items with some of the discrepancies having persisted over extended periods. For example, a 300-unit overage of face shields arose due to stock issuance recorded in Umoja on 14 September 2021, although the items were never physically issued or collected from the warehouse.

37. After the audit field work, UNMISS relocated the inventory items made of polythene materials to a temperature-controlled (air-conditioned) container and the physical inventory was reconciled against Umoja balances following the stock count conducted on 29 September 2025.

UNMISS took steps to ensure regular maintenance of medical equipment

38. The Medical Support Manual requires that medical equipment be regularly calibrated and maintained in accordance with manufacturers' certification standards to ensure operational readiness. In this regard, the Biomedical Technician developed quarterly maintenance plans for about 340 pieces of laboratory, operating theater, medical emergency/observation equipment, which were approved by the

Chief Medical Officer. However, due to a shortage of service kits and spare parts, scheduled technical maintenance in six field offices was delayed by one to five months.

39. To address this challenge, the Mission established five contracts for the supply of service kits and spare parts for the medical equipment in 2024. At the time of this audit, the Mission had started receiving the ordered service kits and spare parts and the planned maintenance was ongoing.

D. Medical emergency capabilities

Need for medical staff to update their core medical skills

40. The Medical Manual requires UNMISS medical personnel to maintain their capabilities in core medical skills and procedures through updated training in Advanced Cardiac Life Support (ACLS) and Advance Trauma Life Support (ATLS)/Prehospital Trauma Life Support (PHTLS), or any equivalent training, to assure best outcomes for its personnel during medical emergencies.

41. In 2023, UNMISS contracted a vendor to train its medical staff (doctors and nurses) deployed in medical facilities in Basic Life Support (BLS) and ACLS over a three-year period. However, OIOS review of the training reports revealed that 2 and 26 medical personnel were unsuccessful in obtaining certifications in BLS and ACLS respectively. The training provider recommended further training in cardiac life support protocol and electrocardiogram interpretation for most personnel to enable them to take corrective action in emergency situations. Additionally, UNMISS Medical personnel regularly attend training sessions aimed at keeping staff updated with medical skills and procedures conducted online by DHMOSH weekly.

42. To independently ascertain the validity of ACLS, ATLS/PHTLS or equivalent certification, OIOS randomly selected 40 out of 58 medical personnel and requested them to present their certifications for audit review. However, 20 medical personnel did not present their certificates for OIOS review. A review of certificates of the other 20 medical personnel that submitted their certificates showed that only four medical personnel had the prescribed combination of the ACLS and ATLS/PHTLS. Five personnel had BLS and ACLS, four had only ACLS, five only had PHTLS, and two submitted expired certificates. OIOS also noted two medical personnel completed their certification after the audit request to provide their certifications and staff members indicated that they were in the process of renewing their expired certifications. This was despite all the personnel (including those who did not present certificates) having been technically cleared for work by DHMOSH.

43. As a result of medical personnel not updating their core emergency medical skills, there was unmitigated risk that Mission personnel in need of emergency medical help may not be effectively supported.

(3) UNMISS should periodically verify with all medical personnel that they hold valid certifications as required by the Medical Manual.

UNMISS accepted recommendation 3 and stated that the verification of certifications of the medical personnel is an ongoing exercise and will be completed as part of the e-performance finalization at the end of 2025/26 appraisal cycle.

Mass casualty incident plans were in place but required regular testing

44. UNMISS had developed Mass Casualty Incident Plans (MCIPs) for all field offices, and the plans were regularly updated and clearly outlined roles and responsibilities to ensure a coordinated and effective response during mass casualty events.

45. However, the three MCIPs for Bor, Torit and Wau field offices did not indicate the expected number of drills to assure operational readiness at the three field offices; yet six drills were conducted across these three locations during the audit period. OIOS also noted variations in the frequency of planned drills per year in the MCIPs as three field offices scheduled quarterly drills, while four planned for semi-annual drills. Overall, there were significant shortfalls in the number of drills conducted as only 13 (33 per cent) out the planned 40 drills were conducted. Notably, Aweil and Bentiu field offices that were expected to conduct a total of 12 drills did not conduct any during the audit period. The drills after-action reports also revealed recurring issues including insufficient training in first aid and completing of injured persons' information using 9-liner reporting tool and lack of participation from key mission units.

46. These shortcomings are primarily due to HSS management and heads of field offices not prioritizing the planning and execution of MCIPs drills and ensuring timely implementation drills after-action recommendations.

(4) UNMISS should ensure that all field offices conduct periodic Mass Casualty Incident Plans drills and systematically track the implementation of after-action recommendations to assure operational readiness to respond effectively to mass casualty situations.

UNMISS accepted recommendation 4 and stated that the Mission-wide Mass Casualty Incident Plans will be revised and realigned with United Nations Medical Emergency Response Team/Division of Healthcare Management and Occupational Safety and Health guidelines by end of June 2026.

E. Medical cost recovery

Need to strengthen procedures for medical cost recovery

47. UNMISS provided medical services, including emergency medical support and evacuation to personnel of third-party entities including United Nations agencies, funds and programmes, inter-governmental organizations and commercial contractors on cost-recovery basis as stipulated in the signed Memoranda of Understandings. UNMISS standard operating procedures requires the sales orders (medical invoices) for medical services provided to be raised by the 15th of the following month. Additionally, the Mission reimburses the T/PCCs for medical services rendered to its civilian staff (not P/TCC personnel) and personnel of third-party entities.

48. OIOS analysis of Umoja reports for the audit period revealed that UNMISS raised 545 sales orders worth \$813,038 for medical services provided to third-party entities. However, 244 sales orders worth \$143,500 for March to June 2025⁷ had not been processed in Umoja at the time of the audit review on 21 July 2025. This resulted in an average delay of 49 days beyond the required deadline of the 15th of the subsequent month. Moreover, 275 (representing 51 per cent) out of the 545 completed sales orders were processed on average 27 days beyond the 15th of the subsequent month. Furthermore, analysis of Umoja accounts receivable as of 30 June 2025 showed unpaid invoices totaling \$280,495 including \$61,577 (representing 22 per cent) that had been outstanding for over two years.

49. Delays in raising sales orders were primarily due to late and incomplete submissions by medical facilities, often missing key patient information such as identity card number, index number and entity names. This has forced the Medical Finance Unit to seek confirmation of the identities of the patients from third-party entities before processing the sales orders to avoid disputed bills. The long outstanding medical invoices are due to disputed bills and delays by the third-party entities in settling outstanding invoices despite repeated reminders from UNMISS.

⁷ 32 sales orders for March 2025 worth \$31,126 were raised but not approved and sent to the third-party entities.

50. OIOS noted that Regional Service Centre in Entebbe (RSCE) was responsible for approving the sales orders and issuing the medical invoices under a Service Level Agreement, and UNMISS was actively engaging with RSCE for speedy approval of sales orders and also engaging with third-party entities for timely payment of invoices.

Need to recover costs associated with troops and police personnel with undeclared pre-existing medical conditions

51. To minimize incidences of medical repatriations and deaths, T/PCCs are required to conduct thorough pre-deployment medical screenings. This ensures that only physically and mentally fit military and police personnel are deployed. UNMISS is also required to recover medical and repatriation costs from the T/PCCs for personnel found to have undisclosed pre-existing medical conditions at the pre-deployment.

52. During the audit period, 65 military and police personnel were repatriated on medical grounds, 94 military and police personnel were evacuated for more specialized Level III medical services out of the Mission area at cost of \$430,434, and 53⁸ medical evacuation special flights for military and police personnel were conducted. Some of these medical evacuations may be attributed to undisclosed pre-existing medical conditions given the short durations of the troops' deployment in the Mission. However, UNMISS HSS did not assess whether repatriated personnel had pre-existing medical conditions, and as a result did not initiate recovery of related medical and repatriation costs from the responsible T/PCCs as required.

53. The failure to assess and recover costs associated with pre-existing medical conditions may have resulted in financial losses for the Mission and placed unnecessary strain on medical resources. Furthermore, UNMISS was exposed to the risk of deploying personnel who are not fit for duty, potentially endangering their own health and safety as well as that of others. UNMISS referred to DHMOSH for resolution the overall issue on the need for robust pre-deployment medical screening by the T/PCCs.

(5) UNMISS should raise the cases of undisclosed pre-existing medical conditions to the Division of Healthcare Management and Occupational Safety and Health to facilitate discussion and action on appropriate recovery of medical and repatriation costs from the concerned troop and police contributing countries in accordance with the Medical Support Manual.

UNMISS accepted recommendation 5 and stated that a reminder will be sent to the member states that pre-deployment medical screening is their responsibility and that failure to comply with the set guidelines has many negative impacts on the Mission.

F. Performance monitoring of medical facilities

Need to improve the patient feedback and medical facility service delivery

54. UNMISS is required to develop and implement monitoring and oversight systems that will assure the delivery of safe, high-quality health care and drive continuous improvement in its medical services. In this regard, OIOS review showed the following:

- **Operational Facilities Routine Reporting:** All medical facilities prepared and submitted to HSS management and DHMOSH the operational monthly reports that summarized: (a) medical outpatient and inpatient attendances; and (b) the overall health status of Mission personnel which

⁸ Of the 53 special flights, 38 are within Mission medical evacuations and 15 are for out-of-Mission medical evacuations.

identifies common medical conditions and injuries for monitoring and response support planning and to determine medical logistics requirements (Medical Staff Aid 3B report).

- **Quarterly Contingent Owned Equipment inspections:** HSS in liaison with Contingent Owned-Equipment Unit conducted quarterly inspections of TCC medical facilities. However, OIOS review of the quarterly inspection reports found that medical facilities delayed addressing major equipment shortfalls. For instance, the only gynecological module for one Level II medical facility remained unserviceable for over two years until April 2025. Three Level II medical facilities did not also deploy the essential medical equipment approved by the General Assembly resolution A/RES/77/303 of 30 June 2023 for the nine months period up to 30 September 2024 despite being given sufficient time to comply.
- **Health Quality and Patient Safety Assessments:** HSS has only recently initiated the regular Health Quality and Patient Safety Assessments for Level II medical facilities.
- **Patients experience surveys:** HSS used patient experience surveys automatically sent via the EarthMed record system to Mission personnel after clinic visit or discharge to assess the performance of all United Nations-owned and two T/PCCs Level II medical facilities. However, the survey's completion rate was only six per cent. OIOS review of DHMOSH dashboard for the part of the completed six per cent patient survey as of 4 August 2025 covering the period January 2024 to June 2025 showed UNMISS performance on three dimensions evaluated averaged 73 per cent compared to the United Nations wide clinic average of 81 per cent for the same period. Furthermore, contrary to Department of Operational Support's standard operating procedure on Patient Experience survey June of 2021, UNMISS did not establish a robust system to collect feedback from contingent-owned Level I and two Level II medical facilities that did not use the EarthMed record system. For instance, only 30 patients accessed and completed DMOSH Patient Experience surveys for the two Level II medical facilities between January 2024 and June 2025.

55. Due to other priorities, HSS overlooked the need to implement monitoring and oversight mechanisms over the operations of the medical facilities as required. As result, there is an unmitigated risk that under performance in medical facilities may not be identified and corrected timely.

(6) UNMISS should ensure all contingent-owned medical facilities establish a transparent and credible system for obtaining patient feedback.

UNMISS accepted recommendation 6 and stated that only two out of five Troop Contributing Countries' Level 2 hospitals have not implemented systems of obtaining patient feedback and will be reassessed again before end of March 2026.

IV. ACKNOWLEDGEMENT

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

Internal Audit Division
Office of Internal Oversight Services

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Mission in the Republic of South Sudan

Rec. no.	Recommendation	Critical ⁹ / Important ¹⁰	C/ O ¹¹	Actions needed to close recommendation	Implementation date ¹²
1	UNMISS should strengthen its medical support planning by: (a) revising and approving its Medical Support Plan to ensure it is aligned to the Medical Support Manual; and (b) conducting a comprehensive review of the cost effectiveness of Level I medical facilities and accordingly seek guidance from the Division of Healthcare Management and Occupational Safety and Health on how to better implement the modular medical support concept to assure optimal financial resources utilization.	Important	O	Receipt of evidence of: (a) finalized and approved Health Support Plan, and (b) Mission seeking guidance from Division of Healthcare Management and Occupational Safety and Health on how to make Level I clinics cost effective.	1 July 2026
2	UNMISS should strengthen the planning and implementation of Infectious Diseases and Public Health Unit activities, especially the quarterly health promotions campaign activities targeting all staff categories across all field offices.	Important	O	Receipt of evidence of the revised Infectious Diseases and Public Health Unit work plan and consistent conduct of health promotion campaigns that target all Mission personnel in all field offices.	1 July 2026
3	UNMISS should periodically verify with all medical personnel that they hold valid certifications as required by the Medical Manual.	Important	O	Receipt of evidence of verification of certifications of medical personnel.	1 July 2026
4	UNMISS should ensure that all field offices conduct periodic Mass Casualty Incident Plans drills and systematically track the implementation of after-action recommendations to assure operational readiness to respond effectively to mass casualty situations.	Important	O	Receipt of evidence that all Mass Casualty Incident Plans are aligned with United Nations Medical Emergency Response Team/Division of Healthcare Management and Occupational Safety and Health guidelines, planned drills conducted and after-action recommendations systematically tracked.	1 July 2026
5	UNMISS should raise the cases of undisclosed pre-existing medical conditions to the Division of Healthcare Management and Occupational Safety and Health to facilitate discussion and action on appropriate recovery of medical and repatriation costs from the concerned troop and police	Important	O	Receipt of evidence that cases of undisclosed pre-existing medical conditions are raised with the Division of Healthcare Management and Occupational Safety and Health to facilitate appropriate discussions with troop and police contributing countries.	1 July 2026

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Mission in the Republic of South Sudan

Rec. no.	Recommendation	Critical ⁹ / Important ¹⁰	C/ O ¹¹	Actions needed to close recommendation	Implementation date ¹²
	contributing countries in accordance with the Medical Support Manual.				
6	UNMISS should ensure all contingent-owned medical facilities establish a transparent and credible system for obtaining patient feedback.	Important	O	Receipt of evidence of establishment of transparent and credible systems of obtaining patient feedback by all contingent-owned medical facilities.	1 July 2026

⁹ Critical recommendations address those risk issues that require immediate management attention. Failure to take action could have a critical or significant adverse impact on the Organization.

¹⁰ Important recommendations address those risk issues that require timely management attention. Failure to take action could have a high or moderate adverse impact on the Organization.

¹¹ Please note the value C denotes closed recommendations whereas O refers to open recommendations.

¹² Date provided by [entity] in response to recommendations. [Insert "Implemented" where recommendation is closed; (implementation date) given by the client.]

APPENDIX I

Management Response

UNITED NATIONS

United Nations Mission
in South Sudan




NATIONS UNIES

Mission des Nations Unies
en Soudan du Sud

Date: 10 December 2025

To: Mr. Byung-Kun Min, Director
Internal Audit Division, OIOS

From: Nicholas Haysom 
Special Representative of the Secretary-General
United Nations Mission in the Republic of South Sudan

Subject: **Draft report on an audit of Medical Services in the United Nations Mission in the Republic of South Sudan (Assignment No. AP2025-633-06)**

1. UNMISS acknowledges receipt of the draft report on the Audit of Medical Services in UNMISS dated 1 December 2025.
2. Please find attached the Mission's comments on the recommendations in Annex 1.
3. Thank you for your consideration and support.

cc: Mr. Victoria Browning, UNMISS
Mr. Qazi Ullah, UNMISS
Dr. Samson Mathiu, UNMISS
Mr. Aggrey Kedogo, UNMISS
Ms. Daniela Wuerz, UNMISS

Management Response

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNMISS should strengthen its medical support planning by: (a) revising and approving its Medical Support Plan to ensure it is aligned to the Medical Support Manual; and (b) conducting a comprehensive review of the cost effectiveness of Level I medical facilities and accordingly seek guidance from the Division of Healthcare Management and Occupational Safety and Health on how to better implement the modular medical support concept to assure optimal financial resources utilization.	Important	YES	CMO	1 July 2026	(a) Revision of the Health Support Plan will be finalized (b) UNMISS will seek guidance from DHMOSH on review of Level 1 clinics cost effectiveness Since Level 1 medical clinics are force assets and are the responsibility of the troop/police contributor, the actual review of the cost effectiveness will depend on DHMOSH guidance and therefore cannot be allocated timelines now
2	UNMISS should strengthen the planning and implementation of Infectious Diseases and Public Health Unit activities, especially the quarterly health promotions campaign activities targeting all staff categories across all field offices.	Important	YES	Chief IDPH Unit	1 July 2026	The revision of the units workplan will be completed. The quarterly health campaigns started on 24 November through 5 December 2025
3	UNMISS should periodically verify with all medical personnel that they hold valid certifications as required by the Medical Manual.	Important	YES	CMO/FMO	1 July 2026	This is an ongoing exercise and will be completed as part of the E-PAS finalization by end of 2025/26 appraisal cycle

¹ Critical recommendations address those risk issues that require immediate management attention. Failure to take action could have a critical or significant adverse impact on the Organization.

² Important recommendations address those risk issues that require timely management attention. Failure to take action could have a high or moderate adverse impact on the Organization.

Management Response

Rec. no.	Recommendation	Critical ¹ / Important ²	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
4	UNMISS should ensure that all field offices conduct periodic Mass Casualty Incident Plans drills and systematically track the implementation of after-action recommendations to assure operational readiness to respond effectively to mass casualty situations.	Important	YES	CMO, FMO, PSA/UNDSS, FAOs	1 July 2026	The Mission-wide Mass Casualty Incident Plan (MCIP) will be revised and realigned with UNMERT/DHMOSH guidelines by end June 2026
5	UNMISS should raise the cases of undisclosed pre-existing medical conditions to the Division of Healthcare Management and Occupational Safety and Health to facilitate discussion and action on appropriate recovery of medical and repatriation costs from the concerned troop and police contributing countries in accordance with the Medical Support Manual.	Important	YES	CMO/CSDM/DMS	1 July 2026	The fax will be a reminder to member states that pre-deployment medical screening is a responsibility of the troop or police contributing countries and that failure to comply with the set guidelines has many negative impacts on UN missions
6	UNMISS should ensure all contingent-owned medical facilities establish a transparent and credible system for obtaining patient feedback.	Important	YES	CMO/FMO	1 July 2025	Only two out of five TCC Level 2 hospitals have not implemented this. They will be reassessed again before end March 2026