Office of Internal Oversight Services

INTERNAL AUDIT DIVISION

REPORT 2017/099

Audit of medical services in the United Nations Interim Force in Lebanon

The Mission implemented its medical support plan but needed to clarify the capability of one of its hospitals and streamline other aspects of its provision of medical services

27 September 2017
Assignment No. AP2017/672/08

Audit of medical services in the United Nations Interim Force in Lebanon

EXECUTIVE SUMMARY

The objective of the audit was to assess the adequacy and effectiveness of governance, risk management and control processes over the effective management of medical services in the United Nations Interim Force in Lebanon (UNIFIL). The audit covered the period from 1 January to 31 December 2016 and included a review of: implementation of the medical support plan, utilization rate of the Mission's hospitals, compliance with established medical and hygiene standards, and management of medical equipment and inventory, medical information and medical waste.

UNIFIL developed and implemented its medical support plan to provide sufficient medical coverage for its personnel and to prepare for medical emergency evacuations. The Mission however needed to clarify the capability of one of its hospitals and streamline other aspects of its provision of medical services.

OIOS made seven recommendations. To address issues identified in the audit, UNIFIL needed to:

- Clarify the capability level of the hospital at UN Position 7-2 and amend the relevant memorandum of understanding to discontinue unnecessary reimbursements to the troop-contributing country;
- Ensure that non-United Nations civilians complete medical waiver of liability forms before receiving treatment at all its medical facilities;
- Establish a stress prevention and management programme for all personnel and explore the possibility of appointing a Force Psychiatrist/Psychologist to cater to military personnel;
- Update the standard operating procedures for its human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) programme;
- Enhance management of medical inventory and equipment;
- Ensure timely submission of medical reports to the Department of Field Support and maintain adequate patient records; and
- Enforce and monitor implementation of established procedures on medical waste management.

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

CONTENTS

Audit of medical services in the United Nations Interim Force in Lebanon

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Interim Force in Lebanon (UNIFIL).

2. UNIFIL operates 17 hospitals that provide medical support to 10,500 military personnel. Fifteen of the hospitals are contingent-owned Level 1[1] hospitals located at various contingents' positions. In addition, there are one contingent-owned Level 1+ hospital in Sector East and one Level 1+ hospital at the Mission's headquarters in Naqoura, which also services Sector West. UNIFIL also has contracts with eight commercial medical facilities, on a fee-for-service basis, for cases that are beyond the capability of the Mission's hospitals.

3. The Medical Support Manual for United Nations Field Missions issued by the Department of Peacekeeping Operations and Department of Field Support (DPKO/DFS) and UNIFIL's Medical standard operating procedures outlines the medical standards and relevant responsibilities of Mission personnel. In addition, the Contingent Owned Equipment (COE) Manual and various memoranda of understanding (MOUs) with troop-contributing countries (TCCs) guide the operations of contingent-owned medical facilities.

4. The UNIFIL Medical Section, headed by the Chief Medical Officer (CMO) at the P-5 level, has five international staff and eight national staff. The approved 2016/17 staffing and operating costs of the Section were $1.6 million and $1.2 million, respectively. The Section is supported by 35 military medical staff. TCCs deployed 73 medical officers including 8 dentists and 337 medical support personnel for their hospitals. The total costs for 16 contingent hospitals for the financial year 2016/17 was $13.6 million.

5. Comments provided by UNIFIL are incorporated in italics.

II. AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

6. The objective of the audit was to assess the adequacy and effectiveness of governance, risk management and control processes in providing reasonable assurance regarding the effective management of medical services in UNIFIL.

7. This audit was included in the 2017 risk-based work plan of OIOS because of the health and operational risks related to the provision of medical services in UNIFIL.

8. OIOS conducted this audit from January to April 2017. The audit covered the period from 1 January to 31 December 2016. Based on the activity-level risk assessment, the audit included: implementation of the medical support plan, utilization rate of the Mission's hospitals, compliance with established medical and hygiene standards, and management of medical equipment and inventory, medical information and medical waste.

[1] A Level 1 hospital, as defined by the COE Manual, provides the first level of medical care for a battalion comprising 600 to 1,000 military personnel, where two doctors are available and can provide treatment to up to 20 patients a day and has holding capacity of five patients for up to two days. A Level 1+ hospital is an enhancement of Level 1 hospital capacity by adding supplementary modules such as laboratory testing, dental care and surgical capability.

9. The audit methodology included: (a) interviews of key personnel, (b) reviews of relevant documentation, (c) analytical reviews of data, (d) sample testing of MOUs, equipment and inventory records and reporting activities, (e) observation of medical waste collection, and (f) field visits to 9 out of the 17 hospitals of the Mission.

III. OVERALL CONCLUSION

10. UNIFIL developed and implemented its medical support plan to provide sufficient medical coverage for its personnel and adequately prepared for medical emergency evacuations. However, the Mission needed to ensure that amendments to the MOU for a Level 1+ hospital are implemented to accurately reflect its capability and discontinue unnecessary reimbursements to the TCC. In addition, the Mission needed to: (a) obtain medical waiver of liability forms before treating non-United Nations civilians; (b) establish a stress management programme; (c) better inform Mission personnel of its strategy and assignment of roles and responsibilities in implementing the human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) programme; (d) train Medical Section personnel on the required procedures to manage medical inventory and equipment and associated accountabilities; and (e) enhance controls over medical waste disposal and evaluate the contractor's key performance indicators.

IV. AUDIT RESULTS

A. Medical support plan

UNIFIL implemented its medical support plan and adequately prepared for medical emergency evacuation

11. UNIFIL developed and implemented its medical support plan as required by the DPKO Medical Support Manual. UNIFIL ensured that all 10,500 military personnel deployed at its 55 positions and vessels were assigned to the Mission's 17 hospitals. In addition, the Mission in general met the 10-1-2 timeline concept by providing access to: first-aid within 10 minutes of the point of injury or the onset of symptoms; advanced medical support no later than 1 hour; and access to limb-and lifesaving surgery no later than two hours.

12. UNIFIL developed standard operating procedures on casualty/medical evacuations of personnel and other entitled persons as required by the Manual. The Mission's 83 ambulances and 2 helicopters with 2 aero-medical evacuation teams were in serviceable condition, as outlined in the Mission's medical support plan. A review of 19 out of 38 evacuation cases during the audit period showed that they were executed in accordance with established procedures. The Mission also developed a mass casualty and contingency plan and conducted well-structured, comprehensive desk exercises. OIOS concluded that the Mission's medical support plan and preparedness for medical emergency evacuation was adequate.

Need for mental health/stress management programme

13. The Medical Support Manual, recognizing the need for a stress prevention and management programme in peacekeeping operations, states that staff/stress counsellors be available to provide mental health and psychological support to those in need. Also, the Manual states that the force psychiatrist/psychologist is responsible to provide professional advice to missions on stress prevention, counselling and management activities to missions.

14. UNIFIL did not have a formal stress prevention and management programme for military personnel. The Mission had a staff counsellor for civilian staff but did not have a force psychiatrist/psychologist. The only time a staff counsellor was involved with military personnel was to

determine if medical repatriation relating to physiological or mental issues was necessary. Contingents did not have personnel adequately trained to recognize symptoms of stress and mental health issues to refer them for professional assistance. Some contingents had designated contingent commanders, senior officers, religious leaders or nurses as informal counsellors but none of these personnel had received formal training to provide mental health and psychological support.

15. This occurred due to the low priority given to establishing a structured, formal stress prevention and management programme at the Mission. As a result, stress and mental health issues may not be recognized timely for proper treatment. In the last three years, there have been three suicides and at least 29 cases of mental health and stress-related issues for military personnel requiring repatriation from the Mission.

(1) UNIFIL should: (i) establish a stress prevention and management programme for all personnel, which should include training contingent medical personnel on recognizing stress and mental health issues for referral; and (ii) explore the possibility of appointing a force psychiatrist/psychologist to cater to military personnel.

UNIFIL accepted recommendation 1 and stated that the staff counsellor, in liaison with the CMO, would provide train-the trainer sessions to the TCCs' senior medical officers on stress management and mental health related issues. The senior medical officers would be tasked to deliver stress management workshops to their personnel. The Mission may explore the possibility of appointing a force psychiatrist/psychologist. Recommendation 1 remains open pending receipt of evidence that the Mission has established a stress prevention and management programme for all personnel.

HIV/AIDS prevention efforts needed more coordination

16. The DPKO Policy Directive on the Role and Functions of HIV/AIDS Units in United Nations Peacekeeping Operations provides that, in collaboration with the CMO, the HIV/AIDS Unit is responsible for coordinating HIV/AIDS prevention measures and appointing HIV focal points at contingents. Also, the Unit is responsible for designing and overseeing voluntary confidential counseling and testing (VCCT) services for mission personnel and storing adequate numbers of post exposure prophylaxis (PEP) kits in all sectors and regions of the mission area.

17. The Mission maintained an inventory of 10 28-day PEP kits at its headquarters. The HIV/AIDS Unit considered the current stock level and location acceptable, as none of the kits had been used during the audit period and the Mission's small area of operations did not require different stock locations. Likewise, the Unit considered the appointment of its three staff of the HIV/AIDS Unit as the VCCT counsellors for the entire Mission as adequate.

18. The Unit designated TCCs' training officers as HIV focal points for their respective contingents, stating that it had adopted a new strategy of considering HIV/AIDS prevention as a social issue and was therefore focusing its activities on providing community dialogues. However, the Force Medical Officer at the Mission's headquarters and senior medical officers of nine TCC hospitals interviewed were not aware of this strategy. Also, interviews with the CMO and TCC medical teams indicated that they were not fully aware of the Mission's activities on HIV/AIDS measures.

19. The above occurred because the Unit had not adequately updated the Mission's standard operating procedures on the HIV/AIDS programme to inform Mission personnel of the strategy adopted by the Unit and to clarify the roles and responsibilities of the Mission personnel involved in the programme. This could undermine the effectiveness of the Mission's HIV/AIDS programme.

(2) UNIFIL should update the standard operating procedures for its human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) programme to inform Mission personnel of its strategy and to clarify the roles and responsibilities of the Mission personnel involved in its delivery.

UNIFIL accepted recommendation 2 and stated that the Mission's standard operating procedures for the HIV/AIDS programme would be updated soon after completion of the ongoing review of the DPKO/DFS Policy Directive on the Roles and Functions of HIV/AIDS Units in Peacekeeping Operations. The revised procedures would clarify the roles and responsibilities of Mission personnel involved in the delivery of the programme. Recommendation 2 remains open pending receipt of updated standard operating procedures for the HIV/AIDS programme.

B. Utilization rate of medical facilities

All MOUs were properly established, except for one hospital at UN Position 7-2

20. MOUs between the United Nations and TCCs stipulate the required level of equipment and personnel to be deployed by TCCs. They also establish respective reimbursement rates for equipment, personnel and self-sustainment costs.

21. A review of MOUs for all 16 TCC hospitals showed that the MOUs accurately reflected the equipment and personnel deployed, except for one hospital. The MOU with a contingent (Contingent A) for the hospital at UN Position 7-2 incorrectly indicated the hospital as a Level 2 hospital[2]. The MOU had been established in 2008 for the TCC to contribute a Level 2 hospital with 60 medical personnel. Subsequently, the statement of units requirement in 2013 reduced the approved medical personnel strength from 60 to 30. As a result, since January 2014, the hospital deployed 30 personnel as a Level 1+ hospital. Also, the Mission's COE and MOU Management Review Board (CMMRB) in February 2015 recommended to DFS to amend the MOU to reflect the lower level of personnel and equipment; however, this was not done.

22. The inaccuracy in the MOU for Contingent A Level 1+ hospital was because the CMMRB's recommendation did not specifically propose a downgrade of the hospital to Level 1+ and itemize the modules required. The recommendation also did not clarify the medical self-sustainment category for the hospital. Additionally, UNIFIL and DFS had not adequately followed up on the CMMRB recommendation.

23. As a result, reimbursements for major equipment and self-sustainment categories were higher than necessary.

(3) UNIFIL should clarify the capability level of the hospital at UN Position 7-2 and follow up with DFS on the recommendation by the Mission's Contingent Owned Equipment and Memorandum of Understanding Management Review Board to amend the memorandum of understanding with the concerned troop-contributing country to reduce the capacity of the hospital and to discontinue unnecessary reimbursements.

[2] A Level 2 hospital has a minimum of 63 medical personnel, including an aero-medical team, and provides, in addition to all Level 1 capabilities, capabilities for emergency surgery, damage control surgery, post-operative services and high-dependency care, intensive care resuscitation and inpatient services, basic imagistic services, laboratory, pharmaceutical, preventive medicine and dental services. A Level 2 hospital can perform three to four surgical operations per day, and provide hospitalization of 10 to 20 patients for up to seven days, 40 outpatients per day and 5 to 10 dental treatments per day.

UNIFIL accepted recommendation 3 and clarified that the capability level of the hospital was Level 1+, as indicated in the statement of units and agreed by DPKO. The Mission would convene a CMMRB meeting to formalize the capability level of the hospital and propose an amendment of the MOU to DFS. Recommendation 3 remains open pending receipt of the CMMRB recommendation and confirmation from UNIFIL that the MOU has been amended.

Utilization rate and cost effectiveness of Sector East hospitals

24. The DPKO Medical Support Manual requires efficient and timely provision of medical services. The COE Manual states that each TCC is to deploy Level 1 medical care for their troops, but missions are required to provide Level 1 medical care for TCCs without their own facilities.

25. The average utilization rate for the Mission's hospitals was 41 per cent. Seven of the 17 hospitals were located close to one another. In Sector West, three Level 1 hospitals were located within 4.4 kilometres from one another, with utilization rates of 32, 48 and 20 per cent, respectively. Although the three hospitals were not fully utilized, it was not practical to reconfigure or relocate them for better utilization, as they were located in the TCCs' respective positions.

26. In Sector East, four hospitals were located within 1.8 kilometres from each other; two of the four were co-located at UN Position 7-2. Utilization rates of the four hospitals were 47 (Contingent A), 45 (Continent B), 16 (Contingent C), and 36 (Contingent D) per cent, respectively, as shown in Table 1.

Table 1: Analysis of operating costs and utilization rates* of clustered Sector East hospitals

Services	***Contingent A Level 1+***	***Contingent B Level 1***	***Contingent C Level 1***	***Contingent D Level 1***
Level 1	**40%**	**45%**	**16%**	**36%**
Level 1+ components	4%	N.A.	N.A.	N.A.
Gynaecology/acupuncture	3%	N.A.	N.A.	N.A.
Total medical services	**47%**	**45%**	**16%**	**36%**
Dental	44%	N.A	N.A.	54
Reimbursements (in millions of United States dollars)	**$2.3**	**$0.8**	**$0.4**	**$0.7**

Source: Summary of UNIFIL's hospital utilization (MSA-3A) reports
*Full utilization is 7,300 patient visits per year calculated by 20 patient visits per day times 365

a) Low utilization of the Contingent C Level 1 hospital at UN Position 7-3 was because of operational requirements

27. The utilization rate of the Contingent C hospital was low at 16 per cent. The Contingent C Level 1 hospital was located at UN Position 7-3, where 180 of its engineering company and 75 of another contingent's military police personnel were co-located. The military police personnel had been deployed to UN Position 7-3 since 2008 without their own hospital. UNIFIL arranged for the Contingent A hospital at UN Position 7-2 to provide Level 1 coverage for the military police personnel as indicated in the MOU with Contingent A. In 2010, Contingent C was deployed to UN Position 7-3 with a Level 1 hospital that had sufficient capacity to provide medical coverage for both Contingent C and the military police personnel. However, UNIFIL decided to continue to assign Level 1 hospital coverage for the military police personnel to the Contingent A hospital. This was because the Contingent C Company was tasked to perform demining and construction works at remote locations and needed to be dispatched along with its medical teams, which

could therefore not support the military police personnel. OIOS concluded that the low utilization rate of the Contingent C Level 1 hospital was because of operational requirements.

b) Cost effectiveness of the Contingent A Level 1+ hospital at UN Position 7-2 needed to be reassessed

28. The Contingent A hospital at UN Position 7-2 was to provide Level 1+ coverage for five TCCs (Contingents B, C, D, E and F) and both Level 1 and Level 1+ coverage for 75 Contingent E military police at UN Position 7-3 and its 30 Contingent A medical personnel. The Contingent A hospital was a stand-alone hospital staffed by Contingent A medical personnel to serve other TCCs in the Sector East without its own battalion. In accordance with the MOU, Contingent A was reimbursed for its 30 medical personnel and various equipment as well as self-sustainment at a rate of a Level 2 hospital, as discussed above.

29. The overall utilization rate of the Contingent A Level 1+ hospital was 47 per cent; however, the utilization rate of the additional Level 1+ components of the hospital was only 4 per cent. The TCCs in Sector East in most of cases resorted to the Naqoura hospital for Level 1+ medical services, despite additional distance of 50 to 100 kilometres. The fact that only 2 of the 30 personnel at the Contingent A hospital were conversant in English contributed to the low utilization of the Level 1+ components of the hospital. The language barrier was pointed out by an OIOS audit of medical services in 2010 and a DPKO report in 2014, but the TCC had not deployed a sufficient number of personnel with adequate language skills to improve the situation. The Mission provided local language assistants, but they were not conversant in Contingent A's language. During the audit, the Mission requested DPKO/DFS to approach the TCC to rectify the situation. Based on the action taken, OIOS is not making a recommendation on this issue.

30. The low utilization of the Level 1+ hospital was, in OIOS' view, also because the current modality of deploying a stand-alone hospital comprising both Level 1 and 1+ capabilities to UN Position 7-2 was not cost effective, as there was an existing Level 1 hospital. An alternative modality of upgrading the existing Level 1 hospital at UN Position 7-2 (Contingent B) with Level 1+ components and discontinuing the current Contingent A Level 1+ hospital would provide significant savings. However, the TCC had declined to provide additional medical services. As the implementation of recommendation 3 would review the cost effectiveness of the Level 1+ hospital, OIOS did not make an additional recommendation on this issue.

Treatment of ineligible persons posed potential capacity shortage and legal exposure

31. Force Commander Directive 2010/08 of UNIFIL states that the Mission's Naqoura hospital has no obligation to provide medical services to the local population, except for emergency cases. The directive indicates that medical personnel of TCC hospitals may provide non-emergency medical services to the local population when such capacity is available. Local patients are required to sign a medical waiver of liability form releasing the Mission from any liabilities in connection with the medical care provided to them.

32. In 2016, the Naqoura hospital provided non-emergency treatment to about 2,000 local civilians, including 256 local contractors and their employees. This represented 30 per cent of the hospital's capacity. The hospital also provided non-emergency treatments, such as periodic medical examinations, blood tests and dental care to 611 civilian staff including 7 of their dependents, representing 8 per cent of the hospital's capacity. The guidelines and directive did not mention treatment of civilian staff but, in OIOS' view, civilian staff should not be eligible for non-emergency treatments at the Naqoura hospital as UNIFIL is a family duty station with commercial medical services available. All of these treatments were provided free of charge.

33. TCC hospitals, like the Naqoura hospital, treated about 12,000 local civilians, which represented 11 per cent of their combined capacities.

34. The above happened because the Medical Section did not enforce the implementation of the Force Commander Directive 2010/08. It however created undue reliance and expectations on the hospitals by ineligible persons and placed them in a difficult position of rejecting local patients in the future should the hospitals' capacity reduce or if there were large scale emergencies. The Naqoura hospital was operating at 89 per cent of its capacity, excluding dental services which was at 24 per cent.

35. UNIFIL commented that the hospital in Naqoura provided medical support to the local population and Mission civilian staff on an emergency and outpatient basis. The Mission considered the practice of treating non-United Nations civilians to be within the overall broader context of mandate implementation and as part of the overall strategic objective of winning the hearts and minds of the local population. The services were being provided within available resources and in a way that it did not affect the operational ability of the hospital. Discontinuation of this support may negatively affect the perception of the local population and have a negative impact on the Mission. In light of UNIFIL's comments, OIOS did not make a recommendation on this issue.

36. In addition, neither the Naqoura hospital nor any of the TCC hospitals asked non-United Nations civilian patients to sign a medical waiver of liability. This exposed the Mission to potential legal liability associated with the medical treatment provided to the local population.

(4) UNIFIL should take action to ensure that non-United Nations civilians complete medical waiver of liability forms before receiving treatment at all its medical facilities.

UNIFIL accepted recommendation 4 and stated that the Medical Section had initiated the usage of a waiver form. Recommendation 4 remains open pending receipt of the approved waiver of liability form and confirmation that the form is being used at all UNIFIL facilities.

Need to enhance hygiene inspections of Mission medical facilities

37. The Medical Support Manual requires the CMO to conduct inspections of missions' medical facilities to ensure adherence to professional and clinical standards. The DFS Guidelines for COE provide that the Force Medical/Hygiene Officer should inspect and assess hygiene conditions of medical facilities, equipment and supplies. In addition, UNIFIL's 2010 memorandum issued to contingents provides several guidelines for contingents to implement to monitor the hygiene conditions of their hospitals.

38. Although the COE verification reports during the audit period indicated that all TCC hospitals were in serviceable condition, visits to 8 out of 16 TCC hospitals indicated there were some areas requiring improvements. Three hospitals did not have a proper consultation room including one consultation area that was in the hallway, which did not provide any privacy. None of the eight hospitals had a separate laundry facility and were sharing a common washing machine with non-patient personnel, which could result in cross-contamination. There were no separate cooking facilities in all eight hospitals. Three hospitals had mold either on the ceiling or washroom walls. One hospital did not have a washroom.

39. This happened because the Mission's mechanism to inspect hygiene condition of hospitals was not effective and the CMO's representative used a standard COE inspection worksheet, which did not include a specific section to assess the hygiene conditions of hospitals. As a result, there were health risks to the personnel treated at the Mission's medical facilities.

40. UNIFIL commented that since the audit, its Medical Section had established a monitoring mechanism to ensure that all UNIFIL medical facilities are inspected on a quarterly basis or as and when required as per the Medical Support Manual. As part of the quarterly COE inspection, the hygiene conditions in Mission-wide facilities, including medical facilities, will be assessed and recorded. The Mission provided an example of a report with findings and recommendations from the latest inspection that had been prepared and submitted to the relevant authorities for remedial actions on hygiene issues. In light of the action taken, OIOS did not make a recommendation on this issue.

C. Management of medical inventory, information and waste disposal

Controls over the management of medical equipment and inventory needed improvement

41. The Property Management Manual for United Nations Peacekeeping Missions requires the Medical Section to maintain accurate records of the location and condition of its medical equipment. DFS 2015 directive on property management requires all inventory transactions in Galileo to be updated timely to facilitate physical counts and reconciliation of discrepancies of expendable property.

42. An inspection of 45 out of 169 medical equipment showed that all were properly maintained and tagged. The staff also had adequate skills to operate the equipment. However, the Galileo asset management system had not been timely updated to reflect issuance, returns or write-offs for 19 of them.

43. Physical verification of 100 ($473,802) out of 868 ($654,612) expendable items (12 per cent of items and 72 per cent of value) identified discrepancies between the results of the count and Galileo records for 44 of them, and several instances of noncompliance with the required procedures. This included non-investigation of inventory adjustments beyond the medical warehouse manager's authority, absence of stock numbers and wrong bin locations.

44. OIOS did not identify any cases of loss of medical equipment and inventory. However, the above could result in waste and financial loss if adequate stock records are not maintained.

45. The discrepancies occurred because supervision by the Medical Section of property and inventory management was inadequate. Interviews of staff members indicated that they were not well aware of established procedures, the importance of accurate property and inventory management and associated accountabilities. For example, the Section had a long standing practice of not segregating the functions of inventory issuance and storage and allowing staff to bypass the required issuance and write-off procedures in Galileo. Also, the Section did not properly conduct 100 per cent verification and reconciliation of items as required.

(5) UNIFIL should take appropriate actions to enhance management of medical inventory and equipment. This should include: (i) segregating the issuance and storage functions; (ii) properly organizing medical warehouses with adequate space, shelfing, packaging and labelling of inventory; (iii) conducting 100 per cent verification and reconciliation; and (iv) training the Medical Section personnel on the importance of and accountability for asset management.

UNIFIL accepted recommendation 5 and stated that it had assigned a medical officer to supervise inventory and warehousing operations. The Mission had also established a team to conduct monthly random inspections and quarterly comprehensive (100 per cent) inspections of the medical warehouse to ensure proper segregation of issuance and storage, packaging and labelling and other functions related with inventory management. Training had started for the Galileo Decommissioning

Project, Central Warehousing and Umoja replacement system to develop the skills of staff involved in using the new systems. Recommendation 5 remains open pending receipt of evidence of the actions taken to enhance management over medical inventory and equipment.

Controls over medical reports and information were inadequate

46. The Medical Support Manual requires the CMO to submit five type of reports (MSA-1A, 1B, 2, 3A and 3B) to DFS. MSA-1A and 1B reports for individual injuries and casualties are required to be submitted within 24 hours or two weeks of the incident respectively. MSA-2, 3A and 3B reports on statistics of medical treatments and utilization of facilities are required on a monthly or quarterly basis.

47. A review of 79 out of 1,058 medical reports during the audit period indicated that 47 reports were submitted late. Also, 26 of the 79 reports did not adequately record the required information. Ten MSA-1A reports omitted the date and time of injuries and contained incorrect medical condition priority codes. Ten MSA-1B reports did not indicate information on evacuation and first medical treatments administered. Six MSA-2 reports contained incorrect statistics on personnel strength.

48. According to the Medical Support Manual, all military personnel of the Mission are required to submit their health records to the Mission and if illness or injury occurs, the diagnosis and treatment provided must be accurately documented in these records.

49. Visits to nine hospitals showed that six hospitals, including the Naqoura hospital, did not maintain records of patients indicating their medical history and the treatments provided. They only maintained logbooks of intake of patients. This was despite the fact that each peacekeeper brought individual medical records when deployed to the Mission.

50. The above occurred because the Medical Section did not have a monitoring mechanism to ensure that their reports to DFS contained all required information and were submitted on time. This reduced the ability of the Mission and DFS to monitor trends of medical incidents occurring at the Mission and performance of the Mission's medical teams. Not maintaining and updating individual patient records has been a practice at UNIFIL and could hinder provision of effective ongoing treatment of patients and result in redeployment of military personnel with recurring or pre-existing medical conditions.

(6) UNIFIL should establish a monitoring mechanism to ensure that: (i) its medical reports contain all required information and are submitted to DFS in a timely manner; (ii) and all hospitals maintain adequate patient records indicating the treatments provided.

UNIFIL accepted recommendation 6 and stated that due to regular rotation of military personnel, there had been intermittent breaks in collecting the required reports. The Medical Services Section at United Nations Headquarters had developed a new software, called the MSS Reporting Tool, to address this issue, which UNIFIL was implementing at all its hospitals and had requested all TCCs' senior medical officers to use. Recommendation 6 remains open pending confirmation of full implementation of the software and evidence of its use to properly maintain patient records.

Controls over waste disposal needed improvement

51. The Medical Support Manual requires the Mission's hospitals to segregate medical waste into different categories and transfer and store them in the refrigerated waste collection container at UNIFIL headquarters. The Property Disposal Unit (PDU) is to coordinate with the Mission's contractor for their monthly collection, and verify the quantity of medical waste removed for payments to the contractor at $2.5 per kilogram. The contractor is required to provide UNIFIL with evidence of required insurances and

license issued by local authorities and performance bond. UNIFIL is required to evaluate the contractor's performance quarterly to review key performance indicators.

52. PDU ensured timely collection of medical waste and accurately certified payments to the contractor. However, the following weaknesses were identified.

- Although UNIFIL hospitals segregated medical waste as required, once transferred to the central refrigerated collection center at UNIFIL headquarters, all types of medical waste were mixed up in garbage bags, except for medical sharps that were stored in specified containers. This was despite separate containers being available;

- A new contract commenced on 15 February 2017 and required the contractor to submit the required insurances and performance bond within 10 days. However, the contractor had not yet submitted them as at 30 May; and

- UNIFIL conducted quarterly performance meetings with the contractor but did not evaluate key performance indicators. Also, the Mission inspected the contractor's facility only once during the audit period in June 2016.

53. The above happened because PDU did not enforce the requirement of segregating accumulated medical waste and monitor the contractor's performance. As a result, there was no assurance that the various types of medical waste were properly treated and the Mission was safeguarded from legal and financial exposure relating to the contractor's performance.

(7) UNIFIL should take action to enforce and monitor implementation of the established procedures on medical waste management by ensuring proper segregation of medical waste, obtaining performance bond and insurances from the contractor and conducting quarterly evaluation of key performance indicators and site inspections.

UNIFIL accepted recommendation 7 and stated that the Medical Section would implement measures to ensure the proper segregation of medical waste. In addition, the Section would re-institute quarterly inspections of the contractor's facility, and liaise with the Procurement Section to obtain the performance bond and insurances required in the contract. Recommendation 7 remains open pending receipt of established monitoring procedures and confirmation that the performance bond and required insurances are in place.

V. ACKNOWLEDGEMENT

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

(*Signed*) Eleanor T. Burns
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ANNEX I

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Interim Force in Lebanon

Rec. no.	Recommendation	Critical[3]/ Important[4]	C/ O[5]	Actions needed to close recommendation	Implementation date[6]
1	UNIFIL should: (i) establish a stress prevention and management programme for all personnel, which should include training contingent medical personnel on recognizing stress and mental health issues for referral; and (ii) explore the possibility of appointing a force psychiatrist/psychologist to cater to military personnel.	Important	O	Receipt of evidence that the Mission has established a stress prevention and management programme for all personnel.	30 September 2018
2	UNIFIL should update the standard operating procedures for its human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) programme to inform Mission personnel of its strategy and to clarify the roles and responsibilities of the Mission personnel involved in its delivery.	Important	O	Receipt of updated standard operating procedures for the HIV/AIDS programme.	30 September 2018
3	UNIFIL should clarify the capability level of the hospital at UN Position 7-2 and follow up with DFS on the recommendation by the Mission's Contingent Owned Equipment and Memorandum of Understanding Management Review Board to amend the memorandum of understanding with the concerned troop-contributing country to reduce the capacity of the hospital and to discontinue unnecessary reimbursements.	Important	O	Receipt of the CMMRB recommendation and confirmation from UNIFIL that the MOU has been amended.	30 September 2018
4	UNIFIL should take action to ensure that non-United Nations civilians complete medical waiver of liability forms before receiving treatment at all its medical facilities.	Important	O	Receipt of the approved waiver of liability form and confirmation that the form is being used at all UNIFIL facilities.	31 March 2018

[3] 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.
[4] 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.
[5] C = closed, O = open
[6] Date provided by UNIFIL in response to recommendations.

ANNEX I

STATUS OF AUDIT RECOMMENDATIONS

Audit of medical services in the United Nations Interim Force in Lebanon

Rec. no.	Recommendation	Critical[3]/ Important[4]	C/ O[5]	Actions needed to close recommendation	Implementation date[6]
5	UNIFIL should take appropriate actions to enhance management of medical inventory and equipment. This should include: (i) segregating the issuance and storage functions; (ii) properly organizing medical warehouses with adequate space, shelfing, packaging and labelling of inventory; (iii) conducting 100 per cent verification and reconciliation; and (iv) training the Medical Section personnel on the importance of and accountability for asset management.	Important	O	Receipt of evidence of the actions taken to enhance management over medical inventory and equipment.	30 June 2018
6	UNIFIL should establish a monitoring mechanism to ensure that: (i) its medical reports contain all required information and are submitted to DFS in a timely manner; (ii) and all hospitals maintain adequate patient records indicating the treatments provided.	Important	O	Confirmation of full implementation of the software and evidence of its use to properly maintain patient records.	31 March 2018
7	UNIFIL should take action to enforce and monitor implementation of the established procedures on medical waste management by ensuring proper segregation of medical waste, obtaining performance bond and insurances from the contractor and conducting quarterly evaluation of key performance indicators and site inspections.	Important	O	Receipt of established monitoring procedures and confirmation that the performance bond and required insurances are in place.	31 March 2018

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22 September 2017

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

From: Major General Michael Beary,
Head of Mission and Force Commander, UNIFIL

Subject: **Draft Report on an audit of Medical Services the United Nations Interim Force in Lebanon (Assignment No. AP2017/672/08)**

1. I refer to your memorandum Ref. No. IAD: 17-MO0901 dated 12 September 2017 on the above subject. Please find attached, UNIFIL's response to the recommendations contained in the subject Draft Report including action plans with target implementation dates.

2. In following the usual procedure, copies of the supporting documents will only be provided to MERAO based at UNIFIL HQ and will not be transmitted to you with this Mission's response.

Thank you and best regards.

Cc: Mr. Effendi Syukur, Chief Audit Response, Risk Management and BOI Unit, UNIFIL
Ms. Cynthia Avena-Castillo, Professional Practices Section, Internal Audit Division, OIOS

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Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	UNIFIL should: (i) establish a stress prevention and management programme for all personnel, which should include training contingent medical personnel on recognizing stress and mental health issues for referral; and (ii) explore the possibility of appointing a force psychiatrist/psychologist to cater to military personnel.	Important	Yes	Chief Medical Officer	30 September 2018	UNIFIL has only one Staff Counsellor who provides psychosocial support to UNIFIL civilian personnel. The Staff Counsellor falls under the direct supervision of the DMS. For military personnel, the Staff Counsellor, in liaison with the Chief Medical Officer, will provide train-the-trainer session to the TCCs' Senior Medical Officers (SMO) on stress management, mental health related issues in the Mission and recognizing these issues. The SMO will be tasked with ensuring delivery of stress management workshops to their personnel. The mission can further explore the possibility of appointment of a force psychiatrist/psychologist.
2	UNIFIL should update the standard operating procedures for its human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) programme to inform Mission personnel of	Important	Yes	Chief of HIV/AIDS Unit	30 September 2018	The UNIFIL standard operating procedures (SOP's) for the HIV / AIDS program will be updated soon after completion of the ongoing review of the DPKO/DFS Policy

[1] Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.

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

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	its strategy and to clarify the roles and responsibilities of the Mission personnel involved in its delivery.					Directive on the Roles and Functions of HIV/AIDS Units in Peacekeeping operations. The revised SOP's will clarify the roles and responsibilities of the mission personnel involved in the delivery of the program.
3	UNIFIL should clarify the capability level of the hospital at UN Position 7-2 and follow up with DFS on the recommendation by the Mission's Contingent Owned Equipment and Memorandum of Understanding Management Review Board to amend the memorandum of understanding with the concerned troop-contributing country to reduce the capacity of the hospital and to discontinue excessive reimbursements of at least $768,000 per year.	Important	Yes	Chief Medical Officer/ Chief COE Unit/ Chief Mission Support Center	30 September 2018	The hospital at UN Position 7-2 is a Level 1+ hospital, as per the Statement of Unit Requirements and Military Capability Study, which OMA UNHQ NY has agreed Ref MARS Log NO :000468 Dated 10 Jan 2013. (Attachment A). The further process and updated status is available (Attachment B). A COE/MOU Management Review Board (CMMRB) meeting shall be conducted at the Mission level to formalize the process and to incorporate the requirements/capability of the proposed hospital and be forwarded to UNHQ proposing an amendment to the MOU. Mission noted that the statement of "excessive reimbursements of $768,000 as shown in Table 2 of Detailed Audit Results is not accurate as it does not truly represent accurate data in its comparative cost

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						analysis (example: additional maintenance and personnel cost for stand-alone UNOE Level 1+ was not included, additional cost for surgical capabilities for personnel and equipment were not included, specialist rate is no longer applicable, etc). Hence, in order to reflect factual accuracy, Mission kindly requests that this statement be omitted from audit final report.
4	UNIFIL should take action to ensure that non-United Nations civilians complete medical waiver of liability forms before receiving treatment at all its medical facilities.	Important	Yes	Chief Medical Officer	31 March 2018	UNIFIL Hospital in Naqoura provides medical support to non-UN civilians on emergency and outpatient basis. The practice of treating non-UN civilians is considered within the overall broader context of mandate implementation, as this kind of medical support is provided to the community among which UNIFIL operates, and it is provided within the available resources and in such a way that it does not affect the operational ability of the hospital. Discontinuation of this support may negatively affect the perception of the local population and have a negative impact on the Mission. This is part of the overall strategic

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						objective of winning the hearts and minds of the local population. The usage of a waiver form has been initiated by the UNIFIL Medical Section. The related FC Directive and Waiver Form are attached (Annex C).
5	UNIFIL should take appropriate actions to enhance management of medical inventory and equipment. This should include: (i) segregating the issuance and storage functions; (ii) properly organizing medical warehouses with adequate space, shelfing, packaging and labelling of inventory; (iii) conducting 100 per cent verification and reconciliation; and (iv) training the Medical Section personnel on the importance of and accountability for asset management.	Important	Yes	Chief Medical Officer	30 June 2018	To enhance the supervision and management over medical inventory and warehousing, a Medical Officer has been assigned to perform the supervision on inventory and warehousing operations and a team has been established to conduct monthly and random inspections as well as a comprehensive 100% quarterly inspection of the medical warehouse in term of proper segregation of issuance and storage, packaging and labelling and other allied functions related with inventory management. (Attachment D). Training has been started for the Galileo Decommissioning Project and Central Ware Housing and UMOJA replacement system to train and develop the skills of medical staff involved in using the new systems.

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6	UNIFIL should establish a monitoring mechanism to ensure that: (i) its medical reports contain all required information and are submitted to DFS in a timely manner; (ii) and all hospitals maintain adequate patient records indicating the treatments provided.	Important	Yes	Chief Medical Officer	31 March 2018	With the regular rotation of the Contingents and Staff Officers, there has been a break at times in the collection of the required reports. This issue has been addressed through the introduction of a new software developed by the Medical Services Section at UNHQ, NY called the MSS Reporting Tool. The software is being implemented in UNIFIL for all Level 1/1+ hospitals. All Senior Medical Officers (SMO) of the TCCs have been requested to use this system (Attachment E), and a sample report is herewith attached as (Attachment F)
7	UNIFIL should take action to enforce and monitor implementation of the established procedures on medical waste management by ensuring proper segregation of medical waste, obtaining performance bond and insurances from the contractor and conducting quarterly evaluation of key performance indicators and site inspections.	Important	Yes	Chief Medical Officer/ PMU Supply Chain Unit	31 March 2018	Medical Section will implement measures to ensure the proper segregation of medical waste by color coded bags and disposal bins will be procured to ensure segregation of waste. In addition, quarterly inspections of contractor's facility have been re-instituted, and CMU /Procurement Section will obtain the performance bond and insurances required in the contract.