INTERNAL AUDIT DIVISION

AUDIT REPORT

Medical evacuation at UNHCR

UNHCR needs to regularly analyze medical evacuation-related data and determine the underlying reasons for any disproportionate trends

19 November 2009
Assignment No. AR2009/160/05

United Nations Nations Unies

INTEROFFICE MEMORANDUM MEMORANDUM INTERIEUR

OFFICE OF INTERNAL OVERSIGHT SERVICES · BUREAU DES SERVICES DE CONTRÔLE INTERNE

INTERNAL AUDIT DIVISION · DIVISION DE L'AUDIT INTERNE

TO: Mr. António Guterres, High Commissioner
A: United Nations High Commissioner for Refugees

DATE: 19 November 2009

REFERENCE: IAD: 09- 03136

FROM: Fatoumata Ndiaye, Acting Director
DE: Internal Audit Division, OIOS

SUBJECT: **Assignment No. AR2009/160/05 – Audit of medical evacuation at UNHCR**
OBJET:

1. I am pleased to present the report on the above-mentioned audit.

2. Based on your comments, we are pleased to inform you that we will close recommendations 3 and 5 in the OIOS recommendations database as indicated in Annex 1. In order for us to close the remaining recommendations, we request that you provide us with the additional information as discussed in the text of the report and also summarized in Annex 1.

3. Please note that OIOS will report on the progress made to implement its recommendations in its annual report to the General Assembly and semi-annual report to the Secretary-General.

cc: Ms. Janet Lim, Assistant High Commissioner, UNHCR
Ms. Karen Farkas, Controller and Director, DFAM, UNHCR
Ms. Maha Odeima, Audit Coordinator, UNHCR
Mr. Swatantra Goolsarran, Executive Secretary, UN Board of Auditors
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INTERNAL AUDIT DIVISION

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EXECUTIVE SUMMARY

Audit of medical evacuation at UNHCR

OIOS conducted an audit of medical evacuation (MEDEVAC) at the Office of the United Nations High Commissioner for Refugees (UNHCR). The overall objective of the audit was to assess the adequacy of the arrangements in place for the provision of medical services through MEDEVAC to UNHCR staff members and their dependents. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

The audit concluded that UNHCR needs to improve and strengthen its internal controls with respect to MEDEVAC, particularly in regard to the analysis of MEDEVAC data and determining the underlying reasons for any disproportionate trends. The main findings and the actions initiated by UNHCR to address them are as follows:

- UNHCR has not provided training in MEDEVAC rules, instructions and procedures to staff administering MEDEVAC in the field. UNHCR is in the process of developing the related training material.

- UNHCR needs to put adequate controls in place to ensure full confidentiality of medical reports. UNHCR is undertaking initiatives to deal with this issue.

- The Division of Human Resources Management needs to comply with its requirement to provide statistics pertaining to MEDEVAC. Furthermore, the Division needs to analyze these statistics in order to determine whether any follow-up action needs to be taken. UNHCR has now prepared the statistics for 2008.

- UNHCR needed to complete a review of recognized locations for MEDEVAC. UNHCR has since provided the finalized list of Regional Medical Evacuation Centres.

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I. INTRODUCTION

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical evacuation (MEDEVAC) at the Office of the United Nations High Commissioner for Refugees (UNHCR). The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

2. The purpose of medical evacuation is to allow staff members and eligible dependants the opportunity to secure essential medical care or treatment for a severe illness or injury requiring medical intervention that is locally unavailable or inadequate. The MEDEVAC scheme therefore constitutes a form of official travel. It does not constitute any commitment on the part of UNHCR for meeting medical expenses, the reimbursement of which is governed by appropriate medical schemes. UNHCR is increasingly involved in field activities in hardship duty stations, which typically increases the frequency for the need for MEDEVAC.

3. Internationally recruited staff members, their spouses and dependent children residing at the duty station, as well as internationally recruited consultants (for service-incurred accidents only), may be evacuated in case of acute illness or injury for the purpose of securing essential medical care or treatment, which cannot be secured locally because of inadequate medical facilities. Locally recruited staff members, their spouses and dependent children, for whom the Organization has not assumed responsibility for relocation to or from the duty station, are normally expected to avail themselves of the facilities available locally. However, MEDEVAC will be considered if a locally recruited staff member suffers from an acute life-threatening medical emergency, and the available local facilities offer an inadequate response. Staff members on mission status also are eligible for MEDEVAC. United Nations Volunteers and project and other staff hired by UNHCR not listed above, or staff of implementing partners, are not eligible for MEDEVAC.

4. The escorts approved for MEDEVAC purposes are medical escorts (physician or nurse) for an evacuee who requires medical attention during travel and a family member escort, for an evacuee who has either a psychiatric condition, is under the age of 18, is incapacitated or is a donor. MEDEVAC is not authorized during Special Leave Without Pay, annual leave when the staff member is away from the duty station or place of mission, for entry/periodic/exit medical examinations, or in cases of elective surgical procedures, dental check-ups and non-emergency dental treatment.

5. For emergency medical evacuations, the Head of Office, in consultation with the UNHCR Medical Service (UMS) of the Division of Human Resources Management (DHRM), approves the place of evacuation, which should normally be the nearest place with adequate facilities for the treatment. In addition, UNHCR has a separate contractual arrangement with International SOS (an organization specializing in emergency international medical evacuation) for MEDEVAC in extreme emergencies. In accordance with Annex C of UNHCR IOM/069/2007 FOM/072/2007 – Medical Evacuation, the Head of Office is

authorized to arrange medical evacuation travel via International SOS without consulting UMS in an extreme medical emergency, where a life-threatening condition exists and where an evacuation by normal commercial air-services cannot be organized in view of the gravity of the illness or injury.

6. DHRM is responsible for the policy aspects of MEDEVAC, while UMS handles the medical and clinical aspects. UMS is responsible for deciding whether an evacuation is justified, the location where the person will be transported as well as the duration of MEDEVAC. MEDEVAC has financial implications in the form of travel costs and Daily Subsistence Allowance (DSA). The travel and DSA costs are settled at the field office upon completion of the MEDEVAC. The authority to approve MEDEVAC to the nearest place with adequate facilities for the treatment within the region or the country of home leave, on the recommendation of the UN designated physician, is delegated to the Head of Office in consultation with UMS. In all other cases, UMS must give prior approval before a MEDEVAC can take place. UNHCR has detailed procedures regarding the approval process.

7. The rules, regulations and procedures concerning MEDEVAC are provided in the following documents:

(a) UNHCR Staff Administration and Management Manual (chapter 7);
(b) ST/AI/2000/10 – Medical Evacuation, dated 21 September 2000;
(c) FOM/020/2007 – Processing and Filing of Essential Documentation Pertaining to Medical Evacuations, dated 31 January 2007; and
(d) IOM/069/2007 FOM/072/2007 – Medical Evacuation, dated 24 December 2007.

8. MEDEVAC services were utilized 352 times in 2007, out of which 120 related to international staff and 232 related to local staff. There were five evacuations involving assistance from International SOS and 120 cases where accompaniments were authorized. There were 251 cases of initial evacuation, with 92 cases relating to follow-up treatments. During the same period, UMS granted 119 extensions to an initial period of evacuation. Fifty-three staff members were evacuated twice in 2007, while 18 staff members were evacuated three times. Four staff members were evacuated four times, two were evacuated five times and one staff member was evacuated six times in 2007. UMS refused ten evacuations during 2007. Each of MEDEVAC case was approved by UMS in accordance with the rules.

9. Comments made by UNHCR are shown in *italics*.

II. AUDIT OBJECTIVES

10. This report highlights key organizational issues OIOS identified during its audits of MEDEVAC which were conducted at UNHCR operations in the Democratic Republic of the Congo (DRC), Sudan and Afghanistan, besides the audit work done at UNHCR Headquarters in Geneva. The overall objective of the audit was to assess the adequacy of the arrangements in place for the

provision of medical services through MEDEVAC to UNHCR staff and their dependents.

III. AUDIT SCOPE AND METHODOLOGY

11. OIOS conducted an audit of MEDEVAC in the DRC, Sudan and Afghanistan between December 2008 and April 2009 and included transactions entered into in 2007 and 2008. The approval for medical evacuation is performed at UNHCR headquarters in Geneva. Consequently, OIOS conducted its preliminary planning and risk assessment, as well as the follow-up on issues identified in the field audits, at the headquarters, through interviews with personnel and review and analysis of records and documentation available.

12. For reasons of confidentiality, the medical justifications that led to the decision to medically evacuate the beneficiaries were not within the scope of the audit.

IV. AUDIT FINDINGS AND RECOMMENDATIONS

A. Training in MEDEVAC rules and procedures

UNHCR has not conducted training for MIP Administrators in MEDEVAC rules, instructions and procedures

13. The Personnel Administration and Payroll Section of DHRM (PAPS) is required to perform training for MIP Administrators, who are also practically in charge of MEDEVAC in the field locations. PAPS has not provided this training for at least two years. The training sessions would provide a forum to educate the Administrators on specific aspects of medical and administrative issues related to MEDEVAC.

Recommendation 1

(1) The UNHCR Division of Human Resources Management should ensure that the Lead Medical Insurance Plan Administrators in the field are adequately trained in medical evacuation rules, instructions and procedures.

14. *DHRM accepted recommendation 1 but stated that the assumption that the Lead Medical Insurance Plan Administrator in the field is also responsible for the administration/monitoring of medical evacuations is not correct. This may be correct in some duty stations, but it is not applicable everywhere. Therefore, PAPS does not agree to provide training on this matter in conjunction with MIP training. Notwithstanding the above, PAPS agrees that specific training should be provided on this topic. PAPS will undertake to develop, in collaboration and consultation with the Medical Service and the Global Learning Centre, the required training material. As the subject is very specific and, as mentioned*

above, staff responsible for MEDEVAC may vary from each office according to exigencies of service, PAPS therefore decided that training should be provided online rather than through specific workshops. Recommendation 1 remains open pending the implementation of the training programme.

B. Confidentiality of medical information

Measures to ensure the confidentiality of medical information related to MEDEVAC cases are inadequate

15. UMS was concerned that, while medical reports are required to be sent by the attending physician directly to UMS (IOM/069/2007 FOM/072/2007, paragraph 45, Annex G and Annex I), sometimes the information is also sent to the MIP Administrators in the field. Considering that the medical history and details of staff are strictly confidential, OIOS agrees that it would be a breach of the UN rules should the MIP Administrator, or any other staff member for that matter, have the opportunity to see the concerned staff member's medical report. Paragraph 48 of IOM/069/2007 FOM/072/2007 states that "[m]edical information is confidential and should be treated as such, whether within offices or in the transmission to UMS, other offices or medical facilities." This statement conflicts with the rule that medical reports should be sent by the attending physician directly to UMS, as it implies that there is a possibility that a medical report might not necessarily go directly to UMS. OIOS is of the opinion that controls need to be put in place to ensure that medical reports and medical request forms do not transfer through the field offices and should under no circumstances be filed in a staff member's personnel file.

Recommendation 2

(2) The UNHCR Division of Human Resources Management should ensure that robust controls are put in place and documented in relevant rules, instructions and procedures to safeguard the confidentiality of staff members' medical reports relating to medical evacuation cases.

16. *DHRM accepted recommendation 2 and stated that the issue of confidentiality was discussed at length during a two-day UMS/PAPS meeting which took place in Budapest from 18 to 19 May 2009. During the meeting, it appeared that in certain instances confidentiality might be jeopardized by the initial e-mail message through which authorization is granted by UMS and which is copied for administrative purposes to HR/Administrative staff. Therefore, UNHCR has suggested that UMS' reply to a staff member or her/his physician, which is copied to HR/Administrative staff, will not contain a copy of the medical report or mention any health issue. In addition, DHRM will shortly issue an all staff e-mail message reiterating the importance of confidentiality on matters related to the health status of staff members.* Recommendation 2 remains open pending the implementation of the new initiatives and confirmation of its implementation.

C. Statistical information and analysis of data

UNHCR has not complied with its requirement to provide statistics pursuant to IOM 069/2007 FOM 072/2007

17. Paragraph 82 of the IOM/069/2007 FOM/072/2007 stipulates that "upon completion of the medical evacuation, i.e. upon settlement of the travel claim, the Human Resources/Administrative Officer at the Field Office must send, referring to the MEDEVAC authorization number, scanned copies of the travel claims along with necessary documentation (excluding medical reports), to the GroupWise mailbox HQMS00@unhcr.org copied to MEDEVAC@unhcr.org. This information will help PAPS in providing reliable statistics pertaining to medical evacuations." OIOS noted that PAPS was not complying with this requirement. Instead, OIOS had to obtain some of the statistical information on MEDEVAC cases from UMS.

Recommendation 3

(3) The UNHCR Division of Human Resources Management should comply with the requirement in paragraph 82 of IOM/069/2007 FOM/072/2007 – Medical Evacuation to provide reliable statistics pertaining to medical evacuations.

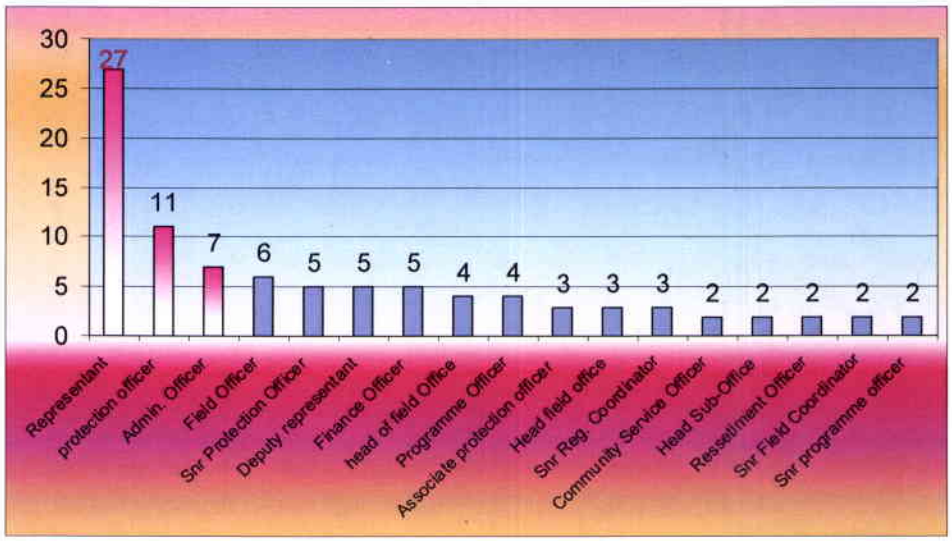
18. *DHRM accepted recommendation 3 and stated that it is correct that the IOM-FOM of 2007 indicates that PAPS will provide statistical data related to medical evacuation and that regretfully this has not been the case since the Section was out-posted to Budapest. This issue was also discussed during the bilateral meeting of UMS/PAPS of May 2009 and UNHCR agreed that UMS would be responsible for compiling the relevant statistics in order to avoid duplicate efforts. UMS will therefore compile statistics for 2009 at the beginning of next year.* DHRM provided the statistics on MEDEVAC during 2008 for OIOS' information. Based on the action taken by UNHCR, recommendation 3 has been closed.

UNHCR should perform regular statistical and trend analysis of medical evacuation related data

19. While not currently a requirement at UNHCR, good practice indicates that the compilation of statistics should be complemented by a statistical analysis of the data, to provide valuable insights into trends across various countries to determine if any follow-up action needs to be taken.

20. For example, OIOS' analysis of the evacuation statistics for 2007 and 2008 showed a disproportionately high number of episodes of evacuation of Representatives and related beneficiaries. In 2007, evacuations of Representatives (and related beneficiaries) formed 22.5 per cent of all evacuations of international staff (27 cases out of 120). In 2008, Representatives comprised 15.7 per cent of all evacuations of international staff (17 cases out of

108). The chart below provide details on evacuation by position (top 20) for international staff during 2007:



Recommendation 4

(4) The UNHCR Division of Human Resources Management should perform a regular statistical analysis of medical evacuation related data in order to determine the underlying reasons for any disproportionate trends and surges, and to allow management to take appropriate follow-up action.

21. *DHRM accepted recommendation 4 and stated that UMS will compile the relevant statistics as well as an analysis of the statistics. Statistics and related analysis will then be reviewed by the Director's Office for comments and action, if any.* Recommendation 4 remains open pending receipt of documentation on the analysis performed of MEDEVAC-related statistics for 2009.

D. Review of recognized locations for MEDEVAC

UNHCR should complete its review of recognized locations for MEDEVAC

22. The last OIOS audit of MEDEVAC at UNHCR conducted in 2006 (AR2005/162/04) recommended that the Organization review and update the list of recognized regional medical centres, in order to bring them in line with the locations designated in the United Nations Information Circular ST/IC/2000/70. DHRM indicated that this would be completed during 2008 and, as a result, the current audit revisited the issue.

23. OIOS noted that many staff members were being sent on MEDEVAC to locations that were not listed in Annex B of IOM/069/2007 FOM/072/2007 as recognized regional medical centres. For example, many staff members in the DRC were sent to Nairobi, although it was not a recognized place of MEDEVAC

according to the guidelines (Cameroon is). OIOS noted that UMS approved these exceptions on a case by case basis.

24. Discussion with UMS indicated that the list of recognized places is not practically workable. The list designated in ST/IC/2000/70 presents some practical difficulties. For example, some of the locations for specific countries do not have direct air flights. Staff members going from Liberia to South Africa, for example, would have to spend at least one night in transit. Considering the serious nature of MEDEVAC, this can cause medical difficulties. Additionally, the list does not factor in specialist considerations for locations. In practice, hospitals in certain countries have their strengths and weaknesses but this is not factored into the development of the list of recognized regional medical centres.

25. As a result of these practical difficulties, UMS approves evacuation to specific countries on a case by case basis taking into consideration the particular ailment of the staff member/beneficiary. UMS is in the process of reviewing the recognized places, but the results may differ markedly from the list circulated by the United Nations in ST/IC/2000/70. In view of these developments, OIOS closes the recommendation raised in the 2006 audit report and raises a new one in this report to make the recommendation more current.

Recommendation 5

(5) The UNHCR Medical Service should finalize the review of the list of recognized regional medical centres for medical evacuation purposes.

26. *The UNHCR Administration accepted recommendation 5 and provided the finalized list of Regional Medical Evacuation Centres.* Based on the action taken by UNHCR, recommendation 5 has been closed.

V. ACKNOWLEDGEMENT

27. We wish to express our appreciation to the management and staff of UNHCR for the assistance and cooperation extended to the auditors during this assignment.

ANNEX 1

STATUS OF AUDIT RECOMMENDATIONS

Recom. no.	Recommendation	Risk category	Risk rating	C/ O[1]	Actions needed to close recommendation	Implementation date[2]
1.	The UNHCR Division of Human Resources Management should ensure that the Lead Medical Insurance Plan Administrators in the field are adequately trained in medical evacuation rules, instructions and procedures.	Human Resources	Moderate	O	Implementation of the training programme for staff responsible for MEDEVAC administration.	30 June 2010
2.	The UNHCR Division of Human Resources Management should ensure that robust controls are put in place and documented in relevant rules, instructions and procedures to safeguard the confidentiality of staff members' medical reports relating to medical evacuation cases.	Compliance	Moderate	O	Implementation of the new initiatives to ensure confidentiality and confirmation to OIOS of its implementation.	31 December 2009
3.	The UNHCR Division of Human Resources Management should comply with the requirement in paragraph 82 of IOM/069/2007 FOM/072/2007 – Medical Evacuation to provide reliable statistics pertaining to medical evacuations.	Compliance	Moderate	C	Action completed.	Implemented
4.	The UNHCR Division of Human Resources Management should perform a regular statistical analysis of medical evacuation related data in order to determine the underlying reasons for any disproportionate trends and surges and to allow management to take appropriate follow-up action.	Operational	Moderate	O	Receipt of documentation on the analysis performed of medical evacuation related statistics for 2009.	Not provided.

Recom. no.	Recommendation	Risk category	Risk rating	C/ O[1]	Actions needed to close recommendation	Implementation date[2]
5.	The UNHCR Medical Service should finalize the review of the list of recognized regional medical centres for medical evacuation purposes.	Operational	Moderate	C	Action completed.	Implemented

1. C = closed, O = open
2. Date provided by UNHCR in response to recommendations.