



**OIOS**

Office of Internal Oversight Services

## **INTERNAL AUDIT DIVISION**

# **AUDIT REPORT**

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### **Audit of the provision of medical services in UNMIL**

**Poor governance impacted compliance with internationally accepted medical facility operating procedures**

**8 April 2009**

**Assignment No. AP2008/626/08**

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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: Ms. Ellen Margrethe Løj  
A: Special Representative of the Secretary-General  
United Nations Mission in Liberia

DATE: 8 April 2009

REFERENCE: IAD: 09- 02353

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

*Fatoumata*

SUBJECT: **Assignment No. AP2008/626/08- Audit of the provision of medical services in UNMIL**  
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 1, 2, 3, 5, 6 and 11 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, particularly those designated as high risk (i.e., recommendations 1, 2, 4, 5 and 7) in its annual report to the General Assembly and semi-annual report to the Secretary-General.

cc: Mr. Stephen Lieberman, Director of Mission Support, UNMIL  
Ms. Stephani Scheer, Chief Administrative Services, UNMIL  
Dr. Moustafa Aly, Chief Medical Officer, UNMIL  
Mr. Swantantra Goolsarran, Executive Secretary, UN Board of Auditors  
Ms. Maria Gomez Troncoso, Officer-in-Charge, Joint Inspection Unit Secretariat  
Mr. Moses Bamuwamye, Chief, Oversight Support Unit, Department of Management  
Mr. Byung-Kun Min, Programme Officer, OIOS  
Ms. Eleanor T. Burns, Chief, Peacekeeping Audit Service, OIOS

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## INTERNAL AUDIT DIVISION

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### FUNCTION

*“The Office shall, in accordance with the relevant provisions of the Financial Regulations and Rules of the United Nations examine, review and appraise the use of financial resources of the United Nations in order to guarantee the implementation of programmes and legislative mandates, ascertain compliance of programme managers with the financial and administrative regulations and rules, as well as with the approved recommendations of external oversight bodies, undertake management audits, reviews and surveys to improve the structure of the Organization and its responsiveness to the requirements of programmes and legislative mandates, and monitor the effectiveness of the systems of internal control of the Organization” (General Assembly Resolution 48/218 B).*

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## **EXECUTIVE SUMMARY**

### **Provision of medical services in UNMIL**

OIOS conducted an audit of the provision of medical services in the United Nations Mission in Liberia (UNMIL). The overall objective of the audit was to assess the efficiency and effectiveness of the delivery of medical services. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

Overall, poor governance impacted compliance with internationally accepted medical facility operating procedures and existing Mission guidelines. OIOS identified a number of deficiencies in the provision of medical services to Mission personnel and operation of the Mission's medical facilities as outlined below:

- Comprehensive standard operating procedures have not been developed leading to varying approaches that are not in consonance with the United Nations norms;
- Institutional support was limited to upgrade the professional skills of the core-medical personnel;
- Chronically ill uniformed peacekeepers were, at times, deployed increasing the risk of spreading communicable diseases in the mission area. OIOS will review this, as part of its forthcoming audit of the Office of Military Affairs;
- Maintenance of the buildings and accommodation containers housing contingent clinics was inadequate, contributing to the sub-standard hygiene and safety therein;
- Inappropriate drug donations were made by UNMIL and three contingent owned clinics to various organizations;
- Contingent owned clinics adopted varying health-care waste disposal practices that do not conform to internationally accepted procedures on management of health-care waste; and
- A Memorandum of Understanding with one of the seven medical service providers had expired, potentially invalidating the delivery of medical services.

OIOS has made a number of recommendations to address the issues identified during the audit to further strengthen existing controls and contribute toward improved provision of medical services in UNMIL.

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## I. INTRODUCTION

1. The Office of Internal Oversight Services (OIOS) conducted an audit of the provision of medical services in the United Nations Mission in Liberia (UNMIL). The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.
2. Medical services in the mission area are provided by 8 civilian clinics, 24 military Level I clinics that provide services such as first aid and preventive medicine, 3 Level II military hospitals which provide second line health and surgical care, and 1 Level III military hospital for in-patient treatment, surgery and extensive diagnostic services. In addition, 7 Level IV medical facilities, 3 each in Accra, Ghana and Johannesburg, South Africa, and 1 in Freetown, Sierra Leone provide definitive medical care and specialist medical treatment to patients for medical services unavailable in the mission area.
3. The Chief Medical Officer (CMO) is responsible for the overall coordination of medical services and liaises closely with the Force Medical Officer (FMO) and private hospitals to ensure adequate provision of medical services to personnel.
4. At the time of the audit, the UNMIL Medical Service catered to a total population of 15,213 comprised of civilian staff, police, and military troops. The budgets for medical services for the financial years 2006/07 and 2007/08 were \$14,563,600 and \$13,752,200, respectively, while the expenditures for the respective years were \$12,710,600 and \$12,055,400.
5. Comments made by UNMIL are shown in *italics*.

## II. AUDIT OBJECTIVES

6. The main objectives of the audit were to:
  - (a) Assess the efficiency and effectiveness of the delivery of medical services; and
  - (b) Determine the adequacy of compliance with established guidelines and procedures.

## III. AUDIT SCOPE AND METHODOLOGY

7. The audit covered the fiscal year 2007/08 and focused on the effectiveness of planning, coordination and supervision of the delivery of medical services in UNMIL. Interviews, review of records and documents, and site visits within the Mission's operational areas were undertaken by OIOS during the audit.
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## **IV. AUDIT FINDINGS AND RECOMMENDATIONS**

### **A. Policies and Procedures**

#### Medical Support Manual

8. The Chief of the Medical Support Unit, Department of Peacekeeping Operations (DPKO), issued the second edition of the Medical Support Manual (MSM) in 1999. The MSM outlines the operational and procedural guidelines for medical support in the field and is a comprehensive reference guide for planning, coordinating and executing medical support for UN peacekeeping operations. The MSM, which is required to be updated and distributed every three years to reflect new developments and changes as well as incorporate input from field missions and other agencies, has not been updated since 1999. For instance, the chain of command refers to the FMO as the principal medical officer in the Mission and there is no reference at all to the Civilian CMO, contrary to the current practice of the CMO being the principal medical officer who heads the medical services in UNMIL. The CMO explained that many of the MSM guidelines are no longer relevant, forcing him to selectively use the MSM. According to the Chief of the Medical Support Section in the Department of Field Services (DFS), the existing MSM comprehensively covers the medical support concept in the UN field missions and specifically addresses and includes basic requirements to setup and run medical care in the field. Moreover, the Medical Support Section is working to update the Manual.

9. At this stage, considering that the Medical Support Section at Headquarters is in the process of updating the Manual, OIOS will not raise a recommendation to UNMIL management.

#### Standard Operating Procedures

10. The CMO is responsible for developing the Mission's medical standard operating procedures (SOPs) at the onset of the mission, then reviewing and updating them periodically. UNMIL had no comprehensive and up-to-date medical SOPs outlining all aspects of routine operations and administration as required by the MSM. The Force Medical Unit (FMU) has UNMIL Force Medical SOPs, however, they were inadequately drafted at the start of the Mission in 2003 and have not been subsequently revised. As a result, contingent clinics, managed by different Troop Contributing Countries (TCCs) follow diverse approaches for the same medical protocols. For instance:

- The Pakistan Level II Hospital was aware of the SOPs issued by the UNMIL FMU on the "Use of blood and blood products in UNMIL," whereas the Jordanian Medical (Jormed) Level III Hospital was unaware of said SOPs or even of the DPKO policy on the subject. Jormed medical personnel base their knowledge on the protocols observed in their country.
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- Breaches of the UN/internationally accepted standards are evident in the area of health-care waste management, and in the donation of drugs, etc. For instance, the Chinese Level II Hospital in Zwedru incorrectly burned medical waste in an open space, whereas the Pakistan Level II Hospital in Tubmanburg used incinerators to dispose health-care waste.
  - A mass casualty plan is required to be prepared at various levels starting from the team sites to the Mission level. The plan is available at the Mission level but was not at the team site/sector level. This could affect the rapid response capability of the sub-units in reacting to situations of mass casualty incidents in the regions.

11. The CMO attributed differing medical standards adopted in various countries as one of the causes for the diverse approaches adopted by the contingent Medical Units. He added that frequent rotations of contingent medical personnel coupled with inadequate Mission resources made it difficult for the UNMIL Medical Section to provide induction/orientation on the required medical standards. There is a need for more comprehensive SOPs to be appropriately disseminated to ensure that medical services are effectively managed, especially in a situation of high staff turnover. Comprehensive medical SOPs specific to the Mission would bring uniformity in approach to meet the minimum UN/internationally accepted medical standards and act as a repository of medical information.

#### **Recommendation 1**

**(1) The UNMIL Office of Mission Support should develop medical standard operating procedures to ensure uniformity in approach and to meet the minimum UN/internationally accepted medical standards, and disseminate the procedures on the UNMIL website.**

12. *The UNMIL Office of Mission Support accepted recommendation 1 and stated that an updated comprehensive SOP has been promulgated by the CMO and is now on the UNMIL Intranet. Furthermore, all medical personnel, UNMIL medical facilities and contingent commanders have been notified and been advised to abide by the new SOP.* Based on the action taken by UNMIL, recommendation 1 has been closed.

## **B. Human Resources**

### Training of medical staff

13. Paragraph C of Chapter 11.01 of the MSM makes it mandatory for core medical skills and procedures to be regularly practiced by paramedics, and for a continuous medical education programme to be conducted for doctors in the Mission. The CMO is responsible for coordinating the training programmes for medical personnel. Except for two occasions of first-aid training and one of cardiopulmonary resuscitation techniques, the opportunity for continuous professional education for doctors and paramedics was limited in the Mission.

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The Laboratory Technician at the Starbase Medical Clinic stressed the need for training to improve his technician skills, mentioning the need for bacteriology and culture sensitivity training, an area that is witnessing rapid advances. Doctors in the Mission sought to upgrade their skills in the dynamic world of medicine through their own personal efforts, for example, through internet access as no institutional support in the form of training in the latest advances in medicine was made available to them. The Chief of Administrative Services (CAS), UNMIL, informed OIOS that budget limitations hampered training opportunities. The absence of continuous training opportunities for medical personnel may impede their further professional development, competence and performance, affecting their ability to maintain and improve their standards while keeping up-to-date with developments in the medical field.

### **Recommendation 2**

**(2) The UNMIL Chief Medical Officer in conjunction with the Chief, Administrative Services, should assess the training needs of medical personnel and strive to increase the budget to facilitate continuous professional education of medical staff.**

14. *The UNMIL Office of Mission Support accepted recommendation 2 and stated that the CMO ensures continuous professional education is a priority in the Section. This year, administrative training will be provided on medical evacuation, compensation and repatriation procedures. Additionally, the CMO has sent out a communication to all medical personnel on an e-learning website to use and improve their professional education. It should be noted that all external training of medical personnel would require the staff member to be out of the mission for at least two to three months for any appropriate training and this would not be practicable. Based on the action taken by the CMO, recommendation 2 has been closed.*

### Confidentiality of medical information

15. According to Chapter 5.05 A of the MSM, medical information is to be treated as confidential and privileged, and this confidentiality must be maintained at all times. In 7 of the 21 files selected from the Human Resources Management Section's (HRMS) personnel files, medical information relating to staff members was found. Medical personnel had attached medical documents to the sick leave reports of staff members, contrary to the requirement of only returning certified sick leave forms to the HRMS. Personnel medical records are to be treated as "Medical-in-Confidence" and should not be provided to anyone not directly involved in patient care.

### **Recommendation 3**

**(3) The UNMIL Chief Medical Officer should ensure that medical personnel do not forward medical reports to the Human Resources Management Section so as to preserve medical confidentiality.**

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16. *The UNMIL Office of Mission Support accepted recommendation 3 and stated that individual staff members attach their medical reports to their sick leave forms and send them to the HRMS. UNMIL Mission Support has issued a circular to all staff that they should only provide their medical reports to the Medical Services Section. Based on the action taken by UNMIL, recommendation 3 has been closed.*

## **C. Operations and Monitoring**

### Pre-deployment medical clearance

17. Chapters 5-01 and 5-02 of the MSM provide guidance for pre-deployment medical examinations and clearance of uniformed peacekeepers. Paragraphs 1 through 3 of the Pre-Deployment Medical Examination (PME) of Uniformed Peacekeepers of the Medical Guidelines for Peacekeeping Operations, dated 15 May 2003, spell out the various medical examinations to be conducted on uniformed peacekeepers before deployment. Each TCC is charged with the responsibility of conducting the medical examination and clearance for its troop personnel. The Memorandum of Understanding (MOU) between the UN and each TCC states that all TCC personnel shall comply with whatever policies may be laid down by the UN regarding medical clearances, vaccinations, etc. The UN has prescribed minimum standards for the medical examination and evaluation of the health of individual peacekeepers. A copy of all certificates and verifications of deviations from the prescribed medical standards confirmed in writing should be sent to the contingent member's assigned mission and be handed over to the CMO upon the individual's arrival in the mission area.

18. During the period January to June 2008, 22 contingent members were repatriated on medical grounds. A review of 10 out of the 22 cases strongly indicated shortcomings in conducting the mandated pre-deployment medical examination and clearance tests. For example:

- All 10 contingent members arrived in the Mission with chronic illnesses requiring extensive hospitalization and repatriation.
- In breach of the guidelines on PME, 5 of the 10 patients were repatriated at a cost of \$4,102 to the UN. This amount should be recovered from the TCC. The other 5 patients were repatriated at no cost to the UN through TCC rotation flights.
- Copies of certificates and verifications of deviation from the prescribed standards of the medical clearance and examination were not available in all 10 cases.

19. The CMO confirmed that Medical Services has witnessed cases of contingent members diagnosed with chronic/serious illnesses such as HIV/AIDS, cancer, tuberculosis, etc., which were clearly developed prior to their deployment for mission duty. The CMO stated that since the inception of the Mission in 2003, 64 contingent members had been diagnosed with chronic illnesses requiring extensive hospitalization, some cases ending in repatriations and some in death. The CMO added that he did not receive any copies of the certificates

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and verifications of deviation from the prescribed standards of the medical clearance and examination for any of the 22 repatriated peacekeepers. The affected troop members could spread communicable diseases such as tuberculosis to other troops and mission personnel. In addition, the affected troops could take advantage of UN medical facilities at no cost to them for treatment of chronic illnesses contracted by them prior to joining UNMIL.

20. No recommendation has been made, as OIOS will review this issue with DPKO, as part of its forthcoming audit of the Office of Military Affairs.

#### Hygiene and safety

21. There was poor hygiene and low safety standards in the various contingents visited as follows:

- The windows, floor areas and roofing of the Bangladeshi Level II Hospital in Gbarnga is in need of maintenance.
- The Chinese Level II Hospital in Zwedru did not have electricity for two hours (from 6 a.m. to 8 a.m.) every day. The hospital frequently runs out of water, and the quality of the main water supply is inconsistent. Traces of water leakage from the ceiling were visible and the floor areas in the intensive care unit (ICU), operating room and the reception are in need of maintenance to help improve hygiene and sanitary conditions.
- The Nigerian Sector I, Level I Clinic in Monrovia had inconsistent water and electricity supplies, and leaking ceilings in the inpatients room.
- The floor of the Jormed Level III Hospital in Monrovia had sunk in many places and could hardly bear the weight of a full grown adult. The low load-bearing capacity of the floors poses a risk to the patients ferried on a wheel-chair by an escort. Gaping holes in the floor had been inappropriately fixed by the Jormed officers. Torn linoleum flooring, which could harbor bacteria and easily spread hospital-acquired infections, was evident all over the hospital including in the ICU. This has the potential of delaying the recovery of the patients, or in the extreme case, may prove fatal.

22. The Mission's Contingent Owned Equipment (COE) Unit conducts verification and operational readiness inspections of the three Level II and the Jormed Level III contingent hospitals. Among other factors, hygiene and sanitation standards maintained by the contingent hospitals are reviewed during the inspection. The related inspection reports for the period under review contain a cursory check of the hygiene factors. The COE Unit team leaders informed OIOS that despite several reminders, the Force Environmental and Hygiene Officer (FEHO) did not assist the COE Unit in assessing the hygiene and sanitation factors of the contingent hospitals. The FMO informed OIOS that from February 2008 to November 2008 a medical doctor, who was not technically competent, performed the duties of the FEHO. However, since December 2008, the new incumbent, qualified in preventive medicine, is assisting the COE Unit in assessing the hygiene and sanitation levels of the contingent hospitals. In view of

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the recent development of an FEHO being appointed, OIOS is not making any recommendation on this issue.

23. Lack of monitoring by the FMU and inadequate maintenance by UNMIL of the buildings and accommodation containers contributed to the substandard hygiene and safety levels.

#### **Recommendation 4**

**(4) The UNMIL Office of Mission Support should undertake, as a matter of priority, the necessary repair work to the buildings and accommodation containers used by the Medical Units to bring them to acceptable safety and hygiene standards.**

24. *The UNMIL Office of Mission Support accepted recommendation 4 and stated that action is being taken by all the concerned parties to carry out repairs to bring the Medical Units up to acceptable safety and hygiene standards.* Recommendation 4 remains open pending completion of the repair work to the buildings and accommodation containers used by the Medical Units.

#### Drug donation

25. Drug donations are governed by guidelines issued by the World Health Organization (WHO) which, *inter alia*, provide that all drug donations should be based on an expressed need and all donated drugs should have a remaining shelf-life of at least one year.

26. On 28 March 2008 and 5 April 2008, UNMIL donated 18 items of drugs (in various quantities), expiring during 2008 and 2009, to St Joseph's Catholic Hospital in Monrovia without any expressed need. The donations were made after approval by the DMS, based on the request made by the CMO on 17 March 2008. On 13, 18, and 19 June 2008, UNMIL Medical Services donated five items of drugs (in various quantities) to the Jormed Level III Hospital which claims reimbursement from the UN for its services and supplies, including the cost of donated drugs. Therefore, donations of drugs by UNMIL constituted a double reimbursement to the Jormed Level III Hospital.

27. On 22 February 2008, the Indian Formed Police Unit (FPU) Level I Clinic donated seven items of drugs expiring in February and March 2008 to the Nepali FPU. Additionally, in mid-2008, the Bangladeshi Level II Hospital donated 22 items of drugs that were due to expire to a local organization during September through December 2008. Inquiries of the Chinese Medical Officer indicated that the Chinese Level II Hospital donated drugs to the local Merlin Hospital. However, the Chinese contingent was unable to provide documents supporting their drug donations despite several requests. The WHO considers such donations as inappropriate due to the risks involved in prescribing expired drugs that may slowly deteriorate and lose their efficacy or may become toxic. Additionally, patients on long-term treatment may suffer when the same drug is not available during their next round of treatment. Lack of awareness of the

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WHO guidelines governing drug donations by the Mission as well as contingent's Medical Units contributed to the inappropriate donations that could result in undesirable consequences to the recipients and in liabilities to the donor(s).

### **Recommendations 5 and 6**

#### **The UNMIL Office of Mission Support should:**

**(5) Ensure the World Health Organization guidelines are followed with respect to drug donations.**

**(6) Quantify and recover the cost of drugs donated to the Jordanian Medical hospital.**

28. *The UNMIL Office of Mission Support accepted recommendation 5 and stated that UNMIL Medical Services has broadcasted the WHO guidelines on the intranet and has disseminated them to all Medical Units. Based on the action taken by UNMIL, recommendation 5 has been closed.*

29. *The UNMIL Office of Mission Support accepted recommendation 6 and stated that UNMIL Medical Services requested the Level III Hospital to return the drugs or reimburse the UN for them. The hospital returned the drugs to the UNMIL Medical Services Section. Based on the action taken by UNMIL, recommendation 6 has been closed.*

#### Disposal of health-care waste

30. Disposal of health-care waste is required to be conducted according to internationally accepted procedures. The WHO stipulates that the management of health-care waste (such as human tissue, used syringes, blood swabs, etc.) requires increased attention and diligence to avoid the substantial burden of disease associated with poor clinical waste disposal practices, including exposure to infectious agents and toxic substances. DPKO guidelines on Waste Management, dated 14 May 2003, include guidelines with respect to health-care waste management in peacekeeping missions. OIOS field visits to the three Level I clinics (Indian FPU, Nepali FPU, and Nigerian contingent), three Level II hospitals (Bangladeshi, Chinese, and Pakistani contingents), the Jormed Level III Hospital, and the UNMIL civilian Level I clinics at Starbase, Pan-African Plaza and Tubmanburg revealed the following varying practices in the management of health-care waste:

- The Nepali FPU stores medical sharp items such as used syringes in a make shift tin can with a lid not capable of being tightly secured to prevent them from falling out.
- None of the clinics/hospitals collected and sorted health-care waste in color coded waste bags, contrary to the DPKO requirement. The Jormed Level III Hospital Contingent Commander informed OIOS that colored bags are not available locally, forcing them to store the

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various categories of medical waste in black bags that have identifying labels on them.

- The UNMIL civilian Level I clinics at the Starbase, Pan-African Plaza, and Tubmanburg, the three contingent run Level II hospitals, and the Jormed Level III Hospital all have access to incinerators. However, the Nigerian Level I Clinic bury health-care waste in a landfill, the Indian and Nepali Level I Clinics and the Chinese Level II Hospital burn the health-care waste in the open, contrary to the prescribed practice of incineration. The Medical Officer of the Bangladesh Level II Hospital claimed that health-care waste is burnt in one of the two incinerators twice a week. However, both the incinerators were full of waste and cobwebs, suggesting the incinerators had not been in use for some time.
- The Jormed Level III Hospital incinerates blood bags and fluid bags, a practice considered unsafe by the WHO due to toxic air pollutants which are released into the atmosphere.

31. According to the Officer-in-Charge of the Environmental and Natural Resources Unit in UNMIL, as Liberia has a high water table, burying health-care waste can easily contaminate its water and the food-chain. He added that burning health-care waste in the open is not effective as the residues are not rendered harmless and are capable of spreading disease. He provided a copy of the UNMIL policy on waste management that includes information on the disposal of health-care waste. OIOS was informed by all three of the medical officers of the Level I clinics that they are not aware of any policy relating to the disposal of health-care waste in the Mission area. The WHO considers burning of health-care waste in incinerators unsafe, especially blood bags and fluid waste bags that contain plastics which produce toxic air pollutants. DPKO and the WHO promote effective non-burn technologies for the final disposal of health-care waste.

### **Recommendations 7 and 8**

#### **The UNMIL Office of Mission Support should:**

**(7) Ensure that all Medical Units within the Mission area comply with the Department of Peacekeeping Operation's policy on the disposal of health-care waste.**

**(8) Consider alternative non-burn technologies such as autoclaving, microwaving, and electro-thermal deactivation in disposing health-care waste to mitigate associated health and environmental risks.**

32. *The UNMIL Office of Mission Support accepted recommendation 7 and stated that the Chief Medical Officer has broadcasted the guidelines on the UNMIL intranet and has directed all Medical Units to strictly abide by its provisions.* Recommendation 7 remains open pending verification of the disposal of health-care waste in accordance with the policy of DPKO.

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33. *The UNMIL Office of Mission Support accepted recommendation 8 and stated that the medical guidelines for Peacekeeping Operations on waste management provide for different acceptable disposal methods which include burn technologies. Most of the Medical Units use this type of medical waste disposal technology. However, they have been advised by the CMO to use them appropriately or consider alternative non-burn technologies, whichever is most economical and environmentally friendly. The COE Unit will also verify and ensure that they are following the provisions of the guidelines. Recommendation 8 remains open pending review of the verification done by the COE Unit of the Medical Units' compliance with the provisions of the DPKO policy on the disposal of health-care waste.*

#### **D. Memoranda of Understanding**

34. UNMIL entered into Memoranda of Understanding with seven medical service providers, all located outside Liberia, who are required to provide definitive medical care and specialized medical treatment unavailable or impractical to provide within Liberia, including specialized surgical and medical procedures, reconstruction and convalescence. Among other terms contracted, the MOU set out the scope of treatment and an agreed scale of reimbursements for services provided.

35. The MOU with Korle-Bu Hospital expired on 31 March 2008. The expired MOU could potentially invalidate the delivery of medical services particularly during emergencies, jeopardizing the health of Mission personnel. In addition, UNMIL may find it difficult to hold the service provider liable for any negligence on its part. UNMIL faces other risks of being charged arbitrarily and/or being required to pay for treatments that may not be in the scope of the MOU earlier agreed upon.

36. During the period January to June 2008, 20 UN personnel were medically evacuated to the 37 Military Level IV Hospital in Accra. A review of 10 of the 20 cases referred revealed no documentary proof to support patient follow-up by the TCC and/or UNMIL physicians. Further, there is no documentary evidence to support the communication of patients' medical condition diagnosis to the CMO within three days of admission as specified in the MOU. OIOS noted the absence of regular (daily or weekly) written patient progress reports on the condition of a patient admitted on 28 May 2008 in critical condition. In all ten cases, the medical reports were provided on the date the patient was discharged, highlighting the need for UNMIL to obtain assurance of quality and delivery of medical services from the medical service provider. In addition, the risk of medical service providers charging for post recovery conditions or for services not provided is high. The CMO stated that he regularly interacts over phone with the concerned medical personnel, and intensifies the interaction whenever a critically ill patient is admitted.

37. A review of invoices from the 37 Military Hospital in Accra, Ghana for the 20 patients referred to the Hospital revealed that unit prices for drugs and laboratory tests were not specified on the invoices as required by the MOU. Also, the invoices are not sequentially pre-numbered. Payment of the invoices is

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authorized by the UNMIL Medical Services Section after checking invoices against the list of medical evacuations. The UNMIL Finance Section, relying on the authorizations from the Medical Services Section, processes payments against a number of invoices paid together as batches rather than matching payments to individual invoices. As there is no easily accessible complete listing of invoices paid, there is an increased risk that duplicate payments will be made.

### **Recommendations 9 and 10**

#### **The UNMIL Office of Mission Support should**

**(9) Ensure that the Memorandum of Understanding is signed with the medical service provider to ensure smooth delivery of medical services and accountability in the administration of medical services.**

**(10) Instruct the UNMIL Finance Section to properly match payments to individual invoices to mitigate the risk of duplicate payments to the medical service providers.**

38. *The UNMIL Office of Mission Support accepted recommendation 9 and stated that the MOU with Korle-Bu Hospital has not yet been signed as the Mission is still in negotiations with the hospital concerning service fees. Recommendation 9 remains open pending signing of the MOU with Korle-Bu Hospital.*

39. *The UNMIL Office of Mission Support accepted recommendation 10 and stated that the Finance Section has put in place a mechanism to eliminate the risk of duplicate payments to the medical services providers. Recommendation 10 remains open pending OIOS verification of the consistent application of the process established by the Finance Section to eliminate the risk of duplicate payments.*

### **E. Evaluation**

40. UNMIL civilian Level I clinics seek evaluation of its services from its patients, and UNMIL management regularly reviews the feedback to enable it to institute remedial action. However, similar evaluations are not being conducted by the remaining contingent run clinics and medical service providers. Evaluations help the Mission in gauging the efficiency and effectiveness of medical services provided.

#### **Recommendation 11**

**(11) The UNMIL Office of Mission Support should consider conducting evaluations of the contingent run clinics and the medical service providers to determine the efficiency and effectiveness of medical services provided.**

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41. *The UNMIL Office of Mission Support accepted recommendation 11 and stated that evaluation forms have been sent to all the COE Level II and Level III Hospitals by the CMO. The CMO has instructed the medical service providers to provide his office with these forms on a monthly basis. Based on the action taken by UNMIL, recommendation 11 has been closed.*

## **V. ACKNOWLEDGEMENT**

42. We wish to express our appreciation to the Management and staff of UNMIL for the assistance and cooperation extended to the auditors during this assignment.

## STATUS OF AUDIT RECOMMENDATIONS

Recom. No.	Recommendation	Risk category	Risk rating	C/O <sup>1</sup>	Actions needed to close recommendation	Implementation Date <sup>2</sup>
1	The UNMIL Office of Mission Support should develop medical standard operating procedures to ensure uniformity in approach and to meet the minimum UN/internationally accepted medical standards, and disseminate the procedures on the UNMIL website.	Governance	High	C	Action taken	Implemented
2	The UNMIL Chief Medical Officer in conjunction with the Chief, Administrative Services, should assess the training needs of medical personnel and strive to increase the budget to facilitate continuous professional education of medical staff.	Human Resources	High	C	Action taken	Implemented
3	The UNMIL Chief Medical Officer should ensure that medical personnel do not forward medical reports to the Human Resources Management Section so as to preserve medical confidentiality.	Compliance	Medium	C	Action taken	Implemented
4	The UNMIL Office of Mission Support should undertake, as a matter of priority, the necessary repair work to the buildings and accommodation containers used by the Medical Units to bring them to acceptable safety and hygiene standards.	Operational	High	O	Completion of repair works to by the Medical Units.	30 June 2009
5	The UNMIL Office of Mission Support should ensure the World Health Organization guidelines are followed with respect to drug donations.	Operational	High	C	Action taken	Implemented
6	The UNMIL Office of Mission Support should quantify and recover the cost of	Financial	Medium	C	Action taken	Implemented

Recom. No.	Recommendation	Risk category	Risk rating	C/O <sup>1</sup>	Actions needed to close recommendation	Implementation Date <sup>2</sup>
7	drugs donated to the Jordanian Medical hospital. The UNMIL Office of Mission Support should ensure that all Medical Units within the Mission area comply with the Department of Peacekeeping Operation's policy on the disposal of health-care waste.	Compliance	High	O	Disposal of health-care waste is in accordance with the policy of DPKO.	Not provided
8	The UNMIL Office of Mission Support should consider alternative non-burn technologies such as auto-claving, microwaving, and electro-thermal deactivation in disposing health-care waste to mitigate associated health and environmental risks.	Compliance	Medium	O	Verification by the Contingent Owned Equipment Unit of the Medical Units' compliance with the provisions of the policy of DPKO on the disposal of health-care waste.	30 June 2009
9	The UNMIL Office of Mission Support should ensure that the Memorandum of Understanding is signed with the medical service provider to ensure smooth delivery of medical services and accountability in the administration of medical services.	Governance	Medium	O	The signed MOU with the Korle-Bu Hospital.	31 May 2009
10	The UNMIL Office of Mission Support should instruct the UNMIL Finance Section to properly match payments to individual invoices to mitigate the risk of duplicate payments to the medical service providers.	Financial	Medium	O	Verification of consistent application of the process established by the Finance Section to eliminate the risk of duplicate payments.	31 March 2009
11	The UNMIL Office of Mission Support should consider conducting evaluations of the contingent run clinics and the medical service providers to determine the efficiency and effectiveness of medical services provided.	Operational	Low	C	Action taken	Implemented

1. C = closed, O = open

2. Date provided by UNMIL in response to recommendations.