



OIOS

Office of Internal Oversight Services

INTERNAL AUDIT DIVISION

AUDIT REPORT

Medical services in MONUC

2 June 2008

Assignment No. AP2007/620/12

United Nations  Nations Unies

INTEROFFICE MEMORANDUM

MEMORANDUM INTERIEUR

INTERNAL AUDIT DIVISION / DIVISION DE L'AUDIT INTERNE

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

TO: Mr. Alan Doss
A: Special Representative of the Secretary-General
MONUC

DATE: 2 June 2008

FROM: Dagfinn Knutsen, Director
DE: Internal Audit Division, OIOS



REFERENCE: IAD: 08-01365

SUBJECT: **Assignment No. AP2007/620/12 – Audit of medical services in MONUC**

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 recommendation 9 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 critical (i.e., recommendations 1, 2 and 10) in its annual report to the General Assembly and semi-annual report to the Secretary-General.

cc: Mr. Hany Abdel-Aziz, Director of Mission Support, MONUC
Mr. Amadu Kamara, Chief of Mission Administrative Support, MONUC
Mr. Swatantra Goolsarran, Executive Secretary, UN Board of Auditors
Ms. Maria Gomez Troncoso, Officer-in-Charge, Joint Inspection Unit Secretariat
Mr. Philip Cooper, Director, Department of Field Support
Mr. Jonathan Childerley, Chief, Oversight Support Unit, Department of Management
Mr. Byung-Kun Min, Programme Officer, OIOS

INTERNAL AUDIT DIVISION

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

Audit of medical services in MONUC

OIOS conducted an audit of medical services in the United Nations Organization Mission in the Democratic Republic of the Congo (MONUC). The overall objective of the audit was to assess: (i) the efficiency and effectiveness of the delivery of medical services; (ii) compliance with procedures and guidelines on the provision of medical services; (iii) the effectiveness of the monitoring and maintenance of medical stocks; and (iv) the effectiveness of the coordination of activities between the United Nations Owned Equipment (UNOE) and Contingent Owned Equipment (COE) clinics/hospitals. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

OIOS found that the delivery of medical services to Mission personnel was not effectively managed. OIOS identified several deficiencies, such as:

- The lack of formal medical support plan, contingency plans and comprehensive standard operating procedures (SOPs) to guide staff in the provision of medical services.
- There were no established re-order levels for medicine and medical supplies to ensure the continuous supply of these critical goods.
- Contracts with three Level 4 hospitals in Pretoria had not been signed. Also, the revised tariffs for certain medical services with Centre Medical de Kinshasa (CMK) did not form part of the renewed contract with CMK.
- Because of the lack of pertinent information, such as the details of medical treatment or procedures provided by contingent-owned clinics/hospitals to Mission staff and contractors, staff were unable to seek reimbursement from their insurance companies and the Mission was unable to seek reimbursement from contractors for amounts advanced by the Mission for these services.

OIOS made a number of recommendations to address the deficiencies noted in this report.

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I. INTRODUCTION

1. The Office of Internal Oversight Services (OIOS) conducted an audit of medical services in the United Nations Mission in the Democratic Republic of the Congo (MONUC). The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

2. Medical services are provided by MONUC's civilian and military clinics and hospitals, as well as contracted private hospitals. 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.

3. In-house medical services are provided through clinics and hospitals, categorized as: (a) basic level for services such as first aid and preventative medicine; (b) level one for primary health care and emergency resuscitation; (c) level two for second line health care, surgical expertise and dental care; and (d) level three is an in-patient treatment, surgery and extensive diagnostic services. In addition, medical services are also provided in level four medical facilities outside the mission area, which provides definitive medical care and specialist medical treatment unavailable or impractical to provide within the mission area.

4. At the time of the audit, the Mission was divided into three regions with total civilian staff and troop strength of 21,500. Annex 2 shows the breakdown of medical services provided during the period from January 2006 to June 2007.

5. The budgets for medical services for financial years 2005/06 and 2006/07 were \$10,388,000 and \$15,114,000 respectively. The 45.7 per cent increase was due to the recruitment of additional staff and increase in military contingents for the 2006 elections. Table 1 shows a breakdown of the medical service budget and expenditure for the two financial years under review.

Table 1: Allotments and expenditures for medical services in MONUC (in \$'000)

	2005/06		2006/07	
	Allotment	Expenditure	Allotment	Expenditure*
Acquisition of equipment	--	--	782.4	409.7
Medical services	1 532.5	1 194.7	2 336.4	433.4
Supplies	1 046.2	2 844.4	1 478.8	687.3
Contingent-owned equipment: self-sustainment	7 809.3	9 728.0	10 516.4	5 258.2
Total	10 388.0	13 767.1	15 114.0	6 788.6

*1 July to 31 December 2006

6. Comments made by MONUC are shown in *italics*.

II. AUDIT OBJECTIVES

7. The main objectives of the audit were to assess:
- (a) The efficiency and effectiveness of the delivery of medical services;
 - (b) Compliance with procedures and guidelines on the provision of medical services;
 - (c) The effectiveness of monitoring and maintenance of medical stocks; and
 - (d) The effectiveness of the coordination of activities between the United Nations Owned Equipment (UNOE) and Contingent Owned Equipment (COE) clinics/hospitals.

III. AUDIT SCOPE AND METHODOLOGY

8. The audit covered the period from July 2005 to December 2006 and focused on the following: (a) planning, coordination and monitoring of UNOE and COE facilities; (b) use of available resources; (c) procedures for casualty and medical evacuations; (d) compliance with UN standards and Memoranda of Understanding (MOUs) of medical facilities; (e) inventory controls for expendable medical supplies; and (f) processes and controls for waste disposal. OIOS visited six medical facilities in the Mission and the regional hospitals in Pretoria, interviewed key personnel, and reviewed and analyzed relevant statistics and documents.

IV. AUDIT FINDINGS AND RECOMMENDATIONS

A. Planning

Medical support plan and contingency plans

9. The Mission does not have a medical support plan and contingency plans for each MONUC location, except for the draft avian influenza contingency plan, as required by the Medical Support Manual. The Medical Section stated that the Mission does not have adequate staff to develop the medical support and contingency plans, and also indicated that the draft avian influenza contingency plan could also be used as a guide for responding to other medical contingencies. The Mission further explained that some medical information and required precautionary measures were disseminated to all MONUC personnel when there were disease outbreaks, such as enakonda, ebola and cholera. In OIOS' opinion, these *ad hoc*, informal bulletins are not sufficient, and that in the absence of a formal and comprehensive medical support plan and contingency plans, medical

support services may not be efficiently and effectively delivered, especially during medical emergencies.

Recommendation 1

(1) The MONUC Chief Medical Officer should ensure that: (a) a medical support plan that incorporates the medical service requirements of both civilian and military personnel is developed; and (b) medical contingency plans for each MONUC location are prepared and tested.

10. *The MONUC Mission Support accepted recommendation 1 and stated that a medical support plan will be developed by October 2008. The avian influenza contingency plan will be used as a basis for preparing contingency plans for other eventualities specific to each location in the Mission. Recommendation 1 remains open pending receipt of copies of the medical support plan and contingency plans for the Mission.*

Standard operating procedures

11. Draft standard operating procedures (SOPs) for some Medical Section operations such as medical evacuation, Level 1 hospital medical support, medical emergency response in Kinshasa and specialists' consultations were in place. However, these SOPs were still in draft at the time of the audit and were not consolidated in the form of comprehensive and formal SOPs for the delivery of medical services.

Recommendation 2

(2) The MONUC Chief Medical Officer should ensure that comprehensive standard operating procedures for medical services are established, approved and disseminated to all UN-owned and contingent-owned clinics and hospitals.

12. *The MONUC Mission Support accepted recommendation 2 and stated that SOPs have been developed and are being finalized for distribution after the DMS' approval. OIOS will close recommendation 2 upon receipt of a copy of the approved SOPs for medical services.*

B. Medical supplies

Acquisition planning and inventory management

13. Acquisition planning for medicines and medical supplies needed improvement, as projection of requirements was not adequate. The pharmacist explained that it was difficult to project requirements, as medicines and medical supplies procured were not received when needed. At the time of the audit, there was no systems contract for medicines and medical supplies, as it was still in the process of being finalized at UN Headquarters. The MONUC Procurement Section explained that delays in the delivery of medicines and medical supplies

were attributed to the fact that the vendors who were invited to bid were distributors of the pharmaceuticals and medical supplies and not manufacturers. Hence, the vendors to whom the contracts were awarded had to source and consolidate all the items ordered by MONUC, which also took time, especially in cases where the items ordered were in large volumes and wide variety.

14. Acquisition planning for medicines and medical supplies needed improvement, as projection of requirements was not adequate. The pharmacist explained that it was difficult to project requirements, as medicines and medical supplies procured were not received when needed. At the time of the audit, there was no systems contract for medicines and medical supplies, as it was still in the process of being finalized at UN Headquarters. The MONUC Procurement Section explained that delays in the delivery of medicines and medical supplies were attributed to the fact that vendors invited to bid were distributors of the pharmaceuticals and medical supplies and not manufacturers. Hence, the vendors to whom the contracts were awarded had to source and consolidate all the items ordered by MONUC, which also took time, especially in cases where the items ordered were in large volumes and wide variety.

15. OIOS also noted that there were no established re-order levels for the medicines and medical supplies to ensure an adequate and continuous supply. Based on the results of an OIOS' survey, there were complaints of shortages of malaria testing kits that forced them to use the local laboratories which were deemed unhygienic and over-crowded.

16. At the time of the audit, the pharmacist was monitoring the inventory and consumption of medicines and medical supplies through an Excel spreadsheet. He explained that the Medical Section was in the process of integrating the inventory of medicines and medical consumables in the Galileo inventory system.

17. Without an adequate acquisition planning and established re-order levels, there is a risk of shortages of needed medicines and medical supplies in the warehouse and in the UN-owned medical clinics.

Recommendations 3 to 5

(3) The MONUC Chief Medical Officer should ensure that annual acquisition plans are prepared based on projections of needed medicines and medical supplies.

(4) The MONUC Chief Medical Officer should ensure that re-order levels are established for medicines and medical supplies to minimize shortages.

(5) The MONUC Mission Support should coordinate with the UN Procurement Division to establish systems contracts for the efficient procurement of medicines and medical supplies.

18. *The MONUC Mission Support accepted recommendation 3 and explained that current plans and projections based on consumption are not entirely accurate as medical expendables are perishable and consumption is not predictable. Management will review the planning framework and allow for the use of system contracts in preparing annual acquisition plans. Recommendation 3 remains open pending the revision and implementation of the planning framework for the preparation of annual acquisition plans.*

19. *The MONUC Mission Support accepted recommendation 4 and explained that re-order levels are currently established with minimum stock level of 60 days but delays in the procurement process coupled with the perishable nature of medical expendables do not allow holding large quantities. Management will review procurement lead times and determine the optimum re-order levels. Furthermore, inventory of medical expendables is now managed in the Galileo inventory system. Some difficulties are being encountered due to the unique nature of medical expendables which are being addressed in conjunction with a database management team from Brindisi. Recommendation 4 remains open pending confirmation by the Mission of the revised procurement lead times and optimum re-order levels.*

20. *The MONUC Administration accepted recommendation 5 and stated that the systems contract was established in 2007, but it does not eliminate the delays arising from the special nature of medical expendables and the inability of vendors to deliver as scheduled. Recommendation 5 remains open pending OIOS' verification of the establishment of a systems contract for medicines and medical supplies.*

C. COE clinics and hospitals

Billing system for COE clinics

21. There is a need to improve the medical invoices produced by the Troop Contributing Countries (TCCs) when charging civilian staff, including contractors, for medical services obtained from their clinics/hospitals. OIOS found that the invoices were not honoured by staff members' insurance company when claiming reimbursements because the TCC invoices were not itemized per patient and did not clearly show the medical treatment or procedures provided. For the same reason, the Contracts Management Section was having difficulties recovering payments from the contractors for contractor staff who sought medical treatment from COE clinics/hospitals and whose bills were paid for in advance by the Mission, in accordance with the contract.

22. For international staff, unsuccessful attempts were made in early 2005 to negotiate with the insurance provider, Van Breda, to reimburse bills presented by the COE hospitals. The Mission also explained that there are pending negotiations between UNHQ and Van Breda to address the global problem of reimbursements to TCCs on medical services extended by TCCs to civilian personnel.

Recommendations 6 to 8

The MONUC Mission Support should:

(6) Require the contingent-owned clinics/hospitals to revise its invoices for medical services provided to civilian staff and contractors to include detailed information on medical treatment or procedures provided per patient;

(7) Follow up with the Department of Field Support the status of negotiations with Van Breda regarding the reimbursement of staff members' medical costs for medical services provided by the Troop Contributing Countries' clinics/hospitals; and

(8) After addressing the billing issue with contingent-owned clinics/hospitals, ensure that all medical expenditures incurred by contractor staff are recovered from the respective contractors.

23. *The MONUC Mission Support accepted recommendation 6 and stated that revised invoices that clearly show details of medical treatment and procedures are now being used by all COE clinics/hospitals. Recommendation 6 remains open pending OIOS' verification of revised invoices.*

24. *The MONUC Mission Support accepted recommendation 7 and stated that the CMO has requested feedback from counterparts in DFS on the current position with Van Breda. Recommendation 7 remains open pending confirmation by the Mission of the final resolution of the matter with Van Breda.*

25. *The MONUC Mission Support accepted recommendation 8 and stated that the Contracts Management Section has started receiving detailed invoices from COE hospitals and that deductions have been made for services provided to all contractors' personnel against the concerned contractors' invoices or by deposit into MONUC account. Recommendation 8 remains open pending OIOS' verification of deductions made against vendor's invoices or deposits made into MONUC's bank accounts.*

D. Centre Medical de Kinshasa

26. Although the current contract with Centre Medical de Kinshasa (CMK) provided 15 per cent discount for laboratory, imaging and blood transfusion services and lower tariffs for hospitalization and consultation fees, these revised rates were not included in the contract extension signed by the Mission and CMK. In a 19 September 2006 email, the Legal Advisor pointed out that this lapse in the contract left the Mission legally bound to the previous higher tariffs and suggested that the Procurement Section regularize the contract. Without an amendment to the contract that provides new tariffs or the finalization of a new contract, there is a risk that the Mission could become legally liable to pay a higher cost and lose out on discounts.

27. Also, although OIOS was able to check that lower rates were applied on hospitalization (bed occupancy), OIOS was unable to confirm if the 15 per cent discount on the other medical services were applied because the CMK invoices were not detailed enough to enable the recomputation of charges that should be discounted.

Recommendations 9 and 10

The MONUC Mission Support should:

(9) Ensure that the Centre Medical de Kinshasa (CMK) contract is amended to reflect the revised tariffs as presented by CMK in their financial proposal in November 2004; and

(10) Ensure that (a) the Centre Medical de Kinshasa (CMK) invoices show a breakdown of items charged with reference to the codes identified in the agreed upon tariffs; and (b) the Contracts Management Section verifies all charges against CMK's tariffs contained in their November 2004 financial proposal.

28. *The MONUC Mission Support accepted recommendation 9 and stated that the contract with CMK has been amended. Based on the contract amendment and action taken by MONUC, recommendation 9 has been closed.*

29. *The MONUC Mission Support accepted recommendation 10 and stated that Management will: (a) ensure that CMK invoices provide the required detail that would allow verification of charges against the new tariffs; and (b) establish a task force in the Contracts Management Section to review all charges against CMK tariffs for the past two years. Recommendation 10 remains open pending receipt of copies of revised invoices and the task force's report on the verification of CMK's charges.*

Evaluation of services provided by CMK

30. Patients admitted to CMK were not regularly given an evaluation form to complete. They completed the Receipt of Medical Services form which was attached to the invoices for payment processing. The form included a space for comments, but in most forms reviewed, this part was left blank.

31. The Medical Section explained that evaluation forms are provided to patients who are required to hand over a filled out form to the CMK nurse for onward transmission to the FMO. However, there was no relevant analysis done on the completed evaluation forms, and therefore no results of staff members' evaluation were forwarded to the Contracts Management Section (CMS), for incorporation in the evaluation of CMK services.

32. In the absence of any systematic feedback from the patients, CMS would have incomplete information for evaluating the performance of CMK. It would

also be difficult to negotiate any improvements in the medical facilities and services provided to MONUC staff.

Recommendation 11

(11) The MONUC Mission Support should ensure that: (a) the Medical Section analyzes patient evaluation forms and informs the hospital of any required remedial action; and (b) the Contracts Management Section includes patient's feedback as a criterion for evaluating Centre Medical de Kinshasa services and use it to negotiate improvements in the services provided.

33. *The MONUC Mission Support accepted recommendation 11 and stated that (a) Management has issued instruction to CMK to request that all patients complete the evaluation forms. The forms are now reviewed by the CMO and forwarded to the Contracts Management Section for input into the evaluation of CMK services and negotiation of service improvements. Recommendation 11 remains open pending OIOS' verification of completed evaluation forms and revised evaluation criteria for CMK services.*

E. Level 4 hospitals in Pretoria

Contract with a Level 4 hospital in Pretoria

34. Level four medical services for MONUC are provided by the 1 Military Hospital in Pretoria for military and police officers. Civilian international and UNV staff are normally referred to private hospitals (Wilgiers and Little Company of Mary hospitals) also in Pretoria. However, the Memorandum of Agreement with 1 Military Hospital in Pretoria has been in draft since 2005 up to time of the audit. There were also no contracts or letters of assist with the two other private hospitals in Pretoria.

35. The lack of formal, signed agreements could expose the Mission to uncertainties and disputes as regards the medical services contracted and the tariffs for such services. This situation could also potentially affect the delivery of medical services, particularly during emergencies.

Recommendation 12

(12) The MONUC Mission Support should formalize the contract with the 1 Military Hospital, the Wilgiers Hospital and Little Company of Mary Hospital to ensure systematic and proper administration of medical services to MONUC patients in these hospitals in Pretoria.

36. *The MONUC Mission Support partly accepted recommendation 12 and stated that Management will endeavour to finalize the MOU with 1 Military Hospital. However, Management is of the view that there is no requirement for an MOU with Wilgiers Hospital since MONUC serves as a facilitator while the*

contractual services are provided to individual staff members. MONUC also collects and processes medical reports. Further, MONUC no longer deals with Little Company of Mary. Recommendation 12 remains open pending receipt of a copy of the signed MOU with 1 Military Hospital.

Medical evacuation guidelines

37. The Liaison Office in Pretoria did not have clear medical evacuation and consultation procedures to guide the office's staff when dealing with such issues, as the following:

- (a) Transportation of patients to and from the hospitals for medical consultations;
- (b) Assistance for discharged staff members staying longer in Pretoria at the expense of MONUC because hospital clearance procedures take long;
- (c) Contingent members refusing to leave the hospital without receiving instructions from their Contingent Commanders despite the UNHQ Medical Services' clearance to repatriate the concerned military personnel; and
- (d) Procurement of incidental supplies for military contingent members because some contingents had no established funds to support their military personnel evacuated to South Africa.

Recommendation 13

(13) The MONUC Mission Support should establish clear procedures on medical evacuation to and consultation with contracted hospitals in Pretoria to ensure that issues, such as the transportation of MONUC patients to Pretoria and the repatriation of military personnel on medical grounds, etc., are handled systematically.

38. *The MONUC Mission Support accepted recommendation 13 and stated that clear instructions covering all pertinent aspects of medical evacuation to and consultation with contracted hospitals in Pretoria have been established and included in the SOPs, which are being finalized for dissemination. Guidance on the applicable procedures is also provided to patients who are being medically evacuated prior to departure. Recommendation 13 remains open pending receipt of a copy of the approved SOPs.*

F. Training of medical staff

39. Financial resources budgeted in fiscal years 2005/06 and 2006/07 for the training of medical staff were not used. For example, courses (costing \$21,500) on cardio-pulmonary resuscitation for nurses, advanced trauma life support for doctors and a technical seminar for pharmacists were not taken. These training

courses were actually carried forward from fiscal year 2005/06 budget because the Mission's medical staff were also not able to attend these courses in 2005/06.

40. The Chief Medical Officer explained that he was organizing a training course for all nurses and was negotiating with a university in Pretoria for a trainer to come to the DRC to give training to the nurses, especially the local nurses. He also indicated that he was organizing a training course on management skills for doctors.

41. Training is an integral part of UN development goals for staff and is essential for the medical profession to ensure that the treatment of patients is maintained at an acceptable standard.

Recommendation 14

(14) The MONUC Chief Medical Officer should ensure that medical staff attend training courses to update their knowledge and skills.

42. *The MONUC Mission Support accepted recommendation 14 and stated that Management will make the required arrangements for the appropriate training of medical personnel.* Recommendation 14 remains open pending confirmation by the Mission of the implementation of training plans for medical personnel.

V. ACKNOWLEDGEMENT

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

STATUS OF AUDIT RECOMMENDATIONS

Recom. no.	C/O ¹	Actions needed to close recommendation	Implementation date ²
1	O	Submission to OIOS of copies of the approved medical support plan and contingency plans for various MONUC locations	October 2008
2	O	Submission to OIOS of a copy of the approved SOPs for medical services	June 2008
3	O	Submission to OIOS of the revised planning framework for the acquisition of medical expendables	August 2008
4	O	MONUC's confirmation of the revised procurement lead times and optimum re-order levels for the procurement of expendable medical supplies	July 2008
5	O	OIOS' verification of systems contracts for the procurement of medicines and medical supplies	May 2008
6	O	Submission to OIOS of revised invoices used by all COE clinics/hospitals showing details of medical treatment and procedures	May 2008
7	O	MONUC's confirmation of the final resolution of the issue with Van Breda regarding the reimbursement of staff members' medical costs for medical services provided by the Troop Contributing Countries' clinics/hospitals	Not provided
8	O	OIOS' verification of deductions made against vendor's invoices or deposits made into MONUC's bank accounts for medical services provided to contractor employees.	May 2008
9	C	Action completed	Implemented
10	O	Submission to OIOS of copies of revised invoices and the task force's report on the verification of CMK's charges	May/December 2008
11	O	Submission to OIOS of completed patient evaluation forms and revised evaluation criteria for CMK services	May 2008
12	O	Submission to OIOS of a copy of the final/signed MOU with the 1 Military Hospital in South Africa	July 2008
13	O	Submission to OIOS of a copy of the final/approved SOPs on medical evacuations to South Africa	June 2007
14	O	MONUC's confirmation of the implementation of training plans for medical personnel.	Not provided

¹ C = closed, O = open

² Date provided by MONUC in response to recommendations