

United Nations
Department of Operational Support
Ref. 2019.25



Standard Operating Procedures

Establishing Non-United Nations Hospital Support

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Contact : Logistics Division/OSCM/DOS
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STANDARD OPERATING PROCEDURES ON ESTABLISHING NON-UNITED NATIONS HOSPITAL SUPPORT

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A. PURPOSE

1. This Standard Operating Procedures (SOP) provides guidance on the process for establishing contracts¹ for the provision of commercial or government owned hospital services to Missions, using established non-UN hospital facilities or services.
2. This SOP should be read in conjunction with most current version of *The Medical Support Manual for United Nations Operations in Field Missions*.

B. SCOPE

3. This SOP applies to all Department of Operational Support (DOS) client entities, noting that concrete application may vary according to each entity mandate and structure.
4. This SOP applies to arrangements with existing non-UN hospital facilities such as public, military and private hospitals. In a Mission, the hospitals may be in, or external to, a Mission area.
5. The SOP does not apply to Level 1+ to Level 3 facilities provided by Troop or Police Contributing Countries (TCC/PCC) within the Mission area nor does it apply to UN owned facilities established by the UN solely for use by its own personnel.
6. Compliance with this SOP is mandatory for all mission components as well as for offices at United Nations Headquarters (UNHQ) responsible for supporting UN operations.

C. RATIONALE

7. UN operations worldwide are frequently conducted in high risk environments where health service provision may be of variable quality. Central to the UN's duty-of-care is the requirement to provide high quality and standardised health services, including through referral hospital provision. The SOP will streamline the process of contracting referral hospitals in compliance with the UN Financial Regulations and Rules and United Nations Healthcare Quality and Patient Safety Standards. The establishment of these services must

¹ The word 'contract' is used here to denote any arrangement for the provision of hospital and other related services to the UN be they through commercial contracts, Memorandums of Understanding or Letters of Assist etc. This policy will need to be read in conjunction with any DOS guidance that may apply to each contract type and the Procurement Manual.

be cognisant of the need to ensure compliance with the principles that govern United Nations Procurement, especially best value for money (BVM) as enshrined in Financial Regulation 5.12.

8. To ensure compliance with the principles, it is necessary to properly articulate a simple process to be followed to ensure mission, clinical, logistics, contractual and financial needs are addressed, and that procurement governance separation of responsibilities principles are adhered to.

D. PROCEDURES

D.1. General

9. During the establishment of contracted hospital services four key functional areas within the UN are involved. Primary responsibility rests with the Entity (in a Mission, this is usually vested in the Chief Medical Officer (CMO)), followed by three areas from within DOS (namely, the Division of Healthcare Management and Occupational Safety and Health (DHMOSH) within the Office of Support Operations (OSO); and within the Office of Supply Chain Management (OSCM) the Medical Support Section (MSS) in the Logistics Division (LD) and the Healthcare Team in the Procurement Division (PD).

D.2. Process

10. The process to be followed is divided into 11 steps with key stakeholders having a lead or supporting role or “for information” addressees as articulated in Table 1:

	Lead	Support	Information
1	DHMOSH and CMO conduct Health Risk Assessment (HRA).		MSS
2	CMO develops Health Support Plan including identification of specific requirements and justifications for contracted hospital services.	DHMOSH, MSS	PD
3	DHMOSH endorses Health Support Plan including the requirement for hospital services specified.		MSS, PD
4	CMO and MSS develop Scope of Work (SOW). ²	DHMOSH, PD	
5	PD conduct market research to identify hospitals likely to be able to deliver the services required. This may include issuing a Request for Expressions of Interest or Request for Information.	CMO, CPO ³	MSS, DHMOSH
6	PD issues a Simplified Prequalification Solicitation including only the mandatory requirements for the level of hospital required. PD also contacts potential service providers and engages them to submit the necessary documentation.	MSS, DHMOSH	
7	MSS evaluates the potential service providers submissions to ensure compliance with the SOW. MSS develop a list of hospitals for a Technical Assessment Visit by HQ Staff, if required.	CMO DHMOSH	PD

² MSS maintains a library of standardized SOW to assist CMOs.

³ Chief Procurement Officer of the mission.

	Lead	Support	Information
8	PD conducts the evaluation of commercial and financial terms for the hospital.		
9	DHMOSH or their nominated representative(s) conducts Technical Assessment visit to hospitals submitting compliant bid if necessary. MSS and/or PD ⁴ staff may accompany as required for technical logistics and commercial evaluation or during separate assessment.	MSS, PD, CMO	
10	Based on the Assessment Report, DHMOSH recommends, in line with the requirements of the Health Support Plan, if there are redundancies and therefore an opportunity for a competitive solicitation or if there is justification for a direct contract with one (sole source) or several hospitals.		MSS, PD, CMO
11	PD and MSS ⁵ proceed with the contracting following DHMOSH' recommendations as well as applicable Procurement Rules and Procedures.		DHMOSH

Table 1

E. ROLES AND RESPONSIBILITIES

E.1. DOS Supported Client Entities

11. The entity leadership, including the Director/Chief of Mission Support (DMS/CMS) and CMO, lead development of the Health Support Plan and, in conjunction with the entity's Chief Procurement Officer, provides local contract and performance management. Note that during Mission set-up, these responsibilities may be undertaken by Headquarters Mission Planning staff until key mission appointments have been filled.⁶

E.2. DHMOSH

12. The Medical Director of DHMOSH retains overall technical authority for health support and endorses all Health Support Plans. DHMOSH also leads the technical assessment of the hospitals as identified by PD and MSS.

E.3. MSS

13. MSS is responsible for the development of non-clinical technical standards for the delivery of services and responsible for overall oversight of contract compliance during mission sustainment.

⁴ Mission Chief Procurement Officers may be requested to undertake this task on behalf of PD.

⁵ For cases where Local Procurement Authority has been granted, these roles may be undertaken by the Chief Procurement Officer and Chief Medical Officer respectively.

⁶ Where DOS supported entities do not have these appointment of CMO and CPO, the CMO role may have to be undertaken by DHMOSH staff and the CPO role by PD staff.

E.4. PD

14. PD is responsible for contract administration including the negotiation of contracts and the financial aspects of contract compliance.
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F. REFERENCES

15. This SOP should be read in conjunction with the following documents.
- United Nations Financial Rules and Regulations of the United Nations (ST/SGB/2013/4)
 - The Medical Support Manual for United Operations Field Missions (3rd Edition, 2015)
 - UN Procurement Manual (30 september 2019)
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G. MONITORING AND COMPLIANCE

16. MSS, DHMOSH and PD are responsible for ensuring compliance with this SOP.
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H. CONTACT

17. The point of contact for this policy is the Chief MSS and Senior Medical Officer, Clinical Governance, DHMOSH.
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I. HISTORY AND REVIEW

18. This is the first version of the SOP.
19. This SOP shall be reviewed no later than 31 December 2020.
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APPROVAL SIGNATURE:

APPROVAL DATE:



23/12/2019