**UN Clinics**

**General**

1.    The United Nations (UN) Clinic shall provide primary clinical care and occupational health services to all locally and internationally recruited personnel of the UN Common System and their recognized dependents in countries where the locally available medical facilities are considered inadequate as determined by the UN Medical Services Division (UNMSD).

2.    Any adaptation of the scope of the UN Clinics is subject to approval from the UN Medical

 Director.

**Services**

3.    The UNDP-managed UN Clinics shall provide the following minimum standard of services that may be subject to revision following endorsement by UN Medical Services Division and agreement by the signatories to the Memorandum of Understanding (MoU). Each individual Country Office MOU shall be updated in consultation with the UNDP Legal Support Office using the MOU template in [Annex D](https://popp.undp.org/node/5681):

**a)**  **Primary clinical care to UN Common System personnel:**

i) Provide primary health care and emergency services in response to accidents occurring at the duty station for up to the approved number of personnel and their eligible dependents, with approved and established capacity for ambulatory patients per day

ii) Conduct periodical medical examinations when needed and arrange for any necessary investigations

iii)   Perform minor surgical procedures under local anaesthesia, e.g., sterilization and suture of wounds, and excision of lumps

iv) Perform emergency resuscitation procedures such as maintenance of airway and breathing, control of haemorrhage, and treatment of shock

v) Triage, stabilize, and evacuate a casualty to the next level of medical care

vi) Maintain sufficient holding capacity for stabilization and support pending referral to higher-level care

vii) Administer routine vaccinations and other disease prophylaxis measures required as per WHO advice for a respective country

viii) Perform basic diagnostic and laboratory tests

ix) Provide consultation and treatment for acute medical conditions for walk-in patients

x) Continue management or assist in the follow-up of previously diagnosed chronic medical conditions for which treatment has already been started

xi) Provide necessary diagnostic tests required by clinical conditions, either onsite or through local referrals

xii) Facilitate staff access to local medical facilities and ensure follow-up

xiii) Support and facilitate specialist consultations by telehealth measures

xiv) Provide early detection in mental health cases and arrange referral to appropriate specialists to facilitate proper treatment and follow up support

**b)** **Occupational health services**:

i) Oversee implementation of preventive medical measures for the contingents and personnel under their care

 ii) Promote health of the staff, ensuring medical compatibility with job requirements

 iii) Provide travel medical services for staff on official travel, incorporating destination-specific health advice, immunization, prophylactic medications, and travel medical kits

 iv) Advise staff members regarding all medical and health issues related to their work

 v) Assess and respond to staff concerns regarding health and ergonomic aspects of their workplaces and other matters related to work environment

 vi) Conduct preventive health and health promotion programmes, i.e., blood pressure monitoring, screening of diabetes, screening for alcohol/substance abuse and smoking cessation

 vii) Contribute to induction and other health-related training, i.e., first aid training, CPR, etc.

 viii) Provide continuous support and assist in fully implementing activities and programmes related to the UN HIV/AIDS personnel policy

 **c)**  **Advisory services to the management of all UN Agencies**:

1. Evaluate, recommend, and arrange for medical evacuation to the recognized regional medical evacuation centres in line with the policies and authority of the staff member’s or personnel’s respective organization and in collaboration with the organization’s medical service

1. Advise about sick leave issues and coordinate sick leave case management with staff, supervisors, counsellors, and the respective organizations’ Medical Services

 iii) Advise about and assist in reasonable work accommodation for a person who is not able to carry out his/her regular duties on a full-time basis for a specific period

 iv)    Provide medical advice for disability cases, special dependency, work related illness, or injury and education benefits (e.g. special education grant)

 v)     Verify appropriateness, reasonableness, and customary value of medical bills as needed

**d)**  **Other Services:**

i)  Organize periodic orientation sessions with all staff on the services provided by the UN Clinic

ii)  Produce and keep current a one-page flyer stating the mission and services provided, including contact information and hours of service

 iii) Supply, replenish, and update all medical kits in all duty stations within the country, including medical kits for UN official vehicles (see [Annex E](https://popp.undp.org/node/5681))

 iv) Systematically access and liaise with local medical facilities; establish a referral list and keep it current

v)   Contribute to pandemic preparedness planning and implementation, for the UN population, when and where required in conjunction with WHO

**Hours of Service**

4.    The UN Clinic hours of operation are to be established at the local level.  However, the UN Clinic doctor and nurse/s shall be available for any emergencies outside of the fixed regular hours of service.

**Beneficiaries**

 5.   All internationally and locally recruited staff of the UN Common System and their eligible dependents.

 6.   Access may be granted to non-staff such as Individual Contract (IC) holders, Service Contract (SC) holders, UNVs, and interns, as well as non-UN personnel subject to appropriate clearances. The UN Clinic services are normally not extended to the family members of these individuals unless otherwise specified in the respective MoU.

**Establishment**

**Criteria**

7.   The establishment of a UN Clinic is justifiable only if:

a)   The local medical facilities are found to be inadequate as confirmed by UN Medical Services Division; and

b)   There are sufficient numbers of UN staff members and dependents at the duty station (potential users). The total number of UN staff members and recognized dependents (internationally and locally recruited) at the duty station should be **at least 200**.  However, exceptions may be made if no acceptable medical care is available and the UN Medical Director, in consultation with the other UN Medical Directors of the UN System, agrees to recommend the establishment of a Clinic.

**Minimum Requirements**

**Location**

8.   At a minimum, the UN Clinic should be located at a UNDSS cleared location within or near the UN common premises.

9.   The minimum office requirements to provide the above services are:

**a)  Space**

 i)     Hard wall structure with stretcher access (building, tentages, or containers)

 ii)     Basic general support and office facilities, such as access to a computer and an Internet connection

 iii)    A doctor’s office with separate and appropriate examining room, with running water and a lavatory

 iv)   A nurse’s station with appropriate examining space, with running water and lavatory

 v)   A laboratory area, with running water and a lavatory

 vi)   Ward with holding capacity, if applicable

 vii)   At least one bed sick bay emergency/treatment room

 viii)  Waiting and reception area

ix)   Two bathrooms (one for males and for females); and

 x)    A storeroom/pharmacy with provision for cold storage for vaccines

 xi)   Safes (with keys or passwords) to ensure confidentiality of the medical files of the patients

**b)  Personnel**

The recommended minimum UN Clinic medical positions, unless otherwise approved by UN Medical Services, are:

 i)     1 x Medical Doctor – full-time, 24/7 availability for emergencies with sufficient cover when not available (locally or internationally recruited)

ii)     1 x Registered Nurse/ Paramedic with sufficient cover when not available (locally recruited)

 iii)  2 x support staff, including 1 x full-time driver (local) and 1 x Laboratory Technician (locally recruited)

 **c)   Equipment**

i)   Resuscitation and life support equipment, fluids, and drugs. CARDIOTRIAGE (which includes dry chemical assessment of Troponin I, CK-MB, Myoglobin)

ii)  Clinic and ward equipment set

iii)  Surgical sets for minor surgical procedures

1. Splints, bandages, and stretchers

v)  Portable trauma bags/kits

vi)   Basic field laboratory kit (FBC including ESR, urinalysis, glucometer, capability of performing malarial smear quick testing, haematology including ESR, blood sugar, urine for pregnancy test, equipment for biochemistry)

vii)  Sterilization equipment and refrigerator

viii)  One or two dedicated emergency vehicles, one of which should be an ambulance or a vehicle with the capacity to transport a sick person in a reclining position and the capacity of fixing the necessary medical equipment and medications, as required, during transportation of a patient.

ix)   Telemedicine communication set

x)     Standard equipment for a physician’s office for providing day-to-day care, including EKG machine, standard equipment for a nurse’s work station for providing day-to-day care

xi)    Standard emergency equipment such as AED/defibrillator

xii)  Oxygen concentrator/supply

xiii)  Suction machine

xiv)  Nebulizer

xv)  IV stand

xvi)  Ambu bag adult/child

xvii) At least one wheelchair on every UN premises

xviii) Ultrasound machine

xix)  Dedicated emergency generator

x)  Supplies for first level emergency treatments, as necessary, e.g. PPE kits

**d)   Supplies**

Medical consumables and other medical supplies for up to 60 days to support all clinical and preventive functions, as per established guidelines for procuring, maintaining and disposing.

**e)   Transport and communication**

 i)  Fully accessible mobile communications, cell phone, etc. for principal medical personnel

 ii)   Radio for UN Clinic

 iii)  Reliable fully accessible transport for the UN Clinics physician to enable him/ her to respond effectively to emergencies.

**Recruitment of Personnel**

10.  Recruitment of all UN Clinics personnel (both technical and non-technical) is decentralized to the UNDP Resident Representative in his/her capacity as the senior UNDP official at the duty station and recruitment under this component will be subject to the provisions of the [UNDP Recruitment and Selection Framework](https://popp.undp.org/node/11426)and  to the provisions under Accountability.

11.  UN Clinics personnel must be recruited internationally or locally under staff appointments only. The minimum standard of classification for the UN Clinic physician must be at the equivalent of the P3 level of internationally or locally recruited category on a staff appointment. A higher classification level may be applied on the basis of the expanded scope of the UN Clinics as approved by UNMSD.

**Management of the UN Clinic**

12.  The UN Clinics operate, with regard to technical matters only, under the general supervision of the UN Medical Director.  While the UN Medical Services Division can be contacted 24/7, the professional guidance of the WHO Country Representative may be requested in emergency and until contact has been made with the UN Medical Director.

13.  The general management of the UN Clinic and its staff is the administrative responsibility of the UNDP Resident Representative. The UN Clinic Physician is responsible for the day-to-day operations of the UN Clinic.

14. The UNCT is responsible for financing license access, any maintenance fees and training costs associated with the UN Medical Services approved electronic medical records management system.

 **Local Inter-Agency Clinic Management Committee (LIACMC)**

15.  A Local Inter-Agency Clinic Management Committee (LIACMC) must be established to assist the UNDP Resident Representative. [Annex C](https://popp.undp.org/node/5681) contains sample Terms of Reference for a LIACMC.

16. The LIACMC should be composed of at least the:

a) WHO Representative, Chair

b) UN Clinic Physician

c) UNDP Deputy Resident Representative or Operations Manager

d) An Operations Manager from a UN agency other than UNDP and WHO, to be nominated by the UN Operations Managers Team (OMT) for a period of one year; and

e) A staff representative from a UN agency to be nominated by the chairs of UN System staff associations for a period of one year

**Procurement and Accounting**

**Budget**

17.  Costs for the establishment and running of clinic facilities are shared among all UN agencies concerned.  Costs shall include not only the services, but also fees for facilities: renovation of buildings, acquisition and replacement of furniture and/ or equipment; drugs and medicines; rental of premises, if any; utilities; maintenance; and employee costs.

**Cost-sharing modalities and arrangements**

18.  The administration of UN Clinics should be under the Common Services approach as defined by the [UNSDG](https://unsdg.un.org/2030-agenda/business-operations).

19.  Cost recovery for staff members and their eligible dependents through the medical insurance schemes may apply to primary clinical care and diagnostic tests required by clinical conditions, provided that the expenses for services are found to be reasonable and customary at the duty station and are normally reimbursable under a UN medical insurance plan (MIP) for staff or any approved insurance provider for other personnel. Where feasible, the UN Clinic, in consultation with the UN Medical Insurance Unit and UNMSD in New York is responsible for directly negotiating a direct billing arrangement with the relevant insurance providers for this purpose. The following occupational services are non-reimbursable from the insurance schemes:

a)   Mandatory and voluntary medical examinations

b)  Travel medicine

c)   Immunization

d)   Health promotion

e)  Work-related injury

 **Storage and Inventory**

20.  The premises where supplies and medicines are stored should be kept at the prescribed temperature, organized, and clean.

21. A simple automated inventory system must be established and maintained. Instructions contained in the [UNDP Asset Management policies and procedures](https://popp.undp.org/node/11361) for inventory reporting procedures must be followed.

22.  Except where fee-for-service is charged to the users of the facility, all medications should normally be given to patients in limited quantities. To continue a course of treatment, medications should be purchased in a pharmacy through a prescription issued by the UN Clinic Physician and with the use of relevant medical insurance. If the UN Clinic physician is not licensed to prescribe in the respective country, a referral system to local, licensed physicians must be established.

23.  UN Clinics must never stock any outdated medicines. Destruction of outdated medicine must be undertaken directly by the UN Clinic Physician, in consultation with the UN Medical Director through the UNDP Resident Representative.

24.  A protocol for the disposal of expired medication, pathological waste, and sharps must be established following the official protocols of local health authorities and WHO guidance. The protocols should be explicit, in writing and openly displayed even when a third party provides this service.

**Accounting**

25.  UN Clinics are run under a Common Services projectto which all expenditures must be debited.

26.  No credits should accrue in the Common Services project.  The previous practice of charging fees or costs to the users of the facilities and crediting the Common Services project is no longer valid.

27.  When a UN Clinic provides clinical services that are normally reimbursable under a medical insurance plan, including laboratory services and prescribed medications, the charges for such services may be reimbursed through the individual’s medical insurance, subject to the limitations under the plan.

28.  Prescribed medications (especially longer-term treatments) readily available at adequate levels and standards within the country must be purchased at local pharmacies and charged against an individual's medical insurance plan.

**Other Health-Related Services**

**General Considerations**

29.  Staff members are entitled to receive free vaccines and inoculations that are compulsory or recommended by WHO at the duty stations.  Eligible dependents, though, are entitled to receive such vaccines and inoculations only in connection with official travel or in emergencies.  Yellow fever vaccination will be given at the UN Clinic and certified with the UN Clinic stamp.  The latest version of the [WHO booklet ‘International Travel and Health’](http://www.who.int/ith/en/) should be available for the latest guidelines regarding potential health hazards to travellers.

30.  First aid kits either for dressing wounds or with basic medications, which most Country Offices keep at hand, will continue to be provided directly by each respective agency.

31.  Staff members may receive, by pouch and with the prior approval of the UN Medical Director, prescribed medicines that are not available locally.  The cost of medicines is incurred on an individual basis and should be settled directly by the staff member concerned.

 **Local Health Care Facilities**

 32.  The UN Clinic medical staff must be fully knowledgeable of the capabilities of the available local medical and dental facilities and must use these facilities to the greatest extent possible before reverting to medical evacuation. The UN Clinic Physician should regularly assess the referral medical facilities in order to update information.

33.  UN Clinics should coordinate with local hospitals in order to facilitate admissions of UN staff members.

**Other UN Clinic Emergency Health Care Facilities**

34.  If necessary, the UN Clinic Physician may establish emergency medical supply facilities in other duty stations within the country.  Emergency medical supplies will be properly stored at an easily accessible, secure place and will include a portion of a basic unit of the WHO new emergency health kit and some basic first aid material.

35.  A first aid kit must always be present in every vehicle on field trips and on cross-line or cross-border missions.  The UN Clinic Physician should have adequate access to the emergency security communication of the UN in case of medical emergencies.

**Other**

**Closure of UN Clinic**

36.  The closure of a UN Clinic is only permitted if UNMSD confirms that locally available medical facilities are adequate.

**Transition Measures**

37.  The UN Clinics that are currently staffed with physicians on non-staff contracts including UN Volunteers (UNVs), Service Contract (SC) holders and Individual Contract (IC) holders, must, as of the effective date of this policy, take steps to regularize the contractual modality, at the appropriate approved level and in line with the provisions under section III of this policy. Current UN Clinics’ physicians that hold non-staff contracts will continue to serve until expiry of their contract.