

INDIA

India Issue Paper # 04

REIMBURSEMENT FOR LIFE-SAVING MEDICAL CONSUMABLES EXPENDED DURING EMERGENCIES

1. ISSUE PAPER THEME

Medical

2. SUMMARY / BACKGROUND / PREVIOUS HISTORY

(a) Medical Units deployed in UN peacekeeping missions are often required to treat not only contingent personnel but also other UN staff, host nation civilians and provide humanitarian medical aid during mass casualty or high-intensity emergency events. The large-scale and unscheduled use of life-saving consumables such as oxygen cylinders, IV fluids, blood products, PPE, and trauma kits leads to rapid depletion of critical medical stores.

(b) Level I and Level II medical facilities in remote UN missions frequently act as first-line trauma centers. Events such as IED blasts, convoy ambushes, disease outbreaks, or riots can result in dozens of casualties arriving simultaneously. In such scenarios, medical personnel must utilize consumables aggressively to save lives, often exhausting stocks planned for months. Despite documented efforts and successful outcomes, these contingents are not reimbursed for additional supplies procured post-crisis, as current self-sustainment reimbursement is based on fixed scaling and not dynamic mission demand.

(c) During the Ebola outbreak (UNMEER), COVID-19 pandemic, and major field incidents in missions like MINUSCA and UNMISS, medical contingents went above and beyond their MoU limits to support mission personnel and local civilians. In each case, contingent-funded emergency procurement was required, including local market sourcing or airlifting of life-saving items. However, these efforts though documented were not reimbursed due to rigid scaling models in the COE Manual.

3. DETAILED PROPOSAL

(a) Establish a contingency clause for emergency medical consumable usage, allowing case-by-case reimbursement for quantities beyond the standard provisioning scale.

(b) Require incident reporting and verification by the mission's Medical Officer and Force Medical Adviser to confirm that emergency criteria were met.

(c) Introduce an "Emergency Medical Consumables Pool" category under self-sustainment, with unit costs determined by the COE WG and listed in the Manual.

(d) Permit submission of receipts/invoices for post-incident replenishment, including transport costs, for special consideration by UN HQ. Encourage contingent medical officers to maintain documentation through Medical Incident Logs and After-Action Reports for audit and verification.

4. FINANCIAL IMPLICATIONS

The estimated cost impact is low and limited to exceptional and documented cases. However, it significantly improves operational resilience, medical response effectiveness and mission morale while recognizing the vital humanitarian work performed by military medical units under challenging conditions.

5. PROPOSED 2026 COE MANUAL TEXT

2026 COE WORKING GROUP | MEMBER STATE ISSUE PAPER

To be inserted in Chapter 3, Annex C -Medical Support - Reimbursement Procedures.

“In the event of medically documented mass casualty incidents, disease outbreaks or other mission-verified emergencies, contingent medical facilities may claim reimbursement for excess usage of life-saving medical consumables beyond standard self-sustainment scales. This includes oxygen supplies, IV fluids, trauma kits, blood and related products, and PPE. Reimbursement shall be considered on a case-by-case basis, subject to verification by the mission’s Medical Officer and COE inspection team. Documentation shall include incident records, patient logs, usage reports, and supply chain receipts. The itemized rates shall be as per the Emergency Medical Consumables Pool list approved by the COE Working Group.”