DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

Sri Lanka Issue Paper # 01

ADDITIONAL DEPLOYMENT OF MEDICAL SPECIALIST IN MISSION AREAS

1. ISSUE PAPER THEME

Medical – Staffing requirement

2. SUMMARY / BACKGROUND / PREVIOUS HISTORY

Summary:

Level II Hospitals deployed in mission areas are staffed with four specialists: two general surgeons, an anesthetist, an internist, and a general physician. However, in order to ensure the continuity and consistency of medical services, Troop Contributing Countries (TCCs) are requested to deploy additional specialists to support uninterrupted healthcare delivery. While acknowledging that this is a critical requirement, it should also be noted that the simultaneous deployment of two specialists for the same role may lead to an inefficient use of valuable human resources. Therefore, careful consideration is encouraged to ensure an optimal balance between operational needs and resource utilization.

Background:

Level II Hospitals deployed in mission areas are staffed with four core specialists: two general surgeons, one anaesthetist, one internist, and one general physician. However, in order to ensure the continuity and consistency of medical services, Troop Contributing Countries (TCCs) are requested to deploy additional specialists to support uninterrupted healthcare delivery. While acknowledging that this is a critical requirement, it should also be noted that the simultaneous deployment of two specialists for the same role may lead to an inefficient use of valuable human resources.

To enhance the continuity of medical services without overextending national human resources, it is proposed that Troop Contributing Countries (TCCs)to deploy one additional specialist, who can be rotated every six months. This rotational arrangement would ensure sustained support to the Level II Hospitals while minimizing the long-term burden on any single medical professional or contributing country.

3. DETAILED PROPOSAL

Suggestion:

It is further suggested that the airfare for the additional rotating specialist be covered by the United Nations, in line with existing support mechanisms for medical personnel deployed in mission areas. This approach would help maintain operational readiness and medical service continuity in a resource-efficient and equitable manner.

4. FINANCIAL IMPLICATIONS

5. PROPOSED 2026 COE MANUAL TEXT