## SECRETARIAT

# INTRODUCTION OF TELEMEDICINE SERVICES IN UN FIELD MISSIONS FOR T/PCC LMSM, LEVEL 1, 2 AND 3 FACILITIES

**Secretariat Issue Paper # 32**

## 1. ISSUE PAPER THEME: Medical

## 2. SUMMARY / BACKGROUND / PREVIOUS HISTORY

The evolving medical needs of UN peacekeeping missions require rapid transmission of medical information using secure technologies to bring specialist advice closer to the field and facilitate timely, informed decisions. Based on recommendations from HIPPO Report (2016), General Santos Cruz Report (2017), A4P & A4P+ (2018 – 2021) and aligned with the vision of the UN Strategy for Digital Transformation of PK, a Telemedicine Pilot Project was launched in March 2021 under the framework of Triangular Partnership Programme.

The project has achieved proof of concept in providing real-time remote-medical support at point of incident and succeeded in improving the quality and timely access to medical care for peacekeepers at some of the most remote sites in UN PK missions by employing digital communication technologies and integrating them in medical workflows. The Telemedicine Project further aims to fill the care gap when timely causality / medical evacuations are not possible, reduce the number of medical evacuations from such locations by increasing the availability of experts from higher- level medical facilities, and providing expert medical guidance to medical staff in locations without specialists' direct access (e.g., surgeons, internists, psychiatrists, etc.).

As such, the Secretariat proposes to add '*telemedicine services'* in the 2026 COE Manual as an additional medical treatment service performed by T/PCC LMSM, Level 1, Level 2 and Level 3 facilities in UN field missions. The performance of this service is only required in cases where the UN has provided the units with all associated hardware, software, training and support. The related hardware and software must be provided by the UN due to information technology and credentialling requirements related to software licenses and system security. Implementation would commence from –1 July 2026 (COE Manual effective date).

The proposal has not previously been considered by the Contingent-Owned Equipment Working Group.

## 3. DETAILED PROPOSAL

It is proposed to use telemedicine in the UN healthcare system to increase timely access to specialists in remote locations and to increase access to higher quality of healthcare from the point of injury (POI) throughout the rescue chain (continuity of care). The proposed telemedicine services will be established between higher-level and lower-level medical facilities in UN field missions. To implement, additional text is proposed to Chapter 3, Annex C: Principles of verification and performance standards for medical support.

## 4. FINANCIAL IMPLICATIONS

All hardware, software, maintenance and user training related to implementation of telemedicine for T/PCC medical facilities will be fully provided by the UN.

**Standard telemedicine service:**

The financial impact of required hardware and software (including training and maintenance) is estimated at **$894,000 per annum** (USD) if implemented at all T/PCC LMSM, Level 1, Level 2, and Level 3 facilities deployed in peacekeeping [based on data as of March 2025].

**Portable telemedicine service:**

This capability would be used on a case-by-case basis, pending operational requirements. The estimated annual cost of the portable solution is **$25,647 (US) for a Level 1 or LMSM facility**, and **$9,770 (USD) for a Level 2 or Level 3 facility.** The provision of the portable telemedicine service kits would be limited to specific types of remote operating units where enhanced medical support is required, to be determined on a case-by-case basis.

A full breakdown of all estimates is provided at Appendix A.

Note: Standard telemedicine services require EarthMed in order to proceed.

# 5. PROPOSED 2026 COE MANUAL TEXT

To implement this proposal, the following changes to Chapter 3, Annex C: Principles of verification and performance standards for medical support are requested:

Chapter 3, annex C, (pg. 87) proposed new paragraphs 22-25 after current para 21. Vaccinations (Added text in bold).

**Telemedicine services**

**22. Telemedicine services will be provided between lower-level T/PCC medical facilities and higher-level medical facilities and consist of standard facility-based services and portable options, described in para 23. An additional type of telemedicine service, cross-border telemedicine, is described in para -25.**

**Standard telemedicine service**

**23. Enables healthcare provider-to-provider teleconsultation (non-real-time as well as real-time) for a specialist's second opinion from a higher level of care. All associated hardware, software, training and support will be provided by the UN.**

**Portable telemedicine service**

**24. Enables real-time telemedicine between first responders at the point of injury (POI) or at temporary operating bases, or an aero-medical team member to a higher level of care (L1 to L3). When a requirement is identified, all associated hardware, software, training and support will be provided by the UN, including portable emergency telemedicine kits and satellite internet connectivity capable of collecting and transmitting medical information in real time, and including audio/video capabilities.**

**Cross-border telemedicine**

**25. Cross-border telemedicine services between medical facilities outside the mission area and select medical facilities in UN field missions may be established on a case-by-case basis to enable healthcare provider-to-provider teleconsultation for a specialist's second opinion. This type of arrangement will be established through a Letter of Assist (LOA) agreement when required.**

Update to treatment capability column in appendices tables:

Chapter 3, annex C, appendix 4 table (pg. 94): UN levels of medical support: level 1 (primary health and emergency care) requirements and standards; Following to be added under ‘Treatment capability, Scope’ column, with the related footnote noted here (Added text in bold).

**16. Telemedicine services***

***Footnote: The performance of this service by the T/PCC is only required in cases where the UN has provided the unit with all associated hardware, software, training and support**

Chapter 3, annex C, appendix 5 table (pg. 98): UN levels of medical support: level 2 (basic field hospital) requirements and standards: Following to be added under ‘Treatment capability’ column (replicated for Level 3 Hospital), with the related footnote noted here (Added text in bold).

**12. Telemedicine services***

***Footnote: The performance of this service by the T/PCC is only required in cases where the UN has provided the unit with all associated hardware, software, training and support**

Chapter 3, annex C, appendix 7 table (pg. 114): UN levels of medical support: light mobile surgical module requirements and standards: Following to be added under ‘Treatment capability’ column, with the related footnote noted here (Added text in bold).

**Telemedicine services**

***Footnote: The performance of this service by the T/PCC is only required in cases where the UN has provided the unit with all associated hardware, software, training and support.**

**Appendix A (not for inclusion in the COE manual)**

**COST ESTIMATES – PROVISION OF TELEMEDICINE FOR T/PCC MEDICAL FACILITIES**

**Telemedicine cost estimate for all fixed T/PCC medical facilities (based on 2024 deployments)**

| Facility | Qty of T/PCC facilities in PKOs | Qty of laptop per facility (approx.) * | Annual cost for laptop per facility ** | Annual cost for x1 mobile per facility *** | Annual mobile plan cost per facility | Qty UN profiles/ email per facility | Annual costs UN profiles/ email per facility | Annual cost, total per facility | Annual impact (USD) for all PKO facilities |
|---|---|---|---|---|---|---|---|---|---|
| **Level 1 Hospitals** | x170 | x1 | 310 | 73.4 | 800 | x2 | 3308 | 4491.4 | 763,538 |
| **Level 1 + Hospitals** | x6 | x1 | 310 | 73.4 | 800 | x2 | 3308 | 4491.4 | 26,948.4 |
| **Level 2 Hospital** | x10 | x1 | 310 | 73.4 | 800 | x5 | 8270 | 9453.40 | 94,534 |
| **Level 3 Hospital** | x1 | x1 | 310 | 73.4 | 800 | x5 | 8270 | 9453.40 | 9453.40 |
| **Light Mobile Surgical Module (LMSM)** | X1 | x1 | 310 | 73.4 | 800 | X2 | 3308 | 4491.4 | 4491.4 |
| **Total:** | | | | | | | | | **898,965.2** |

**Note:** Figures in this rate table are estimates based on rates as of March 2025. Rates are to be negotiated with vendors based on competitive market rates and therefore are subject to change. Additionally, Unite Mail and centralized ICT costs are based on existing rates for peacekeeping budget guidance and include the provision of full enterprise applications. Further reductions may be achieved through bundled services.

**Telemedicine cost estimate for portable facilities**

| Facility | Example / demo | Qty UN profiles / email and Telemed platforms per facility | Annual costs UN profiles/ email per facility | Annual cost of Telemed platform per facility | Annual Satellite terminal cost (based on 5yr useful life) | Annual cost of TeleMed kit (based on 5yr useful life) | Annual cost of satellite internet data | Cloud hosting and shared services | Annual cost, total per facility |
|---|---|---|---|---|---|---|---|---|---|
| **Level 1 Hospitals** | Per facility | x6 | 9924 | 6516 | 110 | 607.40 | 4200 | 4290 | **25,647.4** |
| **Level 2 Hospital** | Per facility | x2 | 3308 | 2172 | - | - | - | 4290 | **9770** |