



NOTE ON COVID-19 MEDICAL EVACUATIONS FROM THE UN SYSTEM-WIDE TASK FORCE TO INGOs WORKING WITH UN ENTITIES

9 September 2020

COVID-19 Medical Evacuation (MEDEVAC) for INGO partners of UN entities at country level, an addition to those INGO partners that are covered by MEDEVAC arrangement through the Global Humanitarian Response Plan (GHRP) or a country's Humanitarian Response Plan (HRP)

OBJECTIVE

Due to the current COVID-19 pandemic, the United Nations and its partners are rapidly scaling up support to countries' efforts to minimize the impact of the virus on their populations, while also ensuring continuation of critical, life-saving programmes.

The UN recognizes that much of the risk in carrying out programmes is borne by our partners from non-governmental organizations (INGOs) who are implementing UN activities, working side by side with UN personnel. Mitigating risks and preventing the spread of COVID-19 among INGO partners is important to the UN. The World Health Organization (WHO) has issued extensive advice on measures to be undertaken in various environments to minimize occupational safety and health risks. UN agencies, funds and programmes have expanded their programming to strengthen health facilities, specifically to meet COVID-19-related needs

Recognizing that health facilities in many countries may be overwhelmed with demand and may not have sufficient capacity to provide the required care to the most serious cases of COVID-19, the UN Secretary-General called for the establishment of a COVID-19 Medical Evacuation (MEDEVAC) System. Given currently available resources, the COVID-19 MEDEVAC System envisions coverage of personnel and eligible dependents of INGOs engaged by UN System organizations in the implementation of their respective mandates, as well as INGO partners implementing a coordinated Humanitarian Response Plan (HRP) and/or COVID-19 Global Humanitarian Response Plan Programmes (GHRP). The purpose of this communique is to confirm the above coverage.

All medical evacuations will be undertaken on a voluntary basis and will be subject to clinical need, funding and availability and capacity in the field.

SCOPE OF ARRANGEMENTS

MEDEVAC-related arrangements provided to eligible INGO personnel and their eligible dependents will be provided by the UN system, subject to: (i) the acknowledgment and acceptance of the relevant terms and conditions by the INGO, as communicated separately in the form of a letter to be signed by the authorized officials of the INGO and the UN, and (ii) the signature by the eligible INGO personnel and/or their eligible dependents of the relevant forms (if the dependent is not a minor), including the information disclosure consent form and the general release from liability (waiver) form. The following population categories are covered by this arrangement:

- A) International personnel of INGOs who are engaged by UN System organizations in the implementation of their respective mandates and who are present in their duty location;

- B) National personnel of INGOs as per paragraph (A) above; and
- C) Recognized accompanying dependents of international personnel of INGOs as per paragraph (A) above
(Note: Relevant INGO policies apply in determination of recognized dependents).

The arrangements described in this document do not supersede any medical evacuation arrangements of INGOs for COVID-19 and are not intended to replace protective measures to be taken by each INGO in relation to their personnel and dependents. Instead, these arrangements, subject to clinical need, funding, availability, capacity and eligibility determinations, will supplement the measures and actions of each INGO.

Notwithstanding the activation of the COVID-19 MEDEVAC System as the solution of last resort, INGOs must take all preventive measures and ensure necessary protective equipment is available to all personnel. Every effort must be made by each organization to strengthen health, safety and security measures, while also ensuring they apply in the most equitable manner possible to all personnel.

According to a standardised model of care (MOC) developed by the UN Medical Directors' Network (UNMD), in consultation with the WHO, treatment options for COVID-19 patients, up to and including the possibility of MEDEVAC, have been outlined based on the severity of the case, as determined by the clinical need and subject to availability and capacity in the field to provide MEDEVAC based on eligibility and available funding.

In-home care

In mild and moderate cases, the MOC recommends in-home care to the extent that is clinically safe for the patient, her/his caregivers and other occupants of the home. Patients should seek and receive care via telehealth, based on availability and their medical insurance coverage, while remaining at home until they recover or if symptoms worsen.

Hospitalisation

More severe cases may require admission to a medical facility for in-patient treatment. Patients with risk factors – such as age or the existence of additional medical conditions – are more likely to require hospitalisation until they recover or develop additional clinical needs, including those that may require MEDEVAC. Subject to availability and capacity in the field, the UN may assist with medical care for severe cases, based on eligibility and available funding and in consultation with UN Medical Services, as needed.

A COVID-19 Coordinator has been identified in each country under the auspices of the UN Resident Coordinators (RCs) to assist eligible persons (including eligible INGO persons) with access to MEDEVAC services. The COVID-19 Coordinator is supported by Entity Focal Points designated by respective UN organizations and eligible INGOs.

Medical evacuation

MEDEVAC is not necessary for patients with mild symptoms or a moderate form of the disease, and it is also not a preventive measure for persons who are not yet unwell. Therefore, MEDEVAC decisions are made based on clinical need and not based solely on a positive COVID-19 test result or the absence of such a test, provided that the personnel has been deemed eligible

Patients with severe cases that require intensive care not available at their location may require MEDEVAC to a location where such care is accessible. The MEDEVAC Task Force has identified select regional locations where such care can be provided, including treatment facilities, medical personnel and aircraft. The locations are based on a careful assessment of the prevailing epidemiological situation, the UN and INGO footprint in the region, as well as an assessment of local healthcare capacity by the UNMD. Additional locations and treatment facilities can be explored and become accessible to individual patients depending on their location and other pertinent factors.

As part of the MEDEVAC Framework, a dedicated operations centre that coordinates the joint resources of the UN System has been set up, complementing other assets such as treatment facilities, medical personnel and air ambulances.

PROCESS AND POINTS OF CONTACT

Responsibility for confirming the eligibility of the INGO for coverage under the COVID-19 MEDEVAC Framework lies at the country level with the UN system entity by which the INGO is currently primarily engaged. At the preparatory stage, the UN system entity or the Resident Coordinator will provide written confirmation that the INGO is eligible, and upon receipt of this confirmation, each eligible entity should identify a [Focal Point](#) for COVID-19 MEDEVAC. In the event the MEDEVAC of an eligible COVID-19 patient is required, the patient or an authorized guardian will sign the information disclosure consent form and the general release from liability [form](#). The INGO will additionally be required to acknowledge and agree to the relevant terms and conditions, as communicated separately in the form of a letter to be signed by the authorized officials of the INGO and the UN. The INGO will be responsible for any costs unrelated to the MEDEVAC and provision of medical services after the patient has been released from an intensive care unit or high dependency care, as well as incidental expenses incurred by the patient during their stay at the treatment facility.

The [COVID-19 Coordinator](#) has overall responsibility for the implementation of the medical evacuation (MEDEVAC) process of COVID-19 cases at the duty station. The COVID-19 Coordinator serves as the focal point for all COVID-19 MEDEVAC logistics, coordination, technical aspects and administrative questions related to COVID-19 medical evacuations.

In recognition of the need to take steps to prepare for emergency and/or urgent travel, it is recommended that INGOs remind their personnel (and where applicable, dependents) to ensure where possible that they are in possession of a valid travel documentation. It is additionally recommended that all personnel are in possession of up-to-date passport sized photographs, and that both these and any travel documentation are easily accessible.

WHERE TO FIND ADDITIONAL RESOURCES

The [United Nations website on COVID-19 medical evacuations](#) contains resources, guidelines and supporting documents that you may refer to as needed. At the time of issuance, the website contains the following key documents:

- [COVID-19 Medical evacuation Framework](#)
- [COVID-19 MEDEVAC Frequently Asked Questions](#) (21 July 2020)
- [COVID-19 MEDEVAC GUIDANCE NOTE COVID-19: Treatment options and MEDEVAC](#) (23 June 2020) ([French](#)) ([Spanish](#))
- [COVID-19 MEDEVAC GUIDANCE NOTE A Patient's Perspective: How does a COVID-19 MEDEVAC work?](#) (23 June 2020) ([French](#)) ([Spanish](#))
- [COVID-19 MEDEVAC GUIDANCE NOTE Quick Guide for Entity Focal Points](#) (4 August 2020) ([French](#))
- [Combined Information Disclosure Consent and General Release Form - COVID-19 MEDEVAC](#) (June 2020) ([Arabic](#)) ([French](#)) ([Russian](#)) ([Spanish](#))
- [Entity Focal Point Wallet Guide](#) ([French](#))