



United Nations



COVID-19 Response

NOTE TO INGO PERSONNEL FROM THE UN SYSTEM-WIDE TASK FORCE ON COVID-19 MEDICAL EVACUATIONS

1 June 2020

COVID-19 Medical Evacuation (MEDEVAC) for INGO partners of the UN and the Inter-Agency Standing Committee (IASC) in countries covered by the Global Humanitarian Response Plan (GHRP)

OBJECTIVE

In the current COVID-19 crisis, 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 in existing humanitarian emergencies. Protecting humanitarian workers to safely continue implementing programmes during the COVID-19 pandemic is critical and a top priority.

The UN recognizes that much of the risk in carrying out programmes is borne by our partners from non-governmental organizations (national and international) who are at the frontline of the response, often working in insecure environments. Mitigating risks and preventing the spread of COVID-19 among humanitarian workers is of utmost importance and a major focus of 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. Many of these facilities are entirely supported by these organizations. It is planned that affected humanitarian workers will have access to this health care in-country.

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 System envisions coverage of the personnel and eligible dependents of INGOs¹ implementing a coordinated Humanitarian Response Plan (HRP) and/or COVID-19 Global Humanitarian Response Plan (GHRP) programmes. Recognizing the enormous and important role played by our national NGO partners, the UN will consider expanding the mechanism to accommodate them, subject to the availability of resources and capacity on the ground. All medical evacuations will be undertaken on a voluntary basis and will be subject to release from UN liability on the part of the patient, and where necessary his/her family.

SCOPE OF ARRANGEMENTS

The arrangements provided to eligible INGO personnel and their eligible dependents, including MEDEVAC, will be provided by the UN system subject to funding, availability and capacity in the field, and in accordance with appropriate releases from liability (waivers) signed by the eligible INGO personnel and/or their eligible 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

¹ Eligible coverage includes all international and national personnel of International Non-Governmental Organizations (INGOs) implementing Humanitarian Response Plans and/or the Global Humanitarian Response Plan programmes. MEDEVAC coverage also extends to the dependents of INGO international staff members. Dependents of national staff members are not currently included in the COVID-19 MEDEVAC System.

personnel and dependents. Instead, these arrangements, subject to availability, capacity and eligibility determinations, will supplement or complement the measures and actions of each INGO,

Subject to successful fundraising, MEDEVAC costs for eligible personnel will be covered through donor support to a GHRP project. Any INGO mentioned in the country's HRP or in the GHRP should be considered eligible. If a specific INGO is not mentioned yet is a direct implementing partner of a UN agency implementing HRP or GHRP programmes, the INGO is also eligible upon presentation of a confirmation letter from the relevant UN agency. .

Notwithstanding the activation of the COVID-19 MEDEVAC System as the last resort, aid organizations must take all preventive measures and ensure necessary protective equipment is available to all staff. 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 World Health Organization (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 clinical needs 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 such medical services.

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 needs 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. Medical evacuation and access to UN medical facilities in the MEDEVAC destination will be reserved for eligible patients determined to have clear clinical needs and will be subject to availability of funding and capacity for the personnel described in footnote 1.

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 is in the process of finalising the regional locations where such care will be provided, including treatment facilities, medical personnel and aircraft.

UN SYSTEM-WIDE TASK FORCE ON MEDICAL EVACUATIONS IN RESPONSE TO COVID-19

In consideration of the health and safety of humanitarian workers, the UN established a System-Wide Task Force on Medical Evacuations in response to COVID-19. The Task Force has mapped existing capacities across the UN system and explored additional investments to develop an effective COVID-19 MEDEVAC System. As part of this System, eligible personnel and dependents will have access to regional treatment facilities supported by medical

personnel, air assets (aircraft and air ambulances), as well as a dedicated operations centre that will coordinate the joint resources of the System.

The Task Force is proceeding with the necessary preparations for enhancing and setting up regional treatment facilities in strategic locations, which will be announced once the necessary arrangements, including host country agreements, are in place. 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.

POINT OF CONTACT

The COVID-19 Coordinator has overall responsibility for the 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 MEDEVACs on a 24/7 basis.

WHERE TO FIND ADDITIONAL RESOURCES

The [United Nations website on COVID-19](#) 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 FAQ](#)
- [Guidance on home care and isolation](#)
- [Guidance on Telehealth](#)
- [Advice for Travelers](#)
- [Reference documents, guidance etc.](#)