



COVID-19 MEDICAL EVACUATION FRAMEWORK

Version: 16 July 2020

THE OPERATIONAL FRAMEWORK FOR COVID-19 MEDICAL EVACUATIONS (MEDEVAC) AND RELATED SERVICES

BACKGROUND

1. In line with existing practices, UN entities and International Non-Governmental Organizations (INGOs) have been adhering to the principle of “Stay and Deliver” to provide necessary services to partners and clients at the country level. During the current pandemic, a full range of treatment options and care, including medical evacuation (MEDEVAC) as necessary, are being made available globally.
2. To guide this, the Secretary-General created a **UN System-Wide Medevac Task Force in response to COVID-19**. The Task Force reports to the UN Executive Committee led by the Secretary-General, and is comprised of the Food and Agriculture Organization (FAO), the International Organization for Migration (IOM), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Office for Project Services (UNOPS), the World Bank (WB), the World Food Programme (WFP), the World Health Organization (WHO), the UN Medical Directors Network (UNMD) and the offices and departments of the United Nations Secretariat.
3. The Task Force has operationalised a unified COVID-19 MEDEVAC System. Under this System, eligible individuals who have a clinical need for healthcare not available at their duty location will have access to regional treatment facilities, subject to availability and capacity. This includes support by the appropriate medical personnel, the deployment of air assets (aircraft and air ambulances), and a dedicated operations centre (the UN MEDEVAC Cell) to coordinate the joint resources of the UN system in operationalising COVID-19 MEDEVACs and related services.

PURPOSE

4. This document details the high-level processes of the COVID-19 MEDEVAC System and guides all UN system entities on COVID-19 related MEDEVACs and related services. This document has been prepared on behalf of the COVID-19 Medevac Task Force.

SCOPE

5. This Framework applies to all UN system entities, and other eligible entities and individuals as specified in the document. It does not describe the supporting procedures that will be in place at a country level and defers to UN leadership at the country level to ensure that these are in place. Medical evacuation activities which are not related to COVID-19 are not within the scope of this document and remain subject to existing rules and guidance.



COVID-19 MEDEVAC ELIGIBILITY AND COVERAGE

ELIGIBILITY

6. The COVID-19 MEDEVAC System covers the following individuals, on the understanding that access to MEDEVACs by non-UN personnel listed below is subject to availability and capacity on the ground:

- International and national staff of UN system organizations and their eligible dependents;
- Non-staff personnel engaged by UN system organizations (including UN Volunteers, gratis personnel, individual contractors, consultants, individual service providers, and laborers on an hourly fee) and their eligible dependents;
- International and national personnel of INGOs implementing a coordinated Humanitarian Response Plan and/or COVID-19 Global Humanitarian Response Plan (GHRP) programme, and the dependents of those international INGO personnel;
- Internationally deployed personnel of international vendor/contractors providing goods and/or services directly to UN system organizations under existing contractual arrangements;
- Military and police personnel deployed by the United Nations and accompanying eligible dependents;
- United Nations Guard Unit personnel¹;
- Troops of the African Union (Somalia – AMISOM).

7. If a specific INGO is not mentioned in a country Humanitarian Response Plan (HRP) or Global Humanitarian Response Plan (GHRP) but is a direct implementing partner of a UN agency implementing HRP or GHRP programmes, the INGO is also covered upon presentation of written confirmation from the relevant UN agency or Resident Coordinator (RC) / Humanitarian Coordinator (HC). Eligible coverage includes all international and national personnel of those INGOs and extends to recognized accompanying dependents of international personnel. Dependents of national staff members are not currently covered by the COVID-19 MEDEVAC system. The UN System-Wide Task Force is in the process of confirming the coverage of INGO implementing partners of the UN entities in other countries. Beyond that, if additional funding for the COVID-19 MEDEVAC System is available², and subject to the availability of resources and capacity on the ground, the provision of coverage for National NGO (NNGO) personnel and eligible dependents will be explored.

COVERAGE

8. Each entity participating in the COVID-19 MEDEVAC System, including the Secretariat, has agreed to an overall cost-share mechanism based on their footprint in the field. This cost-share mechanism will be activated and managed by WFP. For the personnel and dependents of eligible INGOs, COVID-19 MEDEVACs will be funded through available donor support to a GHRP project. Subject to agreed clinical

¹ Military or Police personnel who are deployed as part of a UN Guard Unit to protect UN personnel, premises and assets in the field

² Funding for the COVID-19 MEDEVAC System is subject to this being received from Member States for the GHRP.



need, funding, availability and capacity in the field, COVID-19 MEDEVACs initiated within the active mechanism will endeavour to be provided free-of-cost to the end user.

COVID-19 MEDICAL EVACUATIONS OPERATIONS CENTRE

9. The COVID-19 Medical Evacuations Operations Centre, known as the **UN MEDEVAC Cell**, establishes a single point of contact for all eligible entities that have personnel and dependents in need of COVID-19 related MEDEVACs anywhere in the world. The UN MEDEVAC Cell builds upon the existing capacities of WHO, WFP and DOS and provides global 24/7 coverage for all UN entities with a full range of medical and air asset coordination services, with full visibility over all relevant medical and airframe assets that exist across the UN system.

10. The UN MEDEVAC Cell is comprised of the Medical Coordination Unit (MCU), based at WHO Headquarters in Geneva, and the Strategic Air Operations Centre (SAOC), based at SAOC/DOS based in Brindisi. The UN MEDEVAC Cell is the primary interface for COVID-19 Coordinators requesting COVID-19 MEDEVAC support, and can provide the necessary clinical, aviation and other logistical support required to authorise and implement a MEDEVAC.

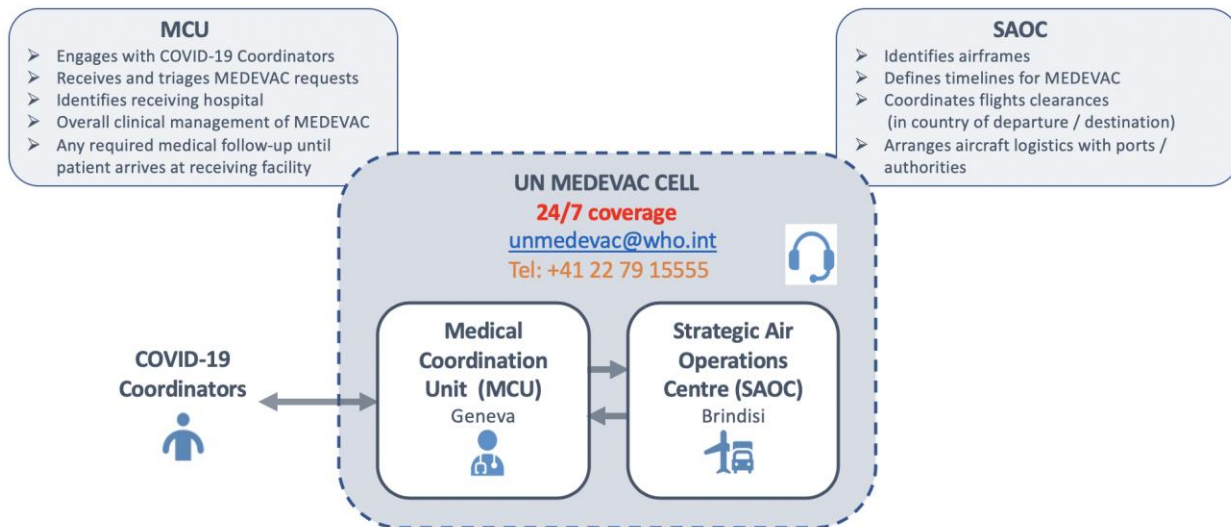


Figure 1. The UN MEDEVAC Cell and the COVID-19 Coordinators

COVID-19 COORDINATORS

11. To implement the COVID-19 MEDEVAC System at country level, a COVID-19 Coordinator has been identified for each country under the auspices of the Resident Coordinators or other Designated Official, to manage the COVID-19 MEDEVAC process on the ground. In doing so, COVID-19 Coordinators will work in collaboration with Heads of referring entities or a focal point nominated by them (hereafter “Focal Point”),



entity Medical Advisors, Treating Medical Providers (TMPs), and the UN MEDEVAC Cell. A country-level Standard Operating Procedure (SOP) should be developed and shared to guide this process, incorporating local information and taking into account elements specific to the operating context. A framework SOP intended to inform the development of an SOP at the country level can be accessed [here](#) and a related template can be accessed [here](#).

12. COVID-19 Coordinators have undergone specific training designed by the UNMD to ensure they are well-versed in their duties and responsibilities in the COVID-19 MEDEVAC process and can ensure the country level SOP is fit for purpose. Resident Coordinators will undertake preparations with the UN Country Teams and other eligible entities to ensure they are unified in their approach at the country level and are able to effectively support the COVID-19 Coordinators.

13. A [list](#) of dedicated COVID-19 Coordinators has been established, and their Terms of Reference can be accessed [here](#). The process of implementing a COVID-19 MEDEVAC is described in the dedicated COVID-19 MEDEVAC section below.

LOCATIONS FOR COVID-19 MEDEVACS AND TREATMENT

14. Treatment of COVID-19 patients at the country level remains the first line of defence and should be supplemented by the option of COVID-19 MEDEVAC only when the latter is deemed clinically necessary.

15. To address the needs of patients with severe cases of COVID-19 that require hospital care not available at their location, the Task Force is in the final stages of setting up regional treatment facilities for the purposes of COVID-19 MEDEVACs. These locations, which will be announced once the requisite agreements are in place, have been identified on the basis of a careful assessment of the prevailing epidemiological situation, the UN's footprint, and an assessment of local healthcare capacity by UNMD.

16. In addition to finalising these regional locations, the Task Force is enhancing local medical resources in Juba, South Sudan and in Goma, Democratic Republic of Congo. COVID-19 MEDEVACs to other locations will also continue as appropriate, contingent on medical need and the availability of healthcare support.

17. Excluded from those eligible for COVID-19 MEDEVAC to these locations are covered personnel and dependents working in the following regions: Europe, North America, Australia, and New Zealand.

18. To further complement these activities, and in recognition of the need to reinforce the first line of defence, Task Force members are exploring additional ways to ensure access to quality care for all individuals covered by this Framework. This is contingent on the availability of funding but includes identifying ways to strengthen existing front-line capacities and exploring possibilities to establish new facilities in strategic locations.

COVID-19 MEDEVAC PROCESS

19. The [UN Model of Care](#) (MOC), created by UNMD in consultation with the World Health Organisation (WHO), is the guiding basis for clinical decisions behind all MEDEVACs. This ensures the approach is



consistent, that COVID-19 cases are escalated in line with clinical need, and that resources are used efficiently. The key stages and critical functions in the implementation of a MEDEVAC are outlined below.

INITIATING A COVID-19 MEDEVAC

- **The referring entity** is responsible for ensuring that any request is in line with the MOC and has been approved by the relevant organizational process. In conjunction with the TMP, the entity Medical Advisor, and the nominated Focal Point will request a MEDEVAC through the COVID-19 Coordinator. Guidance on the role of the Focal Point is located [here](#).
- **The COVID-19 Coordinator** will ensure that clinical decisions and referrals for a MEDEVAC are informed by the TMP, the entity Medical Advisor, and the referring entity Focal Point. The COVID-19 Coordinator will assemble the required information and will initiate a MEDEVAC request through the UN MEDEVAC Cell.
- **The UN MEDEVAC Cell** is the primary interface for COVID-19 Coordinators requesting COVID-19 MEDEVAC support. The MEDEVAC cell provides the necessary clinical, aviation and other logistical support required to authorise and implement a MEDEVAC.

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- **Within the UN MEDEVAC Cell**, the Medical Coordination Unit (MCU) receives and triages MEDEVAC requests and identifies the receiving hospital. The MCU then activates the Strategic Air Operations Centre (SAOC) in Brindisi, which arranges air transportation and flight clearances from the point of departure to the receiving country. The list of facilities is maintained by the UN system Medevac Task Force in conjunction with UNMD and the Department of Health Management and Occupational Safety and Health (DHMOSH).

IMPLEMENTING A COVID-19 MEDEVAC

- **The COVID-19 Coordinator** will assure that all administrative and clinical requirements required to implement the MEDEVAC are completed as required and will coordinate the ground transportation from the sending medical facility to the MEDEVAC departure airport. This activity will be undertaken in collaboration with the referring entity Focal Point, the entity Medical Advisor and the TMP.
- **The UN MEDEVAC Cell** will identify the receiving hospital and coordinate air transport for the patient. The UN MEDEVAC Cell will coordinate with the TMP, medical teams on the ground and air ambulances, and with the medical provider in the receiving hospital. The UN MEDEVAC Cell will confirm the arrival of the patient with the COVID-19 Coordinator.
- **The referring entity** is responsible for all administrative and Human Resources (HR) issues including travel documentation associated with the patient and any authorized non-medical escort, as well as ensuring completion of all necessary patient consents and other MEDEVAC-related



documents, such as waivers from liability where applicable. The referring entity is also responsible for following-up on the status of the patient upon and after arrival at the receiving destination.

20. A flowchart which outlines the process can be accessed [here](#).

NON-MEDICAL ESCORTS

21. In cases where the COVID-19 MEDEVAC patient is an adult, non-medical escorts will not be permitted on the MEDEVAC flight. The referring entity is responsible for making separate travel and administrative arrangements for any non-medical escorts of COVID-19 MEDEVAC patients, in line with organizational rules and regulations.

22. In cases where the COVID-19 MEDEVAC patient is a minor (under 18 years), a non-medical escort will be permitted to accompany the patient, in line with organizational rules, and contingent on consensus with the guardian of the minor on balancing the timeliness of patient care with the availability of a COVID-19 MEDEVAC flight which can accommodate the non-medical escort. If these elements cannot be reconciled, the referring entity is responsible for making any requisite travel arrangements for any non-medical escort, in line with organizational rules and regulations.

TREATMENT, RECOVERY AND REPATRIATION

23. The referring entity retains responsibility for all administrative and HR issues for the duration of the period the patient remains at the COVID-19 MEDEVAC location, in line with its organizational rules. This includes maintaining an overview of the status of the patient, liaising with the family of the patient and the duty station, providing any non-medical support that is required, and facilitating the timely disbursement of any entitlements or benefits associated with the patient and any non-medical escort.

24. The UN system will fund the provision of COVID-19 MEDEVACs and related services, including medical services, to abovementioned eligible persons up to the point of their discharge from intensive care or high dependency treatment in the treating medical facility. The referring entity will either through insurance or other available means be responsible for any and all costs after discharge, including, but not limited to, other in-patient treatment, outpatient services, room and board during the convalescent period as well as onward or return travel to the MEDEVAC point of origin or other location as designated by the referring entity.

25. The referring entity also retains responsibility for all aspects of the repatriation of COVID-19 patients, in line with its organizational rules. In the unfortunate eventuality of the need to repatriate the remains of a COVID-19 patient, the referring entity is responsible for all aspects of facilitating this.

SYSTEM FINANCING AND COST- SHARING

26. Financing for the COVID-19 MEDEVAC mechanism will be managed through a trust fund administered by WFP, with a Financial Steering Group established to provide oversight, including with regard to cost control and timely consolidated financial reporting on the system. Seventy-five percent of the start-up costs will be funded through the Global Humanitarian Response Plan.



27. The balance of the total estimated requirements is subject to a cost-share arrangement based on proportional footprint in the field. With the largest 14 entities covering ninety-eight percent of the eligible persons, the cost-sharing will be limited to these entities. Entities participating in the cost-share arrangement have committed to their respective proportion, to be funded upfront given the proportion of fixed costs and need to ensure funding the full project until 31 December 2020. Options will be explored with insurance providers to determine eligibility for reimbursement; any proceeds in this regard would be used to subsequently offset costs.

FURTHER GUIDANCE

28. This version is dated 16 July and may be superseded by newer versions as issued by the Task Force.

29. This Framework applies only to COVID-19 MEDEVACs and is not intended to supersede or override guidance or instructions concerning any other matter.

LIST OF SUPPORTING DOCUMENTS

30. The following documents inform and support the COVID-19 MEDEVAC Framework, many of which are accessible [here](#). This list will be developed as further material is generated.

- [List of COVID-19 Coordinators](#)
- [COVID-19 Coordinator Terms of Reference](#)
- [Guidance: Entity Focal Point Terms of Reference](#)
- [MEDEVAC Process Flowchart](#)
- [Country-level Framework SOP](#)
- [COVID-19 Country-level SOP Template](#)
- [SOP on UN System-wide COVID-19 Medical Evacuations and supporting docs³](#)
- [UN Model of Care](#)
- [MEDEVAC request form COVID-19 Coordinators](#)
- [Combined Information Disclosure Consent and General Release Form⁴](#)
- [Training materials for COVID-19 Coordinators⁵](#)
- [All Staff Communique⁶](#)
- [INGO Communique⁷](#)
- [COVID-19 MEDEVAC FAQs](#)
- [Guidance Note: Treatment Options and COVID-19 MEDEVAC⁸](#)
- [Guidance Note: A Patient's Perspective: How does a COVID-19 MEDEVAC work?⁹](#)

31. Additionally, the [United Nations website on COVID-19](#) contains resources, guidelines and supporting material for reference. At the time of issuance, the website contains the following key documents:

- [COVID-19 FAQ](#)

³ Available upon request

⁴ Also available in [French](#), [Spanish](#), [Arabic](#) and [Russian](#)

⁵ Also available in [French](#) and [Spanish](#)

⁶ Also available in [French](#)

⁷ Also available in [French](#)

⁸ Also available in [French](#) and [Spanish](#)

⁹ Also available in [French](#) and [Spanish](#)



**United
Nations**



COVID-19 Response

- [Guidance on home care and isolation](#)
- [Guidance on Telehealth](#)
- [Advice for Travelers](#)



Glossary of key terms

COVID-19 Coordinator - A focal point designated by the United Nations Resident Coordinator or other Designated Official in each country to coordinate the planning and implementation of COVID-19 MEDEVACs from the duty station, in conjunction with the entity Medical Advisor, the Treating Medical Provider and the UN MEDEVAC cell.

COVID-19 Global Humanitarian Response Plan (GHRP) – A comprehensive inter-agency response plan which focuses on preparedness and response to the initial immediate and urgent health and non-health needs and response to the pandemic.

Focal Point - The Head of a referring Entity or, at the discretion of the Head of Entity, a designated Focal Point for activities supporting the COVID-19 MEDEVAC process.

MEDEVAC - The process of evacuation from one medical facility to another. Once a casualty has been admitted to a medical facility, all onward movement for medical purposes is considered to be MEDEVAC.

Medical Coordination Unit (MCU) – Under the auspices of the WHO, the Geneva-based MCU is the point of contact for COVID-19 Coordinators and the SAOC for COVID-19 MEDEVACs within the UN MEDEVAC Cell.

Model of Care (MOC) - Model created by UNMD to guide clinical decisions informing all MEDEVAC decisions relating to COVID-19 cases.

Referring Entity - An entity whose personnel and in some cases, dependents are designated as eligible under the MEDEVAC System, and which can make a request via the COVID-19 Coordinator for a COVID-19 MEDEVAC.

Repatriation – The return of a COVID-19 patient and any eligible escorts to the duty station from which they were MEDEVACed or another authorized location.

Strategic Air Operations Centre (SAOC) – Aviation support and coordination hub, based in Brindisi, Italy. A key component of the UN MEDEVAC Cell.

Treating Medical Provider (TMP) – The Treating Medical Provider (TMP) is the medical professional directly responsible for providing care for the COVID-19 patient who is being considered for MEDEVAC. The TMP provides the necessary clinical information to the UN MEDEVAC Cell to support the need for MEDEVAC, and the fitness of the patient to fly.

UN MEDEVAC Cell – A 24/7 Cell which provides coverage for all eligible entities with a full range of medical and air asset coordination services, with full visibility over all relevant medical and airframe assets across the UN system. A focal point for COVID-19 Coordinators requesting COVID-19 MEDEVACs.