



**United
Nations**



COVID-19 Response

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

29 MAY 2020

COVID-19 MEDICAL EVACUATION (MEDEVAC) FRAMEWORK FOR UN PERSONNEL

BACKGROUND

The safety and well-being of UN personnel are paramount. Accordingly, the Secretary-General has called for the development of a Medical Evacuation (MEDEVAC) Framework covering all UN personnel and their eligible dependents, no matter where they are located.ⁱ

Most UN personnel are anticipated to be able to stay and deliver. Therefore, 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 are being made available to all UN personnel and their eligible dependents who may become COVID-19 patients depending on the severity of case as determined by clinical needs.

In-home care

In the 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 would receive care via telehealth while remaining at home until they recover with access to all the needed support.

Hospitalization

More severe cases will 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 hospitalization. While in hospital, patients may recover or develop additional clinical needs, including those that may require intensive care.

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.

Also, because in most cases, patients are expected to recover on their own with minimal medical intervention, hospitalization and MEDEVAC capacity are going to be preserved for patients determined to have clear clinical needs.

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.

WHAT IS THE UN SYSTEM DOING TO ENSURE ACCESS TO COVID-19 MEDICAL EVACUATIONS

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

In line with existing business continuity practices, UN entities 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, if UN personnel, their eligible dependents, or both, become ill with COVID-19, a full range of treatment options and care, up to and including MEDEVAC as necessary, are being made available across all UN system entities, at all duty stations.

To that end, a UN System-Wide Task Force on Medical Evacuations in response to COVID-19 was established under the leadership of the Department of Operational Support (DOS). 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 Food Programme (WFP), the World Health Organization (WHO), the UN Medical Directors Network (UNMD) and the offices and departments of the United Nations Secretariat.

The Task Force has mapped existing capacities across the UN system and explored additional investments to develop an effective, unified COVID-19 MEDEVAC Framework. As part of this system, UN personnel and their eligible dependents will have access to regional treatment facilities supported by medical personnel, air assets (aircraft and air ambulances), as well as a dedicated operations center that will coordinate the joint resources of the UN system.

NEW MEDEVAC FACILITIES AND STRENGTHENING FRONT-LINE HEALTHCARE CAPACITIES

The Task Force is proceeding with the necessary preparations for setting up regional treatment facilities in strategic locations, which will be announced once the necessary host country agreements are in place. The locations are based on a careful assessment of the prevailing epidemiological situation, the UN’s footprint in the region as well as an assessment of local healthcare capacity by the UNMD. Also, the Task Force is enhancing existing facilities where taking care of the UN’s footprint requires strengthened front-line capacities.

COORDINATING JOINT EFFORTS AT ALL LEVELS

The Task Force is in the final stages of establishing a Joint COVID-19 UN MEDEVAC Coordination Center (‘MEDEVAC Cell’) for coordinating the UN system’s medical and air operations based on the capabilities of WHO (Geneva), DOS and WFP (Brindisi). The Medical Coordination unit in Geneva will coordinate the clinical aspects and identify receiving hospitals to provide safe and efficient medical evacuations of eligible COVID-19 patients. The Strategic Air Operation Center (SAOC) in Brindisi will maintain an overview of the location and availability of air assets able to carry COVID-19 patients and coordinate flight logistics and clearances. The MEDEVAC Cell will provide 24/7 coverage for the processing of all MEDEVACs globally.

A COVID-19 Coordinator has been identified in each country under the auspices of the Resident Coordinators (RCs) to manage the MEDEVAC process on the ground. More details on this and a list of the COVID-19 Coordinators can be accessed [here](#).

ENSURING THAT MEDICAL EVACUATIONS ARE CALLED IN WHEREVER CLINICALLY JUSTIFIED

The MOC created by UNMD is the basis for guiding the clinical decisions behind all medical evacuations to ensure harmonized utilization of the MEDEVAC Framework, proper escalation of patients that require elevated levels of care, and most efficient utilization of resources.

WHO CAN YOU TURN TO

Your local UN Medical Provider (UN Doctor or UN Examining Physician) can provide you with advice on all measures needed to minimize your and your family's exposure to COVID-19. He/she can provide you with the information necessary to prepare your home with those supplies needed if you or a family member develop symptoms of COVID-19 and need to remain isolated at home. If home care is required, you will also be supported with supplies to help with the prevention of infection of other household members.

Where there is no UN Medical Provider, your local representative of your Agency or Organization and/or the COVID-19 Coordinator will inform you on the measures in place at your location to minimize exposure to COVID-19 and on how and where to access medical care if you were to become ill. Each duty station has designated a COVID-19 Coordinator appointed by UN Resident Coordinator, to support and coordinate UN Country Team (UNCT) efforts in regard to UN personnel and eligible dependents.

Your local Mental Health Counsellor is also available to provide you and your family mental health support during this difficult and stressful period. Also, some of the UN system's health insurance products offer telecounselling and/or other telehealth services. Check with your insurer for more information.

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.](#)

ⁱ The following categories of personnel are covered by this communication:

- a. All international and national staff of UN system organizations and eligible dependents;
- b. Non-staff personnel engaged directly by UN system organizations, including UNVs, gratis personnel, individual contractors, consultants, service providers, and laborers on an hourly fee;
- c. Military and police personnel deployed by the United Nations;
- d. United Nations guard units;
- e. Troops of the AU (Somalia - AMISOM)