





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:

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Subject to agreed clinical need, funding, availability and capacity, 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.0.00000912 0 61 0 612 792 reWp0.00AL



27. Air ambulance transportation from the point of departure of the international MEDEVAC flight, as well as ground ambulance transportation from the arrival airport to the treating facility, will be covered by the central fund in full, regardless as to treatment location.

28. In all cases, the referring entity will either through insurance or other available means be responsible for any and all costs after discharge as well as onward or return travel to the MEDEVAC point of origin or other location as designated by the referring entity⁴.

29. 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

30. Financing for the COVID-19 MEDEVAC mechanism is administered by WFP, with the Finance Coordinator, in consultation with the Finance Steering Group, providing oversight, including with regard to cost control and timely consolidated financial reporting on the system. In its decision 2020/036, the Executive Committee approved a funding envelope of \$102.1 million. Seventy-five percent of the start-up costs and estimated on-going costs for MEDEVACs of INGO personnel were agreed to be funded through the Global Humanitarian Response Plan.

31. 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-seven percent of the eligible persons, the cost-sharing will be limited to these entities. Entities participating in the cost-share arrangement



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



- b) Addressing questions regarding eligibility;
 - c) The identification of dedicated treatment locations and alternative locations as required, in conjunction with UNMD;
 - d) Urgent (non-clinical) considerations supporting the facilitation of individual medical evacuations, in conjunction with the MEDEVAC Cell, and;
 - e) The management of immediate risks to the functioning of the COVID-19 MEDEVAC System.
8. All such decisions must be derived from the decision of the Secretary-General and be within the parameters of the mandate of the Task Force.
9. In the case of decisions which have the potential to expand the financial and/or other liabilities of members of the Task Force beyond the scope of those which are stated or implied in the existing agreement, the Executive Coordinator will convene a meeting of designated entity representative to the Task Force to generate recommendations and /or requests for consideration by the Executive Committee. These will be reviewed by the Office of Legal Affairs (OLA) prior to submission to the Executive Committee.
10. If there is doubt as to whether a decision to be taken by the Executive Coordinator or by a specially convened meeting meets the above criteria, the Executive Coordinator will seek prior guidance from OLA and the matter will be escalated to the Task Force. Such matters should also be brought to the attention of the Assistant Secretary-General for Strategic Coordination for consultation, prior to any necessary subsequent escalation to the Secretary-General through the Executive Committee.
11. All such decisions taken by the Executive Coordinator and/or a specially convened meeting will be reflected in writing to the Task Force within the subsequent reporting period.



