



# MEDEVAC TASK FORCE UPDATE

Version: 5 November 2020

## HIGHLIGHTS AND RECENT DEVELOPMENTS

The following is a brief summary of key developments of the Task Force's accomplishments since the previous written update on 22 October:

- The **Accra** facility now has a capacity of 34 beds. The maximum capacity of 68 beds could be pursued if demand warrants, although no further expansion is planned at this time.
- The agreement with the Government of **Kuwait** has been concluded via an exchange of Note Verbales and Medevacs can be sent to Kuwait as of 5 November.
- The Task Force, Resident Coordinator, OLA, and DOS have a meeting scheduled in the next week with the Government of **Cuba** to negotiate the final terms of the agreement to evacuate patients there.
- The MEDEVAC Cell is organizing a meeting with the identified focal point in **Australia** for the medical facility in Brisbane to establish an SOP to evacuate patients. The Task Force has obtained focal points for an identified facility in Darwin in the Northern Territories. As per the wishes of the Government, no formal agreements are anticipated, but rather ad hoc evacuations would be pursued when clinically and logistically warranted.
- DHMOSH continues to review the medical protocols offered by **China** to treat covered Covid-19 patients there. If cleared, the Task Force will pursue agreements as appropriate.
- **Russia** has also agreed in principle to accept evacuations of covered Covid-19 patients. More detailed discussions are now commencing.

## OVERALL TASK FORCE STATUS

### WORKING GROUP ON IMPLEMENTATION

The Working Group on Implementation meets twice per week to move forward the operationalizing the facilities of the Task Force and the UN MEDEVAC Cell.

### TERMS OF REFERENCE

The Working Group on Implementation consists of operational and administrative experts of the Task Force that are responsible for the timely implementation of the Task Force's activities. Members are expected to be operational, be authorized to task and make decisions as needed. Areas of focus include:

- Implementation of Task Force decisions;
- Progress monitoring and KPIs;
- Facilitate escalations and risk mitigation measures as needed; and
- After-action reviews and challenging of assumptions when appropriate.

Expected outputs of the Working Group include:

- Establishment of the operational facilities and services including treatment locations and air assets;
- Timely status updates to the Task Force; and



- Up-to-date implementation plan.

The Working Group is chaired by AnneMarie van den Berg, supported by Daniel Cook, and includes members from DOS, DCO, OCHA, WHO, WFP, IOM, as well as representatives from OLA and the UN Medical Directors (UNMD).

### **WORKING GROUP UPDATE**

#### **Accra**

The field hospital built by WFP is complete and the tripartite agreement among the Government, WFP, and WHO is signed. WHO has contracted with a private operator for the facility, who is bringing in equipment and training personnel. The facility came online on 1 October and is now operating with a capacity of 34 beds. The maximum capacity of 68 beds is possible with an appropriate lead time for the contractor and can be invoked if demand warrants. WHO and the Implementation Working Group of the Task Force are monitoring in this regard.

#### **Nairobi**

The agreement with The Nairobi Hospital has been signed and construction of the hospital expansion is complete, with commissioning underway. The Special Protocol from the Government of Kenya has been formally issued. Medical evacuations to Nairobi are proceeding smoothly.

#### **San José**

Contracts with two private medical facilities are signed. Discussions with the Government continue on the full scope of personnel and required travel documentation, led by the Resident Coordinator's Office. Pending the formal exchange of letters, Costa Rica is accepting patients.

#### **Cuba**

Discussions with the Government of Cuba are moving to the stage of negotiating a formal agreement. They have proposed a facility that has been cleared by the UN Medical Directors Network, subject to caveats to be included in the final agreement. The Resident Coordinator is working with DOS, OLA, and Task Force representatives to convene directly negotiations early next week.

#### **Abu Dhabi**

WFP is taking the lead to pursue an exchange of letters with the Government to formalise the use of a facility in Abu Dhabi, with a Note Verbale shared with the Government. If successfully completed, treatment at the facility would be covered by the Government and free of charge to the UN. However, issues over liability are delaying finalisation of the agreement, and WFP, supported by the Resident Coordinator and OLA, continues to seek solutions.

#### **Kuwait**

The proposed medical facility in Kuwait has been medically certified. The agreement via an exchange of letters has been concluded for medical evacuations, which can commence anytime as of now. Treatment at the facility would be covered by the Government and is free of charge to the UN.

#### **Singapore**

Discussions with the Government and the private medical facility continue. There are outstanding issues to resolve with the facility regarding costs and liability. OLA and the Resident Coordinator that covers



Singapore are coordinating negotiations with the Government on the exchange of letters. The most significant issues of concern relate to Privileges and Immunities of Singaporean nationals and the UN definition of dependents. The Task Force is pursuing a solution that moves these issues into the operational sphere and out of the formal agreement and a side letter is being issued to Singapore to that effect. Both the Government and private hospital have indicated a willingness to consider patients now whilst pursuing the respective agreements. The MEDEVAC Cell has the contact information if a case is appropriate for Singapore and would attempt to do so.

### **Australia**

The Permanent Mission of Australia informed the Task Force that patients could be accepted there on an ad hoc basis subject to the capacity of the requested medical facility and clearance of state and territorial governments. UNMD has identified appropriate hospitals in Queensland and the Northern Territories. The MEDEVAC Cell is establishing contact with the focal point in Queensland to establish an SOP for evacuations, and the Task Force has obtained the equivalent focal point in the Northern Territories.

### **China**

The Government of China has agreed in principle to accept UN Covid-19 patients with the understanding that they will follow the medical treatment protocols in place in China. DHMOSH is leading the effort to review and clear those protocols on behalf of UNMD. If cleared, the next steps would be to explore terms of an agreement.

### **UN MEDEVAC Cell**

Whilst the dedicated facilities envisioned by the mechanism are gradually coming online, the UN MEDEVAC Cell is fully operational, and beds are being found as needed for each patient that requires one. As of 5 November, there have been a total of 114 cases referred to the UN MEDEVAC Cell, with the following breakdown:

- 81 completed medical evacuations;
- 31 cancelled; and
- 2 patients deceased.

## **COMMUNICATION WORKING GROUP**

### **TERMS OF REFERENCE**

The Communications Working Group continues to operate with DCO, OCHA, UNICEF, WFP, WHO, UNMD, OLA and DOS as core members and it focuses on communications and auxiliary activities. Areas of focus include:

- Development of the COVID-19 MEDEVAC Framework;
- Developing and updating Frequently Asked Questions and outreach products;
- Generating training and briefing materials on the COVID-19 MEDEVAC System, and;
- Maintaining dedicated pages on the UN COVID-19 website.

### **WORKING GROUP UPDATE**

After promulgation of the post-Medevac Support Framework, discussions to confirm resources for the role of Global liaison are underway. The Task Force Implementation Working Group is also engaging with respective Resident Coordinators to identify or confirm resources to fill the local roles for Post-MEDEVAC



support at the hub locations For Accra, the contractor operating the facility will perform that function and UNON will assume the responsibilities for Nairobi.

Informed by the survey of COVID-19 Coordinators to identify MEDEVAC-related training needs, MEDEVAC refresher webinars have been delivered and interactive COVID-19 Coordinator panel webinars took place.

## FINANCE STEERING GROUP

### TERMS OF REFERENCE

Under the leadership of the Chair of the Task Force, the Financial Steering Group comprises representatives from WFP, WHO, OCHA, DCO and DOS as the core members. The UN Secretariat Controller's Office is also represented alongside controllers for other Task Force members as appropriate. This Group will review the financial status of the project and consider any costs in excess of estimated amounts. It will also be responsible for briefing the broader Task Force regularly and ensuring timely consolidated financial reporting on the project.

The financing mechanism is administered and managed by WFP, given its flexibility and established structures. Each entity is to transfer their portion of the \$102 million to WFP immediately upon finalization of the cost shares. This commitment may serve as a trigger for WFP to access its advance financing mechanism for expedited mobilisation.

### EXPENDITURE AND REPORTING

- WFP, as the financial administrator for the fund, is responsible for the receipt of each entity's cost-share amount, and disbursements in response to requests from implementing entities (i.e. WHO and the Secretariat) where applicable;
- Within the overall project, WFP, WHO, and DOS are responsible for contracting services and acquiring equipment and consumables on behalf of the Task Force;
- Based on the break-down of respective responsibilities, each implementing entity can commit up to the estimated amount for each expenditure type by location (i.e. start-up costs, fixed costs, and variable costs). Any commitment exceeding these amounts should only be entered into with prior approval of the Task Force's Finance Steering Group. Any deviations from approved commitments are to be presented to the Finance Steering Group without delay;
- Each implementing entity will then settle its respective invoices based on the commitments made in line with estimated and approved amounts except where a request is made to WFP to disburse;
- DOS is responsible for facilitating the merging of expenditure reports from all implementing entities to provide a comprehensive summary of actual expenditures against the envelope of \$102m;
- To the extent possible, the implementing entities will facilitate cooperation with insurance companies and will generate the necessary documents for those entities that are able to seek reimbursement; and
- Upon the completion of the project, a financial statement will be prepared by WFP, and final cost-share amounts calculated across the 14 contributing entities. Any balances will be subsequently returned.

### STEERING GROUP UPDATE

With regards to the financial arrangements of the Task Force, as at 5 November, ten UN System entities have transferred their portion of the cost-share arrangement in full, with one partial transfer pending final



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validation of the population footprint. The Secretariat, WHO, and WFP retain their portions to fund costs incurred on behalf of the Task Force.

## **LESSONS LEARNED SURVEY**

A light Lessons Learned Survey was distributed to all Task Force members, Covid-19 Coordinators, and Entity Focal Points on Thursday 22 October and remained open through 1 November. In all, 48 responses were received, 26 of whom were from Covid-19 Coordinators and 3 from INGOs. A full analysis of the results will be shared separately as part of a larger report. However, as discussions continue for how best to proceed with Covid-related medical evacuations into 2021, the survey responses show broad majority support for continuing the mechanism (45 out of 48 responses).

Overall, the feedback received was very positive and appreciative, with points of improvement suggested in the context of a volatile environment with excellent inter-agency cooperation.