

**Avian and Pandemic Influenza
Staff and Dependent Repatriation and Relocation
Influenza Working Group, Save the Children US
June 21, 2006**

(Additions after March 15, 2006 highlighted in yellow)

This document contains guidance to SC offices and staff on repatriation and relocation related to pandemic influenza. Please send comments, suggestions for improvement, and questions to ccarr@savechildren.org.

Save the Children's obligation is, to the extent reasonable given the circumstances, to mitigate risk to the health and safety of staff and their dependents resulting from their work for Save the Children. This obligation extends to international staff and to national staff assigned to an impact area or office away from their home of record.

In the context of an influenza pandemic, the fact that there may be no clear way to mitigate risk to health and safety complicates decisions to repatriate or relocate staff and dependents. We do not know when or the speed at which a pandemic may move from Phase 3 (no or rare spread from human to human) to Phase 6 (increased and sustained human to human transmission in the general population); we do not know what external restrictions (government restrictions on travel, availability of transportation) will bear on our response; and the home of record for staff and dependents may present just as great a risk as any other country or area during a pandemic. Thus there may be no "safe haven."

The US Department of State has the following information on potential evacuation of staff http://travel.state.gov/travel/tips/health/health_2747.html:

“Current medical thinking suggests that a “stay in place” response to a pandemic may be appropriate in certain countries or regions. In this scenario, people would be advised to exercise “social distancing” and avoid any form of public gathering where transmission of the disease could occur. People who are not comfortable with this scenario should consider these factors when making their plans.

“Whether the U.S. Government evacuates anyone will depend on a variety of factors specific to individual countries. Each U.S. Embassy has been asked to develop a contingency plan in the event of a pandemic, and to identify events that might prompt them to send employees and/or their dependents out of the country, assuming such travel is possible. Should the decision be made to send Embassy employees and/or their dependents out of a country, we will communicate this to the private American community so that people can plan accordingly. As in any other crisis, we will assess the availability of commercial transportation, the ability of people to travel to the United States or a third country, and other related factors in deciding on appropriate actions to assist Americans.”

The United Nations guidance is as follows

http://www.humanitarianinfo.org/westafrika/3_themes/3.5_birdlu/Pandemic%20Planning%20and%20Preparedness%20Guidelines%20for%20the%20UN%20System.pdf:

“During WHO pandemic phases 4-6 staff and dependents are expected to remain at their duty station. Deviation from this policy (including internal relocation) may be indicated for certain duty stations, especially those where staff depend on uniformed civilian or military

personnel to ensure protection, and where, under pandemic conditions, this protection may no longer be available.” (Pandemic Planning and Preparedness Guidelines for the United Nations System, 15 March 2006, page 5)

We suggest that Save the Children offices similarly adopt a stay in place response while nonetheless developing Country and Program and Area Office specific plans identifying events that might prompt them to send international staff and dependents out of the country or to relocate national staff assigned to an impact area or office away from their home of record, assuming such travel is possible. In addition to the likely deprivations and health risks that need to be factored in to decision-making about staff relocation or evacuation, managers should also consider the increased likelihood of increased insecurity stemming from depleted law enforcement and state security capacity as these may affect SC staff. Plans to repatriate or relocate staff and dependents must be sufficiently flexible to accommodate different phases of the pandemic and individual staff and dependent circumstances. Please refer to the Save the Children Field Operations Policies and Procedures Manual evacuation sections (Section 8-13 thru 8-19 and Appendix A-6) for additional guidance. (The FOPP supersedes the emergency management handbook.)

Consistent with those procedures, the Country Director or head of office, in consultation with the Area Director and Human Resources, will make the decision whether and how to repatriate or relocate staff or dependents; and will decide whether and how to respond to any staff and/or dependent requests to be repatriated or relocated. In most circumstances repatriation or relocation should be voluntary, even if initiated by Save the Children management. If initiated by Save the Children management, evacuation or relocation costs will be covered by Save the Children. If initiated by staff, existing employee benefits such as home leave or staff termination of employment procedures should be used to effectuate the request.

During the preparedness activities all staff should be asked to consider what they believe will inform their own personal decisions about repatriation or relocation in relation to pandemic flu.

In the circumstance of potential pandemic influenza, the guidance contained in the Field Operations Policies and Procedures Manual should be augmented by the following additional concerns:

1. Will a delayed decision remove eliminate the opportunity to consider repatriation or relocation?
2. Do security threats related to the pandemic impact on security force capacity, or does social breakdown place SC staff at increased risk?
3. Do the facts and circumstances suggest that, rather than repatriation or relocation, the best available form of risk mitigation may be “social distancing” and avoidance of any form of public gathering where transmission of the disease could occur?
4. Is public transportation, which is a common venue for human-to-human transmission of viral infections, available and advisable?
5. Is the repatriation or relocation to enable the reunification of a staff member with family or to separate dependents from staff?
6. Does the staff member serve an essential function in the Save the Children office and is there back-up capacity to meet that function in their absence?

7. What travel and/or immigration restrictions have been implemented in the country of origin, the assigned country or in transit countries?
8. Might the repatriation result in a lengthy time away from the posting and what are the consequences should that possibility transpire?
9. Will a staff request to repatriate or relocate result in a termination of their employment?
10. Where will appropriate medical services more likely be available to staff and dependents?