

**Pandemic Influenza
Staff and Dependent Repatriation and Relocation
Influenza Working Group, Save the Children US
Updated Draft, February 1, 2019¹**

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 estarbuck@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 the next severe pandemic may start, or at what speed it will evolve and move around the world; we do not know what external restrictions (government restrictions on travel, availability of transportation) will bear on our response to a severe pandemic wave; and, during a severe pandemic wave, the home of record for staff and dependents may present just as great a risk as any other country or area. Thus, there may be no "safe haven."

In 2009, the US Department of State posted the following information related to potential evacuation of staff:²

..... “The U.S. Government remains concerned about the possibility of a **severe** influenza pandemic resulting from changes in the 2009-H1N1 virus or emergence of an even newer influenza virus that may affect Americans abroad.

“The U.S. Government recognizes that in a **severe** pandemic, a variety of factors may lead Americans abroad to stay in the country they are visiting or in which they currently reside. Some may choose to remain in country to avoid mass transit, public gatherings or other situations that could increase their exposure to the virus. Others may be forced to remain in country due to disruptions in air travel, quarantines or closed borders. Consequently, it is U.S. Government policy for all overseas employees under Chief of Mission authority and their accompanying dependents to plan for the possibility that they will remain abroad during a **severe** pandemic. Information for both official and private Americans on how to prepare for this possibility is contained in the flyer “Options During a Pandemic,” which urges Americans to maintain adequate provisions for a pandemic wave or waves that could last from two to twelve weeks.

¹ This update removed references to out-of-date WHO Phases of Pandemic Alert. Other parts of this document may not be up-to-date.

² This content, posted at http://travel.state.gov/travel/tips/health/health_1181.html, appears to have been removed. It is retained here because the guidance remains important. A single paragraph at <https://travel.state.gov/content/travel/en/international-travel/before-you-go/your-health-abroad.html> on “Options During a Pandemic” refers readers to US CDC guidance at <https://www.cdc.gov/flu/pandemic-resources/basics/index.html>

“Once the World Health Organization (WHO) confirms a **severe** pandemic, American citizens (including non-emergency government personnel and their dependents, as well as private citizens) who are residing or traveling overseas should consider returning to the United States while commercial travel options are still available. Americans will be permitted to re-enter the United States, although the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC) may quarantine or isolate incoming travelers, depending on their health status and whether they are traveling from or through an area affected by pandemic influenza.

“In the event of a **severe** pandemic, non-emergency U.S. Government employees and all dependents in affected areas will be encouraged to return to the United States while commercial transportation is still available. U.S. Government employees who return to the United States will be expected to work there during the pandemic unless they take leave. Private American citizens should make an informed decision: either remain abroad to wait out the pandemic, as noted above, or return to the United States while this option still exists. Any American (whether overseas in a private capacity or a U.S. Government employee or dependent) who chooses not to return to the United States via commercial means might have to remain abroad for the duration of the pandemic if transportation is disrupted or borders close. Americans should be aware that only in cases of a complete breakdown in civil order within a country will the U.S. Government consider a U.S. Government-sponsored evacuation operation.

“Those who feel they would be at greater risk by remaining abroad during a pandemic (whether moderate or severe), or who prefer returning to the United States to access American healthcare services, should opt to return to the United States. Individuals with chronic medical conditions may be at higher risk of suffering complications from influenza and should consider returning to the United States at the onset of a pandemic or of postponing travel during a pandemic. According to HHS/CDC, those at high risk may include: pregnant women; adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus); adults and children who have immunosuppression (including that caused by medications or by human immunodeficiency virus); and adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders) that can compromise respiratory function.

“Due to legal restrictions and a lack of sufficient resources, the U.S. Department of State is not in a position to provide private American citizens traveling or living abroad with supplies, medications or medical treatment in the event of a pandemic. Therefore, private American citizens should carefully weigh the risks of remaining in country versus the risks of traveling, keeping in mind the potential benefits of returning to the United States. Returning to the United States could provide Americans with greater access to antiviral medications, respirators, face masks and pandemic vaccine. However, traveling could also increase one’s potential for exposure to the virus and even result in being stranded in a third country if flights are diverted or cancelled.

“U.S. Government assistance to private American citizens who remain abroad will be limited, but should include communicating with family and friends on an individual’s behalf, monitoring quarantine/detention conditions as permitted by local health authorities, arranging for transfers of funds or granting temporary subsistence loans, and providing information regarding the availability of medical care (to be paid for by the individual).

Private American citizens should be aware that the U.S. Government cannot demand their immediate release if they have been detained or quarantined abroad in accordance with public health and legal authorities.”

In 2011, the United Nations advised that, “Due to the risks of infection during travel, and potential problems of travel availability during the time of a pandemic, it is likely that UN staff would be required and advised to stay at their duty station.”³

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 categories of severity 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 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?

³ United Nations Medical Directors Influenza Pandemic Guidelines, October 2011 (http://www.un-influenza.org/sites/default/files/RevisedPandemicGuidelines_Oct2011_0.pdf)

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?
11. Is the staff member or dependent at increased risk of complications or serious illness from the flu? (See https://www.cdc.gov/flu/about/disease/high_risk.htm)