

## GOARN Income Replacement Concept Note

### Introduction

GOARN – the Global Outbreak Alert and Response Network – is a collaboration of multidisciplinary institutions and networks. GOARN arose out of a meeting of partners in Geneva in 2000 that identified the need for a global network to deal with global threats of epidemic-prone and emerging diseases. No single institution or country has all of the capacities to respond to international public health emergencies caused by epidemics and new or emerging infectious diseases. GOARN was created to improve the coordination of international outbreak responses and to provide an operational framework to focus on delivery of support to countries.

The primary aims of GOARN are to:

- Assist countries with disease control efforts by ensuring rapid and appropriate technical support for affected populations;
- Investigate and characterise events and assess risks of rapidly emerging epidemic threats; and
- Support national outbreak preparedness by ensuring that response contribute to sustained containment of epidemic threats.

The World Health Organization (WHO) provides a secretariat service for the network including support for the Steering Committee. GOARN staff are located in WHO headquarters located in Geneva.

The network pools human and technical resources for the rapid identification, confirmation and response to outbreaks and events of international importance. Recent examples have included the Ebola Virus Disease outbreak in West Africa, post-cyclone Winston response in Fiji, and the occurrence of polio in Papua New Guinea.

### Deployment mechanism

The usual mechanism for deployment is via partner organisations. There are more than 200 partners comprising global, regional and national public health institutions, specialist public health networks in epidemiology, infection control and biomedical sciences, networks of laboratories, United Nations organisations and international non-government organisations. When a Request for Assistance for an outbreak or event is launched by GOARN, partner organisations or networks will inform their members. In the case of a partner where the members are all employees of the partner (eg staff at the Department of Health, or staff or students from the Australian National University), persons interested in deploying will respond to their organisation, which will then forward on the details to GOARN. If accepted for deployment, the deploying person will be contracted via a \$1 (one dollar) contract with the person; that is, there is usually no salary component to the contract.<sup>1</sup> The deploying person will receive a per diem for living expenses in accordance with the UN rates for the location.

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<sup>1</sup> During the Ebola Virus Disease outbreak in West Africa in 2014-2016, paid consultants were being deployed through the GOARN mechanism in addition to partner organisation deployments. This was due to the unusually large number of people required in-country for extended periods of time.

In terms of taking leave from their workplace, the person may be given approval to deploy without loss of income ie they receive their normal salary from their employer. This will usually require them to obtain approval from their organisation to deploy and hence provide them with the usual insurance of their organisation.

If a person is not approved for leave-with-pay to complete a GOARN deployment, they may opt to take annual leave or leave-without-pay. This means that they will not have access to their organisation's travel insurance. For some Australians, this may also impact on their decision to deploy, thus limiting the pool of people able to deploy and the length of time that they can deploy for. However, it should be noted that during deployment, contractors are covered by insurance. See details at Annex A.

### **Income replacement concept**

The concept of providing a stipend as a part income replacement has arisen from discussions with GOARN staff regarding availability of persons to deploy. In the event that a person cannot take leave-with-pay from their organisation in order to complete a GOARN deployment, the provision of a small income replacement stipend may offset the financial loss during the time without salary. This may enable more people to deploy, or may enable people to deploy for longer periods of time. The income replacement has not yet been activated, but has Ministerial approval for a pilot. The concept is under development as part of the Workforce Capacity Design component of the Health Security Initiative. A mechanism will need to be found for management of the payments, especially for a pilot phase. Thus far, RedR Australia have indicated that they would be willing to manage the payments.

### **Duty of care**

Whilst on deployment, individuals are the responsibility of WHO in terms of insurance coverage and emergency and accident medical assistance, as well as for other necessities such as appropriate accommodation and arrangement of flights and other transport. Accommodation and transport must meet security standards set by UNDSS. WHO and the country for deployment have responsibility for developing Terms of Reference for each assignment and also for selecting deployees from the list of nominees. CHS's understanding from initial consultation with the volunteers section of Humanitarian Division is that the provision of stipends is unlikely to transfer duty of care from WHO to DFAT or to the organisation channelling the stipend. However, we seek clarification from a legal perspective on this.

## Attachment A

### Responsibility and Insurance – text from standard WHO Contract (Purchase Order)

8.1 As provided in section 1 above, the execution of the work does not create any employer/employee relationship between WHO and the Consultant. Accordingly, the Consultant shall be solely responsible for the manner in which the work is carried out. WHO shall not be responsible for any loss, accident, damage or injury suffered by the Consultant and/or any other person whatsoever arising in or out of the execution of the work, including travel. Without prejudice to the foregoing and without altering the foregoing in any way, WHO shall, subject to the following paragraph, provide the Consultant with compulsory insurance coverage for accidents and emergency\* illness sustained during the performance of the work, as provided below. *\*Note: "Emergency" (as used herein) means a life-threatening situation or situation where the patient must start treatment within 48 hours and for whom travel is not possible for medical reasons.*

8.2 Provided that the Consultant has obtained the required medical clearance or a certification of good health, as the case may be the Consultant shall be covered, subject to the conditions and limits contained in the insurance policy, for (i) compensation in case of accidental death or disability and (ii) medical expenses in case of accident or emergency\* illness. A description of the coverage pursuant to the aforementioned insurance policy and an information booklet containing additional information, including with regard to the procedure for submission and reimbursement of claims, are available on the website of Vanbreda International: [www.vanbreda-international.com](http://www.vanbreda-international.com). Under 'Plan members' the standard reference number 378/WHCPVE should be entered and on the next screen the standard date of birth 31/01/1977.

This above-mentioned insurance policy does not include general 'illness insurance' (medical insurance) for which the Consultant should obtain and maintain adequate coverage under his/her national, institutional or private health insurance scheme, or from the insurance provider proposed by WHO in accordance with sub-paragraph 8.4 below, that is valid in all locations in which the Consultant shall undertake the assignment on behalf of WHO.

In addition, for travel in WHO vehicles, WHO may provide passenger insurance covering the Consultant. The Consultant must complete the designation, change or revocation of beneficiary form provided by WHO prior to the commencement of the work.

WHO assumes no responsibility for non-payment by the insurance company of all or part of a claim submitted by the Consultant hereunder. Insurance claims must be submitted by the Consultant directly to the insurance company, which will review and process the claim without the involvement of WHO.

8.3 Any insurance coverage provided by WHO ceases upon the expiration or earlier termination of the contract..

8.4 The Consultant may purchase additional voluntary complementary insurance coverage directly from the insurance provider proposed by WHO, for compensation in case of death due to illness and medical expenses for general (non-emergency\*) illness during the contract period. If the Consultant opts to purchase such additional voluntary complementary insurance, he/she must contact the insurance company directly and pay the applicable premiums for the whole contract period prior to the start date of the contract. All interactions relating to such voluntary complementary insurance coverage shall be between the insurance company and the Consultant, without the involvement of WHO.

Further information concerning the above-mentioned voluntary complementary insurance is available on the website of Vanbreda International: [www.vanbreda-international.com](http://www.vanbreda-international.com). Under 'Plan members' the standard reference number 378/WHCPVE should be entered and on the next screen the standard date of birth 31/01/1977.

8.5 WHO assumes no responsibility or liability with regard to any expenses which may be incurred by the Consultant in connection with any illness contracted in the location of his/her assignment with WHO which exceeds the amount of the insurance coverage (compulsory and/or voluntary) referred to in this section 8 or as a result of any failure on the part of the Consultant to ensure that he/she has adequate insurance coverage for general (non-emergency\*) illness during the contract period .

8.6 The Consultant agrees and accepts that except as explicitly provided herein, he/she shall not be entitled to any other insurance coverage, benefits and/or allowances.