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28 November 2017

Your Excellency,

Following our discussions with your Deputy, H.E. Mr. Wim Geerts, on the margins of the Vancouver Summit, and H.E. Mr. Kijg-van Oosterom, Permanent Representative of the Kingdom of The Netherlands, we would like to reassure you that the timely access to quality medical facilities adapted to the operational environment in MINUSMA is a top priority for the United Nations. We fully understand the concerns expressed by the Government of Netherland regarding the medical capacities available in the Kidal region to support the Dutch contingent.

The Departments of Peacekeeping Operations and Field Support have approved a new policy on casualty evacuation in the field, making systems in place more timely, robust and responsive to the field requirements, and reaffirming the 10-1-2 timelines. With respect to MINUSMA, the Mission has continued to adjust its casualty evacuation system, ensuring a balance of centralized and decentralized tasking and execution of responsibilities for casualty evacuation of MINUSMA personnel to the respective sectors, to the Head of Office, Sector Commander and Regional Administrative Officer assuming delegated authority.

More specially in Kidal, casualty and medical evacuation is delivered by a positioned, specialized aeromedical evacuation rotary wing type MI-8 helicopter with its fully dedicated aero-medical evacuation team (AMET), as an integrated aircraft crew. The aircraft is ballistic protected and equipped with night vision imaging system, forward looking infrared, and an air mission planning station equipped with enhanced medical modules. This capability was deployed in Kidal in September 2016 and remains available 24/7 for all MINUSMA's requirements, including the Dutch long-range reconnaissance patrol task group's activities, security and weather permitting. These capabilities in Kidal

Her Excellency
Ms. Ank Bijleveld-Schouten
Minister of Defence of The Netherlands
The Hague

and Timbuktu are pioneer MINUSMA innovations towards achieving 10-1-2 timelines in field operations. Those capabilities enable the delivery of services to the patient as opposed to transferring the patient to the hospital, saving on time, reducing patient suffering, morbidity and mortality rates; hence resulting in better treatment outcomes.

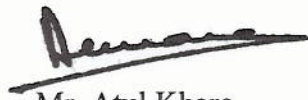
The level II hospital in Kidal meets the United Nations standards as stipulated in the memorandum of understanding with the concerned troop-contributing country. Over the last years, this hospital has been evaluated frequently in compliance with mandatory periodic contingent-owned equipment inspections. The last evaluation was undertaken in October in the presence of a Dutch senior medical officer and clinical specialist, confirming that it is fit for purpose and meet the United Nations requirements.

The command and control systems are in accordance with existing United Nations and Mission's policy and procedures, serving both civilian and military personnel. The procedures are integrated (military and civilian) and multi-layered (headquarters and sector), utilizing a combination of United Nations-owned assets, contingent-provided capabilities and commercially contracted assets and personnel. This combination of capabilities, adjusted casualty evacuation system and tasking makes MINUSMA's one of the most vibrant and efficient systems in United Nations peacekeeping.

Finally, at the Vancouver Summit, the United Nations called for the generation of two AMET for sectors north and west, to reinforce existing medical capacities of the Mission. Your continued support to identify contributors would be greatly appreciated.

We take advantage of this opportunity to reiterate our deep gratitude for your contribution to MINUSMA and look forward to our continuing collaboration.

Please accept, Excellency, the assurances of our highest consideration.



Mr. Atul Khare
Under-Secretary-General for
Field Support



Mr. Jean-Pierre Lacroix
Under-Secretary-General for
Peacekeeping Operations