



COVID-19 MEDEVAC Frequently Asked Questions

Version 2: The information in this document will be subject to updates
21 July 2020

[A] ELIGIBILITY

- 1. Which personnel are covered for COVID-19-related medical evacuation (COVID-19 MEDEVAC)?**
All International and national UN staff members and their eligible dependents; non-staff personnel engaged by UN system organizations (including UN Volunteers, gratis personnel, individual contractors, consultants, individual service providers, and laborers on an hourly fee) and their eligible dependents. Coverage includes military and police personnel deployed by the United Nations and accompanying eligible dependents; United Nations Guard Unit personnel¹; and Troops of the African Union (Somalia – AMISOM). Also covered are internationally deployed personnel of international vendors/contractors providing goods and/or services to UN system organizations under existing contractual arrangements.
- 2. Are dependents older than 21 years still living in the household of UN personnel eligible for COVID-19 MEDEVAC?**
The eligibility of recognized dependents is determined by the rules and regulations of the referring UN entity.
- 3. Can the COVID-19 MEDEVAC System be extended to cover secondary dependents such as parents or extended family who are residing with UN personnel at the duty location?**
While it is recognized that some UN personnel may have extended family living with them, under the COVID-19 MEDEVAC System, the eligibility of dependents is determined by the rules and regulations of the referring UN entity. As such, if secondary dependents are not recognized by the referring UN entity then they are not eligible for COVID-19 MEDEVAC under the System.
- 4. How is the eligibility of dependents of UN consultants / individual contractors determined?**
The determination of whether a dependent of a consultant / individual contractor or service provider is eligible for MEDEVAC shall be made by the COVID-19 Focal Point of the UN entity by which the consultant/ individual contractor or service provider is directly engaged, in accordance with that UN entity's policies and practice.
- 5. Which INGOs are currently covered?**
Any INGO mentioned in a country Humanitarian Response Plan ([HRP](#)) or in the Global Humanitarian Response Plan ([GHRP](#)²) is eligible to have MEDEVAC costs covered through available donor support to a GHRP project. If a specific INGO is not mentioned but is a direct implementing partner of a UN agency implementing HRP or GHRP programmes, the INGO is also covered upon presentation of written confirmation from the relevant UN agency or Resident Coordinator (RC) / Humanitarian Coordinator (HC). Eligible coverage includes all international

¹ Military or Police personnel who are deployed as part of a UN Guard Unit to protect UN personnel, premises and assets in the field.

² A list of GHRP countries can be found at the end of this document, and any updates will be posted [here](#). If additional funding is secured, and subject to the availability of resources and capacity on the ground, the provision of coverage for additional INGO and National NGO (NNGO) personnel and dependents will be explored.



and national personnel of those INGOs and extends to recognized³ accompanying dependents of international personnel subject to availability and capacity. Dependents of national staff members are not currently covered by the COVID-19 MEDEVAC System.

Should you have questions about your organization's eligibility, please contact your contracting entity or partner UN entity. Any written confirmation should be sent to the in-country UN COVID-19 Coordinator. A list of the COVID-19 Coordinators can be found [here](#).

6. National NGOs are a critical part of the frontline humanitarian and health work, so why are they treated differently?

The UN acknowledges the crucial role of national NGOs in humanitarian response and the risks their personnel take to deliver aid to those most in need. However, the current capacity and availability of funding does not allow further expansion of eligibility coverage for COVID-19 MEDEVACs under the System. We are working to build capacity and securing more funding to allow their inclusion.

Recognizing the enormous and important role played by our national NGO partners, the UN will consider expanding the mechanism to accommodate them, subject to the availability of sufficient resources and capacity.

7. Can the personnel of International Financial Institutions access the COVID-19 MEDEVAC service?

As per the eligibility criteria outlined in relation to other UN system entities, the personnel and eligible dependents of the International Monetary Fund and the World Bank Group are covered by the COVID-19 MEDEVAC System. Personnel of institutions not within the UN system are not currently covered by the COVID-19 MEDEVAC System.

8. Can the donor community and diplomats access the COVID-19 MEDEVAC service?

While the UN appreciates the role of the donor community and diplomats on the ground, the COVID-19 MEDEVAC System aims to support UN and partner INGO personnel to stay and deliver. The donor community and diplomats are currently not covered by the COVID-19 MEDEVAC System. Exceptions may be made in genuine emergencies where utilization of the COVID-19 MEDEVAC System is a last resort. In those exceptional circumstances, evacuation support may be extended to diplomats and members of the donor community, on a case-by-case basis and subject to clinical need and capacity, on a full cost-recovery basis.

9. Are persons working in Europe eligible for COVID-19 MEDEVAC services?

Persons working in Europe, North America, Australia, and New Zealand are not eligible for COVID-19 MEDEVAC.

[B] ROLES & RESPONSIBILITIES

1. Who decides the location to which the patient is medically evacuated?

Due to COVID-19-related travel restrictions imposed by Member States for public health reasons, specific COVID-19 MEDEVAC locations are subject to confirmation and travel authorization. The location to which a patient will be medically evacuated will be confirmed by the UN MEDEVAC Cell. Prior to any medical evacuation being undertaken, the consent of the patient or a person authorized to provide such consent on behalf of the patient will be sought and obtained.

³ Recognized as per the rules and regulations of the INGO.



2. Who will coordinate the MEDEVAC from my duty location?

The COVID-19 Coordinator, designated by the Resident Coordinator or another Designated Official will coordinate COVID-19 MEDEVACs from the duty location, in collaboration with your entity Focal Point⁴, and the entity Medical Advisor and/or the Treating Medical Provider (TMP)⁵.

3. Who will coordinate with ambulance service / hospital(s) or other authorities?

In the country of departure, the entity Medical Advisor and/or the Treating Medical Provider (TMP), in conjunction with the COVID-19 Coordinator will coordinate with the hospital and ambulance service. The UN MEDEVAC Cell will coordinate with the treatment facility and ambulance services in the receiving country. The referring entity, in conjunction with the COVID-19 Coordinator, is responsible for ensuring the readiness of all required travel documentation, including coordinating the timely request for and acquisition of travel documents and any visas as required.

4. Who is responsible for monitoring and providing updates on the progress of a COVID-19 patient who is in hospital after a MEDEVAC?

The entity which referred the COVID-19 patient for MEDEVAC is responsible for maintaining an overview of the his/her status and for liaising with family, and with the originating duty station.

5. What is the role of each entity's Human Resource partner in the COVID-19 MEDEVAC process?

Either the country Head of entity or a designated entity Focal Point will support activities relating to the COVID-19 MEDEVAC process. At the discretion of the Head of entity, a Human Resources partner may be the designated entity Focal Point, or may be nominated to support the entity Focal Point as required. Human Resources in-country will be responsible for proactively validating the eligibility of personnel and recognized dependents associated with the entity who are covered under the MEDEVAC System, in line with entity rules and regulations.

After a MEDEVAC has taken place, the referring entity retains responsibility for all administrative and human resources issues for the entirety of the period during which the COVID-19 patient remains in the country to which they have been medically evacuated, in line with the rules and regulations of the entity. It is anticipated that the referring entity will maintain an overview of the status of the patient, to include: liaising with the family of the patient and the duty station; providing any non-medical support that is required; and facilitating the timely disbursement of any entitlements or benefits that may be associated with the patient and any non-medical escort as per the rules and regulations of that entity.

The referring entity also retains responsibility for all aspects of the repatriation of COVID-19 patients. Noting the scope of the above responsibilities, it may be the case that Human Resource partners will have a role to play, and to ensure these activities are implemented as per the rules and regulations of that entity.

⁴ A designated Focal Point (Head of entity or a nominee designated by them) for COVID-19 MEDEVACs will be identified by each entity covered under the COVID-19 MEDEVAC System. Details of this role can be found [here](#).

⁵ The Treating Medical Provider (TMP) is the medical professional directly responsible for providing care for the COVID-19 patient who is being considered for MEDEVAC. The TMP provides the necessary clinical information to the UN MEDEVAC Cell to validate the need for MEDEVAC, and the fitness of the patient to fly.



[C] MEDEVAC PRACTICALITIES

1. If I am infected with COVID-19, who decides if I am to be medically evacuated and how is this decision made?

The decision to MEDEVAC a COVID-19 patient is based on their eligibility for COVID-19 MEDEVAC and a determination of clinical need, informed by the UN Model of Care. Patients with severe or critical symptoms may require evacuation when local medical resources can no longer support their clinical needs. The determination of clinical need is made by the Medical Coordination Unit of the MEDEVAC Cell with input from the patient's Treating Medical Provider. Prior to any medical evacuation being undertaken, the consent of the patient or a person authorized to provide such consent on behalf of the patient will be sought and obtained.

There may be instances when a MEDEVAC is required despite the presence of an intensive care unit (ICU) on the ground, such as when such a facility is at full capacity or when it can no longer support the clinical needs of that particular patient (dialysis, cardiovascular support, etc.)

2. What is the average time for an air ambulance to pick up a patient, after COVID-19 MEDEVAC is requested?

The average time from the receipt of an alert by the UN MEDEVAC Cell to the departure of the COVID-19 patient on a MEDEVAC flight is 72 hours. This is however subject to variation on account of factors including but not limited to: the availability of travel documentation; the condition of the patient; the availability of a suitable bed; and the provision of official authorizations and flight clearances.

3. How are landing authorizations arranged to support the MEDEVAC of COVID-19 patients?

The UN MEDEVAC Cell verifies the clinical need for a MEDEVAC and identifies and arranges the required aviation support to implement the MEDEVAC. This includes organizing directly the flight and landing authorizations in the country of departure (with some exceptions) and those to facilitate arrival.

In a limited number of countries where the situation is more complex, including Yemen, Syria and Libya, the aviation component of the UN MEDEVAC Cell will also request the support of the Resident Coordinators office in facilitating landing authorizations.

4. Are non-medical escorts allowed to travel with a COVID-19 patient who is being medically evacuated?

In cases where the COVID-19 MEDEVAC patient is an adult, non-medical escorts will not be permitted on the MEDEVAC flight. The referring entity is responsible for making separate travel and administrative arrangements for any eligible non-medical escorts of COVID-19 MEDEVAC patients, in line with the rules and regulations of the entity.

In cases where the COVID-19 MEDEVAC patient is a minor (under 18 years), a non-medical escort will be permitted to accompany the patient, in line with organizational rules, and contingent on considerations such as the urgency of the case and the availability of a COVID-19 MEDEVAC flight which can accommodate the non-medical escort.



5. **What allowances are available to those who are non-medical escorts of a COVID-19 patient?**
The additional travel arrangements for eligible non-medical escorts, and any associated allowances, are the responsibility of the referring UN entity, in line with the rules and regulations of the entity. It should be noted that non-medical escorts may not necessarily be granted access to the treating medical facility in MEDEVAC destinations.
6. **Where does a patient stay once discharged from hospital?**
This should be decided and arranged in conjunction with the entity which referred the COVID-19 patient for MEDEVAC. Any disbursement of entitlements or provision of accommodation will be in line with the rules and requirements of that entity.
7. **Once discharged, how does a patient return to their home/duty station?**
The entity which referred the COVID-19 patient for MEDEVAC retains responsibility for all non-medical administrative human resources issues for the patient and any eligible non-medical escort. This includes arranging repatriation, in line with the rules and regulations of that entity.
8. **What happens if the COVID-19 patient who has been medically evacuated dies? Who arranges the repatriation of the remains?**
The referring entity retains responsibility for all aspects of the repatriation of COVID-19 patients, in line with the rules and regulations of that entity. In the unfortunate eventuality of the need to repatriate the remains of a COVID-19 patient, the referring entity is responsible for all aspects of facilitating this.

[D] MEDEVAC LOCATIONS

1. **What are the MEDEVAC locations and what is the timeframe for them to become operational?**
To address the needs of patients with severe cases of COVID-19 that require hospital care not available at their location, the Task Force is in the final stages of setting up dedicated treatment hubs in which patients who are medically evacuated can receive the level of care deemed clinically necessary. These locations, which will be announced once the requisite arrangements are in place, have been identified on the basis of a careful assessment of the prevailing epidemiological situation, the UN's footprint, and an assessment of local healthcare capacity by United Nations Medical Directors (UNMD), including Member State consent to host such services.

In the meantime, the medical evacuation of COVID-19 patients to other locations is continuing, contingent on a determination of clinical need, and the availability of healthcare support.

2. **Acknowledging that regional hubs are being established, are there plans to expand the list of COVID-19 MEDEVAC destinations to build additional capacity?**
While the establishment of dedicated regional treatment hubs remains a core feature of the COVID-19 MEDEVAC System, the Medevac Task Force continues to monitor the availability of possible MEDEVAC locations and facilities, and to request use of these on an ad hoc basis as may be required.

The priority of the Task Force is to ensure that the MEDEVAC of eligible COVID-19 patients takes place when needed. The establishment of dedicated treatment hubs enables the prompt MEDEVAC of eligible COVID-19 patients, reduces the need for ad hoc arrangements, and ensures



the system is cost-effective. The Task Force remains open to the possibility of establishing supplementary agreements which might enhance the MEDEVAC capacity should there be a need to do so.

[E] COST-RELATED

1. [Can medical evacuations within a country be paid for by the COVID-19 MEDEVAC System?](#)

The COVID-19 MEDEVAC System covers eligible COVID-19 patients who require medically-supported international air transportation. The transportation of COVID-19 patients to the point of departure of a MEDEVAC flight is not covered by the COVID-19 MEDEVAC System, and should be arranged at a local level, as per established procedures.

2. [Can the costs of non-COVID-19 medical evacuations be covered by the COVID-19 MEDEVAC system?](#)

The COVID-19 MEDEVAC System is for the MEDEVAC of eligible COVID-19 patients only. Medical evacuations not related to the treatment of COVID-19 patients are continuing as per existing procedures and cost arrangements.

3. [Who pays for COVID-19 testing?](#)

Testing arrangements and any cost for such should be confirmed with the relevant UN Medical Advisor in each Duty Location.

[F] TRAVEL DOCUMENTATION & VISA RELATED

1. [Who provides assistance in obtaining visas required to facilitate medical evacuation?](#)

The UN MEDEVAC Cell is currently providing support to secure the requisite authorizations for the transportation of the COVID-19 patient to the receiving country. Once the dedicated regional MEDEVAC hubs are established, protocols with the host governments of those hubs should be in place to facilitate entry into the country.

2. [Is a United Nations Laissez-Passer \(UNLP\) necessary for COVID-19 patients who are to be medically evacuated? What steps are being taken to issue UNLPs to staff who do not currently hold one?](#)

As per the UN all-staff [broadcast](#) of 9 June 2020, personnel should ensure that they and their eligible dependents hold valid international travel documentation. For practical reasons, it is not possible to automatically issue UNLPs to all those eligible staff who do not currently hold them.

UNLPs may only be issued to the officials of the United Nations. UN Family Certificates can be used by dependents of UNLP holders, and UN Certificates may be issued to experts on mission or certain non-staff personnel working on behalf of the organization. Some categories of persons covered by the COVID-19 MEDEVAC System are not eligible for any UN-issued travel documents (such as INGO personnel and their dependents). Agreements with the host countries of the regional hubs will be pursued to establish protocols for each scenario, however all persons should ensure they hold valid travel documentation.



3. Many countries may require COVID-19 certification before a MEDEVAC can be undertaken. How is this being addressed?

While confirmation of COVID-19 infection (via PCR test) is highly recommended, a lack of a test result or an even a negative test does not preclude the patient from consideration for MEDEVAC. The Medical Coordination Unit in the UN MEDEVAC Cell considers the absence/presence of a positive COVID-19 test when identifying the MEDEVAC destination and the receiving hospital.

Further, the UN MEDEVAC Cell is compiling a list of entry requirements specific to each MEDEVAC destination which will be shared with the COVID-19 Coordinator at the point at which the MEDEVAC destination is confirmed. Each case is handled on an individual basis, including addressing travel document and entry requirements as required.

[G] GENERAL

1. What is the difference between a non-COVID-19 medical evacuation and COVID-19 MEDEVAC?

COVID-19 MEDEVACs are limited to those patients suffering from COVID-19 related illnesses, whose condition is sufficiently serious that is deemed clinically necessary to MEDEVAC them to a medical facility which can provide appropriate treatment. Non-COVID-19 medical evacuations are continuing to other facilities as per existing procedures.

2. What do I do if I fall ill and suspect I have COVID-19?

All individuals covered by the COVID-19 MEDEVAC System are advised that if they believe they are infected with COVID-19, they should obtain appropriate advice and guidance, including from their Treating Medical Provider or Telehealth service provider, any local national COVID-19 hotline, or, if available, from the UN COVID-19 hotline. Where MEDEVAC may be required because of significant symptoms or hospitalization, contact your supporting medical service early. If you have no supporting medical service locally, we encourage early contact by the patient or their family with the designated COVID-19 entity Focal Point, who will in turn notify the COVID-19 Coordinator of the status and location of the patient. If a staff member tests positive for COVID-19, they are strongly encouraged to report the results to their COVID-19 entity Focal Point.

3. Can a telehealth appointment be used to generate a medical report, in cases where there are risks going to a hospital?

Telehealth is an excellent tool to enable people to receive medical advice while at home and to avoid unnecessary visits to the hospital. It can also identify remotely those individuals who may need to seek an additional level of care, which could include hospitalisation or other treatment within the first line of defence. MEDEVAC is the last line of defence. Accordingly, MEDEVAC decisions are taken on the basis of clinical need confirmed by the Treating Medical Provider and/or entity Medical Advisor, in conjunction with the UN MEDEVAC Cell.

[H] IN-COUNTRY MEDICAL EVACUATIONS

1. Does the COVID-19 MEDEVAC System cover medical evacuations within a country? What is the approval process for in-country medical evacuations?

The COVID-19 MEDEVAC System covers eligible COVID-19 patients who require medically-supported international air transportation. The transportation of COVID-19 patients within a country is not a component of the System, and should be arranged at a local level, as per established procedures. At the country level, the COVID-19 Coordinator, in conjunction with the UN Medical Advisor should proactively compile a list of facilities and their respective capacities



to treat COVID-19 patients. COVID-19 Coordinators are encouraged to include this and other relevant information in their COVID-19 MEDEVAC Standard Operating Procedure, in a section on in-country medical evacuations.

For medical evacuations within country, approval is not required by the UN MEDEVAC Cell. All aspects of in-country medical evacuations fall under the responsibility of the referring UN entity, and in the case of COVID-19 patients should be supported with assistance of the COVID-19 Coordinator and UN Country Team.

If an appropriate destination or transportation cannot be found using normal channels, as a last resort and contingent on clinical need, the local security situation and the absence of other options, the UN MEDEVAC Cell may be able to offer guidance on a case-by-case basis. In the absence of other options, the UN MEDEVAC Cell may, on a case-by-case basis, be able to provide administrative assistance in support of alternative cross-border transportation.



List of GHRP Countries

HUMANITARIAN RESPONSE PLAN		
Afghanistan	Ethiopia	oPt
Burkina Faso	Haiti	Somalia
Burundi	Iraq	South Sudan
Cameroon	Libya	Sudan
CAR	Mali	Syria
Chad	Myanmar	Ukraine
Colombia	Niger	Venezuela
DRC	Nigeria	Yemen

REGIONAL RESPONSE PLANS		
Angola	Jordan	South Sudan
Burundi	Kenya	Syria
Cameroon	Niger	Uganda
Chad	Nigeria	Tanzania
DRC	Lebanon	Turkey
Egypt	Rep. of Congo	Zambia
Iraq	Rwanda	

VENEZUELA REGIONAL RMRP		
Argentina	Costa Rica	Panama
Aruba	Curacao	Paraguay
Bolivia	Dominican Republic	Peru
Brazil	Ecuador	Trinidad and Tobago
Chile	Guyana	Uruguay
Colombia	Mexico	

OTHERS		
Bangladesh	DPR Korea	Iran
Benin	Djibouti	Liberia
Mozambique	Pakistan	Philippines
Sierra Leone	Togo	Zimbabwe