

UNITED NATIONS
Mechanism for
International Criminal Tribunals



NATIONS UNIES
Mécanisme pour les
Tribunaux Pénaux Internationaux

Standard Operating Procedure

Medical evacuations

Approved by: Chief of Administration
Effective date: 2 July 2018
Contact: Arusha Medical Section
Review date: To be reviewed no later than 1 July 2020

**STANDARD OPERATING PROCEDURE
ON
MEDICAL EVACUATIONS**

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A. PURPOSE

1. This standard operating procedure (“SOP”) aims to provide a clear understanding of the steps to be taken during a medical evacuation (“medevac”) away from the duty station of sick or injured staff members of the Mechanism for International Criminal Tribunals (“Mechanism”) and/or their eligible family members (hereinafter “Patient” as defined in section F) with due regard to the circumstances in each duty station. It further aims to clarify procedures, roles, responsibilities and authorities in cases of medical evacuation, in order to ensure systematic, organized and timely evacuation of patients to the most suitable medical facility for each individual case.

B. SCOPE

2. This SOP applies, in particular, to eligible staff members of the Mechanism and their eligible family members residing in Arusha and Kigali. Its primary audience comprises all involved in the medical evacuation and travel processes, which, in addition to the patient, includes but is not limited to the Mechanism Medical Services in Arusha and The Hague,¹ the Registrar², the Chief of Administration, the Administrative Officers in each Mechanism branch (“AO”), the

¹ In Kigali, MICT staff are serviced by the Medical Clinic managed by UNDP under a Common Services agreement.

² Any reference to the Mechanism Registrar should be understood as the Registrar or his/her delegated representative.

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Human Resources Section (“HRS”), the General Services Section (“GSS”), including the Travel Unit, the Finance Section, and the Security and Safety Section (“SSS”). With regard to duty station of staff, this SOP applies to staff stationed in Arusha, Tanzania, and Kigali, Rwanda.³

C. RATIONALE

3. The provisions of ST/AI/2000/10 (“Medical evacuation”), ST/IC/2000/70 (“Medical evacuation”), ST/AI/2013/3 (“Official Travel”) and ST/AI/2014/2 (“System of daily subsistence allowance”) offer high level guidance with respect to the general process of medical evacuation and shall prevail in the event of any conflict with this SOP. Mechanism staff should familiarize themselves therewith and should read this SOP in conjunction with such policies.
 4. Despite the provisions contained in the above-mentioned policies, the Mechanism requires to set out its internal process of medical evacuation taking into account the specific context and particularities of each duty station, and to assign responsibilities to those involved in the process.
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D. PROCEDURES

General provision

5. In cases of medical emergency, preservation of life and limb is the priority. Where time is of the essence, communication lines may be shortened by performing the steps outlined in paragraphs 12 through 37 below verbally and/or by email/messaging. Every effort shall be made by all concerned to record events, decisions, certification and approvals in writing as soon as possible.

Eligibility⁴

6. Internationally recruited staff members (FS, P and D), and their eligible dependents, may be evacuated in case of an acute illness or injury from their duty station at United Nations expense for the purpose of securing essential medical care or treatment which cannot be secured locally because of inadequate medical facilities.
7. Locally recruited staff members (GS and NO), for whom the Mechanism has not assumed a responsibility for relocation to or from the duty station, are expected to avail themselves of the medical facilities available locally. However, when an acute life-threatening medical emergency has occurred, medical evacuation will be considered when the available local facilities do not offer an adequate response to the medical emergency. This provision will also apply to eligible family members of locally recruited staff members.
8. In accordance with paragraph 2.4 of ST/AI/2000/10, for the purpose of medical evacuation, eligible family members shall be deemed to comprise a spouse and recognized dependent children for whom the staff member receives a (special) dependency allowance. A secondary dependent shall not be eligible for medical evacuation.

³ The Netherlands nor Bosnia and Herzegovina are included on the list of countries of ST/IC/2000/70 as having inadequate medical facilities justifying medical evacuation to recognized regional medical centres. Staff stationed in The Hague or Sarajevo, therefore, fall outside of the scope of this SOP, unless they are involved in their professional capacity.

⁴ As per ST/AI/2000/10

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9. A staff member on special leave without pay, and his or her dependents, shall not be eligible for medical evacuation.
10. Non-staff individuals such as interns,⁵ consultants, contractors, and authorized guests who may be present at MICT premises, fall outside of the scope of this SOP and as such are ineligible for medical evacuation at the expense of the United Nations. That said, the MICT shall, from a duty of care perspective and to the extent possible, and without incurring cost to the United Nations, provide assistance in securing required medical care when requested.
11. In addition to the conditions mentioned above in paragraphs 6 and 7, medical evacuation may be considered for certain chronic conditions with potential for life-threatening outcomes or complications, in accordance with Annex I of ST/IC/2000/70.

Recommendation to medically evacuate

12. A patient shall report his/her illness or injury to the Medical Service in its respective duty station provided that his or her condition allows it. If the medical condition does not allow it, the patient should be brought to the Medical Officer⁶, or his/her colleagues or family members may request the Medical Officer to visit the patient.
13. In case of an emergency situation in which a patient is in a critical condition as a result of an accident, the Security and Safety Section (SSS) may also be contacted. Upon notification of an accident/incident, the SSS shall immediately dispatch the Duty Officer at the scene. While the patient is at the scene of the accident, the SSS shall act as focal point between the patient and all other sections concerned. In particular, the SSS shall inform the Medical Officer (if not yet informed) and shall take all necessary steps to remove immediate danger, provide first aid and transport the patient to a medical clinic or hospital for further treatment.
14. Upon examination of the patient, the Medical Officer may or may not recommend medical evacuation, and shall inform the staff member thereof.
15. If the Medical Officer recommends against medical evacuation, and the patient disagrees with or doubts this assessment, the patient may seek a second opinion and presents this to the Mechanism Registrar⁷ for consideration. Should the decision remain against medical evacuation, the patient may decide to seek medical care while on annual leave, home leave, or family visit, in accordance with the rules and regulations governing such leave, including rules on the application of sick leave.
16. If the Medical Officer recommends medical evacuation, he/she shall inform the patient of the recommended location of evacuation. The Medical Officer shall further inform the patient of the options available with regard to alternative locations as provided under paragraph 5.5 of ST/AI/2000/10, and shall pro-actively draw the patient's attention to the administrative consequences thereof.^{8,9} If desired by either the Medical Officer or the patient, the

⁵ As per ST/AI/2014/1, *United Nations Internship Programme, paragraph 7.2*, the United Nations accepts no responsibility for the medical insurance of the intern or costs arising from injury, illness or death that may occur during an internship. Applicants for internship must show proof of valid medical insurance coverage to cover the full period of the internship at the duty station and provide a medical certificate of good health prior to the commencement of the internship.

⁶ This should be understood as the MICT Medical Officer in Arusha, the UNDP Medical Officer in Kigali, and the MICT Medical Officer in The Hague, or their respective officer-in-charge in case of absence of the Medical Officers themselves (e.g. the Nurse).

⁷ See paragraphs 21-24 on authority to approve medical evacuation.

⁸ In cases where the patient is incapable of making such a decision (or, for example, a decision related to a second opinion, see paragraph 15), the staff member's emergency contact person (on file with the Human Resources Section) shall be authorized to speak for the patient. If the emergency contact person is not available, unable or unwilling to do so, the Registrar shall act in the best interest of the patient as per his/her authority (see paragraph 21-23).

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Administrative Officer and/or the Human Resources Section shall provide information in this regard, as well as other elements provided under ST/AI/2000/10, such as travel of an escort, class of travel, travel costs, subsistence allowance and medical expenses.

17. The Medical Officer shall submit to the Mechanism Registrar, via email for approval, a memorandum recommending medical evacuation, with copy to the Chief of Administration, the Officer-in-Charge of the respective Mechanism branch, the Mechanism branch Administrative Officer, the Chief Human Resources, and the Chief of Security of the respective Mechanism branch.¹⁰ The Medical Officer shall also inform the patient's family of his/her condition, as appropriate.
18. Medical information is confidential and should be treated as such, whether within offices or in the transmission to other offices or medical facilities.
19. The memorandum from the Medical Officer to the Registrar shall include:
 - The recommended location of evacuation in accordance with ST/IC/2000/70;¹¹
 - The recommended mode and class of travel (road; economy or business commercial aircraft; or air ambulance);¹²
 - Whether a medical and/or other escort is required or recommended;¹³
 - The recommended duration of evacuation;¹⁴
 - Whether in-patient admittance to a medical facility is recommended;
 - Whether the patient opted for an alternate location under paragraph 5.5 of ST/AI/2000/10 and whether the patient was counseled on the administrative consequences thereof.
20. The Medical Officer shall follow up with the Registrar by phone to ensure receipt of the recommendation. If the Registrar has not acknowledged receipt of the recommendation within the hour, the Medical Officer shall make every effort to contact the Registrar by phone. Should the Medical Officer be unable to reach the Registrar, he/she must make every effort to reach any of the individuals copied on the memorandum, to ensure that appropriate follow-up action takes place.

Approval to medically evacuate

21. The Registrar may decide to approve, disapprove, or approve with amendments, the recommendations made by the Medical Officer.
22. In the course of his/her decision making, especially in instances where he/she may lean towards disapproving the recommendation(s) made by the Medical Officer, or approving these with amendments, the Mechanism Registrar may consult the Medical Officer of the

⁹ These are partially detailed in paragraph 5.6 of ST/AI/2000/10 and predominantly concern the impact on home leave as well as on payment of excess costs when selecting the country of home leave as the location of evacuation. The Medical Officer shall discuss the administrative consequences in broad strokes, provided that the patient's condition allows such consultation. The patient may obtain further details on related entitlements from the Human Resources Section or the branch Administrative Officer.

¹⁰ Contact details of these officials are included in Annex B of this SOP and shall be updated on a quarterly basis. In the case of the UNDP Medical Officer in Kigali, s/he shall forward the recommendation to evacuate to the Medical Officer in Arusha for onward forwarding to the Registrar. Should time not allow this route, the UNDP Medical Officer may contact the Registrar directly.

¹¹ As per ST/IC/2000/70, recognized regional medical centers for medical evacuations originating in Tanzania and Rwanda are Egypt, Kenya and South Africa.

¹² Economy class is the standard class of air travel for medical evacuation. ST/AI/2013/3 in paragraphs 4.8 and 4.9 governs the exceptional approval of a higher standard of air accommodation. The use of air ambulance is limited to rare severe cases where expert medical care and equipment are required in transit.

¹³ As per Section 3 of ST/AI/2000/10.

¹⁴ Pursuant to Section 4.2 (a) of ST/AI/2000/10 the period spent on medical evacuation shall normally not exceed 45 days. For medical evacuation expected to exceed 45 days, or for any extension of medical evacuations beyond 45 days, authorization must be obtained from the United Nations Medical Director.

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other branch for a second opinion, and/or the Director of the Medical Services Division in New York, as soon as possible, and taking into account the urgency of the matter.

23. Where the recommendation to medically evacuate is related to certain non-life-threatening chronic conditions which are not generally considered for medical evacuation¹⁵, the Registrar must submit a request for review to the Director of the Medical Services Division before any action is taken.
24. When medical evacuation is authorized, travel costs shall be charged to common staff costs.

Preparations for the evacuation

25. Prior to medical evacuation, the Medical Officer – in consultation with the SSS – shall consult with the relevant United Nations Officer in the receiving country, to ensure that all necessary preparations are made and that all visa and other requirements can be met.¹⁶ The Chief of the SSS, or his/her Deputy, shall also contact the Security Advisor in the receiving country to ensure that security measures related to the evacuation are put in place, as well as submit a travel request to the Department of Safety and Security (DSS)¹⁷. An alternative destination within the region shall be authorized in case of any difficulties with meeting applicable requirements in the receiving country.
26. When evacuation is authorized, the Medical Officer shall send the essential information in advance to the relevant United Nations Office in the receiving country. The information shall indicate whether, upon arrival, hospitalization is necessary and urgent, whether provisions should be made for transport by ambulance, and into which hospital the patient should be admitted. Whenever medically possible, travel should not commence until an appointment with the desired specialist has been made. The patient should travel with all relevant medical documents.
27. Prior to undertaking the travel, the Medical Officer shall examine the patient and ensure that all necessary medical arrangements are in place to transport the patient securely and safely away from the duty station.

Leave status

28. While on medical evacuation as a patient, the staff member's absence is charged to sick leave entitlements.
29. If the staff member accompanies a family member on medical evacuation, the absence from the duty station shall be charged to family leave, annual leave or special leave, as appropriate.

Medical evacuation travel by regular commercial aircraft

30. The Registrar shall send his/her decision to the Chief of Administration and Administrative Officer for implementation, with copy to the Human Resources Section and the Travel Unit for immediate action, and to the Medical Officer who has recommended the evacuation, for record keeping.

¹⁵ Listed in ST/IC/2000/70, Annex I, category B.

¹⁶ In the event the staff member or his/her dependents do not have their travel documents with them, the SSS shall make every attempt to recover the original travel documents, to obtain a temporary travel document or to ensure issuance of UN family certificates that may be used as travel documents.

¹⁷ <https://trip.dss.un.org>, the Travel Request Information Processing (TRIP) system of the United Nations Department of Safety and Security (DSS).

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31. In cases where the Medical Officer recommends on medical grounds a standard of air travel higher than that authorized under normally applicable rules, the Chief of Administration shall submit a request thereto, using form TTS.3, to the Under-Secretary-General for Management as much in advance of travel as possible. In addition, in support of the request for an exception on medical grounds, the Medical Officer shall submit a medical report and any supporting documentation directly to the Director of the Medical Services Division in New York, indicating what specific negative outcome will be prevented by travel in a higher class and the reasons why the conditions of travel in the normally authorized standard of travel accommodation cannot be medically tolerated.¹⁸
32. The branch Administrative Officer or the Human Resources Section shall contact the Travel Unit (or, during off-hours, Hague Chief or Deputy Chief General Service Section) for a pre-booking and estimated costs. The branch Administrative Officer or the Human Resources Section shall subsequently create a travel request in Umoja, including for any authorized escorts, and ensure that this passes through the approval system in the shortest possible timeframe. See Annex C for details thereon. Upon approval of the travel request, the Travel Unit shall issue the ticket.
33. In cases where time is of the essence, the Travel Unit may, upon confirmation thereof by the Registrar or other Certifying Officer of the cost center in question, issue a ticket immediately without prior receipt of an approved travel request. This booking shall be in accordance with the authorized place of evacuation, escorts and DSA payments, as per the Registrar's decision and corresponding instructions contained in ST/AI/2000/10 and ST/AI/2013/3.¹⁹ Relevant documentation required under this section to process the travel request shall be completed at the first available opportunity thereafter.

Medical evacuation travel via air ambulance

34. In the event that the medical condition necessitates travel by air ambulance (aeromedical evacuation (AME)), the Medical Service shall initiate contact with an air ambulance company, see listing in Annex D. Related logistical and administrative requirements shall be arranged by the branch Administrative Officer in coordination with relevant sections, notably the Finance Section. Steps thereto are included in Annex E.
35. Selection of an AME provider shall first and foremost be based on the availability of an aircraft which offers the required level of service, within the required time frame. Should this result in multiple possible providers, the least expensive one shall be selected.

Medical evacuation travel by road

36. In the event the Medical Officer recommends that medical evacuation takes place by road, the branch Administrative Officer shall ensure that such is organized.
37. When road travel in Tanzania is expected to (partially) take place during dark hours, SSS shall provide escort within Tanzania up to the international border. This escort is specific to security advisories valid in Tanzania related to road travel after dark and is as such also applicable to medical evacuations by road.

¹⁸ For further details see paragraphs 4.8 and 4.9 of ST/AI/2013/03.

¹⁹ The Travel Unit and Human Resources Section shall pay particular attention to the provisions in Section 5 of ST/AI/2000/10 and Section 4 of ST/AI/2013/3, which govern the class of medical evacuation travel. Note in this regard that economy class is the standard, unless otherwise recommended and approved. Further note that if the staff member opts to travel to a location other than the location recommended by the Medical Officer, the travel shall where possible be applied as (advance) home leave, with corresponding home leave travel entitlements. For details see, amongst others, paragraphs 5.5 and 5.6 of ST/AI/2000/10. Further specific attention shall be given to Section 8 of ST/AI/2000/10, which governs DSA related to medical evacuation travel.

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Record keeping

38. The Medical Officer who recommended the evacuation shall, as soon as possible following the decision of the Registrar, complete the medical evacuation form (MS.39 (5-00)) and shall forward it to the Director of the Medical Services Division in New York.
 39. Within two weeks upon return of the patient to the duty station, the Attending Physician at the place of medical evacuation shall submit a completed medical evacuation form MS.39 (5-92) together with a complete medical report to the Medical Officer. The Medical Officer shall forward the report to the Medical Service where the staff member's file is kept, as well as to the Director of the Medical Services Division in New York.
 40. In addition, upon return of the patient to the duty station, the staff member shall submit an expense report in Umoja. Attached to this expense report shall be a statement from the Medical Officer certifying the number of days spent by the staff member in out- and in-patient care during the period of medical evacuation. Applicable DSA will be calculated in Umoja accordingly.
 41. The Chief of Administration shall forward statistics on medical evacuations to the Director of the Medical Services Division in New York on a quarterly basis pursuant to the requirement set out in Section 10.3 of ST/AI/2000/10.
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E. ROLES AND RESPONSIBILITIES

Medical Officer (All locations) Examines patient; recommends medical evacuation, including location to which patient is to be evacuated and class of travel; counsels patient on possibility to opt for an alternative location and administrative consequences thereof; undertakes preparations for the evacuation; completes and submits form MS.39 (5-00) to the Director of the Medical Services Division in New York. When recommending a higher standard of accommodation for air travel, submits a medical report to the Director of the Medical Services Division in New York in support thereto. Receives from the attending physician the medical evacuation form MS.39 (5-92) together with a complete medical report and forwards it to the ICTY Medical Service and the Director of the Medical Services Division in New York. Certifies number of days spent by the patient in out- and in-patient care. Records certified sick leave.

Medical Officer in other branch May be consulted by the treating Medical Officer or physician, or by the Registrar when s/he is considering disapproving or approving with amendment the recommendation of the Medical Officer.

(Deputy) Chief SSS Shall be contacted in case of an emergency situation in which a patient is in a critical condition as a result of an accident. Shall dispatch the Duty Officer to the scene of the accident. Informs Medical Officer if not yet done. The Duty Officer shall take all the necessary steps to remove any immediate danger, provide first aid and if required arrange to transport the patient to a medical clinic or hospital for further treatment. Contacts the Security Advisor in the receiving country to ensure that security measures related to the evacuation are put in place. Submits travel request at DSS TRIP website.

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Registrar	Approves, disapproves or approves with amendments the recommendations of the Medical Officer. Consults the Director of the Medical Services Division in New York when leans towards disapproving or approving with amendments the recommendation(s) made by the Medical Officer. Informs (C)AO thereof. May authorize issuance of a ticket pending completion of the Umoja travel request.
Chief of Administration	Carries overall responsibility for the implementation of travel arrangements for the patient. Instructs the Administrative Officer, Human Resources Section and the Travel Unit (through respective Chiefs). May authorize issuance of ticket pending completion of the Umoja travel request. Submits requests for a higher standard of accommodation for air travel (if recommended) to the Under-Secretary-General for Management. Keeps record of each medical evacuation and forwards statistics thereof to the Director of the Medical Services Division in New York on a quarterly basis.
AO	Provides detailed information to the patient on the administrative consequences of medical evacuation and elements provided under ST/AI/2000/10, if desired by the Medical Officer or patient. Arranges logistical requirements, in coordination with relevant sections, for medical evacuation via air ambulance or by road and ensures handling of administrative aspects thereof.
HR Section	Obtains a cost estimate from the Travel Unit; creates travel request in Umoja; checks fund availability and follows up with Budget Section if insufficient.
Chief HR	May authorize issuance of ticket pending completion of the Umoja travel request.
Travel Unit	Provides cost estimate; books travel; manages changes to itineraries.
Attending Physician	Submits a completed medical evacuation form MS.39 (5-92) together with a complete medical report to the Medical Officer, within two weeks upon return of the patient to the duty station.
Patient	Reports his/her illness or injury to the Medical Service in its respective duty station provided that his or her condition allows. May get a second opinion. May decide to seek medical care while on annual leave, home leave, or family visit if medical evacuation is not approved. If desired, requests the AO or Human Resources Section to provide detailed information on the administrative consequences of medical evacuation and elements provided under ST/AI/2000/10. Requests the Attending Physician at the place of evacuation to complete medical evacuation form MS.39 (5-92) and medical report to be submitted to the Medical Officer. Upon return to the duty station, submits an Umoja Expense Report.

F. TERMS AND DEFINITIONS

Patient	Sick or injured international staff member or his/her eligible dependent requiring essential medical care or treatment not available at his/her duty
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station. Also, a locally recruited staff member or his/her eligible dependent with an acute life-threatening medical emergency for which the available local facilities do not offer an adequate medical response.

- Medical evacuation** Travel to a location in which essential medical care or treatment can be provided which is not available at the duty station of the sick or injured staff member or eligible dependent.
- Expense report** Report to be filed in Umoja (Employee Self Service, ESS) by the traveller to claim reimbursement for travel expenses and DSA. Requires attachment of supporting documents. Needs to be submitted no later than 14 days upon completion of travel.
- MS.39 (5-00) form** Medical evacuation form to be completed by the Medical Officer recommending medical evacuation, to be sent to the Director of the Medical Services Division in New York. Summarizes and captures key aspects of the recommendation to medically evacuate.
- MS.39 (5-92) form** Medical evacuation form to be completed by the Attending Physician at the location of medical evacuation.
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G. REFERENCES

Normative or superior references

- ST/AI/2000/10: Medical Evacuation
ST/IC/2000/70: Medical Evacuation
ST/AI/2013/3: Official Travel
ST/AI/2014/2: System of daily subsistence allowance

Related procedures or guidelines

- ICTY/IC/2014/14-MICT/IC/2014/05: Official travel and daily subsistence allowance
ICTY SOP-TRA-07 – MICT/SOP/2015/02: Standard Operating Procedures for Travel Requests and Travel Authorizations
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H. MONITORING AND COMPLIANCE

42. Compliance with this SOP is mandatory for Mechanism staff members. Compliance is recommended for UNDP staff members involved in the medical evacuation of Mechanism staff members and/or their eligible dependents.
43. Implementation of this SOP shall be monitored by the Chief Administrative Officer.
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I. CONTACT

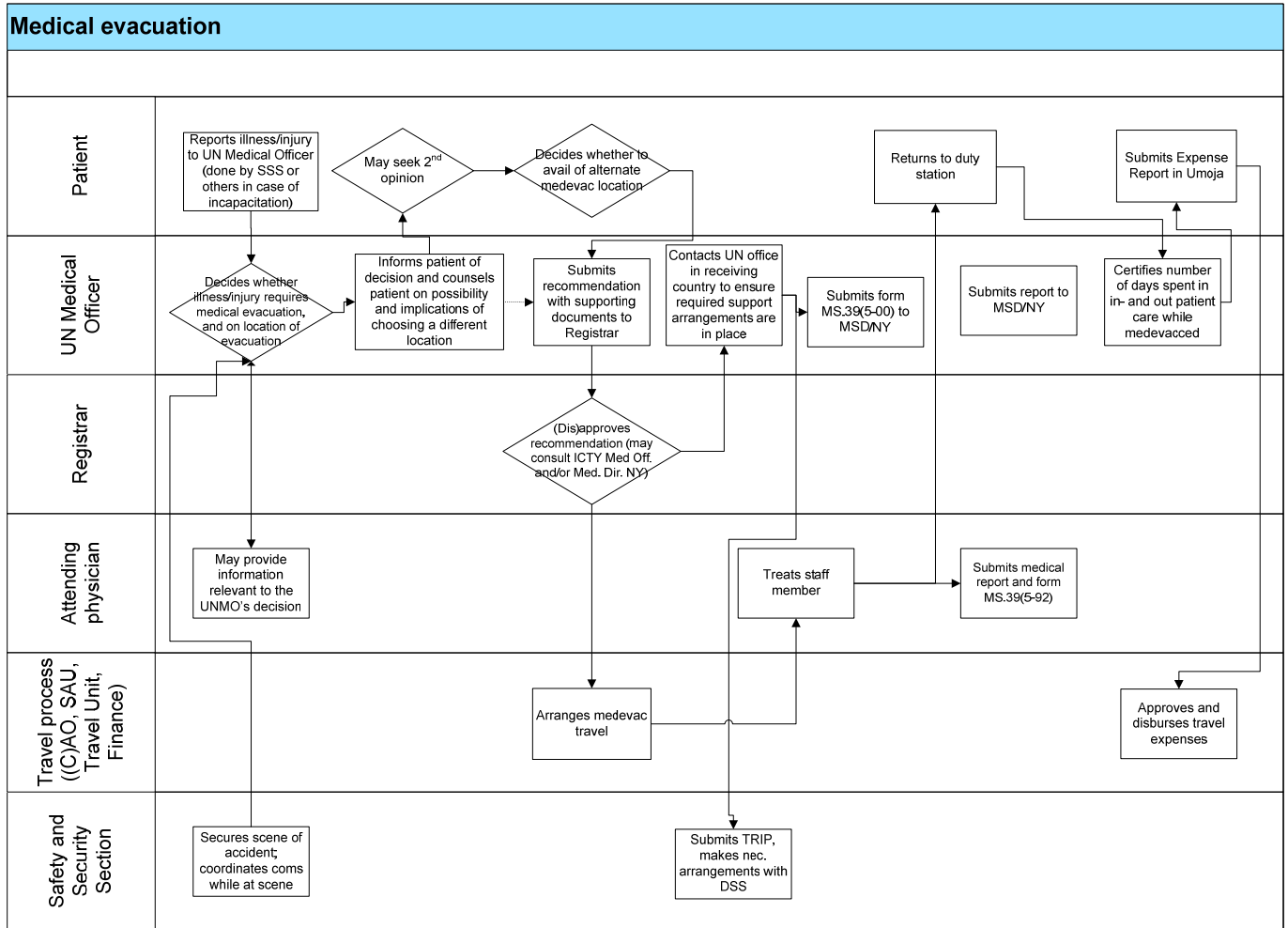
44. For questions about the content and application of this SOP, please contact the Human Resources Section, Medical Section, or branch Administrative Officer.

45. Suggestions for improvement of the SOP itself may be sent to mict-admin-hague@un.org.

J. HISTORY

46. This is the first version of the Mechanism SOP on Medical Evacuation. Relevant ICTR and ICTY policies on this matter were consulted during the preparation of this SOP.
47. This SOP shall be reviewed when circumstances dictate revision, and in any case no later than two years following the date of issuance.

Annex A Medevac workflow



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Annex B **Contact details**

Arusha, Tanzania				
Function	Name	Mobile tel. no.	Office no.	Email
Medical Officer	Dr. Kabangu A. Mutamba	+255784401204	179-5339 +255272565339	mutambak@un.org
Officer-in-Charge	Sera Attika	+255784401245	+179-5636 +255272565636	attikas@un.org
Administrative Officer	Paula Souverijn-Eisenberg	+255718139758	179-5688 +255272565688	Souverijn-eisenberg@un.org
Security and Safety Unit	Duty Officer (24 hours)	+255784400859	179-5027	

Kigali, Rwanda				
Function	Name	Mobile tel. no.	Office no.	Email
One-UN Clinic Medical Officer	Dr. Abanda Tueche	+250788301393 +250782220070	+250252590520	abanda.tueche@one.un.org
OIC Kigali Office	Jumanne Tindi	+250788383628 +250788892770	179-6040	tindi@un.org
Security Officer	Bram van der Eerden	+250788313253	179-6054 +250788316677	vandereerden@un.org
Administrative Assistant	Zeinabou Bako	+250786736182	179-6020 +250735202171	bakoz@un.org

The Hague, The Netherlands				
National emergency number: 112				
Function	Name	Mobile tel. no.	Office no.	Email
Medical Officer	Dr. E. Desiree Kubbinga	+31-652528555	159-5244 +31705125244	kubbinga@un.org
Chief of Administration	David Falces	+31-629565662	159-5341 +31705125341	falces.icty@un.org
Chief GSS	Heather Kilner	+31651272561	159-5228 +31705125228	kilner@un.org
Chief HR	Ruth-Anne Young	+31611702124	159-8748 +31705128748	young9@un.org
Travel Unit	Jacky Spaans, Michel v. Bommel	+31651317350	159-5309 159-5464	lcty-travel@un.org

Sarajevo, Bosnia and Herzegovina – refer to The Hague, or locally:				
Function	Name	Mobile tel. no.	Office no.	Email
Clinical Center (non-UN)	Klinički centar Univerziteta u Sarajevu		+38733297000	info@kcus.ba
Head of Office	Margriet Prins	+38761160602	159-5932 +31705125932	prinsm@un.org

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Annex C Medical evacuation Umoja travel requests

Traveler	Travel Category	Travel Type	Coding block	DSA entitlements ²⁰
Patient - Staff member	OT: Official travel	06: Medical evacuation	See table below	Out-patient: 100% In-patient: one-third of regular DSA. When in country of home leave: None, but retro-active cost recovery up to 50% of DSA rate, based on receipts.
Patient – Family member	OT: Official travel	06: Medical evacuation	See table below	
Escort – Staff member	OT: Official travel	05: Escort - Medical	SB-009586	100%
Escort – Family member	OT: Official travel	05: Escort - Medical	Same as patient	Out-patient: 50% In-patient: 100% When in country of home leave: None, but retro-active cost recovery based on receipts up to 50% of DSA rate.

With regard to the coding block, select the appropriate cost center and commitment item, as follows:

Cost center	To be used for staff (or their patient family member) in:	Category of staff	Staff or fam. member	Post type	Commitment item
16615	OTP-H, continuous as well as ad hoc posts.	P	Staff	Continuous	71101220
16617	OTP-A, continuous as well as ad hoc posts.			Ad hoc	71114020
16618	Registry-H, continuous as well as ad hoc posts, excl. those mentioned under 16619, 16624 and 16641		Family	Continuous	71101217
				Ad hoc	71114017
16619	Administration-H, continuous posts only. Ad hoc posts under 16618.	FS	Staff	Continuous	71101620
				Ad hoc	71114220
16621	Administration-H, continuous posts only. Ad hoc posts under 16618.	Family	Staff	Continuous	71101617
				Ad hoc	71114217
16623	Registry-A, continuous as well as ad hoc posts, excl. those mentioned under 16623, 16625 and 16638.	GS	Family	Continuous	71102620
				Ad hoc	71114621
16625	Registry-A, continuous as well as ad hoc posts, excl. those mentioned under 16623, 16625 and 16638.		Family	Continuous	71102617
				Ad hoc	71114617
16624	Administration-A, continuous posts only. Ad hoc posts under 16621.	National Officer	Staff	Continuous	71102220
				Ad hoc	71114420
16625	MARS-H, continuous as well as ad hoc posts.		Family	Continuous	71102217
				Ad hoc	71114417
16625	MARS-A, continuous as well as ad hoc posts.				

²⁰ For further details, see Section 8 of ST/AI/2000/10. Amongst others:

- Normal DSA adjustments for staff at D1 and above levels do not apply in case of medical evacuations;
- When medical evacuation is to a place of the staff member's choice, DSA payable shall not exceed the amount that would have been paid had the evacuation been to the place authorized. Any additional subsistence expenses in respect of accompanying individuals shall be the responsibility of the staff member.

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Annex D Aero-medical evacuation (AME) companies

Based in Arusha			
Name	Umoja BP#	Contact details	Summary of services
Flying Medical Services	1900017464	Flyingmedicalservice.org fms@fms.or.tz Pat Patten, Director +255 759367367 +255 788367367 +255 272508583 +255 272508760 (also fax) +255 784416217 +255 784381480 +255 789189655 +255 783005503	<ul style="list-style-type: none"> • 2 fixed-wing aircraft, based in Arusha • Limited medical equipment on board (basic life support) • Nurse on board • Ground ambulance • No night flight
AMREF Flying Doctors	1500013843	Flydoc.org Arusha office: Summit Center, 2 nd Fl, West Wing Block A, Sokoine Rd. Marketing.arusha@flydoc.org +255 718181318 +255 789133133 +255 719881887 +255 745716581 +255 684818071 +254 20 6992299 / 3315454 / 3315455 / 6002492 +254 (0) 736359362 / 731811811 / 706811811 / 717992299 / 780299299 / 709300300	<ul style="list-style-type: none"> • 6 fixed-wing aircraft, 2 helicopters, based in Nairobi • Can flight at night (from KIA) • Extensive medical equipment on board • Specialized teams on board • Connecting ambulance services
Arusha Medivac	1900017772	Arushamedivac.org info@arushamedivac.org Meghan Cleary, General Manager Jack Rejman, Director +255 767996996 +255 683996996 +255 784349219	<ul style="list-style-type: none"> • 1 fixed-wing aircraft, based in Arusha • Can fly at night • Medical personnel on board • Basic and advanced life support (incl. intubation) • Ground ambulance
Based elsewhere			
Dar es Salaam Flying Doctors	1900017484	Dsmflyingdoctors.com info@dsmflyingdoctors.com +255 225503833 +255 787747464	<ul style="list-style-type: none"> • 1 fixed-wing aircraft, based in Dar es Salaam • Basic and advanced life support(equipment) • Specialized team on board • Can fly at night • Ground ambulance
Phoenix Aviation Ltd	1110002194	Phoenixaviation.co.ke flightops@phoenixavaiation.co.ke +254 733632769 +254 20 4945540/1 +254 20 6005836/7	<ul style="list-style-type: none"> • Based in Nairobi • Works with AMREF
Akagera	None yet	Akageraaviation.com	<ul style="list-style-type: none"> • Based in Kigali

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Aviation		hems@akageraaviation.com , office@akageraaviation.com +250 280280600 +250 788308382	<ul style="list-style-type: none"> • 3 helicopters • Basic life support • Only within Rwanda and only during daylight hours.
Flying Doctors of East Africa	1500013843	Flydoc.org (see above under Arusha).	<ul style="list-style-type: none"> • See above under Arusha. Use Nairobi-based aircraft for AME from Rwanda.

Annex E Obligation of funds for AME and payment of AME invoices

1. Due to a mismatch between the Umoja Source to Acquire module and MICT fund management²¹, the creation of direct purchase orders / low value acquisition (LVA) to obligate funds for AME is not recommended.
2. The MICT does not, at the time of issuance of this SOP, have in place an AME contract.
3. Therefore, proceed as follows:
 - a. Following AME and receipt of invoice, a memorandum from the Medical Officer – through and certified by the Chief, Human Resources or other HRS certifying officer – is to be send to the Chief, Finance Section requesting direct payment to the vendor.
 - b. This memorandum should contain basic details about the service delivered (date, name of patient, route, cost), copy of the invoice, vendor name and Umoja business partner number (see Annex C), as well as coding block to be charged. Note that the cost center and commitment item are specific to the staff member who (or whose family member) was evacuated, see the tables in Annex C.
 - c. For invoices < \$4,000, the above suffices. Invoices ≥\$4,000 require a fund commitment first, followed by the above.
 - d. Responsibility for drafting the memorandum and, where necessary, creating the fund commitment, rests with the certifying officer of the MICT-Arusha Medical Section.

²¹ Medevac costs are common staff costs and should therefore be booked against the specific cost center and commitment item related to the staff costs of the evacuated staff member or their family member (see table in Annex C). Low value acquisition (LVA) cannot be used because Umoja forces the use of a product ID (PID). As with all PIDs, Umoja assigns a commitment item. Commitment items cannot be manually changed in shopping carts and LVAs. The commitment item assigned to the medevac PID is linked to a service which routes to class 100 (operational expenses), which (depending on the cost center) may not contain funds. In addition, the commitment item for AME, while correct as per the material master/service master list, should not be used as it does not specify the commitment item specifically related to the staff member's common staff costs.