



COVID-19 MEDEVAC Frequently Asked Questions

Version 150620: The information in this document will be subject to updates

Eligibility

1. Which UN Personnel are covered for COVID-19-related medical evacuation (COVID-19 MEDEVAC)?

All International and national UN staff and their eligible dependents; non-staff personnel engaged by UN system organizations (including UNVs, 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 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. 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 entity with which the consultant/ individual contractor or service provider is directly engaged, in accordance with that UN entity's policies and practice.

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

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.

³ Recognized as per the rules and regulations of the INGO

Should you have questions about your organization's eligibility, please contact your contracting entity or partner UN agency. 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](#).

4. **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 do not allow us to further expand eligibility for COVID-19 MEDEVACs under the framework. 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.

5. **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 included in the MEDEVAC framework.

6. **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 framework. 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.

General

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

All individuals covered by the COVID-19 MEDEVAC Framework 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 it is available to them, from the UN COVID-19 [hotline](#). The patient or their family should inform the designated COVID-19 entity Focal Point, who will in turn notify the COVID-19 Coordinator of the status and location of the patient.

8. 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 illness, 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.

9. 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 informed by their eligibility for COVID-19 MEDEVAC and based on the UN Model of Care. Any decision to MEDEVAC a COVID-19 patient who is eligible will be taken on the basis of clinical need, as confirmed by the Treating Medical Provider or entity Medical Advisor, in conjunction with the UN MEDEVAC Cell. The UN MEDEVAC Cell will also seek the consent of the patient or a family member prior to the implementation of any MEDEVAC.

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

Due to COVID-19-related travel restrictions imposed by Member States, specific COVID-19 MEDEVAC locations are subject to further confirmation and travel authorization and the location to which a patient will be medically evacuated will be taken by the UN MEDEVAC Cell.

11. 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).

Work is ongoing to establish these treatment hubs and it is anticipated they will be ready to receive and treat patients in the coming weeks. 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.

Cost

12. Is there any cost associated with the MEDEVAC process?

The UN System-wide COVID-19 MEDEVAC Framework is cost-shared between the 14 largest UN entities, including the UN Secretariat, based on their footprint in the field, and contributions under the GHRP to cater for the eligible personnel of INGOs. Contributions will be coordinated centrally. On this basis, COVID-19 MEDEVACs initiated within the activated agreed Framework mechanism will come at no additional cost to the referring entity, and at no cost to the patient undergoing

active treatment for COVID-19. Costs not associated with the provision of active treatment of the patient for COVID-19, e.g. any costs following the discharge of patient from the receiving medical facility, will be the responsibility of the referring entity.

Practical Aspects

13. Who will coordinate the MEDEVAC from my duty station?

The COVID-19 Coordinator, designated under the auspices of the Resident Coordinator will coordinate COVID-19 MEDEVACs from the duty station, in collaboration with your entity Focal Point⁴, and the entity Medical Advisor and the Treating Medical Provider.

14. 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.

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

In the country of departure, the Treating Medical Provider⁵ 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 coordination on the timely request for and acquisition of travel documents and any visas as required.

16. Can a family member accompany the patient?

Only in cases where the COVID-19 patient is a minor will a non-medical escort be permitted on a MEDEVAC flight. In cases where the COVID-19 patient is an adult, additional travel arrangements for non-medical escorts will be the responsibility of the referring entity, in line with organizational rules and regulations.

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 Framework.

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.

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

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.

18. 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 organizational rules and requirements.

19. 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 organizational rules and regulations.

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