

UNDP/ADM/2002/21
9 August 2002

To: All UNDP/UNFPA/UNOPS Staff Members

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Subject: **Medical Evacuation Travel (MET)**

During the past months the Office of Human Resources (OHR) has continued to review its business processes with a view to streamline staff administration. Part of this exercise of aligning our personnel administration services with the needs of UNDP, has also been to provide offices with a better understanding of certain entitlements and how they are administered.

Within this context, I am pleased to attach guidelines containing details of the current policies and procedures on Medical Evacuation Travel (MET). The document provides information, for example, on: eligibility, destination, length, mode of transportation, DSA, terminal and other expenses.

I would like to highlight that the authority to approve MET is now decentralized to Resident Representatives in the following instances:

- a) the evacuation is either to a regional medical centre or to the home leave (HL) country;
and
- b) the period spent on MET does not exceed 45 days.

This circular supersedes all previous circulars on the subject and is effective as from the date of issuance.

Finally, should you require any further information or clarification on this subject, please contact the OHR Service Centre serving your duty station.



United Nations Development Programme

MET

**Medical
Evacuation
Travel**

UNDP/ADM/2002/21
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Office of Human Resources
Bureau of Management

MEDICAL

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I. General

Purpose

1. The purpose of medical evacuation travel (MET) is to allow staff members and eligible dependents the opportunity to secure essential medical care or treatment for a severe illness or injury requiring medical intervention, which is locally unavailable or inadequate.

Eligibility

2. **Internationally-Recruited Staff Members.** Internationally-recruited staff members governed under the 100, 200 and 300 Series (including ALDs) of the UN Staff Rules, their spouses and dependent children residing at the duty station, may be evacuated in case of an acute illness or injury for the purpose of securing essential medical care or treatment which cannot be secured locally because of inadequate medical facilities.
3. Internationally-recruited staff members, their spouses and dependent children should plan all elective surgical, medical or dental procedures in conjunction with their home leave (HL) or family visit (FV) travel.
4. **Locally-Recruited Staff Members.** Locally-recruited staff members, governed under the 100 and 300 Series (including ALDs) of the UN Staff Rules, their spouses and dependent children, for whom the organization has not assumed a responsibility for relocation to or from the duty station, will normally be expected to avail themselves of the facilities available locally. However, when an acute life-threatening medical emergency has occurred, MET will be considered when the available local facilities offer an inadequate response.
5. **Former Staff members.** Former staff members, including retirees, are not eligible for MET.

Escorts

6. **Medical Escort.** A physician or a nurse may be authorized to escort the evacuee only when medical attention is required during travel.

7. **Family Member Escort.** A family member is authorized to travel with the evacuee under the following circumstances:
 - a) in psychiatric cases;
 - b) for children up to 18 years of age; *and/or*
 - c) for evacuees who cannot look after themselves (e.g. stretcher or paralytic cases).

Donor

8. A donor may be authorized to accompany the evacuee. If required, this person may also act as an escort as per paragraph 7.

Destination

9. **Recognized Regional Medical Centre.** The UN Medical Director has designated regional medical facilities in different parts of the world for medical evacuations from countries with inadequate medical facilities. The current list of these centres is provided in Annex A. This list may be revised by the UN Medical Director when the need arises. OHR will keep country offices regularly informed about any changes to the list.
10. MET is normally authorized to the nearest recognized regional medical centre.
11. If difficulties arise in obtaining an entry visa in the receiving country, an alternative destination within the region is authorized.
12. **Country of Home Leave.** In the case of internationally -recruited staff members, MET may be authorized to the country of Home Leave (HL) in cases of:
 - a) high-risk pregnancies;
 - b) psychiatric conditions; *and*
 - c) illnesses requiring a long period of convalescence.

13. **Place of Staff Member's Choice.** If there are valid reasons, a patient may be evacuated to:
 - a) the country of HL (if the case is not covered under paragraph 12); *and*
 - b) any country of the staff member's choice.
14. The staff member is required to produce satisfactory medical evidence of proper medical care or treatment received at the place chosen.
15. **Emergency Medical Evacuation.** For emergency medical evacuations, the Resident Representative determines the place of evacuation, which should normally be the nearest place with adequate facilities for the treatment authorized (among those listed in Annex A, or a closer location if adequate services are available).

Costs

16. **Recognized Regional Medical Centre .** Travel costs are borne by the organization in respect of the evacuee, any authorized escort and donor.
17. **Country of Home Leave .** Travel costs are borne by the organization in the cases mentioned in paragraph 12 in respect of the evacuee, any authorized escort and donor.
18. **Place of the Staff Member's Choice .** When travel is to the staff member's country of HL, advance HL or FV is recommended and may be authorized. However, if the staff member has already exhausted his/her HL or FV entitlement, MET may be authorized to the place of HL, but UNDP will only pay whichever of the following two costs is lower and the staff member will be responsible for any difference:
 - a) from the duty station to the staff member's officially recognized HL place and back to the duty station; *and*
 - b) from the duty station to the place where MET is exercised and back to the duty station.
19. When travel is to any other country of the staff member's choice, UNDP will only pay whichever of the following two costs is lower and the staff member will be responsible for any difference:

- a) from the duty station to the place of the staff member's choice and back to the duty station; *and*
- b) from the duty station to the place where MET is recommended and back to the duty station.

Length

20. The period spent on MET should normally not exceed 45 days. When MET is expected to exceed 45 days, or for any extension of MET beyond 45 days, authorization must be obtained from the UN Medical Director. For this purpose, all relevant medical documentation must be forwarded to the UN Medical Director.
21. Once authorized initially, normally not more than one follow-up MET will be approved for the same condition. Also, normally only one follow-up MET will be approved in respect of surgical procedures.

Children born while Mother is on Medical Evacuation Travel

22. When a child is born while his/her mother is on MET, UNDP will pay, in respect of the newborn child, whichever of the following two costs is lower:
 - a) travel from the place where MET is recommended to the duty station; *or*
 - b) travel from the place where the mother exercised MET to the duty station.

Repatriation of Mortal Remains

23. In the unfortunate event of the patient's death while on MET, UNDP will cover the costs of transportation from the place of death:
 - a) ***if an international staff member***, to:
 - his/her place of HL; *or*

- any other place designated by the his/her family provided that any expenses in excess of the cost duty station/place of death to his/her place of HL is paid by the family;
- b) ***if an international staff member's spouse or dependent child***, to:
- the staff member's place of HL; *or*
 - any other place designated by the staff member provided he/she will pay any expenses in excess of the cost duty station/place of death to his/her place of HL;
- c) ***if a local staff member***, to the duty station; *and*
- d) ***if a local staff member's spouse or dependent child***, to the duty station.

II. Mode of Transportation

Travel by Air

24. Commercial air transportation by the most direct and economical route is the normal mode for MET.
25. **Flight Class.** The flight class for MET travel for:
 - a) **staff members at the Under-Secretary General (USG) and Assistant Secretary-General (ASG) levels** will be, irrespective of the duration of the flight, in the class immediately below first class; *and*
 - b) **all other staff members**, will be, irrespective of the duration of the flight, in the economy class. The class immediately below first class may be authorized by the Head of Office, when medically recommended.¹
26. **Flight Duration.** Flight duration is determined on the basis of the most direct and economical route available, including time allowed for connecting flights, but excluding travel time to and from airports.
27. **Travel Time.** When a staff member travels by the most direct and economical route, actual travel time spent during a normal working day is not charged against annual leave (AL).
28. Authorized and unavoidable stopovers during travel, in accordance with paragraph 31 below are not charged against AL.
29. A staff member who takes MET on a non-working day is not entitled to AL credit or compensatory time off (CTO) in respect of the travel time falling on such a day.
30. A staff member is granted a specific amount of travel time, based on the most direct and economical route, regardless of route alterations made for the sake of personal convenience.

¹ The local Operations Manager must check with the local Medical Officer of the regional commission; the UN Dispensary Physician; or the local UN Examining Physician.

31. **Authorized Rest Periods and Stopovers.** Staff members travelling by air, or mostly by air, are entitled to rest periods before commencing duties or a stopover for rest purposes as follows:
- a) ***if the scheduled time for the journey is more than six hours but not more than 10 hours***, the staff member shall not normally be required to commence duty within 12 hours of arriving at the destination;
 - b) ***if the scheduled time for the journey is more than ten hours but not more than 16 hours***, the staff member shall not normally be required to commence duty within 24 hours of arriving at the destination. When a staff member (or his/her spouse) travel on MET with children under the age of 12, one stopover for rest purposes, which shall not exceed 24 hours, may be authorized at an intermediate point in the journey; *and*
 - c) ***if the scheduled time for the journey is more than 16 hours***, the staff member may have one stopover for rest purposes, which shall not exceed 24 hours, at an intermediate point in the journey, with the appropriate DSA. If the final stage of the journey is more than six hours, the staff member shall not normally be required to commence duty within 12 hours of arriving at the destination. As an alternative to the rest stopover, the staff member may have a rest period not exceeding 24 hours on arriving at the destination.
32. Rest stopovers shall normally be taken in the course of an air journey. However, when there are two different modes of transportation involved, a stopover for rest purposes may also be taken at the end of the air portion of a journey while awaiting onward travel by another mode of transportation.
33. In computing the time of a journey for the purpose of determining rest periods and stopovers, a maximum of four hours is allowed for each necessary waiting period between connecting flights, subject to the condition that travel has been undertaken by the most direct and economical flights available.
34. **Chartered Transportation.** When traditional commercial means of transportation and facilities cannot be used or are inappropriate given the seriousness of the case (e.g. in field duty stations where commercial airline schedules are infrequent or unreliable), chartered air transportation may be used. This may be done by requesting the services of:
- a) International SOS;² or

² See UNDP/ADM/2001/42 of 21 December 2001 on the International SOS Plan (SOS).

- b) local/regional companies specialized in emergency chartered medical evacuations (see Annex B which contains the names, addresses and telephone numbers of some companies).
35. Chartered air transportation services are very costly and should be used very cautiously.³

Travel by Train

36. When authorized to travel by train, staff members are entitled to first class accommodation or its equivalent, including sleeper, where appropriate.

Travel by Sea

37. When authorized to travel by sea, staff members are entitled to the standard of accommodation, which does not exceed the amount that would have been paid for air travel.

Travel by Automobile

38. **Using Privately-Owned Vehicles.** A staff member authorized to travel by automobile is entitled to reimbursement based on the UN established operating rates per mile of automobile travel. These rates vary geographically, reflecting local prices and conditions that determine running costs, depreciation and repairs. All of these have been factored into the rates for operating costs, and no additional compensation is available beyond the established rates. These rates are revised periodically by the UN and OHR keeps all offices regularly informed on any changes.
39. When there is more than one traveller, reimbursement of operating costs is made to one traveller only.
40. Reasonable costs for tolls and parking will be considered for reimbursement, subject to presentation of relevant receipts.

³ Normally, the minimum cost per air lift through International SOS is between US\$50,000 and US\$55,000.

41. A staff member who is authorized to travel by automobile is entitled to travel time, not chargeable to AL, equal to the time which would have been required had he/she traveled by air by the most direct route.
42. All running costs, depreciation, repairs and other automobile expenses are the responsibility of the staff member.
43. Staff members using their own vehicles for MET are not provided with automobile insurance by UNDP.
44. **Using UNDP-Owned Vehicles.** Staff members using UNDP vehicles are not entitled to reimbursement for operating costs. The duty station authorizing the use of the vehicles underwrites these costs.

III. Daily Subsistence Allowance (DSA)

General

45. DSA comprises the total contribution of UNDP towards such charges as meals, overnight accommodations, gratuities, inter-urban transportation and other payments made for personal services rendered to the traveller. The staff member will bear any expenses incurred in excess of the allowance.

Rate

46. DSA is paid in accordance with a schedule of rates established periodically by the ICSC and published in their monthly circular ICSC/CIRC/DSA,⁴ including relevant footnotes.
47. When the evacuee and/or family/medical escort(s) is/are provided free overnight accommodations and/or meals by UNDP, by a government or related institution, or by an airline, reductions to the subsistence allowance are to be made as follows:
- a) **50 per cent**, if overnight accommodation is provided;⁵
 - b) **30 per cent**, if meals are provided (breakfast 6%, lunch 12% and dinner 12%); or
 - c) **80 per cent**, if overnight accommodation and meals are provided.
48. Should a traveller be required, due to lack of more economical accommodations, to take accommodations which cost more than the specified accommodation percentage of the DSA (established by ICSC), UNDP will reimburse the traveller for the difference between the total cost of accommodation and the specified accommodation percentage of the DSA. In such a case, receipted hotel bills are required together with the declaration of the UNDP office justifying the choice of the hotel.

⁴ See UNDP's intranet site at <http://intra.undp.org>.

⁵ The 50% reduction will be applied regardless of the type of overnight accommodation provided free of charge.

49. **Additional DSA.** While on MET, staff members at the D-1/L-6 (ICS 13) level and above (whether the evacuee or escort) are not entitled to DSA at a rate 15 or 40 per cent above the standard rate as they are not expected to conduct official business during such travel.
50. **Special Rates of DSA.** Special rates of DSA are applicable only in situations where the staff member has no alternative but to stay in a hotel for which a special rate has been established. These special rates will be paid upon presentation of receipted hotel bills and a certification from the local Operations Manager that accommodation could not be obtained from hotels taken into account for establishing the regular DSA rate.

Recognized Regional Medical Centre

51. When MET is authorized to the nearest recognized regional medical centre, which is not the staff member's place of HL, DSA may be paid up to a maximum of 45 days as follows:
- a) **for the evacuee when not hospitalized**, 100 per cent of the standard DSA rate applicable to the authorized place of evacuation;
 - b) **for the evacuee when hospitalized**, one third of the standard DSA rate applicable to the authorized place of evacuation;
 - c) **for the family member escort authorized to accompany the evacuee**,
 - *if the patient is not hospitalized*, 50 per cent of the standard DSA rate applicable to the authorized place of evacuation; *and*
 - *if the patient is hospitalized*, 100 per cent of the standard DSA rate applicable to the authorized place of evacuation;
 - d) **for the medical escort authorized to accompany the evacuee**, 100 per cent of the standard DSA rate applicable to the authorized place of evacuation, but limited to two to three days depending on travel time; *and*
 - e) **for the donor**, no DSA is paid unless he/she is also acting as a family escort.

Place of Home Leave

52. When MET is authorized to the staff member's place of HL in the cases mentioned in paragraph 12, actual expenses for hotel or other accommodation may be reimbursed on the basis of receipts:
- a) **for the evacuee when not hospitalized** , 50 per cent of the standard DSA rate applicable to the staff member's HL place;
 - b) **for the evacuee when hospitalized** , no DSA is paid;
 - c) **for the family member authorized to accompany the evacuee** :
 - *if the patient is not hospitalized* , 25 per cent of the standard DSA rate applicable to the staff member's HL place; *and*
 - *if the patient is hospitalized* , 50 per cent of the standard DSA rate applicable to the staff member's HL place.
53. For the medical escort authorized to accompany the evacuee , 100 per cent of the standard DSA rate applicable to the authorized place of evacuation is paid, but limited to two to three days depending on travel time.

Place of Staff member's Choice

54. When advance HL or FV is authorized instead of MET, except for the medical escort, no DSA is paid. The medical escort receives 100 per cent of the standard DSA rate applicable to the place of evacuation, but limited to two to three days depending on travel time.
55. When MET is authorized to the place of HL in cases not mentioned in paragraph 12, paragraphs 52 and 53 also apply.
56. When MET is authorized to the place of the staff member's choice (see paragraph 18.b), which is not the staff member's place of HL, DSA may be paid up to 45 days as follows:
- a) **for the evacuee when not hospitalized** , 100 per cent of whichever of the following two costs is lower:

- the standard DSA rate applicable at the place of the staff member's choice; *or*
 - the standard DSA rate applicable at the place where MET is recommended;
- b) **for the evacuee when hospitalized**, one third of whichever of the following two costs is lower:
- the standard DSA rate applicable at the place of the staff member's choice; *or*
 - the standard DSA rate applicable at the place where MET is recommended;
- c) **for the family member escort authorized to accompany the evacuee**,
- *if the patient is not hospitalized*, 50 per cent of the standard DSA rate applicable at the place of the staff member's choice or where MET is recommended, whichever lower; *or*
 - *if the patient is hospitalized*, 100 per cent of the standard DSA rate applicable at the place of the staff member's choice or where MET is recommended, whichever lower;
- d) **for the medical escort authorized to accompany the evacuee**, 100 per cent of the standard DSA rate applicable to the authorized place of evacuation, but limited to two to three days depending on travel time; *and*
- e) **for the donor**, no DSA is paid unless he/she is also acting as a family escort.

IV. Terminal Expenses and other Expenses

Terminal Expenses

57. Terminal expenses include all expenditures for transportation between the air terminal and other points of arrival or departure, and the hotel or place of dwelling, including transfer of baggage and other incidental expenses.
58. Staff members may claim reimbursement to cover expenses to and from air terminals. UNDP pays this amount with respect to each end of each authorized outward journey and each authorized return journey.
59. The amount of terminal expenses will be for each leg of the trip to and from the air terminal:
- a) **when no UN/UNDP vehicle is made available :**
- **US\$30,**⁶ for the evacuee;
 - **US\$30,** for the medical escort; *and*
 - **US\$10,**⁷ for the family member authorized to accompany the evacuee at UNDP's expense;
- b) **when a UN/UNDP vehicle is made available** or the office arranges for transportation at the organization's expense:
- **US\$9,** for the evacuee;
 - **US\$9,** for the medical escort; *and*
 - **US\$5,** for the family member authorized to accompany the evacuee at UNDP's expense.
60. If the traveller(s) has/have been authorized an over -night stay or stopover during travel, he/she/they will receive for each leg of the trip to and from the air terminal:
- a) **when no UN/UNDP is made available :**

⁶ US\$50 for New York.

⁷ US\$17 for New York.

- **US\$30**, for the evacuee;
 - **US\$30**, for the medical escort; *and*
 - **US\$10**, for family member authorized to accompany the evacuee; *and*
- b) **when a UN/UNDP vehicle is made available** , or the office arranges for transportation at the organization's expense:
- **US\$9**, for the evacuee;
 - **US\$9**, for the medical escort; *and*
 - **US\$5**, for the family member authorized to accompany the evacuee at UNDP's expense.
61. No terminal expenses are paid to the donor, unless he/she is also acting as a family escort.
62. When an overnight stay or stopover is at the expense of the carrier, no terminal expenses are paid.
63. UNDP does not pay terminal expenses for an intermediate stop which:
- a) is unauthorized; *or*
 - b) is of less than six hours which does not involve leaving the terminal, or is exclusively for the purpose of making an onward connection.
64. UNDP does pay terminal expenses for an authorized intermediate stop which involves leaving the terminal to change the mode of transportation , provided the change is not for the personal convenience of the staff member.
65. **Example.** Airport to train station, seaport or bus terminal.

Excess Baggage

66. Travellers are entitled to payment of the cost of accompanied excess baggage, when travelling by air in economy class or its equivalent, as follows:
- a) **on flights for which baggage allowance is calculated by airlines on the basis of weight**, the entitlement is the difference in weight between the applicable free baggage allowance and the free baggage allowance allowed by first class air travel; *and*
 - b) **on flights for which baggage allowance is calculated by airlines on the basis of pieces and size of baggage**, with a maximum allowance per traveller of two checked bags, neither of which may exceed 62 inches or 158 centimetres in the sum of the linear measurements (length, height and width), the traveller will be reimbursed for excess baggage charges when the combined dimensions of both bags exceed the limit of 106 inches or 270 centimetres allowed by the airlines. The amount of the reimbursement shall be one flat charge according to the airlines' schedules of rates.
67. Staff members are required to pay for excess baggage charges themselves, obtain receipts, and claim reimbursement when submitting their travel claims.
68. If the same weight of baggage carried free of charge by one transportation company is charged for by a subsequent company (using the same mode of transportation), the staff member is reimbursed for the charges, not exceeding the entitlement for the total trip, upon presentation of receipts.
69. The staff member pays for any excess baggage charges resulting from stopovers for personal reasons.

Insurance/Compensation for Accompanied Baggage

70. Staff members are not entitled to insure accompanied baggage at UNDP's expense. They are encouraged, however, to purchase such insurance on their own. Staff members whose independently insured baggage is lost, stolen or damaged should contact their insurance agent for claim information.
71. If uninsured accompanied baggage is lost, stolen or damaged, the travellers should immediately contact the carrier they consider liable, to collect

compensation from that carrier. If unsuccessful in their efforts, they may request assistance from their local Operations Manager in dealing with the carrier.

Miscellaneous Travel Expenses

72. Staff members are entitled to payment for the following miscellaneous travel expenses:
 - a) airport tax;
 - b) issuance and renewal of passports and visas including cost of photographs;
 - c) the necessary inoculations and vaccinations; *and*
 - d) malaria prophylaxis.
73. Staff members are required to pay for the above expenses themselves, obtain receipts, and claim reimbursement when submitting their travel claims (see paragraphs 100 to 102).

V. Related Entitlements

Appendix D to the UN Staff Rules

74. Under the provisions of Appendix D to the UN Staff Rules, a staff member is covered for MET by means of transportation furnished by or at the expense or direction of UNDP, including travel by automobile specifically authorized in advance for this purpose, and not for the personal convenience of the staff member.
75. **Deviation from Approved Travel Route.** A staff member who deviates from the approved travel route for his/her personal convenience is not covered by UNDP's liability during the legs of the journey that correspond to the deviation from the approved route.
76. **Stopovers.** UNDP's liability covers only authorized stopovers for the authorized duration and waiting periods for connecting carriers. If the staff member chooses to stay for a longer period for his/her personal convenience, UNDP ceases to have any liability beyond the authorized period of that stopover.
77. **Using Privately Owned Vehicles.** The provisions of Appendix D do not apply for privately owned vehicle transportation sanctioned or authorized by UNDP solely at the request of, or for the convenience of the staff member.

Leave Status

78. The absence of a staff member on MET for his/her treatment is charged to his/her sick leave entitlement.
79. If the staff member accompanies a family member on MET, the absence is charged to family leave (FL) or AL as requested by the staff member, or to special leave without pay (SLWOP), as appropriate.

Special Leave Without Pay

80. When a staff member is on SLWOP, requests for MET for himself/herself, his/her spouse or dependent children, are not entertained.

VI. Procedure

Approving Authority

81. Authority to approve MET to a recognized medical centre within the region (see Annex A) or to a staff member's country of HL, is delegated to Heads of Offices.
82. The decision to evacuate will be taken by the Head of Office on the recommendation of:
 - a) a local Medical Officer of the regional commission;
 - b) the UN Dispensary Physician; *or*
 - c) a local UN Examining Physician.
83. Guidelines for physicians advising on MET are outlined in Annex C.
84. MET to any other place will require the prior approval of the UN Medical Director.

Contents of the Medical Evacuation Requests

85. In cases where the prior approval of the UN Medical Director (see paragraph 84) is required, the requests for MET should contain:
 - a) staff member's name, agency, duty station and index number;
 - b) indication whether patient is the staff member or eligible family member; if eligible family member, relationship to staff member;
 - c) proposed place and date of evacuation;
 - d) patient's current clinical condition;
 - e) tentative diagnosis by the treating physician;
 - f) laboratory test;
 - g) treatment initiated;

- h) specific purpose of the evacuation; *and*
 - i) recommendation of the local Medical Officer of the regional commission, the UN Dispensary Physician, or the local UN Examining Physician.
86. It is essential that correct and complete information be communicated to the UN Medical Director to avoid unnecessary delays. Each request for MET will be reviewed individually, taking into consideration the recommendation of the Medical Officer of the regional economic commission, the UN Dispensary Physician, or the local UN Examining Physician, and any other medical information at hand.

Availability of the UN Medical Services Division (UNMSD)

87. The UNMSD in New York is available for consultation and assistance in all cases, 24 hours a day, and may be reached by telephone, fax, telex, or e-mail (see Annex D).

Confidentiality of the Information

88. Medical information is confidential and should be treated as such, whether within offices or in the transmission to the UNMSD, other offices or medical facilities.

Travel Authorization

89. The Travel Authorization (TA) is the official authorizing document that defines the entitlements and parameters of the approved travel and commits funds for these entitlements.
90. Evacuees and accompanying family members and/or medical escorts must be in possession of a signed TA prior to undertaking MET. Travel that has been undertaken on oral instructions should be confirmed as soon as possible by the issuance of a TA.

91. If the conditions of travel necessitate a deviation from the authorized route and if such a change results in a higher cost, the traveller should contact and obtain prior authorization from the local Operations Manager.

Travel Advance

92. The staff member's duty station **must** provide the patient and, if applicable, the family member and/or medical escort, with a travel advance. This advance will be 100% of the estimated entitlement for DSA and terminal expenses, minus prepaid expenses.
93. If the MET period is extended, the staff member's parent duty station may request UNDP's office at the place of evacuation to provide an additional travel advance which must be recorded in the traveller's TA. A copy of the traveller's TA recording the additional travel advance should be transmitted to the Operations Manager of the staff member's parent duty station.
94. The local Operations Manager should inform staff members of any restrictions on travellers cheques and credit cards at the destination(s) where they will be stopping.
95. Travellers who encounter personal emergencies or extraordinary expenses may contact the local UNDP Office at the place of evacuation. Staff members should not contact other UN system offices except in extreme emergencies.

Purchase of Tickets

96. Unless staff members are specifically authorized to make other arrangements, all tickets for transportation involving MET will be purchased by UNDP, directly through its authorized agents, in advance of the actual travel.
97. When a staff member requests a standard of accommodation in excess of his/her entitlement, or is authorized to travel, for reasons of personal preference or convenience, by other than the approved route or mode of transportation, the staff member is required to pay, directly to the Travel Agent, for any additional costs, in advance of travel.

Cancellation of Tickets

98. Staff members are required to return to UNDP all unused air tickets and prepare a travel claim for this purpose attaching the unused ticket stubs.

Reconfirmation of Flights

99. Travellers should be advised to reconfirm all flights for onward journeys.

Travel Claim

100. A travel claim, Form F.10 "Voucher for Reimbursement of Expenses",⁸ is a detailed summary of expenses incurred by a traveller while undertaking the travel specified on a TA.
101. Staff members are required to file travel claims within 15 days of completion of authorized travel and include supporting documentation such as the original TA, used and unused ticket stubs, receipts for authorized expenditures, and where no receipts are available, an explanation for the expenditure. Expenses which fall under the DSA do not have to be itemized and receipts are not necessary, except in cases where the accommodation costs exceed the specified percentage of the DSA established by ICSC.
102. Staff members who receive an advance in excess of their entitlements are required to refund the balance to UNDP, after approval of their expense claims. Any outstanding balance will be deducted from a staff member's salary if a travel claim is not presented within 15 days after the completion of the journey.

Funding Source

103. MET expenses are charged to the same funding source against which the staff member's salary is charged, see Annex E.

⁸ The "Voucher for Reimbursement of Expenses" may be downloaded from OHR's website (<http://intra.undp.org/ohr>) or UNDP's portal (<http://portal.undp.org>).

Visas

104. Prior to departure on MET, the local Operations Manager should ensure that any required entry visa(s) has/have been obtained.

Logistic Arrangements

105. Once MET has been approved, the Local Operations Manager at the staff member's duty station must send the following information/documentation to the local Operations Manager in the receiving country:
- a) patient's name, date of birth and relationship to the staff member;
 - b) if applicable, name of accompanying family member and/or medical escort;
 - c) date of arrival, name of airline, flight number, and estimated time of arrival for patient and, if applicable, accompanying family member and/or medical escort;
 - d) estimated date of departure, name of air line, flight number and estimated time of departure for patient and, if applicable, accompanying family member and/or medical escort;
 - e) whether hotel accommodation arrangements are required for the patient and, if applicable, accompanying family member and/ or medical escort;
 - f) whether transportation arrangements to and from airport are required for the patient and, if applicable, accompanying family member and/or medical escort; *and*
 - g) whether patient is covered under Van Breda, MIP or any of the New York Insurance Plans.
106. In addition, a copy of the Travel Authorization (TA) reflecting travel advances granted, must be transmitted to the local Operations Manager in the receiving country.
107. In non-emergency cases, travel should not commence until the appointment with the desired specialist has been made. As far as possible, evacuation should be

avoided on week-ends and holidays when, as a rule, only emergency services are available in many hospitals.

108. The patient should have with him/her all necessary medical documents and records.
109. UNDP offices in the receiving countries are expected to co-operate and facilitate the evacuation of staff members and their dependents.

Medical Expenses and other Financial Arrangements

110. The approval of medical evacuation does not constitute any commitment on the part of the organization towards meeting the hospital and medical expenses involved. It is the staff member's responsibility to meet such expenses. Claims for medical expenses should be submitted to the relevant medical insurance plan (e.g. Van Breda, MIP) for reimbursement, according to established procedures.
111. The organization may not assume a liability for medical expenses of staff members and their eligible family members other than what is provided for through the medical insurance schemes. Therefore, Heads of Offices are **not** authorized to enter into commitment or make advances that are not expected to be covered by the medical insurance reimbursements. It is the responsibility of the staff member's office to check the medical insurance coverage of the patient, in the case of both internationally - and locally-recruited staff.
112. **Patients Covered Under Van Breda.** In the case of a patient covered under Van Breda, the staff member must complete and send directly to Van Breda's Claim Department (fax 32-3-2367538), the Van Breda Cost Estimate Form⁹, in order to obtain a letter of guarantee/direct billing. Please note that it is very important to mention the insured person's reference number, so that the form goes directly to the person in Van Breda who deals with the individual's insurance file. The attending physician may be requested to give support in completing the Van Breda Cost Estimate Form. Annex I contains details on the direct billing procedure.
113. **Patients Covered Under MIP.** In the case of a patient covered under MIP, the locally-recruited staff member may request a salary advance up to the estimated cost of the allowable and reimbursable expenses, and ask his/her Local

⁹ The Van Breda Cost Estimate Form may be downloaded from OHR's website (<http://intra.undp.org/ohr>) or UNDP's portal (<http://portal.undp.org>)

Operations Manager to pay the deposit to the hospital, on behalf of the patient, against the advanced amount. The salary advance will be recovered in full at the end of the fourth month after the advance has been made, or upon settlement of the MIP claim, whichever is earlier. The Local Operations Manager at the staff member's duty station is responsible for obtaining a copy of the hospital's receipt for any paid deposit.

114. Should the estimated expenses exceed the maximum MIP yearly reimbursement limit, the staff member's office may request a pre-approval of the estimated total/partial allowable costs, as a hardship case, from the Chief Policy Unit in OHR. The staff member may request a salary advance of the pre-approved amount. Upon submission of the MIP claim, the hardship case would still need to be sent to OHR for final approval.

Record-Keeping

115. Once the Head of Office has approved the MET of a staff member or an eligible family member, the UN Medical Officer, UN Dispensary Physician or UN Examining Physician who recommended the evacuation, is requested to complete the "Medical Evacuation" form (MS.39 [5-00]E)¹⁰ and forward it to the UN Medical Director.
116. Within two weeks upon return of the evacuee to the duty station, a complete medical report delivered by the attending physician at the place of evacuation will be forwarded to the Medical Service where the staff member's file is kept, as well as to the UN Medical Director. The record will include all supporting documentation that may have been submitted to justify a request for MET in excess of 45 days.
117. A written record must be kept by local Operations Managers of each MET, setting out the following information:
- a) the name of the staff member, index number, name of the organization, locally- or internationally-recruited;
 - b) the name of the dependent and his/her relation to the staff member, if the evacuee was not the staff member;

¹⁰ The UN Medical Evacuation Form may be downloaded from OHR's website (<http://intra.undp.org/ohr>) or UNDP's portal (<http://portal.undp.org>)

- c) the name of the Head of Office who authorized the evacuation;
 - d) the place of evacuation authorized by the Head of Office;
 - e) the actual place of evacuation;
 - f) the total cost of the MET, including travel expenses and subsistence allowance; *and*
 - g) the total medical costs during MET.
118. Local Operations Managers are required to forward the data in paragraph 117 to the UN Medical Director on a quarterly basis. The UN Medical Director will regularly review the data and will, as and when necessary, provide the Heads of Office with his/her comments and advice.
119. The UN Medical Director will, on an annual basis, provide all relevant offices at headquarters with data on medical evacuations and any comments that are deemed necessary.

Annex A

Recognized Regional Medical Evacuation Centres ¹¹

COUNTRIES	RECOGNIZED REGIONAL MEDICAL EVACUATION CENTRES
CENTRAL AMERICA	
Belize El Salvador Honduras Nicaragua	Mexico
SOUTH AMERICA	
Bolivia	Chile
Guyana	Trinidad & Tobago Venezuela
CARIBBEAN	
Haiti	Dominican Republic
ARAB STATES	
Iraq	Jordan Lebanon
Libyan Arab Jamahiriya (the)	Egypt Tunisia
Yemen	Egypt Saudi Arabia
AFRICA	
Benin Burkina Faso Cape Verde Central African Republic (CAR) Chad Congo, Democratic Republic of Congo, Republic of Equatorial Guinea Gambia Ghana Guinea Guinea Bissau Liberia Mali	Cameroon Côte d'Ivoire Gabon Senegal South Africa

¹¹ As of the date of issuance of the circular.

COUNTRIES	RECOGNIZED REGIONAL MEDICAL EVACUATION CENTRES
Mauritania Nigeria Niger Sao Tome and Principe Sierra Leone Togo	
Burundi Djibouti Eritrea Ethiopia Rwanda Somalia Sudan Uganda United Republic of Tanzania	Egypt Kenya South Africa
Angola Botswana Lesotho Malawi Mozambique Swaziland Zambia	South Africa
Comoros Madagascar	Ile de la Réunion
ASIA	
Armenia Azerbaijan Georgia Kyrgyzstan	Turkey
Afghanistan Bangladesh Bhutan Kazakhstan Nepal Turkmenistan Uzbekistan	India Pakistan
Maldives	India Sri Lanka
Cambodia Lao People's Democratic Republic Myanmar Vietnam	Thailand
Democratic People's Republic of Korea	China

COUNTRIES	RECOGNIZED REGIONAL MEDICAL EVACUATION CENTRES
(DPRK) Mongolia	
MICRONESIA & MELANESIA	
All countries	Australia New Zealand

Annex B Emergency Chartered Medical Evacuation Services ¹²

Name	Countries/Areas Served
East West Rescue 37 Prithviraj Road New Delhi 11001 India Tel: (91-11) 4611727, 4698554 Fax: (91-11) 4690428, 4632382 E-mail Address: airambulance@eastwestrescue.com or ewr@nda.vsnl.net.in World Wide Web Site: http://www.eastwestrescue.com/east.htm	Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka
Medical Air Rescue Service (MARS) 3 Elcombe Avenue Belgravia P.O. Box HG969, Highlands Harare Zimbabwe Tel: (263-4) 734513/4/5, 720073 Fax: (263-4) 734517 E-mail Address: marketing@mars.co.zw World Wide Web Site: http://www.mars.co.zw	Botswana, Kenya, Malawi, South Africa, Zambia, Zimbabwe.
Medical Rescue International (MRI) P.O. Box 91662 Auckland Park South Africa, 2006 Tel: (27-11) 4037080 Fax: (27-11) 3396897 E-mail Address: medint@iafrica.com World Wide Web Site: http://www.flightweb.com/programs/mri/	Worldwide.
International SOS Global Headquarters 331 North Bridge Road #17-00, Odeon Towers Singapore 188720	Worldwide.

¹² As of the date of issuance of the circular.

Name	Countries/Areas Served
Tel: (1-800) 468-5232 (within USA) or (65) 338 7800 World Wide Web Site : http://www.intsos.com/	

Guidelines for Physicians Advising on Medical Evacuation

Guidelines for Physicians advising on Medical Evacuation

Beyond the typical acute life-threatening illness or injury, medical evacuation may be considered according to the following guidelines:

A. The following chronic conditions with potential for life-threatening outcomes or complications may be considered for medical evacuation:

- Cancers
- Complications of diabetes mellitus
- Chronic cardiovascular diseases
- Chronic pulmonary diseases
- Chronic kidney diseases
- Chronic liver diseases
- Human immunodeficiency virus/acquired immunodeficiency syndrome

(HIV/AIDS)

- Organ and bone marrow transplant s

N.B. The above-mentioned conditions may require repeated medical evacuations.

B. The following non-life-threatening chronic conditions are generally not considered for medical evacuation:

- Chronic eye conditions
- Chronic ear, nose and throat/allergy conditions
- Chronic back pains, osteoarthritis
- Chronic gastrointestinal ailments
- Chronic urological conditions
- Chronic skin conditions

Any request in this category **must** be submitted for review to the UN Medical Director before any action is taken.

C. The following conditions do not qualify for medical evacuation:

- Infertility treatments
- Plastic surgeries (unless in the context of disfigurement)
- Orthodontic treatments
- All chronic/congenital medical conditions that are stable and non-life-threatening

Annex D
Contact Information For
Un Medical Services Division (UNMSD) New York ¹³

Name/Title	E-mail	Phone During Working Hours	FAX	Phone After Working Hours ¹⁴
Dr. Sudershan Narula UN Medical Director	narula@un.org	(212) 963-2951	(212) 963-4925	(212) 963-6666
Dr. Amin Salama UN Deputy Medical Director	asalama@un.org	(212) 963-7087	“	“
Dr. Serguei Oleinikov Sr. Medical Officer	oleinikov@un.org	(212) 963-8358	“	“
Dr. Agnes Pasquier - Castro Sr. Medical Officer	pasquier-castro@un.org	(212) 963-7089	“	“
Dr. Tesfaye Teklu Medical Officer	teklu@un.org	(212) 963-1150	“	“
Dr. Andrew Thomson Medical Officer	thomson@un.org	(212) 963-1727	“	“
Ms. Erna Croney Head Nurse	croney@un.org	(212) 963-4070	“	“

¹³ As of the date of issuance of the circular.

¹⁴ Through UN Security.

Annex E

Funding Source and Accounting Instructions ¹⁵

The procedure to identify the correct account for this staff entitlement is as follows:

- è First, the staff member's post should be identified.
- è Then, identify the account code of that post. A few examples:

Scenario A: Posts funded from the support budget:

Type of post	Budget Account Code (BAC)					
	Fiscal Year	Fund	Purpose	Org Unit	Project	Object Class
Regular	2002	DPVC	2050	_____	0010	H10
Extra-budgetary	2002	DPXB	2050	_____	0010	H10
Emergency	2002	DPVC	2050	_____	0070	H10
Field Security Officer	2002	DPSP	2050	_____	0308	H10

Scenario B: Project-funded posts, when the project budget is managed in your or another country office's FIM:

Post type	Project Account Code		
	Source of Fund	Project ID	Project budget line
'TRAC' funded posts	01	CTY/00/001	1101
Fund/Trust fund funded post	6C	CTY/00/A01	1101

Scenario C: Project-funded posts, when the project budget is managed in HQ:

Type of post	Budget Account Code (BAC)					
	Fiscal Year	Fund	Purpose	Org Unit	Project	Object Class
Regular	2002	DPVC	4101	_____	CTY/00/001	PP1
Trust Fund	2002	D337	5103	_____	CTY/00/A01	PP1

Then, apply the correct code for the entitlement to the 'Post' account code:

- è **For scenario A**, staff on posts funded by the support budget: use the first five elements of the BAC of the post and add to that the BAC Object code ' **0400**'.

In Country office locations, the charge should be posted through the 'Budget IOV' facility in the Winfoas application.

for UNDP/NY, the charge should be processed through the IMIS.

Example:

Post account code = '2002 -DPVC-2050-4019-0010-H10'

è

Entitlement account code = '2002 -DPVC-2050-4019-0010-**0400**'

¹⁵

As of the date of issuance of the circular.

è **For scenario B**, staff on project-funded posts managed in FIM:

If the project budget is managed in your local FIM, the charge should be processed through the FIM transaction module; otherwise the charge should be processed in Winfoas through the Government IOV. In both cases, the Source of Fund, Project ID and Project Budget Line should be quoted.

è **For scenario C**, staff on project-funded posts for projects managed in IMIS:

In HQ locations, use the first five elements of the BAC of the post and add to that the BAC Object code '7011'.

In Country office locations, the charges should be posted through the 'Government IOV' facility in the Winfoas application, quoting the source of funds, project ID and project budget line funding the post. The fund manager or your OBR Resource Management Associate can assist you with determining these three elements.

Example HQ locations:

Post account code = '2002 -D337-5103-5515-CTY/00/A01-PP1'

è

Entitlement account code = '2002 -D337-5013-5515-CTY/00/A01-7011'

Annex F

Van Breda Direct Billing Procedure

The following table has been provided by Van Breda and shows how and when the patient and the hospital have to take action (*) in order to guarantee a smooth direct billing settlement with Van Breda. It normally applies for planned admissions and extended emergency admissions.

STEP		STAFF MEMBER OR INSURED FAMILY MEMBER	HOSPITAL	J. VAN BREDA
Identification	1.	(*) Identify yourself as a VAN BREDA insured patient by: <ul style="list-style-type: none"> • Showing staff member's VAN BREDA ID-card • Clearly specifying the name of staff member's employer. 		
Cost estimate	2.	(*) Ask the hospital administration to fill in the cost estimate form 2 weeks before the planned admission date or as early as possible (at the latest at the moment of admission).	(*) Send the cost estimate form directly to VAN BREDA, fax no. 00-32-3-236.75.38.	Will receive cost estimate 2 weeks before the planned admission date or as early as possible (at the latest at the moment of admission).
Letter of guarantee	3.	Will receive a reply and/or letter of guarantee from VAN BREDA	Will receive a return reply and/or letter of guarantee from VAN BREDA	(*) Will consider cost estimate and send a return reply and/or letter of guarantee to the hospital by fax.
	4.	(*) Only on request of the hospital, make a down payment or leave a guarantee check before leaving the hospital in order to cover the unreimbursable portion from VAN BREDA.	(*) May ask the patient to make a down payment or leave a guarantee check before leaving the hospital in order to cover the unreimbursable portion from VAN BREDA.	
Billing Procedure	5.		(*) Send the original bills and medical information to VAN BREDA.	Will receive the original bills from the hospital.
Settlement	6.	Will receive a settlement note from VAN BREDA.	Will receive a cheque from VAN BREDA.	(*) Will process the reimbursement within ten working days, and will send a check made out in the name of the hospital or the doctors, as requested.

STEP		STAFF MEMBER OR INSURED FAMILY MEMBER	HOSPITAL	J. VAN BREDA
	7.	Settle any remaining patient portion with the hospital.	(*) Use the patient's possible down payment to guarantee cheque for settlement of the non-covered portion of the bills.	