Medical evacuation (medevac) procedures
This annex reproduces extracts from MedEvac Administrative Procedure (PSU/CSA) 2004.

1. PURPOSE
The purpose of medical evacuation is to allow staff members and eligible dependants the opportunity to secure essential medical care or treatment for a severe illness or injury requiring medical intervention which is locally unavailable or inadequate. Medical evacuation is authorized under Staff Rules 810.7 and 820.2.8 (dependants), which state that in the case of illness or injury requiring special facilities for treatment of a staff member or a dependant whom the Organization has an obligation to repatriate, the Director-General may authorize return travel between the official station and the nearest place where such facilities exist. The Regional Staff Physician (in consultation with HMS/HQ when necessary) advises on the location of the facilities.

2. ELIGIBILITY
The following persons are entitled to be medically evacuated:

- Internationally recruited staff members (including STCs, TLPs and STPs) based in the Regions;
- HQ and regional staff members (including STCs, TLPs or STPs) on duty travel;
- Spouses and recognized dependants of internationally recruited staff members whom the Organization has an obligation to repatriate.

Temporary Advisors, persons employed under Special Services Agreements (SSAs) and Agreements for Performance of Work (APW) are not entitled to medical evacuation (except in the case of service-incurred illness or accident, where exceptional medical evacuation may be granted). In such cases, requests should be submitted to Director, HRS through the Secretary, Advisory Committee on Compensation Claims along with the recommendation from Director, HMS.

The Medical Evacuation Checklist (Annex A) can be used to establish eligibility for medical evacuation.

2.1 Escorts
Subject to the endorsement of Chief Medical Officer, HMS, an evacuee may be accompanied by either a medical escort (doctor or nurse) or a family member if circumstances warrant.

2.2 Exceptions
The terms of Staff Rule 810.7 do not enable the evacuation of fixed-term locally recruited Professional or General Service staff members (including National Professional Officers). However, exceptional approval of a medical evacuation in life-threatening situations, for such staff, (but not their family members) may be granted by Director, HRS. Requests for exceptions are considered on a case-by-case basis in consultation with HMS. If a request for an exception is refused, the Organization may nevertheless facilitate the staff member's travel on the strict understanding that the total cost is borne by the staff member. In general, exceptions to Staff Rule 810.7 are not extended to short-term locally recruited staff members.

3. DESTINATION
Staff should be evacuated to the nearest place where adequate medical facilities exist. The UN examining physician (or UN dispensary physician (Annex B) at the duty station in consultation with the Regional Staff Physician and Chief Medical Officer, HMS/HQ as necessary will determine the destination (Annex C: Emergency Contact List). A staff member may elect to travel to another country than that recommended by the Regional Staff Physician/HMS, on the understanding that the Organization's liability for the cost of travel and per diem will be limited to “duty station-recommended location-duty station” or “duty station-place of treatment-duty station” whichever is less.

4. APPROVAL PROCEDURES
4.1 For evacuation within the region
ANNEX I – USEFUL CONTACTS

- The UN examining physician (or UN dispensary physician) at the duty station should be provided with the necessary medical information to enable him/her to evaluate the situation.
- He/she should then contact the WHO Regional Physician who will make a medical recommendation to the Regional Director.
- In the absence of the WHO Regional Physician, HMS/HQ should be contacted (Annex C).
- It is essential that a fully detailed medical report is faxed to the Regional Physician (or HMS/HQ if necessary).
- At all times, the WHO Representative in the country should be kept informed.
- In the absence of a UN physician at the duty station, the WHO Representative should contact the Regional Physician or HMS direct (in all cases a medical report is required).

Pending the final approval by the Regional Office, action should be taken on the spot (WR’s office/Regional Personnel Officer) to prepare the evacuation (i.e. organize the transportation and medical assistance (if necessary) and ensure that the staff member is provided with an adequate per diem advance as well as the HMS Report on Medical Evacuations form (Annex D) for completion by the treating physician at the destination. On receipt of approval from the Regional Office, immediate action should be taken to complete the evacuation. Medical evacuations within the region are dealt with exclusively by the regional office.

4.2 For evacuation outside the region

- The UN examining physician (or UN dispensary physician) at the duty station should be provided with the necessary medical information to enable him/her to evaluate the situation.
- He/she should then contact the WHO Regional Physician who will make a medical recommendation to HMS/HQ.
- In the absence of the WHO Regional Physician, HMS/HQ should be contacted direct.
- It is essential that a fully detailed medical report is faxed to the Regional Physician and to HMS/HQ.
- At all times, the WHO Representative in the country should be kept informed.
- In the absence of a UN physician at the duty station, the WHO Representative should contact the Regional Physician or HMS direct (in all cases a medical report is required).

Pending the final approval by Director, HRS/HQ, action should be taken on the spot (WR’s office/Regional Personnel Officer) to prepare the evacuation (i.e. organize the transportation and medical assistance (if necessary) and ensure that the staff member is provided with an adequate per diem advance as well as the HMS Report on Medical Evacuations form (Annex D) for completion by the treating physician at the destination. On receipt of approval from HQ, immediate action should be taken to complete the evacuation.

4.3 Headquarters Staff on duty travel and Inter-Regional HQ staff on mission in the regions

The same procedure as set out in points 3 and 4.2 should be followed. On receipt of a recommendation from HMS, Coordinator, PSU will fax or e-mail the Regional Personnel Officer and the WHO Representative with the final approval/decision, providing a copy to the staff member’s Cluster (MSU/Personnel). The MSU/PER is then responsible for the administrative procedures, such as issuance of the travel authorization, co-ordination with WHO Representative and settlement of travel claim.

4.4 Regional and country staff requiring evacuation outside the region

The same procedure as set out in points 3 and 4.1 should be followed. On receipt of a recommendation from HMS, Coordinator, PSU will fax or e-mail the Regional Personnel Officer and the WHO Representative with the final approval/decision. The Regional Personnel Officer is responsible for the administrative procedures. Per diem requests related to medical evacuations should be addressed to PSU/CSA who, upon consultation with HMS, will approve payment and advise the Regional Personnel Officer on the applicable rates.

4.5 Cases of acute emergency

In cases of acute emergency, and in the absence of a UN examining physician, prior approval for the evacuation may be given by the WHO Representative, preferably after consultation with HMS/HQ. However it is realized that circumstances may not permit such prior consultation. The provisional
approval must be confirmed on receipt of medical reports and the WHO Representative should inform Director HMS and Coordinator, PSU as well as the Regional Director (if evacuation is from the field).

4.6 SOS

In highly exceptional cases and in acute emergencies where no adequate or timely flight arrangements can be made, the services of *SOS International* may be called upon (Annex E). The procedures for seeking approval for medical evacuations remain the same, except that copies of correspondence should also be provided to Coordinator, SFS. Annex F contains the list of Authorized WHO Approvers provided to *SOS International*, as well as details of the 24 hour alarm centres. The process in cases of acute emergency requiring use of the SOS service is:

- Staff member in the field contacts the WR informing him/her of details (if possible with medical report);
- The WR obtains Regional Director approval to go ahead with the SOS evacuation and, using the access card provided by the WHO Approver, contacts SOS to initiate evacuation;
- Before departure the staff member or medical attendant should be provided with a list of contact numbers at the HQ, RO and WR levels.
- *SOS International* will send the bill for the evacuation to Coordinator, HRS/HPA for on-forwarding to the Region or Cluster concerned for payment.