



COVID-19 MEDEVAC Frequently Asked Questions

Version 4: The information in this document will be subject to updates
March 2021

*Note that the mandate of the COVID-19 MEDEVAC mechanism has been extended into 2021 with no substantive change to the processes or scope of eligibility that were in place in 2020

[A] ELIGIBILITY

1. Which personnel are covered for COVID-19 related medical evacuation (COVID-19 MEDEVAC)?
The COVID-19 MEDEVAC System covers the following individuals, on the understanding that access to MEDEVACs by non-UN personnel listed below is subject to availability and capacity on the ground: International and national staff of UN system organizations and their eligible dependents; non-staff personnel engaged by UN system organizations (including UN Volunteers, gratis personnel, individual contractors, consultants, individual service providers, and laborers on an hourly fee) and their accompanying eligible dependents; all personnel of international non-governmental organizations (INGOs) that are engaged by UN system organizations in the implementation of their respective mandates who are present in their duty location, and the accompanying dependents of those international INGO personnel; internationally deployed personnel of international vendor/contractors engaged by UN system organizations to provide goods and/or services to these organizations under existing contractual arrangements; military and police personnel deployed by the United Nations and accompanying eligible dependents; United Nations Guard Unit personnel¹; and Troops of the African Union (Somalia – AMISOM).



MEDEVAC System. This would exclude eligible dependents located in Europe³, North America, Australia and New Zealand. Further, the eligible dependent has to be (i) collocated with the UN staff member on whom they are dependent,





patient or a person authorized to provide such consent on behalf of the patient will be sought and obtained.

2. Who will



partners will have a role to play, and to ensure these activities are implemented as per the rules and regulations of that entity.

[C] MEDEVAC PRACTICALITIES

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

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

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

2. [What is the average time for an air ambu](#)



In cases where the COVID



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

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

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

[G] GENERAL

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



to treat COVID-



Annex B: Indicative table of costs covered under the COVID-19 MEDEVAC System

Cost Element	Covered		Comments
	Yes	No	
Transportation to and hospitalization in country of origin		x	
Domestic air or ground transportation from deployment location to international departure airport		x	
Air ambulance transportation from international departure airport to treatment destination (patient)	x		Covered regardless as to treatment destination
Non-medical escort air ambulance transportation for minor patients (1 pax)	x		
Non-medical escort air transportation (excluding with regard to minor patients)		x	
Ground ambulance transportation from arrival airport to treatment facility	x		Covered regardless as to treatment destination
ICU/HD treatment at destination hospital in designated regional location with which the UN system has a formal arrangement for the provision of medical services	x		Invoices to be Party Administrator (TPA), and reimbursed in full from the central fund. Costs comprise all medically necessary, reasonable and customary medical costs and expenses for services related to treatment of COVID-19, and reasonable additional incidental expenses, such as personal and hygiene items (toothbrush, shower gel) telephone/TV, drinks, newspapers, incurred during such services.
ICU/HD treatment at destination hospital in treatment facility with which the UN system does not have a formal arrangement for the provision of medical services		x	
All medical care post ICU/HD discharge		x	Including, but not limited to other in-/out-patient care, rehabilitation, follow-up/check-up medical care. Where any of these services are included in the invoices in the initial treatment facility in a designated hub, Cigna will pay 100% of the bill, and the Task Force will recover costs for non-ICU/HD treatment from the referring entity directly.
Daily allowances, DSA, living expenses, and any other applicable HR entitlements			