United Nations | COVID-19 Response

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 personnel[1]; and Troops of the African Union (Somalia – AMISOM).

2. Are UN personnel who are outside of the duty location in a country that is covered by the COVID-19 MEDEVAC Framework eligible for COVID-19 MEDEVAC?
   The COVID-19 MEDEVAC System is intended to support personnel and their eligible dependents who are present in a location as part of the 'Stay and Deliver' approach, aimed at providing necessary services to partners at the country level. Therefore, only those UN personnel who are working in their duty location, or who are working, or are present, in another covered location in order to meet an operational need as recognized by their UN entity, are covered by the COVID-19 MEDEVAC System. In the case of INGO personnel, only those who are present in their duty location are covered by the COVID-19 MEDEVAC System.

3. Do recognized dependents of UN staff members have to be in the duty location to be eligible for COVID-19 MEDEVAC?
   The COVID-19 MEDEVAC System is intended to support personnel and their eligible dependents who are present in specific locations as part of the 'Stay and Deliver' approach. The MEDEVAC System is not intended to create an incentive for unnecessary travel to or other temporary presence in covered locations, the healthcare systems of which may already be under strain. Therefore, the recognized[2] eligible dependent must be in a country covered by the COVID-19

[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] Recognized as per the rules and regulations of the respective UN entity

MEDEVAC System. This would exclude eligible dependents located in Europe[3], 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, either in the staff member's designated duty location or another covered location where the UN staff member is required to be for their role (as mentioned in response to Question A2 above), (ii) present in the home country of the eligible dependent, irrespective of whether the UN staff member is present in the home country at the time of MEDEVAC, or (iii) present in another third country studying while receiving an UN education grant, irrespective of whether the UN staff member is present in the country of study at the time of MEDEVAC. Exceptional cases notwithstanding, those dependents whose presence in a covered location is temporary, is not essential and is in spite of recognized risks associated with COVID-19 are not covered under the MEDEVAC System.

4. Are dependents older than 21 years still living in the household of UN personnel eligible for COVID-19 MEDEVAC?
   The eligibility of recognized dependents is determined by the rules and regulations of the referring UN entity.

5. Can the COVID-19 MEDEVAC System be extended to cover secondary dependents such as parents or extended family who are residing with UN personnel at the duty location?
   While it is recognized that some UN personnel may have extended family living with them, under the COVID-19 MEDEVAC System, the eligibility of dependents is determined by the rules and regulations of the referring UN entity. As such, if secondary dependents are not recognized by the referring UN entity then they are not eligible for COVID-19 MEDEVAC under the System.

6. 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 UN entity by which the consultant/ individual contractor or service provider is directly engaged, in accordance with that UN entity's policies and practice.

7. Which INGOs are covered under the COVID-19 MEDEVAC System?
   All INGOs that are engaged by UN system organizations in the implementation of their respective mandates are covered by the MEDEVAC System, including all INGOs engaged in the Global Humanitarian Overview (GHO)[4] or the country's Humanitarian Response Plan (HRP). This coverage includes all international and national personnel of those INGOS who are present in their duty location, and the recognized[5] accompanying dependents of those international INGO personnel, subject to availability and capacity. Dependents of national staff members are not currently covered by the COVID-19 MEDEVAC System. The eligibility of the INGO is confirmed upon presentation of written confirmation from the relevant UN partner entity or Resident Coordinator (RC) / Humanitarian Coordinator (HC).

[3] With limited exceptions, subject to a clear determination of clinical need for COVID-19 treatment not available in the duty location.
[4] A list of GHO countries can be found in Annex A of this document, and any updates will be posted here
[5] 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 entity. 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.

8. If an INGO is part of the Global Humanitarian Overview (GHO) or Humanitarian Response Plan (HRP) but is not a direct UN partner in-country, is that INGO covered under the MEDEVAC System?
   All INGOs that are part of the GHO or the country's HRP, including those who operate independently from a UN entity or as a sub-implementing partner, are eligible for coverage under the MEDEVAC System. For those GHO or HRP INGOs without a direct UN partner, eligibility will be confirmed locally, in writing, by OCHA or the Resident Coordinator (RC) / Humanitarian Coordinator (HC). This confirmation must be presented to the COVID-19 Coordinator in the event that a MEDEVAC is requested.

9. 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 does not allow further expansion of eligibility coverage for COVID-19 MEDEVACs under the System.

10. 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 covered by the COVID-19 MEDEVAC System.

11. 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 not covered by the COVID-19 MEDEVAC System. 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.

12. Are persons working in Europe eligible for COVID-19 MEDEVAC services?
    Persons working in Europe[6], North America, Australia and New Zealand are not eligible for COVID-19 MEDEVAC.

[B] ROLES & RESPONSIBILITIES

1. Who decides the location to which the patient is medically evacuated?
   Due to COVID-19-related travel restrictions imposed by Member States for public health reasons, specific COVID-19 MEDEVAC locations are subject to confirmation and travel authorization. The location to which a patient will be medically evacuated will be confirmed by the UN MEDEVAC Cell. Prior to any medical evacuation being undertaken, the consent of the

[6] With limited exceptions, subject to a clear determination of clinical need for COVID-19 treatment not available in the duty location.

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

2. Who will coordinate the MEDEVAC from my duty location?
   The COVID-19 Coordinator, designated by the Resident Coordinator or another Designated Official will coordinate COVID-19 MEDEVACs from the duty location, in collaboration with your entity Focal Point[7], and the entity Medical Advisor and/or the Treating Medical Provider (TMP)[8].

3. Who will coordinate with ambulance service / hospital(s) or other authorities?
   In the country of departure, the entity Medical Advisor and/or the Treating Medical Provider (TMP), 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 coordinating the timely request for and acquisition of travel documents and any visas as required.

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

5. What is the role of each entity's Human Resource partner in the COVID-19 MEDEVAC process?
   Either the country Head of entity or a designated entity Focal Point will support activities relating to the COVID-19 MEDEVAC process. At the discretion of the Head of entity, a Human Resources partner may be the designated entity Focal Point, or may be nominated to support the entity Focal Point as required. Human Resources in-country will be responsible for proactively validating the eligibility of personnel and recognized dependents associated with the entity who are covered under the COVID-19 MEDEVAC System, in line with entity rules and regulations.

   After a MEDEVAC has taken place, the referring entity retains responsibility for all administrative and human resources issues for the entirety of the period during which the COVID-19 patient remains in the country to which they have been medically evacuated, in line with the rules and regulations of the entity. It is anticipated that the referring entity will maintain an overview of the status of the patient, to include: liaising with the family of the patient and the duty station; providing any non-medical support that is required; and facilitating the timely disbursement of any entitlements or benefits that may be associated with the patient and any non-medical escort as per the rules and regulations of that entity.

   The referring entity also retains responsibility for all aspects of the repatriation of COVID-19 patients. Noting the scope of the above responsibilities, it may be the case that Human Resource

[7] 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 System. Details of this role can be found here.

[8] 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.

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 ambulance to pick up a patient, after a COVID-19 MEDEVAC is requested?

   In the first three months of 2021, the average time from the receipt of a request for a MEDEVAC by the UN MEDEVAC Cell to the admission of the COVID-19 patient to the receiving facility was 36 hours. This is however subject to variation on account of factors including but not limited to: the availability of travel documentation; the condition of the patient; the availability of a suitable bed; and the provision of official authorizations and flight clearances.

3. How can I better understand what a MEDEVAC involves?

   The Task Force has developed dedicated guidance for patients on 'COVID-19 Treatment options and MEDEVAC' and 'How does a COVID-19 MEDEVAC work?'. In addition, the World Health Organization has produced a short video demonstrating the use of the MEDEVAC personal isolation unit ('bubble') which can be accessed here.

4. How are landing authorizations arranged to support the MEDEVAC of COVID-19 patients?

   The UN MEDEVAC Cell verifies the clinical need for a MEDEVAC and identifies and arranges the required aviation support to implement the MEDEVAC. This includes directly organizing the flight and landing authorizations in the country of departure (with some exceptions) and those to facilitate arrival.

   In a limited number of countries where the situation is more complex, including Yemen, Syria and Libya, the aviation component of the UN MEDEVAC Cell will also request the support of the Resident Coordinators office in facilitating landing authorizations.

5. Are non-medical escorts allowed to travel with a COVID-19 patient who is being medically evacuated?

   In cases where the COVID-19 MEDEVAC patient is an adult, non-medical escorts will not be permitted on the MEDEVAC flight. The referring entity is responsible for making separate travel and administrative arrangements for any eligible non-medical escorts of COVID-19 MEDEVAC patients, in line with the rules and regulations of the entity.

In cases where the COVID-19 MEDEVAC patient is a minor (under 18 years), a non-medical escort will be permitted to accompany the patient, in line with organizational rules, and contingent on considerations such as the urgency of the case and the availability of a COVID-19 MEDEVAC flight which can accommodate the non-medical escort.

6. What allowances are available to those who are non-medical escorts of a COVID-19 patient?
The additional travel arrangements for eligible non-medical escorts, and any associated allowances, are the responsibility of the referring UN entity, in line with the rules and regulations of the entity. It should be noted that non-medical escorts may not necessarily be granted access to the treating medical facility in MEDEVAC destinations.

7. 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 the rules and requirements of that entity. Guidance regarding post-MEDEVAC support can be accessed here.

8. 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 the rules and regulations of that entity.

9. What happens if the COVID-19 patient who has been medically evacuated dies? Who arranges the repatriation of the remains?
The referring entity retains responsibility for all aspects of the repatriation of COVID-19 patients, in line with the rules and regulations of that entity. In the unfortunate eventuality of the need to repatriate the remains of a COVID-19 patient, the referring entity is responsible for all aspects of facilitating this. Guidance regarding the repatriation of remains can be accessed here.

[D] MEDEVAC LOCATIONS

1. What are the MEDEVAC locations?
To address the needs of patients with severe cases of COVID-19 that require hospital care not available at their location, the Task Force has established regional treatment hubs in Kenya, Ghana, Kuwait and Costa Rica in which COVID-19 patients who are medically evacuated can receive the level of care deemed clinically necessary.

In addition, the Task Force continues to establish and explore arrangements in other locations to ensure the COVID-19 MEDEVAC mechanism remains agile and that capacity can be enhanced if necessary. Each location is 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), including Member State consent to host such services. On this basis COVID-19 MEDEVACs can be facilitated to a range of locations, contingent on medical need and the availability of healthcare support.

2. Acknowledging that regional hubs have been established, are there plans to expand the list of COVID-19 MEDEVAC destinations to build additional capacity?
While the establishment of dedicated regional treatment hubs remains a core feature of the COVID-19 MEDEVAC System, and as per the above, the Medevac Task Force continues to

monitor the availability of possible MEDEVAC locations and facilities, and to request use of these on an ad hoc basis as may be required.

The priority of the Task Force is to ensure that the MEDEVAC of eligible COVID-19 patients takes place when needed. The establishment of dedicated treatment hubs enables the prompt MEDEVAC of eligible COVID-19 patients, reduces the need for ad hoc arrangements, and ensures the system is cost-effective. The Task Force continues to explore options to establish other supplementary agreements which might enhance the MEDEVAC capacity should there be a need to do so.

[E] COST-RELATED

1. What costs are covered under the COVID-19 MEDEVAC System?

The COVID-19 MEDEVAC System covers COVID-19 medical evacuations, starting with the air ambulance transportation from an international airport, ground ambulance transportation from the arrival airport to the hospital, and including medical services up to the point at which the patient is discharged from Intensive Care (IC) or High Dependency (HD) treatment in the receiving medical facility.

To ensure the sustainability of funding and oversight of costs, the COVID-19 MEDEVAC Task Force has authorized the central fund of the COVID-19 MEDEVAC System to cover IC/HD treatment where treatment is in a facility with which the UN system has or is in the process of concluding a formal arrangement for the provision of medical services, or where the facility has been established on behalf of the United Nations system organizations. Where patients are treated in other facilities, bills will be received centrally and rerouted to the referring entity with which the patient is associated, which will be responsible for the processing of invoices either through direct payment or existing insurance arrangements. Options for potential reimbursement of associated out-of-pocket costs will be considered following an accounting and reconciliation process later in the year.

Any other air or ground transportation to the international airport of origin fall within local planning arrangements and remain the responsibility of the referring entity. Responsibility for any and all costs subsequent to IC/HD treatment, including repatriation, lies with the entity which referred the patient. A list of indicative costs and the scope of coverage is included at Annex [B].

2. How are costs and reimbursements to be managed?

Invoices for the treatment of COVID-19 patients who are treated in facilities where the UN system has or is in the process of concluding a formal arrangement for the provision of medical services or who are treated in facilities established on behalf of the United Nations system organizations will be processed by Cigna as a third-party administrator, and reimbursed directly from the central fund. Where patients are treated in other facilities, bills will be received centrally and rerouted to the referring entity with which the patient is associated, which will be responsible for the processing of invoices either through direct payment or existing insurance arrangements. Options for potential reimbursement of associated out-of-pocket costs will be considered following an accounting and reconciliation process later in the year. Air

transportation costs from the international point of departure and the ground ambulance between the arrival airport and treatment facility will be borne in full by the central funding regardless of the treatment location.

3. Can medical evacuations within a country be paid for by the COVID-19 MEDEVAC System?
   The COVID-19 MEDEVAC System covers eligible COVID-19 patients who require medically-supported international air transportation. The transportation of COVID-19 patients to the point of departure of a MEDEVAC flight is not covered by the COVID-19 MEDEVAC System, and should be arranged at a local level, as per established procedures.

4. Can the costs of non-COVID-19 medical evacuations be covered by the COVID-19 MEDEVAC system?
   The COVID-19 MEDEVAC System is for the MEDEVAC of eligible COVID-19 patients only. Medical evacuations not related to the treatment of COVID-19 patients are continuing as per existing procedures and cost arrangements.

5. Who pays for COVID-19 testing?
   Testing arrangements and any cost for such should be confirmed with the relevant UN Medical Advisor in each Duty Location.

[F] TRAVEL DOCUMENTATION & VISA RELATED

1. Who provides assistance in obtaining visas required to facilitate medical evacuation?
   The UN MEDEVAC Cell is currently providing support to secure the requisite authorizations for the transportation of the COVID-19 patient to the receiving country. Once the dedicated regional MEDEVAC hubs are established, protocols with the host governments of those hubs should be in place to facilitate entry into the country.

2. Is a United Nations Laissez-Passer (UNLP) necessary for COVID-19 patients who are to be medically evacuated? What steps are being taken to issue UNLPs to staff who do not currently hold one?
   As per the UN all-staff broadcast of 9 June 2020, personnel should ensure that they and their eligible dependents hold valid international travel documentation. For practical reasons, it is not possible to automatically issue UNLPs to all those eligible staff who do not currently hold them.

   As a preparatory measure to more easily facilitate the issuance of a UNLP in the event this should be necessary, eligible staff are encouraged to hold a copy of their national passport and at least two passport photographs and to ensure their UN record contains accurate and up-to-date personal information and contact details.

   UNLPs may only be issued to the officials of the United Nations. UN Family Certificates can be used by dependents of UNLP holders, and UN Certificates may be issued to experts on mission or certain non-staff personnel working on behalf of the organization. Some categories of persons covered by the COVID-19 MEDEVAC System are not eligible for any UN-issued travel documents (such as INGO personnel and their dependents or UN contractor personnel). Agreements with the host countries of the regional hubs will be pursued to establish protocols for each scenario, however all persons should ensure they hold valid travel documentation.

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.

2. What do I do if I fall ill and suspect I have COVID-19?
   All individuals covered by the COVID-19 MEDEVAC System 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 available, from the UN COVID-19 hotline. Where MEDEVAC may be required because of significant symptoms or hospitalization, contact your supporting medical service early. If you have no supporting medical service locally, we encourage early contact by the patient or their family with the designated COVID-19 entity Focal Point, who will in turn notify the COVID-19 Coordinator of the status and location of the patient. If a staff member tests positive for COVID-19, they are strongly encouraged to report the results to their COVID-19 entity Focal Point.

3. 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.

[H] IN-COUNTRY MEDICAL EVACUATIONS

1. Does the COVID-19 MEDEVAC System cover medical evacuations within a country? What is the approval process for in-country medical evacuations?
   The COVID-19 MEDEVAC System covers eligible COVID-19 patients who require medically-supported international air transportation. The transportation of COVID-19 patients within a country is not a component of the System, and should be arranged at a local level, as per established procedures. At the country level, the COVID-19 Coordinator, in conjunction with the UN Medical Advisor should proactively compile a list of facilities and their respective capacities

to treat COVID-19 patients. COVID-19 Coordinators are encouraged to include this and other relevant information in their COVID-19 MEDEVAC Standard Operating Procedure, in a section on in-country medical evacuations.

For medical evacuations within country, approval is not required by the UN MEDEVAC Cell. All aspects of in-country medical evacuations fall under the responsibility of the referring UN entity, and in the case of COVID-19 patients should be supported with assistance of the COVID-19 Coordinator and UN Country Team.

If an appropriate destination or transportation cannot be found using normal channels, as a last resort and contingent on clinical need, the local security situation and the absence of other options, the UN MEDEVAC Cell may be able to offer guidance on a case-by-case basis. In the absence of other options, the UN MEDEVAC Cell may, on a case-by-case basis, be able to provide administrative assistance in support of alternative cross-border transportation.

Annex A: List of GHO Countries

GHO Countries		
Afghanistan	Egypt	Paraguay
Angola	Ethiopia	Peru
Argentina	Guyana	Republic of Congo
Aruba	Haiti	Rwanda
Bangladesh	Honduras	Somalia
Burkina Faso	Iraq	South Sudan
Bolivia	Jordan	Sudan
Brazil	Kenya	Syria
Burundi	Lebanon	Tanzania
Cameroon	Libya	Trinidad and Tobago
CAR	Madagascar	Turkey
Chad	Mali	Uganda
Chile	Mexico	Ukraine
Colombia	Mozambique	Uruguay
Costa Rica	Myanmar	Venezuela
Curacao	NIger	Yemen
DRC	Nigeria	Zambia
Djibouti	oPT	Zimbabwe
Dominican Republic	Pakistan	
Ecuador	Panama	

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 sent to Cigna as the Task Force's Third-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	Invoices to be sent to Cigna as TPA for central receipt from all hospitals, for onward transmission to referring entity for processing. The referring entity will determine the most appropriate process, either by direct payment, or through any existing insurance arrangements. Referring entities should track any out of pocket costs for reconciliation and potential reimbursement from the central fund depending on funds availability at the end of the Mechanism's mandate.
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 for patient and any applicable escort for minors		x	Includes non-medical accommodation post-discharge prior to departure where required by national authorities.
Onward transportation of patient and any applicable escort for minors		x	Includes repatriation, return to deployment location, or any other location.
Repatriation of remains		x	