**Medical Evacuation Travel**

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.
2. The following definitions apply in this policy:
3. Country of Home leave: place of staff member’s recruitment or nationality
4. Dependent: spouse or children covered under the medical insurance plan
5. Destination: recognized regional medical centre
6. Evacuee: the staff member or dependent authorized to undertake MET
7. Family member escort: a family member authorized to travel with the evacuee under the special circumstances
8. Medical escort: a physician or a nurse authorized to escort the evacuee when medical attention is required during travel
9. Recognized regional medical centre: regional facilities designated by the UN Medical Director in different parts of the world for medical evacuations from countries with inadequate medical facilities ([see Annex B](https://popp.undp.org/node/571))

**Eligibility of Internationally Recruited Staff Members**

1. Internationally recruited staff members governed under the UN Staff Regulations and 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. 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.

**Locally Recruited Staff Members**

1. Locally recruited staff members governed under the UN Staff Regulations and 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 use the facilities available locally. However, if an acute life-threatening medical emergency occurs, MET will be considered when the available local facilities offer an inadequate response.

**Former Staff Members**

1. Former staff members, including retirees, are not eligible for MET.

**Escorts**

**Medical escort**

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

**Family member escort**

1. 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**

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

**Destination**

**Recognized regional medical centre**

1. 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 B](https://popp.undp.org/node/571). The UN Medical Director may revise this list whenever the need arises, and OHR will keep Country Offices regularly informed about any changes. MET is normally authorized to the nearest recognized regional medical centre. If difficulties arise in obtaining an entry visa in the receiving country, an alternative destination within the region is authorized.

**Country of Home Leave**

1. 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; or

c) illnesses requiring a long period of convalescence.

**Place of staff member’s choice**

1. If there are valid reasons, a patient may be evacuated to:

a) The country of HL (if the case is not covered under the above paragraph); or

b) Any country of the staff member’s choice. The staff member is required to produce satisfactory medical evidence of proper medical care or treatment received at the place chosen.

**Emergency Medical Evacuation**

1. Emergency medical evacuations by definition are unpredictable and must be executed accurately and quickly, in the best interest of the staff member (and/or eligible dependant) and within the cost restrictions described below. Therefore, given the emergency needs of staff, the significant cost to the Organization, and the fact that emergency evacuations often occur outside normal working hours, all staff should be periodically briefed on emergency medical evacuation procedures, and responsible officers should have the most updated contact numbers for staff, regional medical centres, ambulance services, medical officers, International SOS and OHR HQ. 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 B](https://popp.undp.org/node/571), or a closer location if adequate services are available).

**Costs**

**Recognized regional medical centre**

1. The Organization will bear the travel costs for the evacuee, any authorized escort and donor.

**Country of home leave**

1. The Organization will bear the travel costs in the cases mentioned in the paragraph ‘Country of Home Leave’ above for the evacuee, any authorized escort and donor.

**Place of the staff member’s choice**

1. 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.

1. When travel is authorized 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**

1. 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.
2. 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 for surgical procedures.

**Children Born while Mother is on Medical Evacuation Travel**

1. When a child is born while the 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; and

b) Travel from the place where the mother exercised MET to the duty station.

**Repatriation of Mortal Remains**

1. 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 internationally recruited staff member, to:

i) his/her place of HL; or

ii) any other place designated by his/her family, provided that the family pays any expenses in excess of the cost of transportation from the duty station/place of death to his/her place of HL;

b) If an internationally recruited staff member’s spouse or dependent child, to:

i) the staff member’s place of HL; or

ii) any other place designated by the staff member provided he/she will pay any expenses in excess of the cost of transportation from the duty station/place of death to his/her place of HL;

c) If a locally recruited staff member, to the duty station; and

d) If a locally recruited staff member’s spouse or dependent child, to the duty station.

**Mode of Transportation**

1. Commercial air transportation by the most direct and economical route is the normal mode for MET.

**Flight Class**

1. The flight class for MET for:
   1. 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;
   2. Staff at the Assistant Secretary-General (ASG) level are entitled to the class immediately below First Class regardless of flight duration with the exception of journeys of four hours or less within the same continent (this excludes overnight travel, where the traveler must work upon arrival);
2. All other staff members will be, irrespective of the duration of the flight, in economy class. The class immediately below first class may be authorized by the Head of Office, when medically recommended. (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); and
3. The [duty travel website](https://dss.un.org/dssweb/) has additional information on allowances and expenses as well as flight duration, travel time, authorized rest periods and stopovers, and travel by train, by sea or by automobile.

**Daily Subsistence Allowance**

1. When MET is authorized to the nearest recognized regional medical centre which is not the staff member’s place of HL, a Daily Subsistence Allowance (DSA) may be paid. DSA is only paid upon arrival at the recognized medical center or any other approved destination for medical evacuation. DSA is not paid for the day on which MET is concluded or for overnight MET on a plane. DSA is not paid upon the return of the staff member and his or her authorized family member escort at the duty station upon conclusion of MET. DSA is applicable up to a maximum of 45 days as follows:

a) For the evacuee when not hospitalized, 100 percent 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:

i) if the patient is not hospitalized, 50 percent of the standard DSA rate applicable to the authorized place of evacuation; and

ii) if the patient is hospitalized, 100 percent of the standard DSA rate applicable to the authorized place of evacuation;

d) For the medical escort authorized to accompany the evacuee, 100 percent 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.

1. When MET is authorized to the staff member’s place of HL in the cases mentioned in the paragraph under ‘Destination’ above, actual expenses for hotel or other accommodation may be reimbursed on the basis of receipts:

a) For the evacuee when not hospitalized, 50 percent 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:

i) if the patient is not hospitalized, 25 percent of the standard DSA rate applicable to the staff member’s HL place; and

ii) if the patient is hospitalized, 50 percent of the standard DSA rate applicable to the staff member’s HL place.

d) For the medical escort authorized to accompany the evacuee, 100 percent 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.

1. Up-to-date DSA rates can be found on the [ICSC website](http://icsc.un.org/secretariat/sad.asp).

**Place of Staff Member’s Choice**

1. When advance HL or FV is authorized instead of MET, no DSA is paid, except for the medical escort. The medical escort receives 100 percent of the standard DSA rate applicable to the place of evacuation, but limited to two to three days depending on travel time**.**

**Place of Home Leave**

1. When MET is authorized to the place of HL in cases not mentioned in the paragraph ‘Country of Home Leave’ above. The two paragraphs under ‘Place of Home Leave’ above also apply.
2. When MET is authorized to the place of the staff member’s choice 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 percent of whichever of the following two costs is lower:

i) the standard DSA rate applicable at the place of the staff member’s choice; or

ii) 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:

i) the standard DSA rate applicable at the place of the staff member’s choice; or

ii) the standard DSA rate applicable at the place where MET is recommended;

c) For the family member escort authorized to accompany the evacuee,

i) if the patient is not hospitalized, 50 percent of the standard DSA rate applicable at the place of the staff member’s choice or where MET is recommended, whichever is lower; or

ii) if the patient is hospitalized, 100 percent of the standard DSA rate applicable at the place of the staff member’s choice or where MET is recommended, whichever is lower;

d) For the medical escort authorized to accompany the evacuee, 100 percent 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.

**Terminal Expenses and Other Expenses**

**Terminal expenses**

1. The amount of terminal expenses for each leg of the trip to and from the air terminal will be:

[Travel – Official business travel, allowances and expenses](https://popp.undp.org/node/11186)

a) When no UN/UNDP vehicle is made available:

i) US$38 for the evacuee (US$63 for New York);

ii) US$38 for the medical escort; and

iii) US$11 for the family member authorized to accompany the evacuee at UNDP’s expense (US$21 for New York); and

b) When a UN/UNDP vehicle is made available or the office arranges for transportation at the organization’s expense:

i) US$11 for the evacuee;

ii) US$11 for the medical escort; and

iii) US$6 for the family member authorized to accompany the evacuee at UNDP’s expense.

1. If travellers have been authorized an overnight stay or stopover during travel, they will receive for each leg of the trip to and from the air terminal the same amounts as in the paragraph above.
2. No terminal allowance is paid to the donor, unless he/she is also acting as a family escort.

**Excess accompanied baggage**

1. Please refer to the policy on official business travel, allowances and expenses.

**Miscellaneous expenses**

1. Please refer to the policy on official business travel, allowances and expenses**.**

**Related Entitlements**

1. Appendix D to the UN Staff Rules applies.

**Leave status**

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

**Special Leave Without Pay**

1. When a staff member is on SLWOP, requests for MET for him/herself, his/her spouse or dependent children are not considered.

**Additional Information**

1. For further information on MET, please refer to the following:

a) [Annex A - Contact Information for UN Medical Services Division (UNMSD) New York](https://popp.undp.org/node/331)

b) [Annex B - Recognized Regional Medical Evacuation Centres](https://popp.undp.org/node/571)

c) [Annex C - Guidelines for Physicians advising on Medical Evacuation](https://popp.undp.org/node/5811)

d) [Annex D - List of Reimbursable Expenses](https://popp.undp.org/node/5816)